

Public Board of Directors Meeting

Thursday 16th January 2020

12.45 – 14.50

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



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

BOARD MEETINGS PUBLIC INFORMATION SHEET

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

1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

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2. Board Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

5. Minutes

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

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

6. Key Contacts

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THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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

Leadership

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

Board of Directors
Thursday 16 January 2020 at 12.45pm
Clinical Education Centre
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
16	Chairmans welcome and note of apologies – Liz Hughes, Jonathan Hodgkin, Diane Wake		Y Buckland	For noting	12.45
17	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	12.45
18	Minutes of the previous meeting				
18.1	Thursday 5 December 2019	Enclosure 9	Y Buckland	For approval	12.45
18.2	Action log 5 December 2019	Enclosure 10	L Nevin	For noting	12.50
19	Chief Executive's Overview	Enclosure 11	T Jackson	For information & assurance	12.55
20	Chair's update	Verbal	Y Buckland	For information	13.05
21	GOVERNANCE				
21.1	Outcomes from the Board Away Day	Enclosure 12	L Nevin	For discussion	13.15
22	QUALITY & SAFETY				
22.1	Update from the Clinical Quality, Safety and Patient Experience Committee	Enclosure 13	C Holland	For assurance	13.25
22.2	Chief Nurse Report	Enclosure 14	M Sexton	For assurance	13.35
23	FINANCE & PERFORMANCE				
23.1	Update from the Finance & Performance Committee	Enclosure 15	R Miner	For assurance	13.45
23.2	Finance report	Enclosure 16	C Walker	For assurance	13.55
23.3	Integrated Performance Dashboard	Enclosure 17	K Kelly	For assurance	14.05
24	ITEMS FOR INFORMATION - To Be Taken by Exception only if Prior Notified to the Board Secretary				
24.1	Charitable Funds Committee Report	Enclosure 18	J Atkins	For assurance	14.15
25	Any Other Business	Verbal	All		14.20
26	Reflection on meeting	Verbal	All		14.20

27	Date of next Board of Directors meeting 13 February 2020, Clinical Education Centre				14.25
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Quorum: 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 5th December 2019, in the Clinical Education Centre.

Present:

Yve Buckland, Interim Chair (YB)
Tom Jackson, Director of Finance (TJ)
Karen Kelly, Chief Operating Officer (KK)
Liz Hughes, Non- Executive Director (LH)
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, Chief Nurse (MS)
Catherine Holland, Non-Executive Director (CH)
Gary Crowe, Non-Executive Director (GC)
Ian James, Non- Executive Director (IJ)

In Attendance:

Adam Thomas, Chief Information Officer (AT)
Sandra McShane, Interim Deputy Director of Workforce & OD
Liam Nevin, Trust Secretary (LN)
James Fleet (Designate Interim Director of Strategy)

19/126 Note of Apologies and Welcome

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

Apologies were received from Vij Randinaya, Lowell Williams and Liz Abbiss.

The Chair welcomed James Fleet and Sandra McShane and congratulated Mary Sexton on her substantive appointment as Chief Nurse.

19/127 Declarations of Interest

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

19/128 Minutes of the previous meeting held on 7th November 2019 and Action Log

The action log was noted and

It was **RESOLVED**

- **That the minutes of the public meeting of the 7th November be agreed as a true and accurate record of the meeting.**

19/129 Patient Story

The Board heard the patient story of Liam Carbery, a young man with complex health problems. Liam received hydrotherapy treatment in 2013 which helped his muscle spasms. However, the service for all neuro patients ceased at that time because the Trust no longer had staff with the appropriate expertise to continue to provide the service.

Liam explained the steps that he had taken in conjunction with the Trust's senior management and the CCG to reinstate the service which would be effective from February 2020 and the benefit that this would have on the management of his conditions.

It was noted that Liam's story was positive with a good outcome driven by his positive and articulate approach. However, further thought needed to be given to meeting the needs of patient groups who could not advocate in such an articulate manner.

GC noted that Liam's experience and effective advocacy would make him a valuable patient advocate.

The Chair noted that Patient Stories were helpful but that they needed to be considered in the wider context of patient engagement and that the Board should consider the structure and strategy of patient engagement. This would assist the Board in commissioning patient stories in the wider context of patient engagement

The Board asked that their thanks be conveyed to Liam and that further contact be made with him in 2020 to check how his therapy was progressing.

19/130 Chief Executives Overview

DW introduced her report and advised that two members of the Executive Team had been Practice Coach certified, that the Decontamination Team had been awarded the Health Care Heroes team award for the month, and individual awards had been made to Leah Collett and Sean Mansell.

The Board were advised that the flu vaccination rate was currently 52.4% and noting that this was behind trajectory challenged the Executive on the steps that were being taken to improve the take up. MS advised that regular drop in sessions were held, there were peer vaccinators deployed and Teams with lower than expected uptake were being targeted.

It was **RESOLVED**

- **That the report be noted**

19/131 Chair's Update

The Chair advised that she had undertaken a number of discussions with partners about the proposed MCP and there had been a useful Board to Board meeting between the Trust and CCG non-executive directors which discussed this and integrated services more generally.

The Chair also reported that she had undertaken walk-abouts including in the Emergency Department intensive care and had witnessed good work and an appetite for improvement. It

was notable that the issues observed around patient flow were those being discussed at the Board.

19/132 Corporate Governance and Compliance

19/132.1 Update from the Audit Committee

RM introduced the item and advised that the Committee had met on the 18th November. The Board's attention was drawn to the key issues identified by the Committee in the summary report and it was noted that further work was required in relation to the BAF. It was agreed that a Board development session on Board risk appetite would be arranged.

It was **RESOLVED**

- **That the report be noted**

19/132.2 Seven Day Services Compliance

Paul Hudson (PH) presented the report and advised that progress against standard 2 was now 85%, representing a substantial improvement in performance. However, there was less progress with standard 8.

LH queried whether ward rounds were conducted such that it was possible that some patients did not get to see a consultant and PH agreed that this was possible in respect of Neurology.

LH noted the consultant vacancies in Urology as set out in the report and challenged that consideration needed to be given to the supervision of SPRs and that a plan for mitigating risks that would satisfy the Training Committee was also necessary.

DW advised that there had been a Black Country wide meeting of clinicians who were working together to address the design of urology services and it was expected that there would be good outputs from their second session in February.

The Chair stated that the report demonstrated that the Trust was making progress but challenged that the Board could not yet be assured around performance against targets.

PH stated that he was confident that targets would be met but he could not provide assurance of compliance at this time and the national shortage of urology consultants was impacting on performance. JHO noted that performance against targets was flat until two years ago and there had been good improvement since this time.

It was **RESOLVED**

- **That the report be noted**

19/133 Quality and Safety

19/133.1 Update from the Clinical, Quality, Safety and Patient Experience Committee

CH summarised the key issues considered by the Committee and which were set out in the summary report. She advised that in respect of the backlog of complaints the Committee had challenged performance because there was periodic improvement but the backlog would then build up again. DW advised that the Executive had agreed additional investment

approximately six weeks ago in order to build capacity in the team. MS advised that there had been conversations with the Divisions concerning ownership of complaint resolution, and new complaints were now largely being responded to on time. However, it was notable that some areas with low complaint volumes were also slow in their response times and this was being addressed directly with the teams. It was also apparent that the current practice of offering local resolution meetings in high volumes was counter-productive as the time taken to complete these processes was not serving patients well because it raised expectations that were not being met.

RM advised that the Audit Committee had also identified some of these issues and he challenged the Executive to consider how it adapted its processes so that more complaints could be “nipped in the bud.”

MS advised that complaint data constituted approximately 10% of patient experience data and that it was important to recognise the other sources of engagement including PALS. The number of complaints was not particularly high for the size of the Trust, but there were key themes such as the number of outpatient cancellations, clinics changing or surgery cancelled at short notice which needed to be addressed. The Trust had introduced the concept of “Always Events” which reminded staff of the fundamentals in behaviours.

GC stated that he welcomed the strong stance on complaints management backlog and consistency of standards but he challenged the volume of outstanding complaints stating that it was important that the Trust delivered cultural change through the Dudley People Plan

IJ stated that it was important to make the link between the Trust behaviour framework and complaint processes. There were many complaints that could be dealt with more informally and with an early apology.

The Chair stated that a good organisation was invested in self-improvement and she challenged the Executive to ensure the Trust teams investigated effective processes elsewhere.

It was **RESOLVED**

- **That the report be noted**

19/133.2 Chief Nurse Report

MS summarised the report before the Board and advised on the details of three patients who had been detained under the Mental Health Act and the Board were advised that a Memorandum of Understanding was being agreed with the Mental Health Trust to assist with the discharge of duties under the Mental Health Act.

The attention of the Board was drawn to the safer staffing data and it was noted that there had recently been an increase in corridor care. A new staffing cohort would start in January.

JF asked how the demand on services compared to the forecasts when the workforce planning was undertaken. MS advised that there had been additional patient demand and activity in acuity which meant that more patients were in the department

JF- stated that demand followed a broad and predictable pattern and therefore he challenged whether the Trust had anticipated the demand from that pattern.

MS stated that the Trust did have a workforce profile and staffed to those numbers but didn't expect to have the level of demand experienced and this had resulted in corridor care.

The Chair stated that demand was increasing every year and therefore she challenged whether the Trust needed to plan for a 10% annual increase in demand.

DW advised that this level of growth required capital to invest in expanding bed capacity.

It was **RESOLVED**

- **That the report be noted**

19/133.3 Research and Development Report

Jeff Neilson (JN) presented the report and advised that consideration needed to be given to developing research capability in the Trust in order to draw in future research grants.

JHO stated that given the size of the Trust the research portfolio was very high and some good work was being undertaken. However, there was more work to be done to upgrade the footprint of research.

The Chair summarised and advised that JN should develop a plan with key performance indicators that would sustain and develop the research capacity. It was agreed that this would be presented to the Board in 3 months.

It was **RESOLVED**

- **That the report be noted**

19/133.4 Learning from Deaths Quarterly Report

JHO presented the report and advised that the "Shimmy" had recorded another reduction and was now within the expected range. This was good assurance that correlated with the evidence around the impact of the seven day service programme reported to the Board as an earlier agenda item.

RM noted that in the summary of key issues only 14% of deaths had been reviewed in the 30 day target period and challenged that this appeared concerning.

JHO stated that the current process required 29 days to make notes available and whilst this delivered perfect clinical coding it didn't facilitate an early review. However, it was felt that the introduction of a Medical Examiner would provide both independent assurance and timely review.

GC stated that it would be helpful to see a graph with trend of the mortality standard over time and a comparison with peers and it was agreed that this would be produced for future reports.

The Chair asked how the Trust compared with others and JHO stated that it was difficult to compare as there was no common baseline. However, mortality was falling faster in the Trust than with a number of comparators.

The Chair summarised the debate by stating that there was a welcome trend in reducing deaths but that the Board wanted to see the data graphically and comparatively.

It was **RESOLVED**

- **That the report be noted.**

19/134 Finance and Performance

19/134.1 Integrated Performance Dashboard

KK summarised the report and confirmed that the improvement trajectories for cancer and diagnostics were on track

In relation to the management of majors patients the Trust was spot purchasing beds and negotiating with a nursing home with an expectation that this arrangement would commence in the first week in January.

An additional HALO to help with ambulance turnaround had been introduced but regrettably some patients were still having to go back in to the corridor although this was not compromising patient safety as treatment was continued throughout. No Datix incidents of harm had been reported during this period but KK was mindful that overcrowding in the ED could cause unsafe care.

GC challenged on the steps that were being taken to unblock the problems with patient flow and KK advised that 15 community beds had been commissioned and the CCG had authorised a further 10 nursing care beds in the previous week. It was expected that 21 nursing home beds would be commissioned in January from a new provider and escalation to the highest level had been done in relation to out of area patients from South Staffordshire and Worcestershire who were fit to be discharged.

It was **RESOLVED**

- **That the Board note the report.**

19/135 Workforce

19/135.1 Update from Workforce Committee

JA provided the update from the Workforce Committee by reference to the supporting report before the Board. It was noted that the Committee had proposed to reduce the risk score in relation to pension implications in light of the work done regarding compensatory payments to consultants who left the pension scheme.

TJ stated that the Trust had developed an internal scheme which had been taken up by approximately 15 consultants. However, this did not resolve what was a national issue by virtue of the tax rules and their relationship to pensions.

The Chair added that the Board had received a number of reports on the agenda pointing out that the pension issue was having an adverse impact on service delivery and therefore she challenged whether it was appropriate to reduce the risks score.

DW stated that RTT was an example of a specialty where waiting list initiatives had stopped and therefore agreed with the challenge.

The Chair summarised that it was right to keep the matter under review but that it would be not be appropriate to reduce the risk at this time.

It was **RESOLVED**

- **That the report be noted**

19/135.2 Freedom to Speak Up Guardians

Derek Eaves (DE) summarised the report and the accompanying action plan following which the Chair asked DE to comment on whether he had perceived any changes over the last 18 months. DE advised that there were no particular trends but JA and MS both observed that there had been an increase in people coming forward which was a positive sign.

It was **RESOLVED**

- **That the report be noted**

19/135.3 Guardian of Safe Working

Dr Babar Elahi presented the report and advised that foundation year doctors were more engaged and consequently escalating more issues. These were mostly in surgery, which accounted for 38 out of the 40 reports. In response to a question from the Chair, Dr Elahi confirmed that the subject of the exception reports had in all cases been spoken to.

19/136 Any Other Business

There was no other business

19/137 Reflections on the Meeting

It was proposed that reports that had been considered at committees be identified in order to focus discussion.

It was further proposed that the Board give consideration to the development of Board Rules to provide a framework for how the Board do business.

Date for the Next Meeting - 16 January 2020

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 5 December 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	On Agenda. Update on tissue donation included in report.
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	Jan 2020	To be reported to Workforce Committee on 27 th January 2020.
19/097.5	Freedom to Speak Up Report	NHSI to review implementation of their recommendations in July 2020	AM	July 2020	Not Due
19/108.5	Resus Training	Executive to consider steps necessary to improve completion of mandatory training and report back to Board	DW/AM	Jan 2020	To be reported to Workforce Committee on 27 th January 2020.
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	Will be considered as part of the ED redesign process.
19/129	Patient Story	Board to consider strategy and structure for patient engagement to inform commissioning of patient stories	LA	February 2020	Not Due
19/133.3	Research and Development Report	Develop a plan with KPIs that will sustain and develop research capacity	Jeff Neilson (JN)	March 2020	Not Due
19/133.4	Learning from Deaths Quarterly Report	Future reports to include a graph with trend data and peer comparison	JHO	March 2020	Not Due

Paper for submission to the Board of Directors on 16th January 2020

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Visits and Events • MCP Update • MBE for Non Executive Director • Mixed Recycling Bins • Flu Vaccination • Smoking Marshals • Healthcare Heroes • Festive Cheer/Charity Update • National News • Regional News 			

IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Chief Executive's Report – Public Board – January 2020

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

5 th December	Board of Directors
6 th December	Team Brief
9 th December	Board Workshop
10 th December	Black Country Chair's and Chief Executive's Meeting
13 th January	Trust/CCG Collaborative Leadership Team

MCP Update

The MCP Delivery team met with the NHSI/E national team on 13th December 2019 to review the Strategic Case previously submitted. Formal feedback is expected in January however it does appear that NHSI are keen to support the further development of the strategic case. The Trust was not in a position previously to support the strategic case pending appropriate work to fully understand the risks arising from the development. An outline risk assessment has now been undertaken by the Trust and we are working closely with partners to identify opportunities and mitigations to support the development of the MCP. We have initiated a programme of Clinical Advisory Groups (CAGs) to deliver transformational clinical models for 'in scope' services and this workstream will report back in February enabling a more detailed understanding of workforce and financial opportunities and risks. We continue to work productively with partners to achieve the best outcome for our patients.

MBE for Non-Executive Director Professor Liz Hughes

Congratulations to Professor Liz Hughes, who recently joined our Board, for her MBE announced in the Queen's New Year's Honours list. The award recognises her work in health and education. Liz is Deputy Medical Director for Health Education England and a Consultant in Chemical Pathology and Metabolic Medicine at Sandwell and West Birmingham Hospitals Trust, and Honorary Professor at both the University of Birmingham and University of Aston and visiting Professor at Worcester University. Liz established the Physician Associate role in the NHS, a role that many hospitals now have within their workforce, securing the first ever non-medical faculty at the Royal College of Physicians. Liz is a national expert in the treatment of inherited lipid disorders and is one of the founder members of the national charity HEART UK with which she has worked extensively with multi professional healthcare professionals and patients. When Liz collects her MBE from Buckingham Palace, it will be her second visit: she received her Duke of Edinburgh Gold Award from HRH Prince Philip in 1974.

Mixed Recycling Bins

We have taken delivery of mixed recycling bins across Russells Hall Hospital and Corbett and Guest Outpatient Departments to give staff, patients and visitors more opportunities to recycle to help us go green and reduce landfill. Although 432 tonnes of waste was recycled between April 2018 and March 2019, the Trust has decided to widen the mixed recycling opportunities. The bins are located at the entrance to wards and departments and are transparent with a blue lid. The bins have notices which clearly identify what can and cannot be recycled.

Flu Vaccination

We have seen confirmed cases of flu and patients attending hospital with flu-like symptoms and would encourage staff, patients and visitors to have their flu vaccine. Even fit and healthy people should have the flu jab, as Dr Liz Rees explains in a series of Facebook videos. She also explains how the flu vaccine works and why we need to have the flu jab every year. To see Dr Rees discussing the flu vaccine, go to our Trust Facebook page @DudleyGroupNHS

Smoking Marshals

We have introduced smoking marshals at Russells Hall Hospital to help enforce our smoke-free policy. The Trust has been smoke-free since June 2019 to promote healthier lifestyles. However, encouraging people not to smoke on our sites is proving challenging. The smoking marshals are on-site Monday to Friday, 9am – 5pm to carry out daily patrols of the Russells Hall Hospital site. They are asking anyone seen smoking to move off-site, and they are providing information and support to staff who wish to stop smoking. As a healthcare Trust, we clearly wish to promote a healthy environment. We believe that implementing smoking marshals to help patrol our site is the next positive phase of enforcing our smoke-free policy, and we ask everyone to respect them during their duties.

Healthcare Heroes

Individual Award

This month's Healthcare Heroes individual award went to Dudley Rehab. Services Manager, Frances Pons, who works out of Stourbridge Health and Social Care Centre. Frances was nominated by two colleagues for her amazing support to the Rehab. Service staff. She recently supported a pilot with ENT to see patients with dizziness and balance problems. Thanks to her ability and long-term view and planning, Frances enabled the successful pilot to happen.

Team Award

The team award went to the Contraception and Sexual Health Team based at Brierley Hill Health and Social Care Centre. This team received their nomination for their outstanding work, providing free and confidential Sexual Health Services in the Dudley area including all types of contraception and STI testing.

They provide an open, non-judgemental and inclusive service which includes a walk-in service and booked appointments. Despite being a small team, they achieve high standards, always putting patients at the centre of everything they do. It's great to see 98 per cent of customers would recommend the service to friends or family.

Volunteer Award

This month's volunteer award went to Roger Brown for his continuous helpfulness and happiness. He is a member of the hospital choir and can often be heard singing as he volunteers and chats to lonely patients, spreading cheer. Roger is always happy to help and can be found pushing wheelchairs, making patients drinks and fetching patient notes. He is a committed and valuable member of the volunteer team!

Festive Cheer

Over the festive period we organised some fantastic fundraising and engagement activities that have boosted the charitable funds by £4850 and engaged our local schools and businesses.

Many thanks go to everyone who joined in our campaigns and events which included the Santa dash, individual staff/ward fundraising, Christmas Jumper Day and sales on the main reception charity hub.

I have launched a new charity group which is full of people who are excited to get involved in fundraising for the Trust charity and we are already brimming with ideas.

We also arranged a Christmas card appeal which saw over 1,000 people write an extra card for us to give to patients with us on Christmas day. Our surgery department did planned surgery for people on Christmas Eve who may otherwise have been at home on their own on Christmas day which was very well received.

National NHS News

NHS Greater Glasgow and Clyde under 'special measures'

GLASGOW'S troubled health board has been placed faces extra supervision following the death of two children linked to water contamination. The Scottish Government said it was placing NHS Greater Glasgow and Clyde under "special measures" due to ongoing issues related to infection prevention, management and control at The **National (23.11.19)**

General election 2019: Trump wants 'nothing to do' with NHS in trade talks

Donald Trump has insisted the US wants "nothing to do" with the NHS in post-Brexit trade talks as he sought to repudiate opposition claims that the health service would be "up for sale". On a visit to the UK, the US President claimed he had no interest in increased market access to the NHS for US firms even if handed on a "silver platter". **BBC News (03.12.19)**

Winter vomiting bug closes 1,100 NHS beds as flu and A&E demand heap pressure on hospitals

Hospitals have been forced to close more than 1,000 beds after a viral outbreak struck the NHS last week, sparking fears of an earlier-than-usual winter crisis with hospitals reporting record A&E attendances and a spike in flu cases. A national alert has been issued by NHS England over the spate of norovirus cases which have led to dozens of wards being quarantined. In total, 1,100 beds were out of action last week. NHS leaders said the service was bracing itself for a hard winter which “could have a serious effect on the delivery of services”. **Independent (05.12.19)**

Social care crisis will leave thousands of NHS beds out of action, warns Labour

Thousands of hospital beds could be filled with patients who don't need to be there over the Christmas period, according to projections by the Labour Party. Labour has analysed NHS data on so-called delayed transfers of care, where healthy patients are unable to leave hospital because of delays in organising social care and other community services. Based on past average performance Labour says the data suggests as many as 4,400 beds could be out of action during December. In December last year, 4,155 beds per day were occupied by patients delayed in hospital every day. **Independent (07.12.19)**

Deaths of 4,600 NHS patients linked to safety incidents

Safety incidents at hospital, mental health and ambulance trusts were linked to more than 4,600 patient deaths in the last year, data shows. The types of patient safety issues recorded by the National Reporting & Learning System (NRLS), which compiles NHS data, include problems with medication, the type of care given, staffing and infection control. In total 4,668 deaths were linked to patient safety incidents, of which 530 deaths specifically linked to mental health trusts and 73 to ambulance trusts. **The Guardian (08.12.19)**

Next NHS staff shortages will include radiographers, as courses close

The Council of Deans of Health has now drawn up an “at risk” list of university courses struggling to attract and retain enough students following the removal of the student bursary in 2017. The courses include: radiography, mental health nursing, learning disability nursing, podiatry and prosthetics. The list also includes orthotics, which is the provision of devices such as splints, braces and helmets, which help people recover from injury. Orthoptics, which focuses on treatments for eye conditions, is another subject listed. Universities say there are already NHS staff shortages in these specialisms and without a reliable training pipeline the situation will get worse. **The Guardian (09.12.19)**

English NHS four-hour targets figures are worst on record

NO hospital accident and emergency hospital in England hit the four-hour target for seeing patients last month, new figures have shown. Data from NHS England shows just 81.4% of A&E patients were seen within four hours in November, set against a target of 95%. It is the worst figure on record. Some 88,923 patients waited more than four hours to be admitted to hospital after a decision to admit – 64% higher than the same month last year. Of these, 1112 patients waited more than 12 hours compared to 258 in November 2018, a 331% rise. The number of people waiting for treatment, such as knee and hip replacements, was also at its highest-ever level – 4.45 million – in October. **The National (14.12.19)**

NHS takes Queen Elizabeth University Hospital builder to court

SCOTLAND'S biggest health board is to launch legal action against a private contractor involved in the building of a crisis-hit hospital. The flagship Queen Elizabeth University Hospital cost £575 million and opened in 2015. But the NHS Greater Glasgow and Clyde (NHSGGC) facility is now under "special measures" over concerns about infection prevention there. They arose after the deaths of patients from infections linked to pigeon droppings and water contamination at the site. Health board bosses have now recommended court proceedings against construction firm Brookfield Multiplex. **The National (18.12.19)**

NHS 'risks repeat of care.data in talks to commercialise medical records'

Healthcare bosses, including NHS England chairman, Lord David Prior, chief executive Simon Stevens and NHSX chief executive, Matthew Gould, met with big tech and pharmaceutical companies in October to discuss potential uses for patients' personal records. Papers from the meeting, seen by Digital Health News, estimate the NHS data of 65 million patients could be valued at up to £10 billion a year. **Digital Health (19.12.19)**

Cannabis-based medicine available on NHS from January

Hundreds of children with severe epilepsy could be prescribed a cannabis-based treatment on the NHS from January. NHS England said access to Epidyolex, a cannabidiol (CBD) oral solution, has been fast-tracked to be available from January 6. The cannabis-based medicine was recommended for use on the NHS to treat two rare types of epilepsy, Lennox-Gastaut and Dravet syndromes, for the first time in November. It will be available for children from the age of two and adults in combination with clobazam, and NHS England estimates around 2,000 people could benefit. **ITV News (21.12.19)**

NHS hospitals to employ safety experts to tackle thousands of avoidable mistakes

Hospitals will be required to employ patient safety specialists from next April as part of efforts by the health service to reduce thousands of avoidable errors every year. NHS trusts will be told to identify staff who will be designated as the safety specialist for each organisation. These workers, who will get specific training and work as part of a network across the country, will help to tackle a fragmentation in the way safety issues are dealt with in the NHS and ensure nationwide action on key safety risks is coordinated. The proposals are part of a national patient safety strategy which is aiming to save 928 lives and £98.5m across the NHS, as well as reducing negligence claims by £750m by 2025.

Independent (25.12.19)

American drug firms are lobbying to raise prices for the NHS after Brexit

Shadow Health Secretary Jonathan Ashworth said: "Today's revelations are yet more evidence that US big pharma companies are lining up to cash-in on a toxic Johnson-Trump deal. "These mega corporations want us to pay more for medicine and the proposed US-UK deal could draw £500million a week from our NHS." Experts say the annual NHS drug bill of £18billion will rocket by £27billion to £45billion – or £500million a week extra – if it has to pay US drug prices. **Mirror (03.01.2020)**

New national DNA test will diagnose rare diseases in babies

A new DNA test is now available on the NHS to rapidly diagnose critically ill babies and children with rare diseases. The test uses a whole exome sequencing method, which identifies genetic mutations in a patients' DNA and can look for a range of rare diseases, and has already been given to 80 children, NHS England revealed. The new approach both increases the chance of diagnosis and reduces the time taken to assess problems in children - resulting in a diagnosis in days rather than weeks, said NHS England. **Pulse (03.01.2020)**

Community pharmacists to expand role in patient care

613 Greater Manchester community pharmacies have signed up to a new national scheme, which will see patient consultations booked via NHS 111 for the very first time. The scheme launched on the 29th of October is part of major plans to boost the role of pharmacists in patient care, outlined in the national NHS Long Term Plan. People who call the free NHS 111 phone service can now be offered same day consultation with their local community pharmacist, if they need an urgent supply of a prescription medicine or advice on minor illnesses. **National Health Executive (04.01.2020)**

Regional News

Shropshire maternity scandal: NHS bosses 'failed to release' hundreds of records to inquiry team

A leaked report into maternity care at Shrewsbury and Telford Hospital NHS Trust, stretching back 40 years, has revealed that dozens of babies and mothers are thought to have died or been left disabled due to poor care at the trust. This NHS trawl identified 326 cases of potential poor care, including where mothers and babies died. But even though the search was completed in 2018, the full findings have still not been handed to the independent inquiry, meaning many families are unaware that the deaths of their children have been implicated in the scandal. Separately, SaTH has reportedly been criticised for holding on to the records of 75 families who came forward last year following publicity about poor care.

Shropshire Star (21.11.19)

Two West Midlands NHS Trusts go live with digital EPR service

Dudley and Walsall Mental Health Partnership NHS Trust and Black Country Partnership NHS Foundation Trust has gone live with Servelec's Rio electronic patient record (EPR) systems across Children and Young People Services (CYFS) and Learning Disabilities services. Currently, the neighbouring trusts provide care as separate organisations, but plans are in place to merge the two in 2020. The implementation of the EPR system took around six months and went live across CYPF services on 28 October and in Learning Disabilities services on 4 November. The system is now available to 600 staff and clinicians across both trusts, allowing the secure and seamless flow of information between them.

Digital Health Age (27.11.19)

Nursing shortage at Midlands hospitals branded 'full-blown NHS crisis'

The number of unfilled nursing posts in the region has risen by six per cent over the last year with the total standing at 8,416 at the end of September. Hospitals across the Black Country and Staffordshire have faced challenges recruiting enough nurses amid long A&E waiting times for patients. The number of unfilled jobs for nurses in the NHS across the region represents 12.6 per cent of the workforce – or one in eight posts. **Express & Star (02.12.19)**

Worcestershire NHS Trust: Man dies after hour-long ambulance wait

A man died after being kept waiting in an ambulance outside Worcestershire Royal Hospital for an hour. The BBC has been told staff had concerns about him so brought him in but as he entered the hospital he went into cardiac arrest on 27 November. The hospital trust and West Midlands Ambulance Service said they were looking into what happened and offered their condolences to the family. It added they were taking "positive action" to tackle waiting times. **BBC News (03.12.19)**

Stafford Hospital scandal: The real story behind Channel 4's The Cure

The failings at Stafford Hospital are considered one of the biggest scandals in the history of the NHS, with years of abuse and neglect at the hospital leading to the unnecessary deaths of hundreds of patients. In 2009, a report by the Healthcare Commission laid bare the problems at Stafford, which was run by the Mid Staffordshire NHS Trust. The regulator condemned "appalling" standards of care and reported there had been at least 400 more deaths than expected between 2005 and 2008. It heard accounts of almost unimaginable neglect - with patients left in soiled sheets, others crying out in pain and some so dehydrated they drank from flower vases. **BBC News (19.12.19)**

Mortality rates for neonatal babies double UK average in Shropshire, Staffordshire and West Midlands

Premature babies in parts of the West Midlands are dying at twice the rate of those in other parts of the country, a new report suggests. Mortality rates among babies born between 24 and 31 weeks were 10% in Staffordshire, Shropshire and the Black Country, the highest in the country. Between July 2015 and June 2018, 107 pre-term babies out of 1,054 in the region (10.2%) died before they were discharged from hospital or reached 44 weeks post-menstrual age (PMA). The lowest mortality rates were recorded in the East of England, where 93 premature babies out of 1,900 (4.9%) died before reaching the same milestone, according to figures from the National Neonatal Audit Programme by the Royal College of Paediatrics. **Shropshire Star (19.12.19)**

Beds shortage puts Hereford hospital on the brink

HEREFORD County Hospital is so full it has been operating at levels that could risk patient safety, according to new figures. A&E is so busy one patient waited one hour and 43 minutes in an ambulance outside, while hundreds of others faced delays. In the week December 2-8 the hospital was operating at 98.2 per cent bed capacity on general and acute wards – well above the 85 per cent the British Medical Association recommends "to ensure safe patient care". It was within a handful of beds of total capacity. **Hereford Times (19.12.19)**

Clinic move to boost numbers

Dudley's hospital trust is proving so successful at carrying out hip and knee joint replacement surgery, it is moving its pre-operative 'Joint School' to deal with the number of patients it can see. The Dudley Group NHS Foundation Trust has some of the shortest waiting times in the country for planned procedures, with some patients waiting on average one to two weeks for an initial consultation and, once listed for surgery, just over six weeks for a hip or knee replacement. Now the Joint School is moving from Russells Hall Hospital to The Guest Outpatient Centre so the team of staff - including nursing, therapy, clerical and hospital volunteers - can see double the number of patients. **Express & Star (24.12.19)**

Hospital bosses overwhelmed

A Dudley hospital is overwhelmed after receiving more than 1,000 Christmas cards for patients in hospital on Christmas Day. The Dudley Group NHS Foundation Trust launched their inpatient Christmas card appeal on Thursday 21st November, in which they asked members of the public to write an extra card for patients who can't be at home on Christmas Day. The Trust has since received generous donations from local schools, including Church of the Ascension Primary School, Crestwood School and Sixth Form and Ridgewood High School, as well as from members of the public and members of staff.

Express & Star (24.12.19)

Free hospital parking for some NHS patients and visitors to be rolled out from April

Blue badge holders and patients who must regularly attend appointments for long-term conditions will get free hospital parking under the plans outlined by the Government. Taking action on hospital parking charges was one of Boris Johnson's key election pledges. All hospital trusts will also be expected to give free parking at specific times to parents with sick children staying overnight and staff on night shifts. The Department of Health said it was not setting aside funding to reimburse trusts but a spokeswoman said "they will be supported" to ensure the policy does not affect care. Trusts in the Black Country and Staffordshire raked in £11.4 million from parking charges during 2018/19. **Express & Star (27.12.19)**

Marshals to patrol Russells Hall Hospital to enforce smoking ban

Security will conduct patrols around the Pensnett Road site as part of a plan to enforce its current ban on lighting-up. It comes after the Dudley Group NHS Foundation Trust, which runs the hospital, went smoke-free in June this year. Experts say the move would result in fewer admissions, shorter patient stays and a population which "ages more healthily". Now health bosses are taking action after people were found to be still lighting-up despite the ban. **Express & Star / Dudley News / Stourbridge News (28.12.19)**

Revealed: Dozens of hospitals ignoring NHS safety warnings

Almost 50 NHS hospitals have missed key deadlines to make changes to keep patients safe – and now could face legal action. One hospital, Birmingham Women's and Children's Foundation Trust, has an alert that is more than five years past its deadline date and has still not been resolved. Now the Care Quality Commission, which regulates NHS hospitals, has warned it will be inspecting hospitals for their compliance with safety alerts and could take action against hospitals ignoring the deadlines. **Independent (29.12.19)**

Patients got offer to stay in for Christmas

Patients waiting for joint replacements were given the unusual option of spending Christmas Day in hospital – with the gift of a new knee, shoulder or hip! Surgeons in the Trauma and Orthopaedics Department at Russells Hall Hospital came up with the idea of offering patients the chance to have their operation over Christmas. It meant they would be able to celebrate the festive season surrounded by patients and staff on the ward. **Express & Star (06.01.2020)**

**Paper for submission to the Board of Directors on
16 January 2019**

TITLE:	Actions from the Board Away Day		
AUTHOR:	Liam Nevin	PRESENTER	Liam Nevin
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
x			
RECOMMENDATIONS			
<ul style="list-style-type: none"> That the Board endorse the Action Plan appended to this report That the Board consider the options in relation to Digital and Transformation functions with a view to developing Committee terms of reference 			
CORPORATE OBJECTIVE:			
SUMMARY OF KEY ISSUES:			
<p>The Board held an Away Day on the 9th December and a follow up discussion to give further consideration to the issues and actions arising from the Away Day. It was agreed to formally present the outputs of the away day for ratification and to agree delivery dates relating to those actions.</p> <p>In addition, the Board requested that the paper identified options in relation to Board governance of Digital and Transformation functions with a view to determining the most appropriate arrangement.</p>			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
There are no specific implications at this stage, although a redesign of the committee structure to address digital and transformation may result in a transfer of the ownership of some risks to a new committee.			
RISK	N	Risk Description:	
	Risk Register: N	Risk Score:	
COMPLIANCE	CQC	N	Details:

and/or LEGAL REQUIREMENTS	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y	DATE: Board Away Day 9th December and Board Development Session 19th December 2019
	COMMITTEE	N	DATE:

Actions from the Board Away Day

Report to Board of Directors on 16 January 2020

1 EXECUTIVE SUMMARY

1.1 The Board held an Away Day on the 9th December at which it discussed strategy, governance and Board development. It was agreed that the outputs of the meeting would be developed into a workplan with specific actions and target completion dates.

1.2 Appended to this report is the Action log with agreed completion dates. In addition, included as a separate appendix is a high level Board and Committee Schedule for 2020 (assuming that the governance recommendations are implemented from February 2020) and the design principles necessary to improve the quality and flow of information into the Committees and up to the Board.

1.3 Set out in the Background Information is a short appraisal of the options relating to the re-establishment of the Digital Committee or the establishment of a new Transformation Committee incorporating Digital/Technology.

2 BACKGROUND INFORMATION

Board and Committee Governance

2.1 The Board agreed to consider an 8/4 ratio for business v strategy and Board planning meetings (8/3 if August is left free) along with bi-monthly committee meetings. Assuming that the new arrangements are approved by the February Board, the February committee meetings would report into the March Board under the existing arrangements and the new arrangements would be effective from the April committee meetings.

Where possible, Committees would report into the strategy/Board planning meetings.

2.2 A review of the terms of reference and reporting arrangements into the Quality, Safety and Patient Experience Committee is underway in parallel with this review and to the same timescale. It is not proposed to make any amendments to the other first line committee terms of reference outside of the annual review of each committee, unless such a review is necessitated by the broad framework agreed for the Digital/Transformation Committee (see details below).

2.3 It will be necessary to review the annual work plans of each of the Committees arising from a move from monthly to bi-monthly meetings. Whilst there would be a reduction in committee business across the year, individual meetings may be longer (as bi-monthly agenda items that are currently staggered across two monthly meetings would be considered on the same agenda). Consequently agenda management by Committee Chair/Board Secretary of reports to be noted/debated will be necessary.

2.4 There are essential design principles that will need to be adhered to and which are set out in appendix one “Arrangements and Design Principles.”

2.5 Technology Committee v Transformation Committee

The Trust Committee system is currently configured around functional (finance/quality and safety/workforce) rather than thematic responsibilities and a desk top review of local Trusts evidences a similar configuration. Nationally there are examples of Transformation Committees (for example North Tees, and Hartlepool and Mid Cheshire).

Three broad options are modelled below:

Option 1 Digital/Technology Committee	Option 2 Transformation (1)	Option 3 Transformation (2)
<p>Delivery of the Digital Trust Programme along with Operational performance specifically:</p> <ol style="list-style-type: none"> 1. Allscripts Sunrise EPR – Oversight of the delivery of an Electronic Patient Records (EPR) solution 2. Strategic Digital / Technology projects 3. Infrastructure – The oversight of Infrastructure (Datacentre, Desktop, Networks, cyber security) projects 4. IT Service Delivery 5. Oversight and representation in place-based (Dudley borough) and system-based (Black country and West Birmingham STP) digital and technology strategies 	<p>Governance and assurance for development and delivery of key strategies, eg,</p> <ul style="list-style-type: none"> -Corporate Strategy -Clinical Services Strategy -Workforce Strategy -Integrated Care/Partnership Working - Digital Strategy <p>Oversee transformation and improvement programmes</p>	<p>Governance and assurance for:</p> <p>Workforce and Organisational Development (Strategy and Operational Performance)</p> <p>To oversee external and internal transformation programmes and alignment with Corporate strategy</p>

2.6 Well Led Review

The Board have expressed a desire to undertake a developmental Well Led Review with a view to focussing on targeted areas for development work. The last externally facilitated well-led review was completed in December 2017 although there have been a number of changes in the Trust since this time.

In light of the pending CQC inspection the Board agreed to give further consideration to the options to the scope of a review. The broad options are:

- A full Well Led Review¹
- A hybrid review – assessing the current position by reference to the last review and the improvement actions recommended
- An independent review of the Trust's self-assessment, with identification of development priorities

Either the second or third options would involve interviews or questionnaires with the Board, senior staff and other stakeholders to understand perspectives on key aspects of the well-led requirements and alignment of those perspectives with the opinions of the Board.

Options two and three are also not mutually exclusive and could also be combined with interview preparation for Board members and senior staff to utilise the information for inspection purposes.

¹ NHSI guidance recommends a full Well Led Review every three to five years.

3 RISKS AND MITIGATIONS

Committee Structures

Option 1

Risks	Benefits
Separates technology from wider transformation	Board Committee with technology focus
No Committee with responsibility for developing and monitoring corporate strategy (although Finance and Performance Committee have responsibility for the Annual Plan)	Familiarity/fit with existing Committee structure – minimal disruption to existing Board governance arrangements
	Clear focus on technology strategy, programme management and delivery and partnership working/synergy
	Manageable scope of Committee responsibilities

Option 2

Risks	Benefits
Breadth of Committee responsibilities may be challenging	Brings together key strategies
Technology may have limited oversight	Sets Technology in wider transformation context
Significant risk of overlap with other Committees by mixing “functional” terms of reference with “thematic” terms of reference	

Option 3

Risks	Benefits
Only incorporates technology in so far as applicable to individual transformation programmes – no overarching technology remit	Flexibility in determining transformation programmes in scope
Significant duplication with Finance and Performance Committee responsibilities (Annual Plan, CIP, budgets)	Can adapt existing Workforce Committee (but would expand its workload)
Limited definition of transformation	
May also require a separate Technology Committee	

4. RECOMMENDATION(S)

- That the Board endorse the Action Plan appended to this report
- That the Board consider the options in relation to Digital and Transformation functions with a view to developing Committee terms of reference
- That the Board determine the preference for a Well Led Developmental Review

Liam Nevin
Board Secretary

APPENDICES:

Appendix 1 Board Schedule – Arrangements and Design Principles

Appendix 2 – Away Day Actions Summary

Board Schedule 2020 – Bi- Monthly Meetings – Arrangements and Design Principles

Jan	Feb	March	April	May	June	July	August	September	Oct	Nov	Dec
Board Business	Board Business	Board Business	Board Strategy	Board Business	Board Strategy	Board Business		Board Business	Board Business	Board Business	Board Strategy
Quality and Safety Committee	Quality and Safety Committee	Quality and Safety Committee		Quality and Safety Committee		Quality and Safety Committee		Quality and Safety Committee		Quality and Safety Committee	
Finance and Performance Committee	Finance and Performance Committee	Finance and Performance Committee		Finance and Performance Committee		Finance and Performance Committee		Finance and Performance Committee		Finance and Performance Committee	
Workforce	Workforce	Workforce		Workforce		Workforce		Workforce		Workforce	
		Audit Committee		Audit Committee		Audit Committee		Audit Committee			Audit Committee

Board Development Sessions

February 2020	Risk Management Workshop
April 2020	“Who is in the Room” – Board Team Profiles and Board Compact – Rules of Engagement
June 2020	Culture Change – Appraising the Culture and Priorities for Change

To Be Determined: Well Led Review

Key

New Arrangements approved – effective from March committees (February monthly committees will feed into March Board on the monthly cycle)

Design Principles

- Committees to meet bi-monthly- agendas distributed 5 weeks in advance of meeting
- Agenda items to be noted and not discussed to be agreed by Chair/Board Sec
- Reports to be received by only one Committee (save where Finance Committee approval required under scheme of delegations)

Board Schedule 2020 – Bi- Monthly Meetings – Arrangements and Design Principles

- Board Strategy and Workshop Session x 4 plus Business items limited to Committee reports up from previous month, and any urgent business
- Urgent business during a “fallow” committee month can be subject to either an urgent committee meeting or reported to the Board with the Chair’s consent.
- Board Business meetings x 8.
- All reports to be dispatched 7 days before the meeting. Late reports by exception at Chair’s discretion
- All reports to be prior assured by Executive Lead and submitted to Trust Secretary 3 days prior to dispatch for final review
- All reports to follow corporate format

Appendix 2

Away Day Actions- Summary

Issue	Action	Lead Executive	Board Input	When?
TRUST STRATEGY				Review in March 2020
Measures - Further Development	Develop SMART success measures for each strategic objective. Develop Board Score Card (not IPR) – key strategic metrics on a page	Director of Strategy	Approve measures	
Implementation/Delivery Plans Development	Develop Implementation Plan to reflect the agreed measures	Director of Strategy	Approve Implementation Plan	
Scheduled strategy implementation and progress review at Board	Develop quarterly reviews of implementation and progress against strategy (<i>option-to mirror BAF reporting.</i>) and report to Board.	Director of Strategy		
Begin preparatory work for a strategy refresh in 2021	Reflect on purpose Timetable for reviewing strategic objectives Timetable for consulting staff	Director of Strategy		
TRUST STRATEGY – INTEGRATED PLANNING FRAMEWORK				Review in March 2020
Improve operational and financial planning processes – short term and fragmented	Address technical and cultural barriers to effective strategic planning: Development of Business case – strategically driven and not fixing “burning platforms” Embracing accountability – delivering on time (too much time	Director of Finance/Director of HR		

Appendix 2

Away Day Actions- Summary

	<p>spent chasing)</p> <p>Translating Trust values into job roles</p> <p>Learning from experience – reporting on benefit realization reviews</p>			
Issue	Action	Lead Executive	Board Input	When?
STP STRATEGY				Review at February Board
Need for Trust to proactively drive change based on alignment of place and system needs	<p>“Call out” lack of alignment and need to develop stronger partnership working around key themes (e.g. Digital, workforce, leadership)</p> <p>Develop a shared acute provider voice in the STP to counter primary care influence</p> <p>Request STP to schedule NED to NED meetings – DGFT to host</p>	CEO		
Consider optimal timing of influence on strategy	Review impact of election on direction of strategy	CEO		
DIGITAL				
Group Feedback x 3 to Inform Development of Digital Strategy	Integrate feedback into Digital Strategy	CIO		March 2020
Consider Governance	Review options for governance of technology in light of		“Commissioner” of	Consider

Appendix 2

Away Day Actions- Summary

Wrap-Around for Digital Strategy	Digital Strategy– Reinstate Digital Committee v Transformation and Innovation Committee		governance objectives – sole focus on technology or technology as part of a wider transformation agenda?	Options at January 2020 Board
BOARD DEVELOPMENT				
Well Led – Not another audit of compliance but need to consider areas for improvement	Commission a Developmental Well Led Review – focus on areas for improvement	Board Secretary	Timing – to be agreed	Scope Options for January 2020 Board
Ensure Board are sighted on developing issues	Use Running agenda for Pre-meet	Board Secretary/Chair		From Jan 2020
Review of Committee membership	Review committee membership and other functions undertaken by NEDS in light of new membership	Board Secretary/Chair	To approve new committee membership/distribution of roles	February 2020 (to be agreed with Agenda Management proposals and Board Visibility proposals below)
Board behavioural drivers – refreshed Board so need to review personality/behaviour drivers	Refresh of Deloitte's work on “Who is in the room?” More Board social activities	Board Secretary	Agree as part of Board Development programme	Incorporate into Board Development Programme
Agree Board Compact (principles of Board Working)	Board to debate	N/A	To debate and agree – then include in Reflections of Meeting at each Board	Incorporate into Board Development Programme

Appendix 2

Away Day Actions- Summary

Board Visibility	Introduce mechanisms for Board interaction with staff – e.g. open hour, canteen lunch		Agree scheduling	February 2020
Board Agenda Management: Number of Board meetings and transactional/strategic split (8/4) Number of Committee meetings and links to Board business Volume and quality of reports Link to well led agenda Use of “consent agenda items” Delayed reports/absent presenters Role of Board Secretary in Supporting Committees	Further Board discussion on the steps necessary to improve agenda management and report quality.	Board Secretary	To debate and agree – and commission any follow up work on changes to processes, support arrangements, resources.	To be Approved by Board February 2020 (see supplementary document)
Board Member Review	All Board members to engage in 360 degree reviews as part of the annual appraisal/review process	Board Secretary	To agree timing (April – June 2020 for appraisal window and Rem Com June 2020)	April – June 2020
Future Board Development Programme	Set the Board Development Programme for 2020	Board Secretary	Reflect on agreed priorities: Who is in the Room Deloitte (see above)	Agreed – see supplementary document for timetable)

Appendix 2

Away Day Actions- Summary

			<p>Culture Change – appraising the culture of the organisation and what needs to change</p> <p>Well Led Development Review</p> <p>Risk Appetite (previously requested)</p> <p>And consider any other topics</p>	
Board external engagement	<p>Plot external relationships and score quality of relationships</p> <p>Consider actions to improve scores</p> <p>Agree key metrics to impress on all external partners – creating and communicating a confident and positive narrative</p>	Director of Communications		March 2020

Paper for submission to Board of Directors (PUBLIC Session)
Thursday 16th January 2020

TITLE:	Clinical, Quality, Safety & Patient Experience (CQSPE) Highlights Report for 17 th December 2019		
AUTHOR:	Mary Sexton	PRESENTER	Catherine Holland
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval		Discussion
	X		X
RECOMMENDATIONS			
<ul style="list-style-type: none"> The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee. 			
CORPORATE OBJECTIVE:			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> As detailed in the paper 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y/N		Risk Description:
	Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Links all domains
	NHSI	Y	Details: Links to good governance
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM CLINICAL, QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE (CQSPE) TO PUBLIC BOARD

Date Committee last met: 17/12/2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee were notified of patient safety and staff wellbeing issues surrounding capacity and corridor care and it was agreed to escalate these concerns to the Board of Directors 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee remain sighted and updated on the progress to reduce Paediatric and Ophthalmology Overdue Follow-ups. A full trajectory and action plan was requested for the February meeting. The Committee continues to monitor the number of complaints and backlog held both centrally and within divisions and has requested a full update with trajectory in the January Quarterly report.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Assurance was provided that due to the GI Unit JAG accreditation, the current process of bowel screening is robust. The committee agreed the broad topics for the Quality Priorities 2020/21 and the three quality metrics for the three elements of quality to go into this year's quality report (although there remained a query on one of the metrics to be agreed at the next meeting). A more detailed report is anticipated in February/March. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> 5 policies were ratified by the Committee remotely via email circulation. Medicine & Integrated Care Divisional Governance Meeting Terms of Reference were presented and approved.
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> The shortened agenda allowed for greater depth of discussion and challenge surrounding key issues of quality, safety and patient experience. 	

Paper for submission to the Board of Directors on 16th January 2020

TITLE:	Chief Nurse Report		
AUTHOR:	Carol Love-Mecrow Deputy Chief Nurse	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		x	
RECOMMENDATIONS			
For the Board to review and note the exceptions presented.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ol style="list-style-type: none"> The Chief Nurse has professional responsibility for nurses, midwives and Allied Health Professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the Chief Operating Officer (COO) via the Divisional Directors. <ol style="list-style-type: none"> Appendix 1 Staffing data <u>Agency Controls</u> <ol style="list-style-type: none"> All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses. All requests for non-framework agency remain Chief Nurse or Chief Operating Officer authorisation only in hours, out of hours remains Executive authorisation only. An evaluation of the staffing review undertaken in June 2019 is nearing completion and will be presented to the Finance and Performance committee in January 2020. 			

3. Dementia

3.1 There have been three patients detained under the Mental Health Act (MHA) during November 2019. One section 2 patient was discharged to a mother and baby unit, the second section 2 patient was discharged to a tier 4 bed and the third patient was detained on a section 5/2 and was discharged from the section after 72 hours and then discharged home.

4. Deteriorating Patient

- 4.1 Work continues to review and adapt the changes within the national sepsis treatment template, enabling us to demonstrate, more clearly the senior clinician review of our patients.
- 4.2 Work across the divisions continues to help improve resuscitation training compliance.
- 4.3 Recruitment to the sepsis team continues with band 6 sepsis nurse commencing in January and interviews for a second taking place in January.

5. Falls

- 5.1 There were 88 falls during November this is the highest number recorded this year. However there were no falls with harm
- 5.2 The Falls Lead, Becky Plant, has been appointed to the post of Freedom to Speak up Guardian. She joins the existing guardians in the first substantive appointment to this role.
- 5.3 Recruitment to the Falls Lead post is underway.

6. Infection Control

6.1 The Infection Control Lead post has now been recruited to; the successful candidate is Emma Fellows who has a wealth of experience in infection control. She will be commencing her role on the 2nd March 2020.

7. Patient Experience

- 7.1 The Patient Experience Lead Jill Faulkner has been elected as new staff governor for the non-clinical constituency.
- 7.2 Phase 2 of the student volunteer's programme will commence in February 2020. It is expected that around 60 student volunteers will be recruited and join our volunteers.

8. Professional Development

8.1 Clinical Support

- The next phase of recruitment for Trainee Nurse Associates (TNA'S) took place on the 12th December; 14 candidates were recruited with an additional 3 candidates deferred to enable completion of coursework. This cohort will commence their programme with the University of Worcester in March 2020. Placement areas are currently being identified
- The new Novice Clinical Support Worker (CSW) apprentice programme is due to be advertised in January 2020 vacancies for this new programme are currently being identified.

8.2 Pre-Registration

- There is currently one return to practice student from the University of Wolverhampton completing placement at the Trust. There is an operating department practitioner (ODP) completing the Health and Care Professions Council (HCPC) return to practice programme, placement hours are being supported by Theatres.

8.3 Post Registration

- The new Post Registration Lead and Post registration nurse are both due to commence their posts in the Trust in January 2020.
- The University of Wolverhampton will be undertaking a quality scrutiny process in January 2020 to review the band 6 development course and the delivery of our academically accredited in-house modules.

9. Recruitment and Retention

- 9.1 **Vacancies reporting** – This is still problematic; discrepancies are still evident between the financial ledger, e-rostering and information from Lead Nurses and Matrons. This will be discussed at the next Chief Nurse Business meeting.

9.2 Internal Recruitment Events

The next corporate recruitment event is scheduled for the 22nd January 2019. The event will focus on recruiting 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.

9.3 Local recruitment events held and recruited to are:

Recruitment Event	Date of Event	Number of conditional offers made
Corporate recruitment event	11 th November 2019	Attendance of 3 student nurses attended. Conditional offers for substantive posts made to 3
Corporate recruitment event	10 th December 2019	Attendance of 2 student nurses and 3 experienced nurses. Conditional offers for substantive posts made to 2 experienced nurses 2 students appointed to the bank as CSW and will be recruited to substantive RN posts in the new year near to when they qualify in Sept 2020.

9.4 High vacancy areas

High vacancy areas are currently are orthopaedics, ED, Stroke and Community
The following areas are planning local events:

- Community – Planning a workshop with workforce to plan a recruitment event suitable for Community staff.
- C8 –Second continuing professional development (CPD) & recruitment event to be scheduled

in the New Year.

- ED and Orthopaedics to schedule events in the New Year.

9.5 Recruitment Activity

At the time of the report, a **total of 47.76 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).

Currently 16 WTE external graduates are engaged to commence in January 2020 along with 35.64 WTE Dudley students (**Total 51.64 WTE**) (This is an approximate figure from a raw TRAC report at the time of the report). **Please note that these figures provisional acceptances for roles and likely to reduce.**

9.6 Retention

Clinical Supervision- Monthly clinical supervisor training have commenced, only a few have booked onto the training for December and January. A further launch will take place in the New Year.

9.7 NHS England & NHS Improvement Retention Direct Support Programme Cohort 5

The Trust is currently in cohort 5 of this programme an initial retention plan was submitted on the 29th November 2019 and is focusing on a high vacancy & sickness area with a pilot being undertaken on C8.

The pilot will focus on:

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

We are awaiting feedback on this plan from NHSi.

9.8 LWAB Resourcing, Attraction and Retention Project -

Work continues to facilitate collaborative recruitment across the Black Country STP where £55,000 has been allocated for the project.

9.9 The NHS and Armed Forces Conference –

The NHS and Armed forces conference was held on the 14th November 2019 where the focus was on partnership working for armed forces and reservists with the NHS. Following this conference future work will be undertaken in setting up regular insight days for personnel leaving the forces and wanting to work in the NHS, and also working on how we can support our reservists who are already employed. The Officers Association will support us with these initiatives in the New Year and details of plans will be presented in this report moving forward.

10. Safeguarding

- 10.1 The new Head of Safeguarding, Julie Mullins has now commenced in post. She joins us from the Royal Orthopaedic Hospital.

11. Safer Staffing (Appendix 1)

- 11.1 The qualified staff fill rates for November 2019 were 85% during the day and 91% during the night. The overall qualified staff fill rates was 88%. The target fill rate for qualified staff is set at 90% since December 2018.
- 11.2 All areas are within the agreed variation of 6.3 or more for the CHPPD. Overall Trust CHPPD is 9.47 for November 2019 (qualified and unqualified).
- 11.3 A review of the inpatient ward skill mix that was conducted in June has been reviewed and will be presented at the end of January 2020.
- 11.4 There were 31 staffing incidents reported during November
- 11.5 There were no staffing incidents during November 2019 reported as causing moderate to severe harm. One incident was recorded as low/minimal harm.
- 11.6 Review of staffing numbers through safety huddle continues twice a day facilitated by the Divisional Chief Nurses.
- 11.7 Assessment of patient acuity and dependency continues daily in bedded units.

12. Specialist Nurse Feedback

- 12.1 The Specialist Nurse forum was held on the 12th December. This meeting outlined the plans for specialist nurses following the analysis of feedback received from this group of staff. Agreement was confirmed on the areas below and subsequent works streams will continue after the new year
- 12.2 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.

13. Tissue Viability

- 13.1 There have been no avoidable Category 3 or 4 pressure ulcers reported as a serious incident in either the hospital or community during November 2019
- 13.2 *Stop the pressure week*, which commenced 18th November 2019 proved very successful.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	Y	Risk Description: We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patient's will not see us as a provider of choice.
	Risk Register: Y/N	Risk Score: 12

COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details:
	NHSI	Y/N	Details:
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
		Y/N	DATE:

Appendix 1

Safer Staffing Data

Safer Staffing Summary		Nov		Days in Month				30									
Day RN		Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
										UnQual		UnQual					
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	Day	Qual N	N	Sum	Average	Registered	Care staff	Total
B1	130	107	60	58	90	73	62	55	82%	97%	81%	89%	502	64%	4.09	2.71	6.80
B2(H)	186	138	213	206	120	114	185	184	74%	97%	95%	99%	1,019	113%	2.90	4.59	7.49
B2(T)	125	105	123	119	90	84	90	88	84%	97%	94%	98%	667	93%	3.32	3.72	7.04
B3	201	138	163	140	178	145	132	125	69%	86%	81%	95%	897	71%	3.78	3.54	7.32
B4	247	205	267	251	151	146	201	201	83%	94%	97%	100%	1,351	94%	3.04	4.01	7.06
B5	209	191	158	151	207	197	96	93	91%	95%	95%	96%	645	90%	7.22	4.41	11.63
C1	233	204	269	266	180	173	192	191	88%	99%	96%	99%	1,423	99%	3.15	3.85	7.00
C2	295	270	83	76	246	230	72	69	91%	91%	94%	96%	568	63%	10.33	2.92	13.26
C3	212	187	375	379	181	179	330	334	88%	101%	99%	101%	1,527	98%	2.88	5.48	8.35
C4	177	167	73	71	135	90	60	88	94%	98%	67%	146%	649	98%	4.62	2.88	7.50
C5	233	192	249	263	181	176	191	196	82%	106%	97%	103%	1,417	98%	3.12	3.89	7.00
C6	134	100	67	67	74	58	68	70	75%	99%	78%	103%	498	83%	3.72	3.29	7.00
C7	188	158	203	193	151	146	154	154	84%	95%	97%	100%	1,068	99%	3.34	3.80	7.14
C8	280	227	202	189	240	222	154	151	81%	94%	92%	98%	1,251	95%	4.21	3.27	7.48
CCU_PCCU	238	199	61	60	211	207	34	31	84%	99%	98%	92%	666	85%	7.32	1.64	8.95
Critical Care	414	355	77	67	393	342			86%	86%	87%		316	66%	25.90	2.53	28.43
EAU_AMU_1	658	545	506	496	540	468	398	412	83%	98%	87%	104%	1,878	104%	6.47	5.81	12.27
Maternity	854	783	230	216	510	465	164	145	92%	94%	91%	88%	728	55%	16.27	5.65	21.92
MH DU	169	161	35	34	166	156	7	8	95%	97%	94%	114%	210	70%	17.70	2.17	19.87
NNU	161	124			150	136			77%		90%		252	47%	11.88	0.00	11.88
TOTAL	5,342	4,557	3,414	3,301	4,194	3,805	2,590	2,594	85%	97%	91%	100%	17,532		5.47	3.99	9.47

Paper for submission to the Board of Directors on 16th January 2019

TITLE:	Update from the Finance and Performance Committee		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	PRESENTER	Richard Miner
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary report from the Finance and Performance Committee meeting held on 19 December 2019.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: Failure to remain financially sustainable in 2019/20 (COR1012) Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 19 December 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Income and Expenditure to the end of November 2019 was £2.2m worse than the NHSI plan Year-end forecast had deteriorated by £1.3m within the month to £1.9m worse than base internal plan As a consequence, now forecasting to be cash negative in March 2020 Missed Diagnostics DM01, Emergency Access Standard (EAS), cancer 2 week wait and 62 day targets in November and this failure is expected to continue in December also. Forecasting recovery by end of January for cancer 2 week wait and DM01 and end of March cancer 62 day. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Corporate risk owners to identify additional risk mitigations and/or changes to risk appetite and/or preparations for risk impacts for risk above target score Actions being developed to recover I & E shortfall – agency controls, income and grip and control On-going discussions with NHSI/E, CCG and STP about optimising system finances, in line with the I & E reforecast being prepared
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Increased score for risk COR1011 to 5 x 4 = 20 Special F & P to review I & E reforecast ahead of January 2020 Board Half yearly CIP review to be introduced to F & P Additional information on workforce and recruitment to be included in future Surgery Divisional deep dives
<p>Chair's comments on the effectiveness of the meeting:</p> <p>Detailed discussion of financial position. Questions around whether the right level of assurance is being provided and the need for greater 2nd and 3rd level assurance of reports. Committee subdued at the end of the meeting.</p>	

Paper for submission to the Board of Directors on 16th January 2020

TITLE:	Finance Report		
AUTHOR:	Tom Jackson Acting Chief Executive	PRESENTER	Chris Walker Acting Director of Finance
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
To note and discuss the contents of the report			
CORPORATE OBJECTIVE:			
SO3 Drive Service Improvements, innovation and transformation SO5 Make the best use of what we have SO6 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Update for the Board on the financial position of the Trust at the end of November 2019 (month 8)			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: Failure to remain financially sustainable in 2019/20 (COR1012) Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of financial plan
	Other	Y	Details: Value for money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Finance Report – Month 8 2019/20

1) Purpose

The purpose of this report is to update the Board on the 2019/20 financial performance as at Month 8.

2) Income and Expenditure

The forecast I and E position has deteriorated from Month 7 to Month 8 driven by the challenging operational environment the Trust is facing manifesting in cost pressures to support urgent care pathways and continued income challenges for planned care. As with last month the Trust continues discussions with partners to explore all opportunities to address the structural financial challenge related to urgent and emergency care.

3) Cashflow

The cash position is monitored very closely and every effort is being made to maintain liquidity. The position continues to steadily weaken as the financial year progresses and the Trust is forecasting the need for external support before the start of the next financial year.

4) Financial Improvement Programme

The Financial Improvement Programme continues to be a key focus to deliver in year financial sustainability. Schemes related to workforce are under pressure as the impact of winter is understood and an increased use in agency spend is evidenced. This has led to a reforecast of CIP delivery to £14.2m broadly in line with the original internal plan at the start of the year.

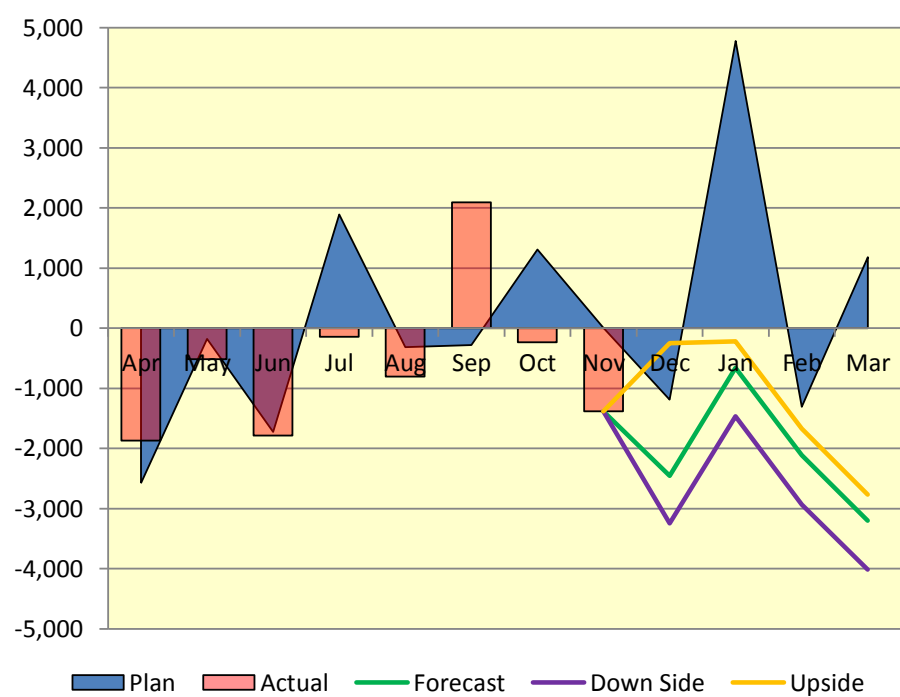
5) Summary

Continued and significant operational challenges are putting the delivery of the stretched financial plan under pressure for both income, expenditure and cash. Additional control measures remain in place, however, additional spend is being authorised to maintain safety and patient quality.

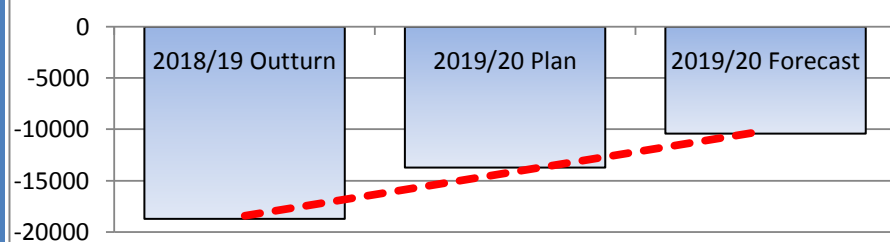
Tom Jackson
Director of Finance

TRUST I&E PERFORMANCE (PRE & POST PSF) as at NOVEMBER 2019						
	CURRENT			CUMULATIVE YTD		
	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
INCOME	£31,225	£32,088	£863	£251,487	£256,366	£4,879
EXPEND.	-£31,221	-£33,474	-£2,253	-£253,357	-£261,008	-£7,651
PRE PSF	£4	-£1,386	-£1,390	-£1,870	-£4,642	-£2,772
DCSL/TECH	0	£24	£24	0	£148	£148
C. TOTAL	£4	-£1,362	-£1,366	-£1,870	-£4,494	-£2,624
PSF	£646	£646	£0	£3,553	£3,929	£376
TOTAL	£650	-£716	-£1,366	£1,683	-£565	-£2,248

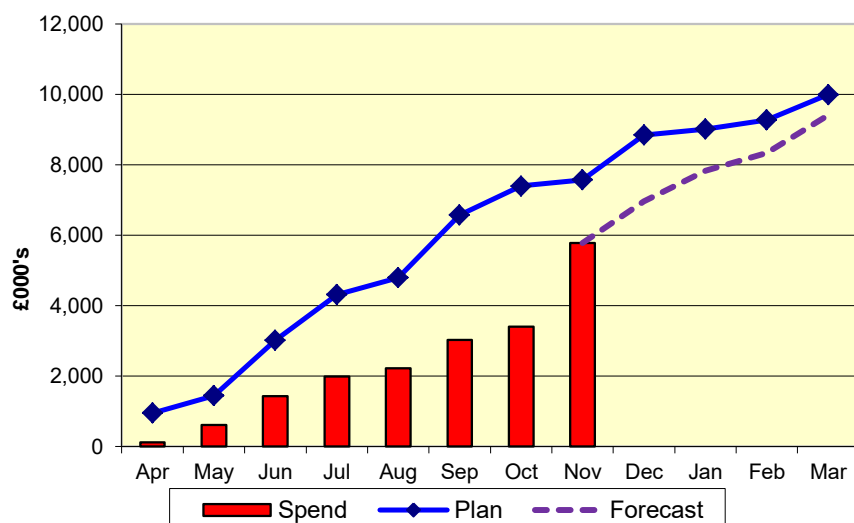
YEAR END FORECAST 2019/20 (net of PSF)



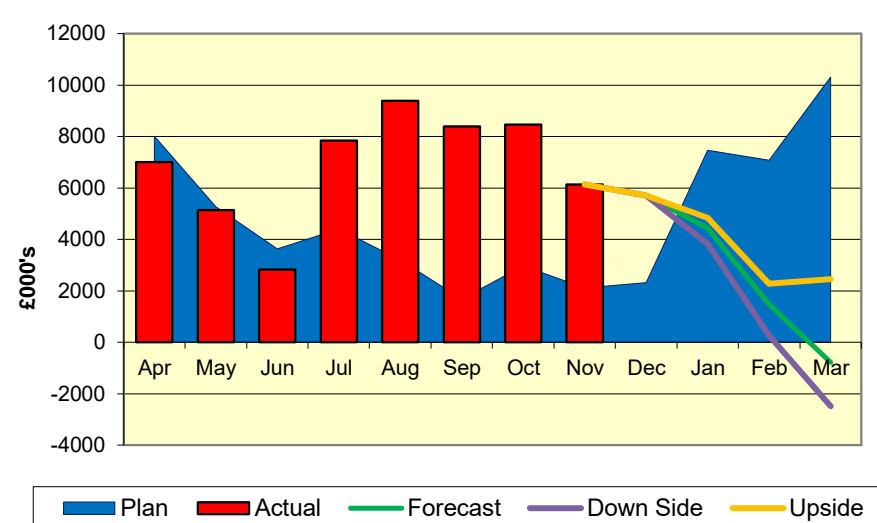
UNDERLYING POSITION



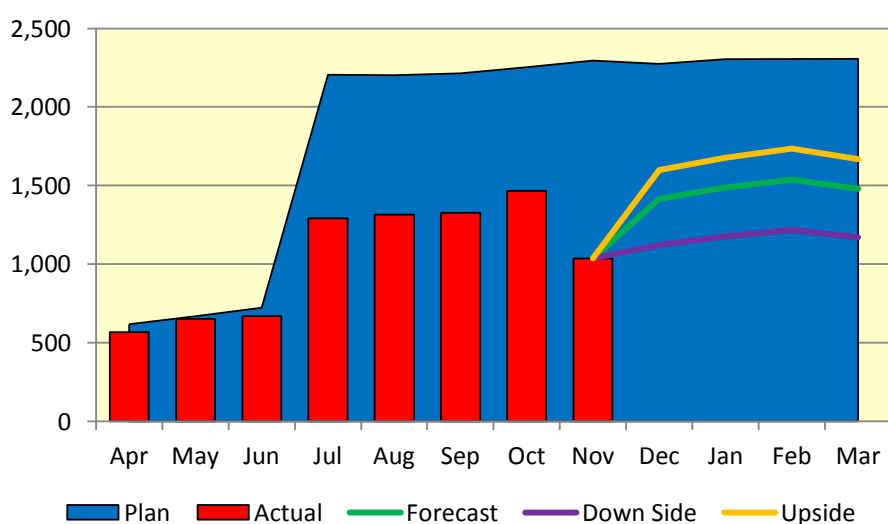
CAPITAL EXPENDITURE 2019/20



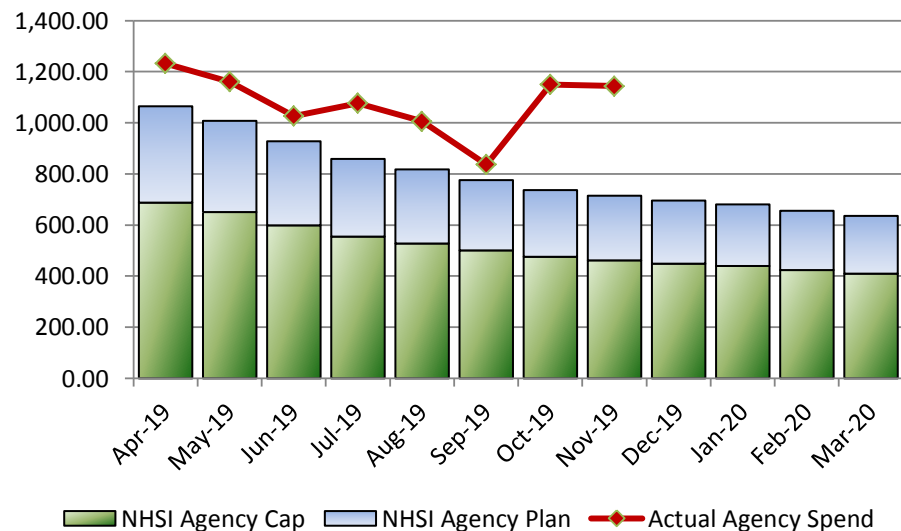
CASH FLOW 2019/20



CIP PERFORMANCE 2019/20



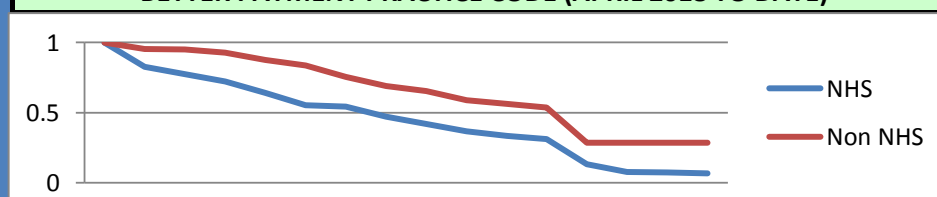
AGENCY PERFORMANCE 2019/20



RISK RATINGS

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

BETTER PAYMENT PRACTICE CODE (APRIL 2018 TO DATE)



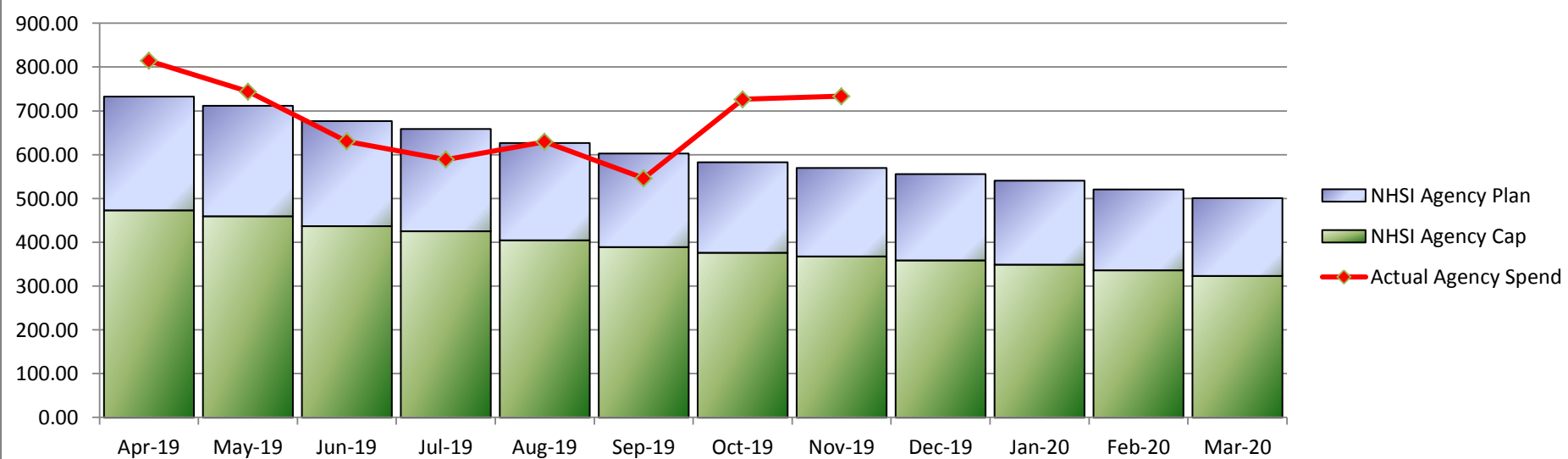
TRUST TOP 10 OVERSPENDING BUDGETS AS AT NOVEMBER 2019

BUDGET CENTRE	DIRECTORATE	OVERSPEND	%
Surgery Division Contract Inc	Surgery Division Cont Income	-£2,500,772	-3%
Nurse Mgt Medicine	Nursing Medicine	-£373,967	-366%
T&O Theatre - Orthopaedics	Trauma and Orthopaedic	-£302,555	-26%
Medical Staff General Medicine	Urgent Care	-£227,684	-68%
Medical Staff Trauma & Ortho	Trauma and Orthopaedic	-£221,219	-5%
Mgt Team - Theatres	Theatres Anaes and Crit Care	-£215,241	-37%
Medical Staff General Surgery	Surgery Urology and Vascular	-£196,754	-5%
Medical Staff Radiology	Imaging	-£174,554	-7%
RHH Day Case Theatre&Recovery	Theatres Anaes and Crit Care	-£171,616	-13%
Health Records	OPD and Health Records	-£159,923	-8%

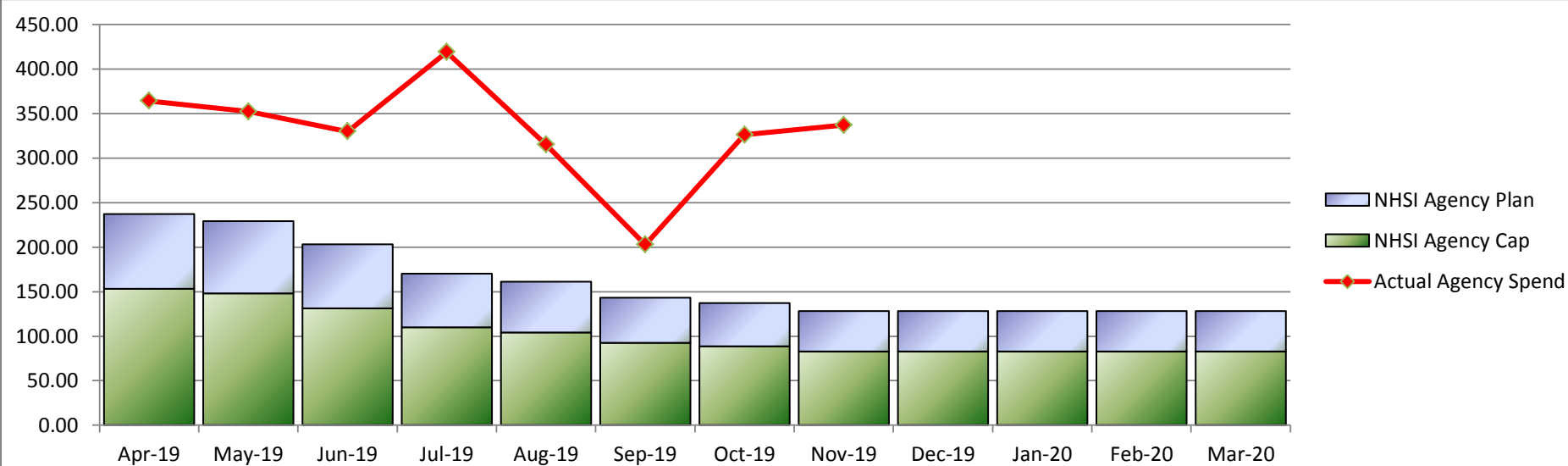
DIVISIONAL/CORPORATE VARIANCE

	CURRENT	YTD	FORECAST	
MEDICINE	-£296	£1,129	£338	●
SURGERY	-£371	-£3,122	-£3,435	●
CLINICAL SUPPORT	-£14	£347	£111	●
CORPORATE	£362	£2,326	£1,960	●
TRUST WIDE	-£118	£2,384	-£4,387	●
RESERVES	-£988	-£5,696	-£8,780	●
OTHER	£36	£237	-£4,286	●
TOTAL	-£1,390	-£2,396	-£18,480	●

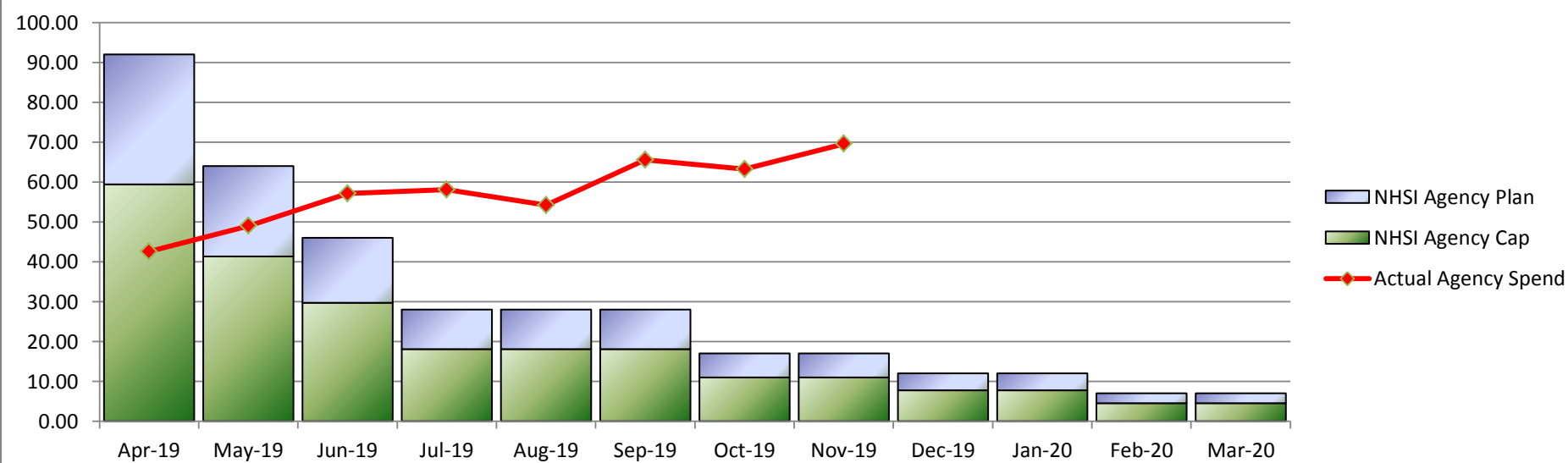
QUALIFIED NURSING STAFF AGENCY SPEND



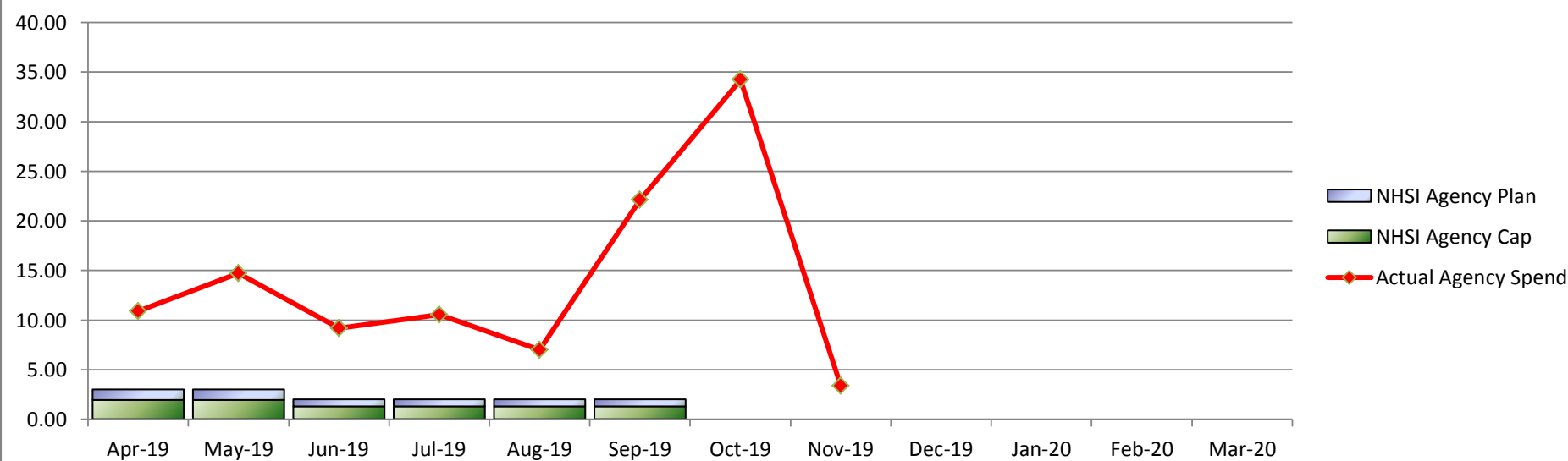
MEDICAL STAFF AGENCY SPEND



SCIENTIFIC, THERAPEUTIC & TECHNICAL STAFF AGENCY SPEND



ADMIN & CLERICAL STAFF/MANAGER AGENCY SPEND



Paper for submission to the Public Board on 16 January 2020

TITLE:	Integrated Performance Report for Month 8 (November) 2019		
AUTHOR:	Board of Directors	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<h2>Performance</h2> <p><u>EAS</u> Year to date (April-December) site attendances up 3.53%, ED+4.97%, UTC +1.22% The ED & UCC Combined under 4 Hour Wait standard has decreased from 81.6% in October to 79.6% in November . The Trust continues to escalate to level 4 as necessary as do other trusts in the region.. The main breach reason continued to be lack of beds in medicine. The ability for the Trust to recover from this position was hindered by high acuity and an increased admission rate and higher ambulance and walk in attendances to majors . During November we also saw our highest number of patients waiting more than 12 hours for beds (34). Patients continue to be seen earlier in their care journey by acute medicine being present in the ED. Patients who access our minors service continue to be seen within 4 hours and performance continues over 96%.</p> <p>Delayed transfers of care for out of area patients continue to cause concern. These issues are highlighted to NHSI on a daily call. Extra assistance has been sought across the health economy with purchasing of an additional 18 transitional beds . The trust has also commissioned the use of 21 nursing home beds which will be ready for use in January.</p>			

SURGERY

RTT – the trust achieved the RTT standard for November, delivering 92.9% against the national standard of 92%.

Plans in place with each specialty to improve matters and whilst the national guidance is clear that consultant staff will not be impacted by tax issues for their pension there remains a reluctance to pick up extra sessions with the frequency seen last year. By way of an example, compared to this time last year, the following specialties have seen reductions in extra sessions worked as follows:

67 fewer additional clinics worked in Ophthalmology

33 fewer additional clinics worked in ENT

57 fewer additional theatre sessions working in plastics

28 fewer theatre lists working in Orthopaedics year to date (However, this was 143 fewer sessions worked between April and Jun 2019 compared to the same period last year but there has been an increase since August)

There have been no additional clinics worked in general surgery compared to last year despite rising demand.

The key areas of success will be performance improvements in Ophthalmology, General Surgery, Urology, Plastics and Dermatology, however, chronic staffing challenges with additional medical workforce are hampering a faster solution being found.

There have been some positive improvements in the Theatre productivity group with a reduction in the number of cancellations on the day and the number of cancellations related to missing notes. This reflects the hard work of the Theatre Team and the staff at Centafile who have worked really hard over recent months to try and improve the services provided.

DIAGNOSTIC PERFORMANCE (DM01)

DM01 was not achieved for November 2019 with a performance of 94.7% against the target of 99%. This is the third successive month that the standard has failed with September performance being 98.5% and October being 97.7%.

MRI performance remains below the standard and has done every month since April 2018. Numbers through MRI are not usually high enough to account for a failure of the target when other modalities are performing as expected.

Failures over the past three months are the result of unexpected equipment failures in endoscopy and colonoscopy combined with an increase in demand (possibly resulting from the introduction of FIT testing in the community). Performance in these areas has decreased each month from what is usually 100% to around 70%. Plans are in place in medicine and surgery to address the backlogs that have built up and to meet demand going forwards. Recovery of the DM01 target is depended on recovery in these areas.

The first CT scanner has been replaced and the second is due in January 2020.

CANCER PERFORMANCE

Cancer performance has declined since August 2019 following agreement to take diverted Wolverhampton breast pathway patients to assist with their performance and a host of other issues that followed. As described in the DM01 narrative these include some unplanned equipment failures in Endoscopy and Colonoscopy as well as some seasonal surges in demand that we could not meet with the workforce impact IR35 and pensions tax issues we face.

2 week wait suffered as a result of the extra RWT demand for the months of August (91.4%) and September (92.3%) but the impact of the failed washers was huge and resulted in a performance of 69.1%. Recovery

plans were put in place and have largely succeeded although Haematuria Clinic is still polling at 30 days and Breast at day 28.

62 day performance was predictably affected by this decline in 2 week wait performance and has declined since September to a low of 73.1% for October. Breach numbers have been roughly double the normal tolerated level (12>24) and RCA analysis confirms these are the result of late first appointments and the usual diagnostic delays and complex pathways.

The PTL size spiked to above 1500 patients while the backlogs were highest, but this has recovered to a more normal 1300 patients this month. Of concern are the 220 patients over 62 days, although only 50 have a cancer diagnosis which is a result of the pathway delays described above.

There are 53 patients over 104 days, 8 with a cancer diagnosis. Harm reviews have been completed on all and no harm has been identified. Long waits for diagnosed patients result from tertiary referrals to RWT for robot assisted surgery at patient choice.

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



December 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 5,219 responses across all areas have been received during November 2019, an increase since October 2019 (5,176).

FFT Percentage Recommended

Maternity antenatal has seen the biggest increase in scores achieving their target for November. Outpatients, A&E, community and inpatients continue to remain below target for percentage recommended scores and have not achieved the target for November.

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.' Resources will be developed, including promotional campaigns.

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

Complaints & PALS

PALS received 187 concerns, 19 comments and 68 signposting contact in November 2019.

During November 2019, the Trust received 68 new complaints. This is a 14% decrease from October 2019 for complaints (79).

There have been 10 re-opened complaints for November 2019.

The main reasons for complaints being reopened is that complainants are dissatisfied with their response or the response has caused them to ask further questions/seek further clarification

Falls

There was 88 inpatient falls in November - this is the highest number since February 2018. No obvious cause for increase and no reportable harm through any of these falls.

Pressure Ulcers

There have been no reported avoidable Category 3 and Category 4 pressure ulcers during the month of November 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.

Infection Control

C.diff -1

All hospital acquired and community acquired cases are calculated as one number, to date this is currently 26, of which 14 are lapses in care against a trajectory of 49.

Issues for lapses in care relate to training, and antibiotic prescribing.

E-Coli -3

Of the 24 cases up to date, only 3 were acquired post 48 hours following admission. Look back exercise completed on the post 48 hours to establish cause, no trends / themes identified.

MSSA Bacteraemia -0

MRSA - 0

Executive Summary

Incidents

A total of 3 Serious Incidents (this includes the Never Event) were reported to STEIS in November 2019:

- INC62996 (2019/24302) – Anaesthetic complication
- INC64427 (2019/24333) – Delay in treatment
- INC64339 (2019/23944) – Never Event, retained foreign object post procedure

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 October is 26%

It has been raised with informatics that there has been some discrepancies with this data to date. It is felt this could be due to some of the wards splitting into two.

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

Dementia (1 month in arrears)

The find/assess element of the process remains below compliance despite regular contacts with all wards to prompt them to complete this within 72 hours of admission.

A question has been added to the monthly Perfect Ward audit to monitor compliance; this will be monitored and managed by divisions

Investigate result has improved significantly from the previous month but is still below compliance, this should be rectified in the next submission as the vacant post within the mental health team has now been filled. Refer rate has improved and is compliant against target

Stroke (1 month in arrears)

All stroke targets have been met for the month of October 2019

VTE

Trust performance for VTE for November is 93.7%

A mini audit was undertaken which identified those who had no VTE risk assessment on admission.

50% had been completed and 50% had not had a VTE risk assessment completed.

The findings have been escalated to senior clinicians & management who are identifying how those gaps can be closed.

This will be an ongoing process to reduce those VTE risk assessments not completed or captured.

Safety Thermometer

Patients with harm free care is 96.25%

Executive Summary

Cancer Performance

Cancer performance has declined since August 2019 following agreement to take diverted Wolverhampton breast pathway patients to assist with their performance and a host of other issues that followed. As described in the DM01 narrative these include some unplanned equipment failures in Endoscopy and Colonoscopy as well as some seasonal surges in demand that we could not meet with the workforce impact IR35 and pensions tax issues we face.

2 week wait suffered as a result of the extra RWT demand for the months of August (91.4%) and September (92.3%) but the impact of the failed washers was huge and resulted in a performance of 69.1%. Recovery plans were put in place and have largely succeeded although Haematuria clinic is still polling at 30 days and Breast at day 28.

62 day performance was predictably affected by this decline in 2 week wait performance and has declined since September to a low of 73.1% for October.

Breach numbers have been roughly double the normal tolerated level (12>24) and RCA analysis confirms these are the result of late first appointments and the usual diagnostic delays and complex pathways.

The PTL size spiked to above 1500 patients while the backlogs were highest, but this has recovered to a more normal 1200 patients this month. Of concern are the 164 patients over 62 days, although only 22 have a cancer diagnosis which is a result of the pathway delays described above.

There are 39 patients over 104 days, 8 with a cancer diagnosis. Harm reviews have been completed on all and no harm has been identified. Long waits for diagnosed patients result from tertiary referrals to RWT for robot assisted surgery at patient choice.

Regulatory Performance- 18 week referral Treatment

The Trust achieved the RTT standard for November, delivering 92.87% against the national standard of 92%.

Regulatory Performance- 18 week referral Treatment - Incompletes

Over the recent months, performance against the RTT standard has been deteriorating and there is a risk that the Trust failing to meet this standard. To mitigate this a number of actions are in place and the recent announcement from NHS X on the support package with the tapering of the pension tax may lead to additional Consultant capacity being created.

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 and there is pressure on the Haematuria pathway, impacting RTT as capacity is being prioritised there. Outpatient waits have increased which has resulted in a delay to the entire pathway.
- 3x Consultant workforce gap in Paediatrics compounded by the introduction of the Paediatric Consultant resident rota which has resulted in less capacity for planned care.
- Rising demand in service for Dermatology, the specialty is planning additional weekend capacity to work through the waiting list.
- The key challenge for Plastic Surgery is the balance between cancer and planned care work

Executive Summary

Operational efficiency - Theatre utilisation, theatre cancellations DNA rates

A new theatre scheduling process is in place, one of the positive early indicators is that there has been a reduction of hospital cancellations on the day in theatres.

Work Force

Absence

Absence in November 2019 increased by 0.37% to 5.31% against the Trust target of 3.5%. All of our areas have increased in percentage for their overall absence; the 2 main areas of concern are Clinical Support Services (CSS), 6.46% and Medicine & Integrated Care (MIC), 5.29%. The increase relates specifically to short-term sickness absence, up from 1.73% in October to 2.61% in November. Main reasons for this increase are primarily driven by seasonal sickness episodes such as Gastro and cough / colds. Long-term sickness absence is staying steady at 2.72%, analysing the data each month is highlighting fluctuations in the way absence is reported, we are moving to SPC charts in the New Year and this will help us to better analyse and see trends in our data.

The HR Team are tracking all long term cases and actively working to support Managers in enabling people to come back to work. We have a Project Manager focusing on the top 20 areas where we have the most absence and we are in the process of reviewing this support. We are also out with our 'Make it happen' trolley throughout December to talk to colleagues about the importance of looking after themselves during the winter months. We have a leaflet we are giving out with lots of hints and tips and contacts, this is delivered with a hot chocolate and a mince pie. We are in the middle of the Flu campaign working hard to ensure all of our front line colleagues receive their flu jab protecting themselves and others. We are currently at 55% of frontline staff vaccinated and have lots of activity planned throughout December. We have also reviewed our sickness, absence training to make it more interactive, case study based and have already started using this with our teams. 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.

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

Mandatory Training/Appraisals

Overall compliance for Priority 1 has remained stable this month as a result of improved performance in adult and paediatric resuscitation but there has been a decline in performance for safeguarding children level 1 and 2. The improvements in the above subjects are in part due to updated training records following a backload of data entry due to staff sickness. This has now been resolved and records are up to date. There is ongoing work to increase compliance in resuscitation and this continues to be overseen at WSEC.

Targeted work is underway to improve completion of Mental Health Law following changes to requirements to ensure all clinicians complete this training – this includes provision of additional sessions, targeted training in low compliance areas and exploring the use of e-learning to provide wider access to training. There is sufficient capacity to provide face to face training for all staff required to meet the target in the next 2 months. This element and trajectories are monitored through the Achieving Excellence workgroup.

Changes to Safeguarding training will be implemented from January 2020 with easier access to all 3 levels of training and move towards a portfolio of ongoing learning which will support better opportunities to complete role-specific learning and ensure continuous development for this specific subject.

Executive Summary

Appraisal performance remains as at June 2019 and will be reported as such until the next review window commences in April 2019.

Preparation for 2020 is now underway with a review of the appraisal process, policy and associated paperwork being completed with a target date of January 2020.

This will simplify paperwork, provide better links to talent management and include 360 feedbacks on behaviour and performance linked to the Behaviour Framework.

This will align with the national NHS People Plan and awaited Leadership Compact.

Turnover

The turnover rate was 9.01% in November, an increase of 0.02% compared to October. Whilst the Trust target is 8.5%, we still 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 are working on obtaining the necessary data as well as targeting specific areas where a triangulation of data suggests there may be some underlying issues/concerns.

Turnover remains high in Clinical Support Services (13.69%) and Corporate/Management (13.74%). 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 our NHSI Retention 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.

HR Operations

There are a total of 18 formal active cases, 6 disciplinary cases, 2 capability, 1 tribunal and 8 grievances. We have just started to track our informal cases and there are currently 12 of those.

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.

The HRBP's own a stream of work each to drive capability and performance in their divisions with subjects like retention, health and wellbeing and Inclusion. We have reviewed our disciplinary and capability training and will be launching revised training in the New Year.

Leadership & Development

Developing Leaders, the programme for middle-leaders continues to run effectively with positive feedback on both experience and impact. 108 leaders have now completed the programme. Cohort 8 completed their formal learning in early December and presented their learning at team brief. Success stories of the programme so far include a number of leaders who have secured promotions within the Trust, change initiatives being implemented in services and leaders taking on additional activities/responsibilities within their own department. Key learning and action points for the latest leadership graduates were:

- Learning to role model and steer through difficult conversations
- Being more positive and network with colleagues more regularly to share, learn and improve
- Motivating colleagues and work in a more joined up way with colleagues to deliver projects across departments
- Created a project board and implemented a new audit to monitor and improve work within the department
- Challenge more and give feedback to others – positive and areas for improvement

Cohort 9 is currently running and will be due to complete in April 2020 following a winter break. Programmes are open for enrolment for 2020 with February over-subscribed with 20 booked and 5 waitlisted.

A share and learn event for all previous attendees is organised for the end of January 2020 with the opportunity for all participants to continue their development, build more connections and highlight impact as a result of the programme. The aim is to also mobilise them collectively to support culture change across

Executive Summary

This is an activity report in relation to Resourcing, Medical Workforce and Bank. We could not report on specific recruitment figures as we did not have the data.

SafeCare

- The early implementer wards are B1 (T&O), B4 a & b (elective surgery), C3 (elderly care/forget me not) and C8 (stroke). Three out of the four early implementer wards have been trained and are trialling the system until 14th January, at which point Allocate will be coming back to review. C8 will undergo Allocate training before Christmas.
- Pending the review, there is a plan for the wider roll-out with a view to doing four wards every two weeks. This will happen during February and March, subject to ward buy-in.

Nursing Rostering

- The team are identifying hot spot wards on monthly KPIs to give them additional support where needed in order for them to roster wards more efficiently in the use of unused hours, managing leave, reducing agency spend by utilising substantive staff more efficiently and using more internal and bank only staff where possible. They also need to publish their rosters and send to Bank in a timelier manner.
- RSM will be starting an E-rostering audit on 13th January in B3 (emergency surgery), AMU, C2 (Paeds), C7 (Gastro) and Coronary Care.

MEapp

- There have been 927 downloads since this was implemented on 1st October.
- Locums Nest

- A three month trail will take place in SUV, where Medirota has already been implemented.

Medirota

- Rolled out in SUV and Anaesthetics, with further roll-out across Surgery in the New Year, specifically, T&O, ENT, Paeds, OBs & Gynae, Ophthalmology and Plastics.

- A training session has been set up on 20th December for AMU, Diabetes and Elderly Care.

Recruitment

- An improved Consultant recruitment process is being developed, with more focus on values and advanced scheduling of consultant interview panels to aid quicker recruitment to roles, while ensuring panel availability.

Finance

Cumulatively, the Trust now has a deficit of £4.642m (before PSF/consolidation) which is £2.772m behind plan. It is therefore almost certain 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. However, pay reflected highest spend to date in November (in excess of budget for first time) driven by high agency and bank costs as well as additional employed staff numbers (21 WTE more than October). Non Pay costs remained high with second highest spend of year. As a result of the in-month adverse performance and increased commitments made over the Winter period to deal with significant emergency activity pressures, the Trust forecast has deteriorated by a further £1.2m and is now £1.9m worse than the Trust internal plan. Before PSF, the overall Trust deficit is forecast to be just under £13.1m.



Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Oct-19	Nov-19	Financial YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	18.5%	21.7%	19.3%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	35.3%	35.8%	35.0%	↑	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	18.2%	30.9%	21.7%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	4.1%	3.9%	4.8%	↓	
Friends & Family Test - Community	3.3%	8.1%	5.6%	5.2%	4.5%	↓	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	76.9%	78.0%	75.8%	↑	
Friends & Family Test - Inpatients	96.7%	97.4%	95.8%	94.3%	94.8%	↓	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	95.7%	96.9%	97.0%	↑	
Friends & Family Test - Outpatients	95.3%	97.4%	90.0%	89.8%	89.3%	↓	
Friends & Family Test - Community	96.2%	97.7%	93.2%	94.8%	92.7%	↑	
Complaints							
Total no. of complaints received in month	-	-	79	68	455	↓	
Complaints re-opened	-	-	7	10	72	↑	
PALs Numbers	-	-	271	247	1999	↓	
Complaints open at month end	-	-	181	177	-	↓	
Compliments received	-	-	587	510	3901	↓	
Dementia							
Find/Assess	-	90%	65.3%	-	79.7%	↑	
Investigate	-	90%	71.4%	-	73.6%	↑	
Refer	-	90%	99.0%	-	96.3%	↑	
Falls							
No. of Falls	-	-	72	88	572	↑	
No. of Multiple Falls	-	-	8	8	44	↔	
Pressure Ulcers (Grades 3 & 4)							
Hospital	-	-	0	0	3	↔	
Community	-	-	0	0	0	↔	
Handwash							
Handwashing	-	95%	99.8%	100.0%	99.7%	↑	
Mixed Sex Accommodation Breaches							
Single Sex Breaches	-	0	26	14	84	↓	

Patients will experience safe care - Patient Safety

	Target (Green)	Oct-19	Nov-19	Financial YTD	Trend	Month Status
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months	105	-	115	-		
SHMI Rolling 12 months	1.05	-	1.11	-		
HSMR Year to date (Not available)	-	-	-	-		
Infections						
Cumulative C-Diff due to lapses in care	49	-	1	26		
MRSA Bacteraemia	0	0	0	1	↔	
MSSA Bacteraemia	0	2	0	15	↓	
E. Coli	0	4	3	24	↓	
Stroke (1 month in arrears)						
Stroke Admissions: Swallowing Screen	75%	94.7%	-	95.7%	-	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	97.9%	-	94.7%	-	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	90.9%	-	96.0%	-	
Stroke Admissions to Thrombolysis Time	50%	50.0%	-	55.2%	-	
VTE - Provisional Figures						
VTE On Admission	95%	93.6%	93.7%	94.4%	↑	
Incidents						
Total Incidents	-	1668	1444	11734	↓	
Recorded Medication Incidents	-	419	244	2663	↓	
Never Events	-	0	1	1	↑	
Serious Incidents	-	4	3	26	↓	
of which, pressure ulcers	-	0	0	0	↔	
Incident Grading by Degree of Harm						
Death	-	1	1	5	↔	
Severe	-	4	3	11	↓	
Moderate	-	13	13	46	↔	
Low	-	169	186	1171	↑	
No Harm	-	969	903	7263	↓	
Near Miss	-	512	338	3238	↓	
Percentage of incidents causing harm	28%	41.9%	37.5%	14.5%	↓	
Safety Thermometer						
Patients with harm free care (and old harms)	-	97.88%	96.25%	-	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly



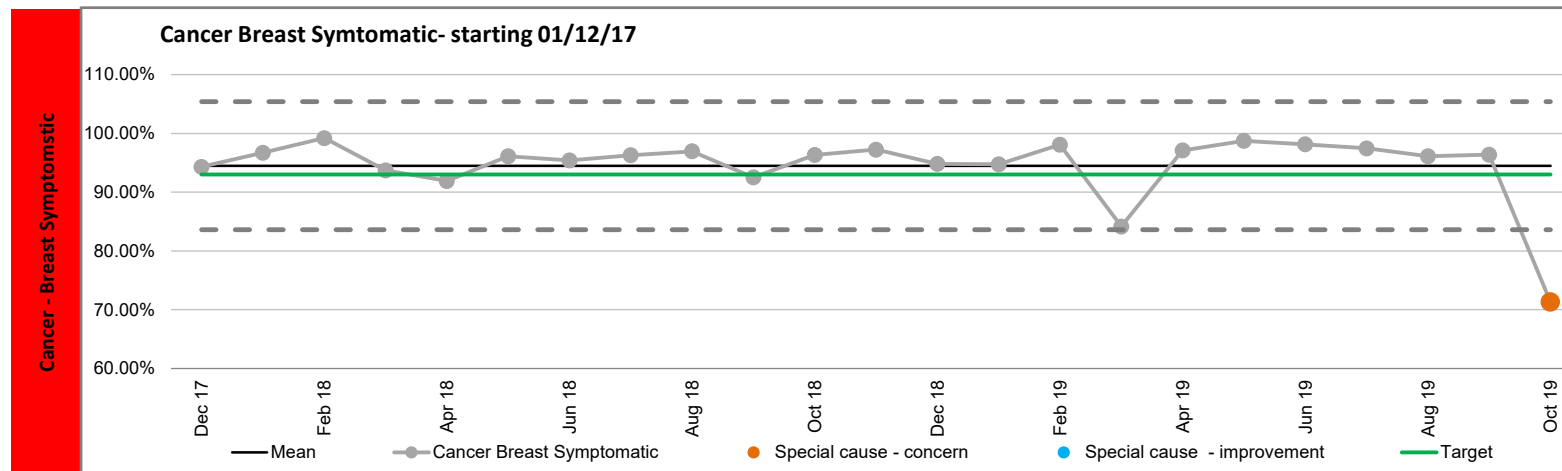
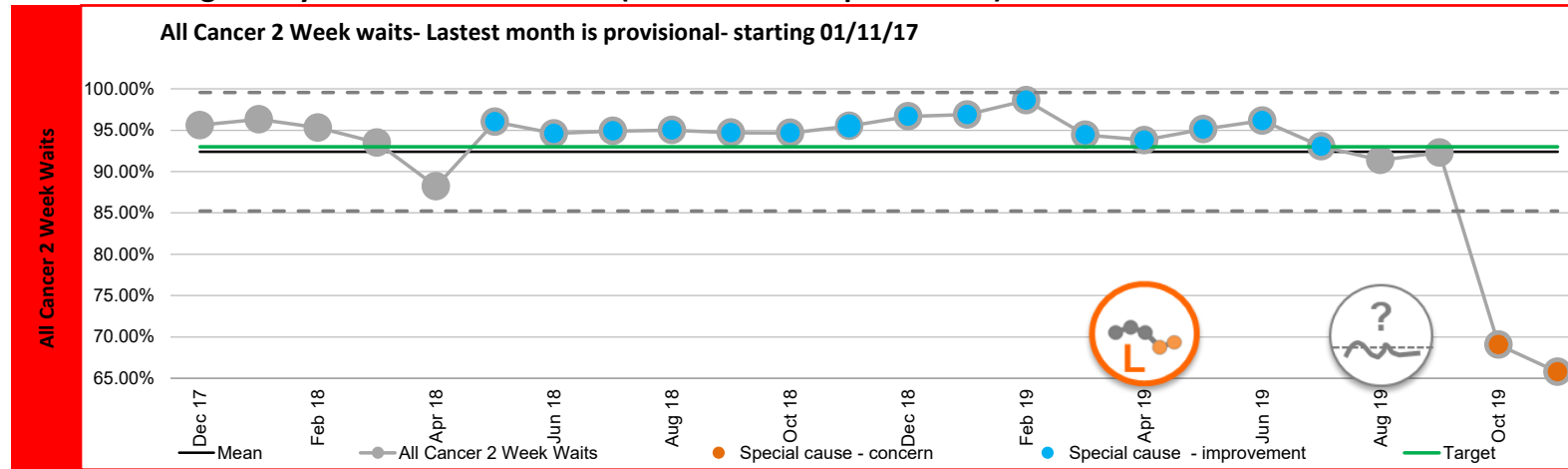
Performance - Key Performance Indicators

	Target	Oct-19	Nov-19	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	69.06%	65.8%	86.8%	↓	
2 week wait - Breast Symptomatic	93%	71.3%	4.3%	82.8%	↓	
31 day diagnostic to 1st treatment	96%	96.3%	95.5%	98.0%	↓	
31 day subsequent treatment - Surgery	94%	96.2%	96.0%	97.4%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	99.2%	↔	
62 day urgent GP referral to treatment	85%	73.1%	63.1%	81.3%	↓	
62 day screening programme	90%	87.5%	92.0%	95.7%	↑	
62 day consultant upgrades	85%	87.1%	87.5%	92.2%	↑	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.1%	92.5%	93.9%	↓	
RTT Admitted - % treatment within 18 weeks	90%	86.8%	92.9%	87.8%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	93.5%	92.9%	94.7%	↓	
Wait from referral to 1st OPD	26	23	24	202	↑	
Wait from Add to Waiting List to Removal	39	36	36	304	↔	
ASI List		3406	3485	0	↑	
% Missing Outcomes RTT		0.14%	0.08%	0.1%	↓	
% Missing Outcomes Non-RTT		4.8%	5.4%	4.2%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	188	435	1057	↑	
% of diagnostic tests waiting less than 6 weeks	99%	97.7%	94.7%	98.2%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	81.6%	79.6%	82.4%	↓	
Emergency Department Attendances	N/A	9530	9426	74268	↓	
12 Hours Trolley Waits	0	12	34	61	↑	
Ambulance to ED Handover Time - TRUST						
15-29 minutes breaches		1713	1787	13616	↑	
30-59 minute breaches		358	436	2939	↑	
60+ minute breaches		17	37	265	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		24	21	130	↓	
60+ minute breaches		2	6	17	↑	

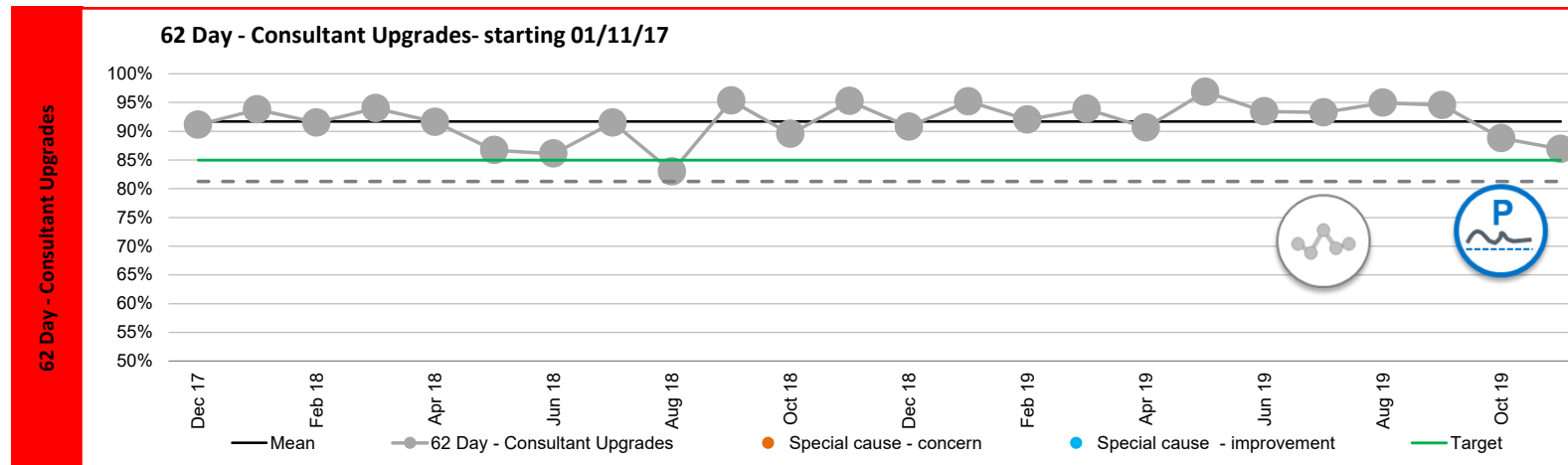
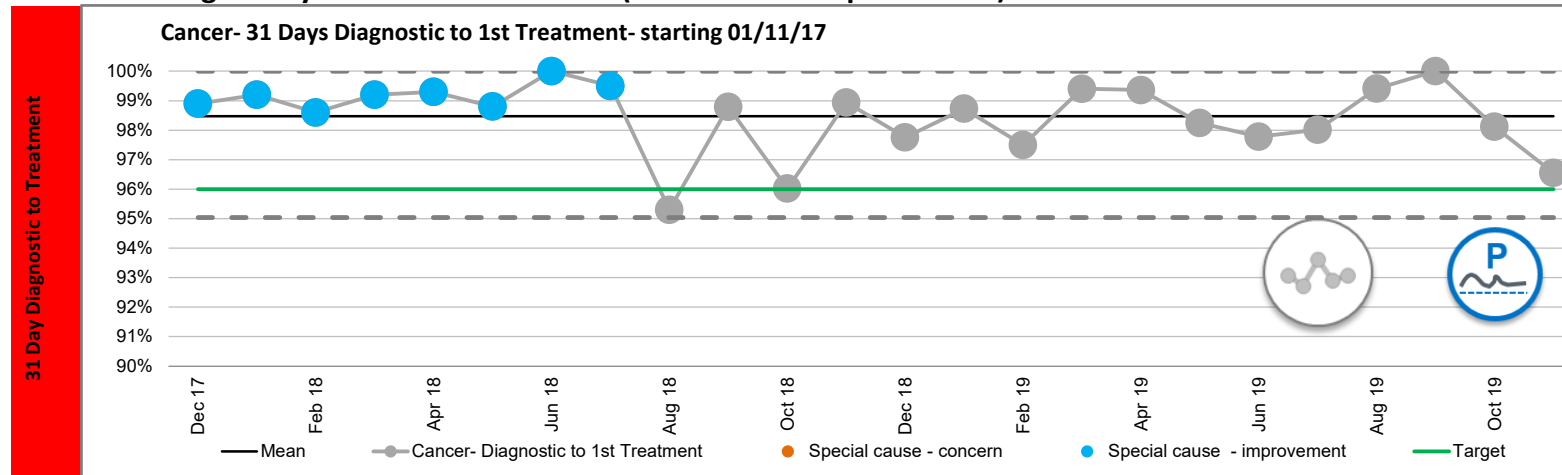
Performance - Key Performance Indicators cont.

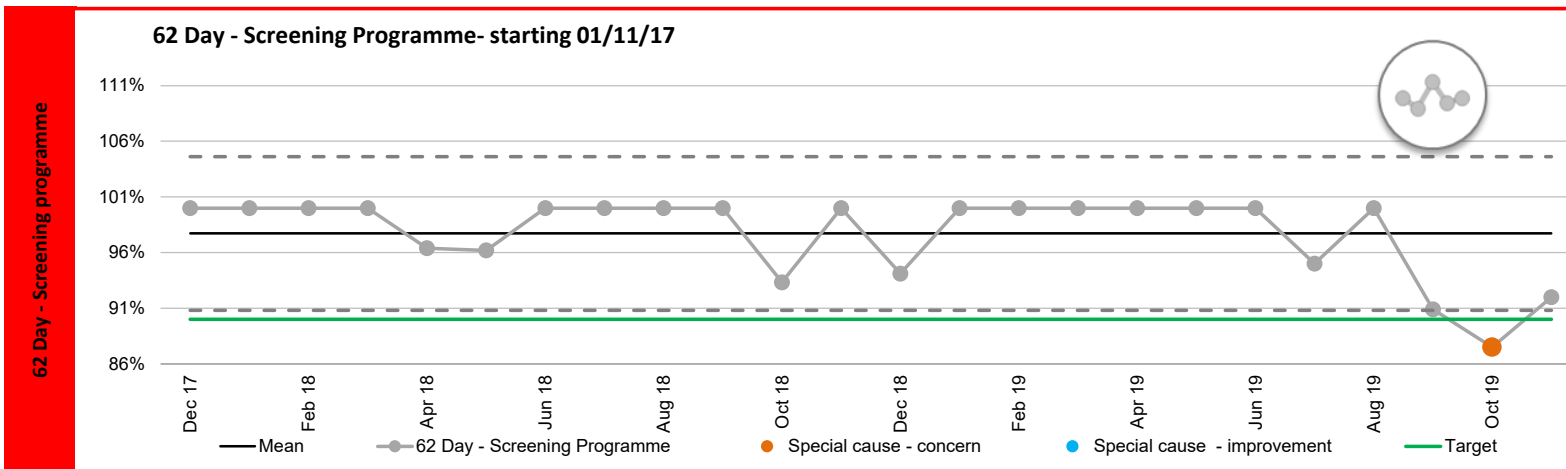
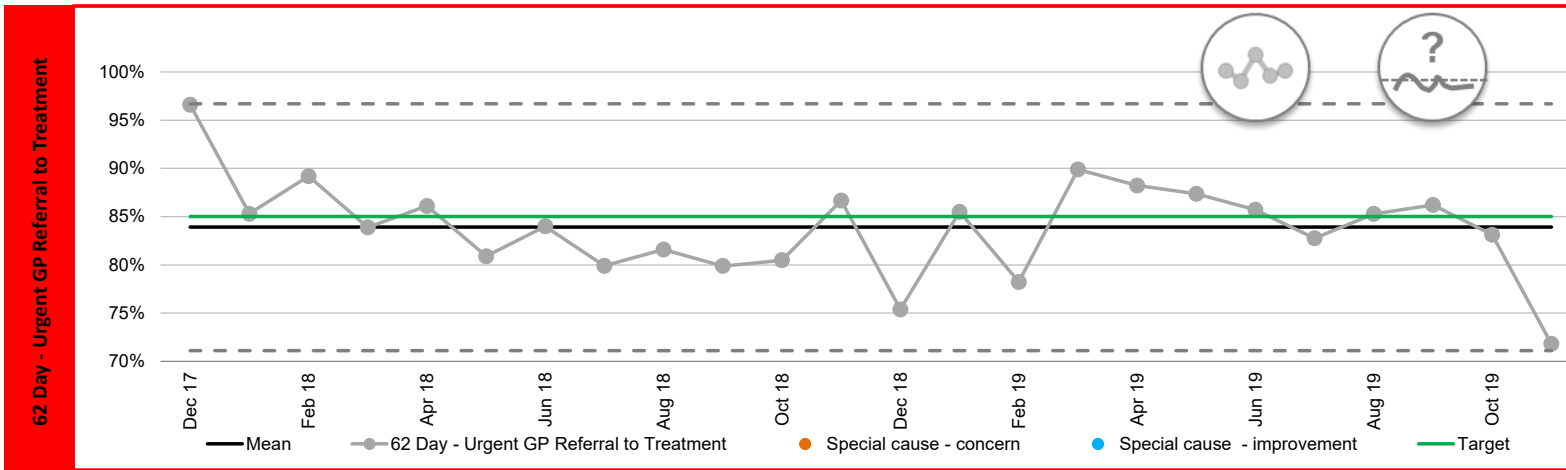
	Target	Oct-19	Nov-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.6%	1.5%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	0	0	7	↔	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	92.8%	92.3%	85.1%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		73.6%	74.6%	75.6%	↑	
Theatre Utilisation - Main		85.6%	87.9%	86.7%	↑	
Theatre Utilisation - Trauma		92.3%	90.1%	92.5%	↓	
GP Referrals						
GP Written Referrals - made		7741	6739	49535	↓	
GP Written Referrals - seen		6315	6190	41015	↓	
Other Referrals - Made		4159	4119	25550	↓	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.40%	6.20%	6%	↓	
Patients Discharged with a LoS >= 14 Days		2.97%	2.96%	3%	↓	
7 Day Readmissions		4.2%	4.3%	3%	↑	
30 Day Readmissions - PbR		7.7%	8.2%	8%	↑	
Bed Occupancy - %		92%	89%	88%	↓	
Bed Occupancy - % Medicine & IC		96%	94%	93%	↓	
Bed Occupancy - % Surgery, W&C		87%	87%	84%	↔	
Bed Occupancy - Paediatric %		65%	56%	54%	↓	
Bed Occupancy - Orthopaedic Elective %		80%	73%	72%	↓	
Bed Occupancy - Trauma and Hip %		96%	95%	93%	↓	
Number of Patient Moves between 8pm and 8am		76	61	662	↓	
Discharged by Midday		13.9%	13.5%	14%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	6.97%	6.89%	7.8%	↓	
Follow-up outpatient appointment DNA rate	8%	8.8%	9.3%	7.9%	↑	
Total outpatient appointment DNA rate	8%	8.1%	8.3%	62.9%	↑	
Clinic Utilisation		80.5%	80.1%	80.3%	↓	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	3.08	2.89	2.9	↓	
Average Length of Stay - Non-Elective	3.4	4.7	4.8	4.7	↑	

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



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





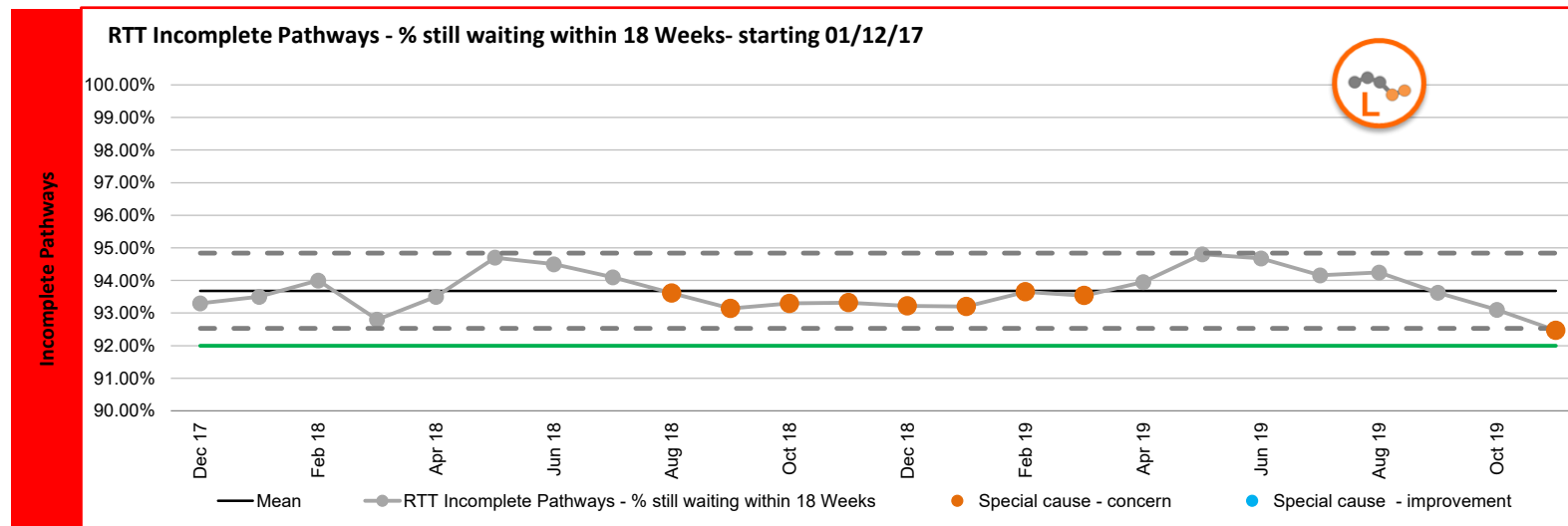
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

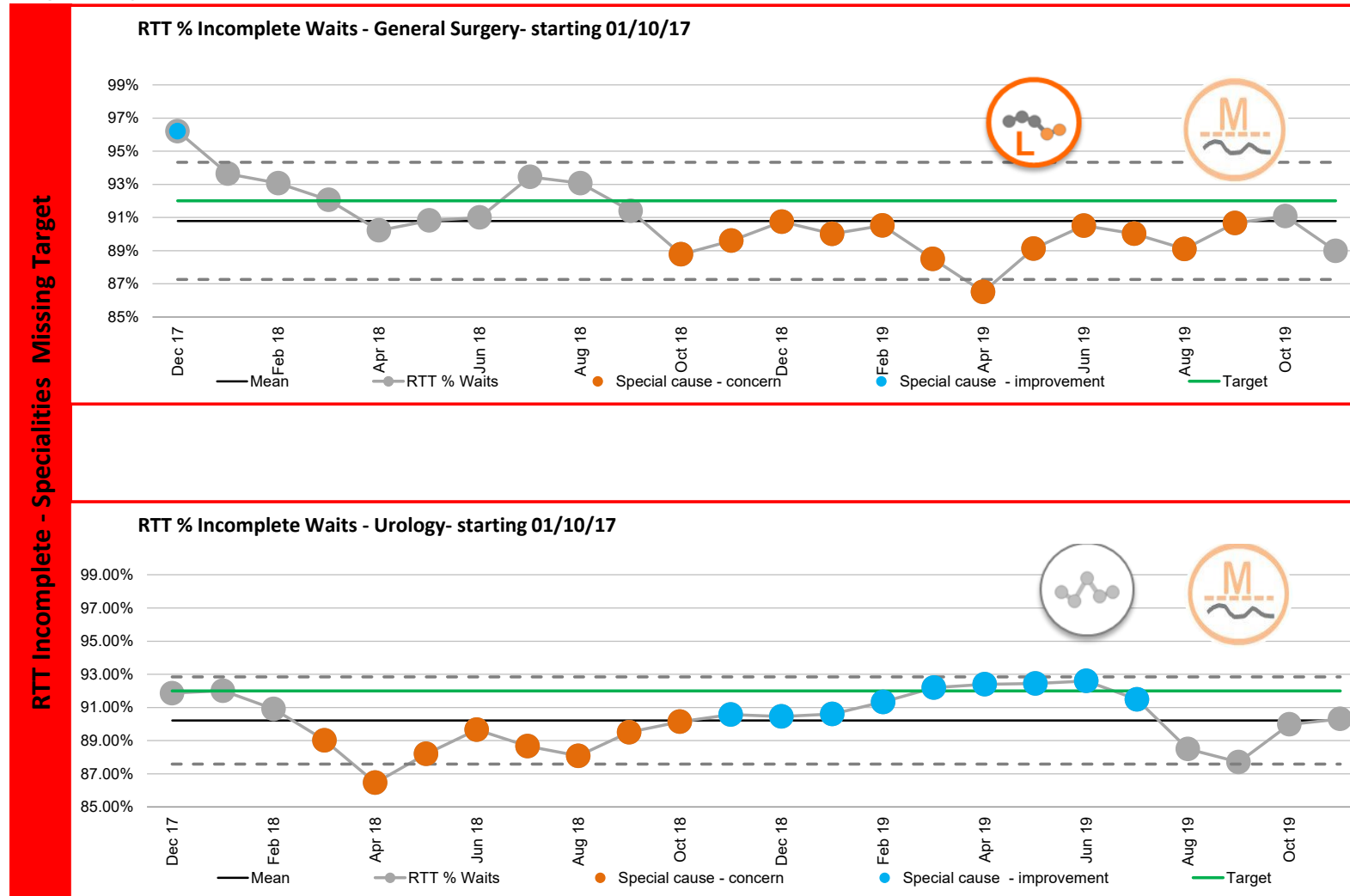
RTT 18 Week Performance - November 2019

Validated Position

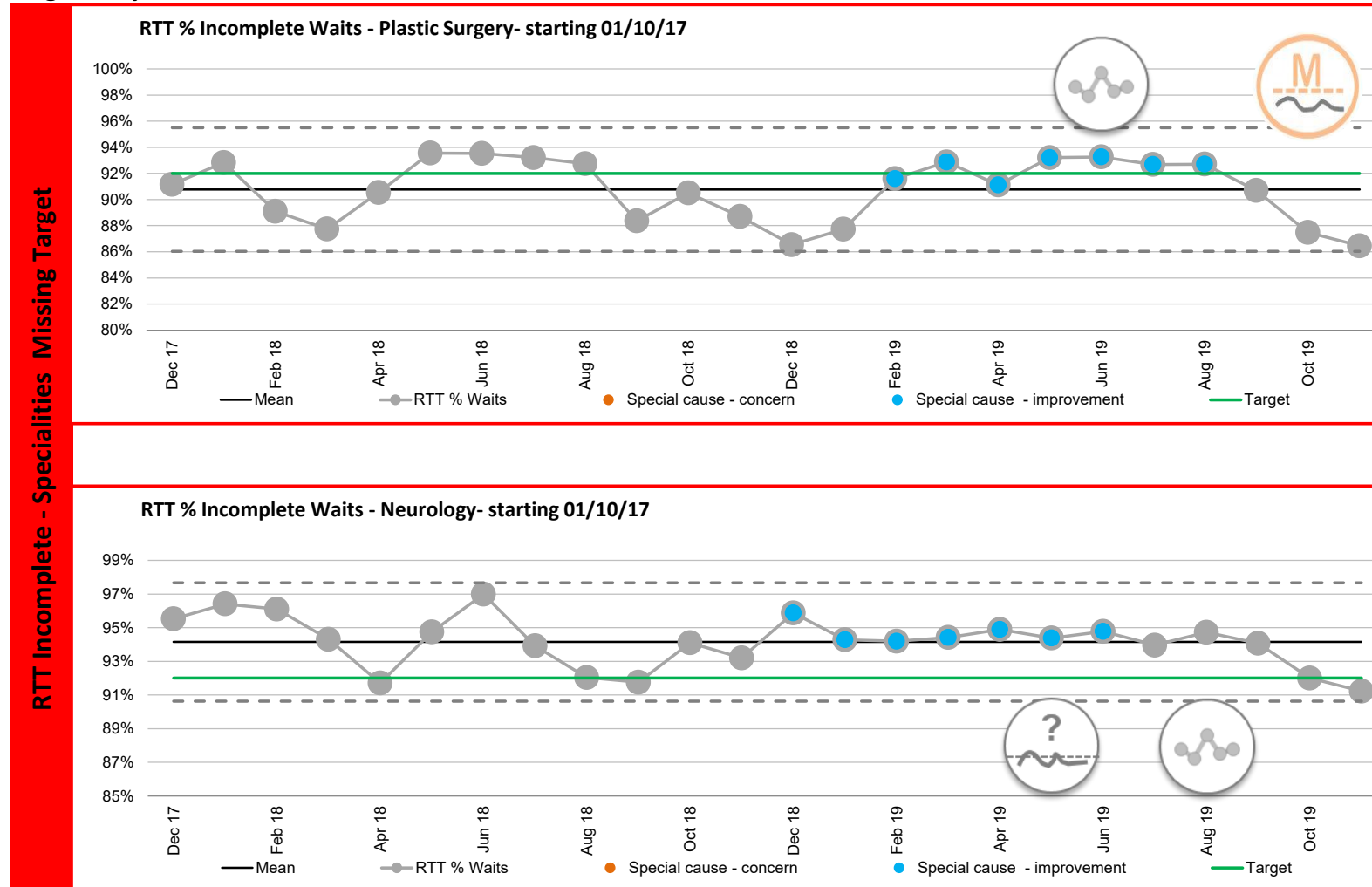
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	913	140	1053	86.7%
101 - Urology	1271	167	1438	88.4%
110 - Trauma & Orthopaedics	1567	79	1646	95.2%
120 - ENT	1157	31	1188	97.4%
130 - Ophthalmology	1845	215	2060	89.6%
140 - Oral Surgery	633	55	688	92.0%
160 - Plastic Surgery	798	125	923	86.5%
300 - General Medicine	7	0	7	100.0%
301 - Gastroenterology	1466	113	1579	92.8%
320 - Cardiology	677	17	694	97.6%
330 - Dermatology	1224	132	1356	90.3%
340 - Respiratory Medicine	368	3	371	99.2%
400 - Neurology	566	44	610	92.8%
410 - Rheumatology	616	78	694	88.8%
430 - Geriatric Medicine	117	0	117	100.0%
502 - Gynaecology	972	50	1022	95.1%
Other	4041	235	4276	94.5%
Total	18238	1484	19722	92.5%



Regulatory Performance - 18 Week Referral to Treatment



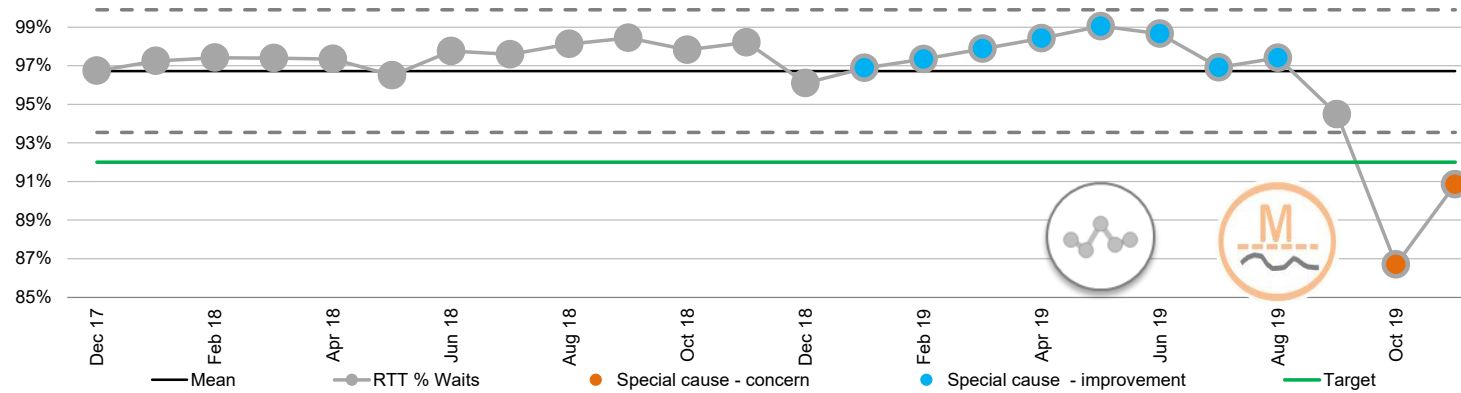
Regulatory Performance - 18 Week Referral to Treatment



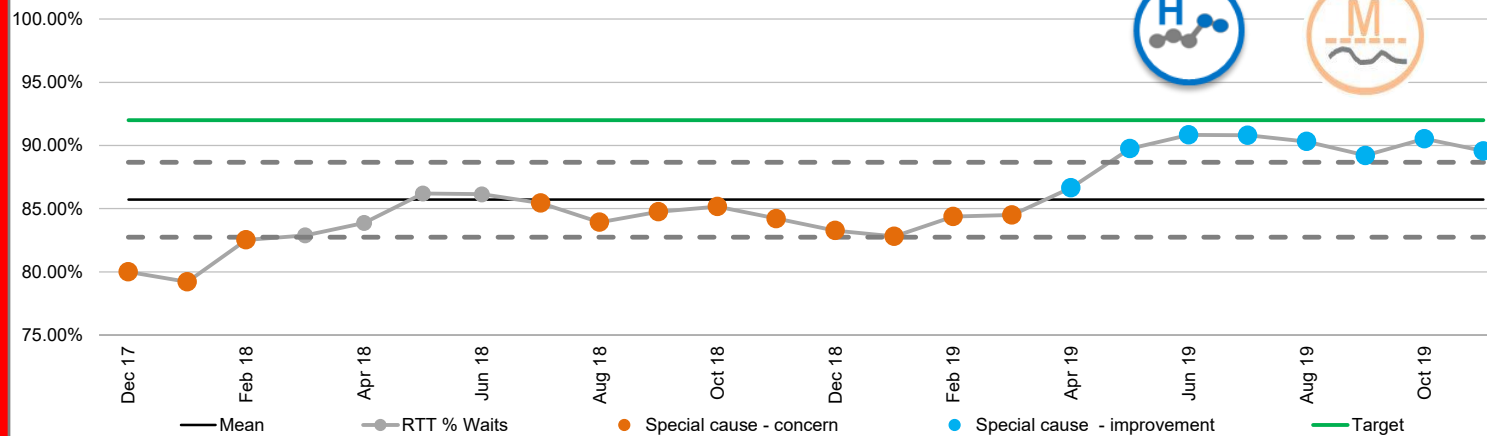
Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities missing target

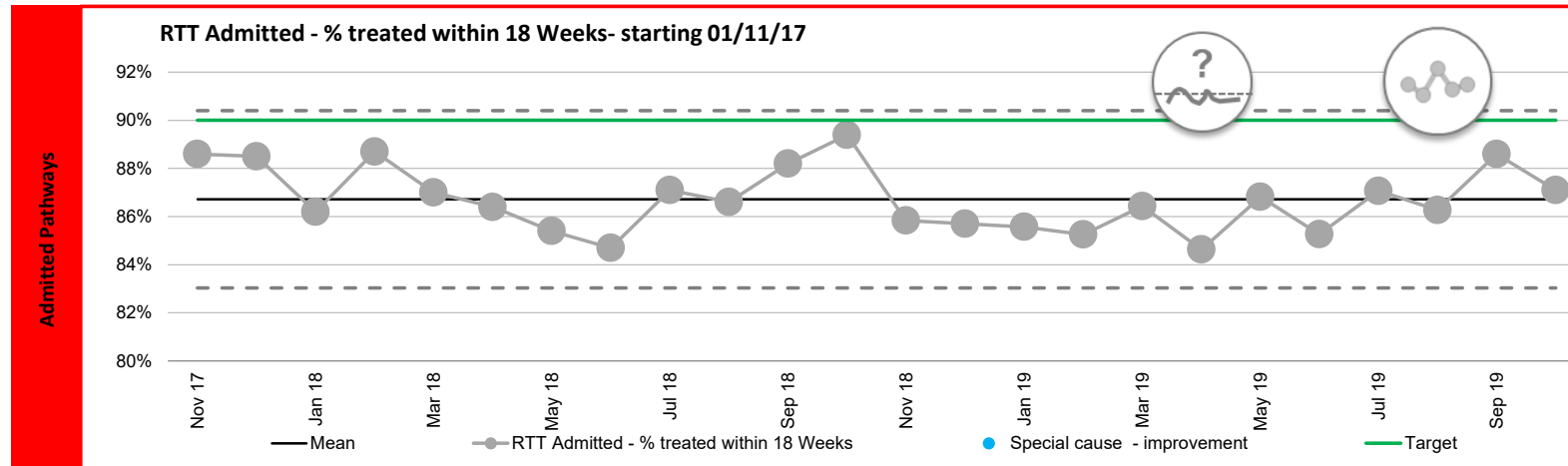
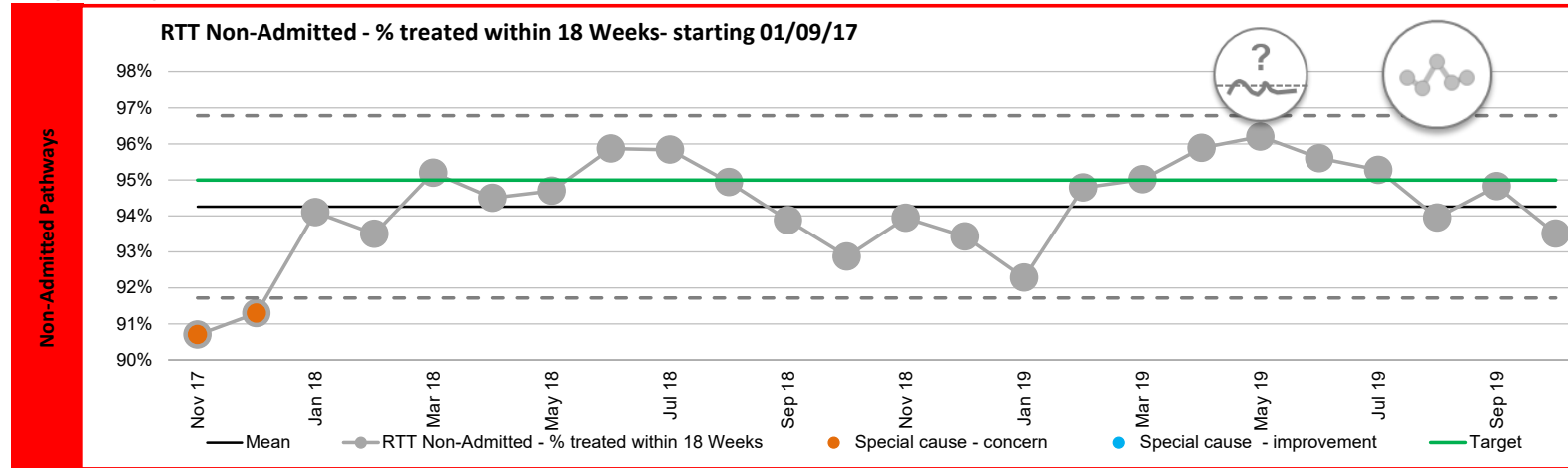
RTT % Incomplete Waits - Rheumatology- starting 01/10/17



RTT % Incomplete Waits - Ophthalmology- starting 01/12/17

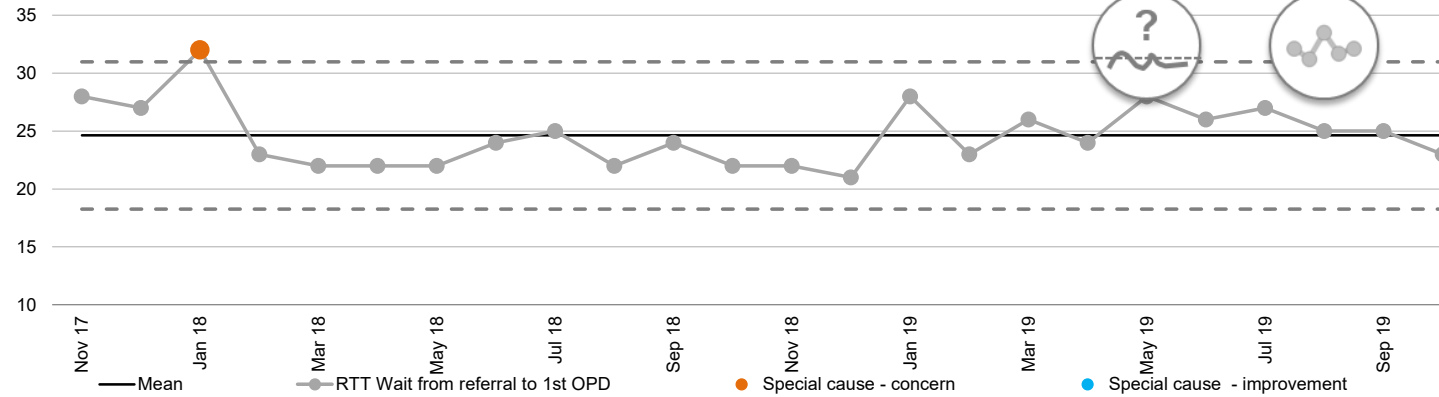


Regulatory Performance



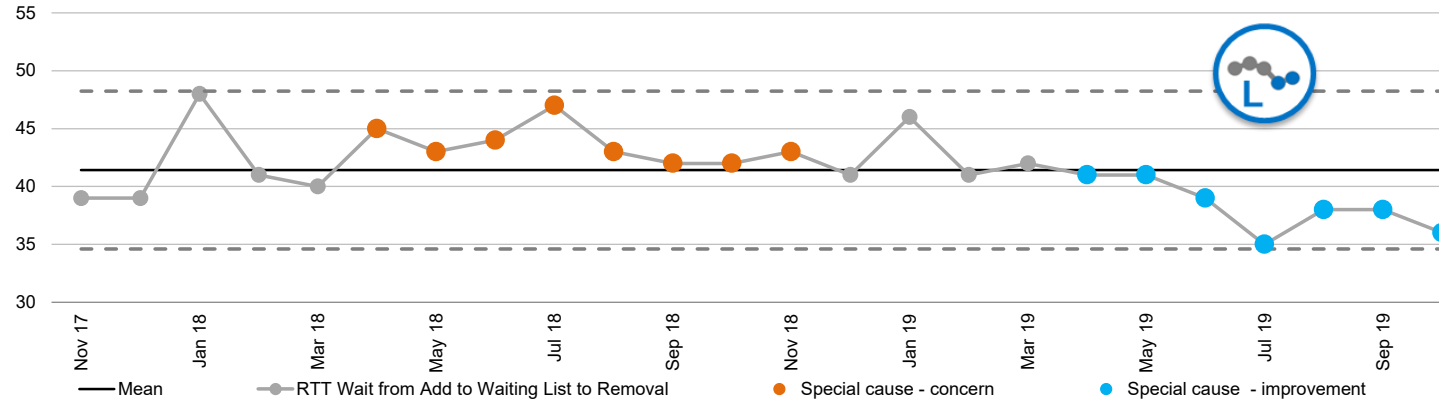
Wait in days from referral to 1st OPD

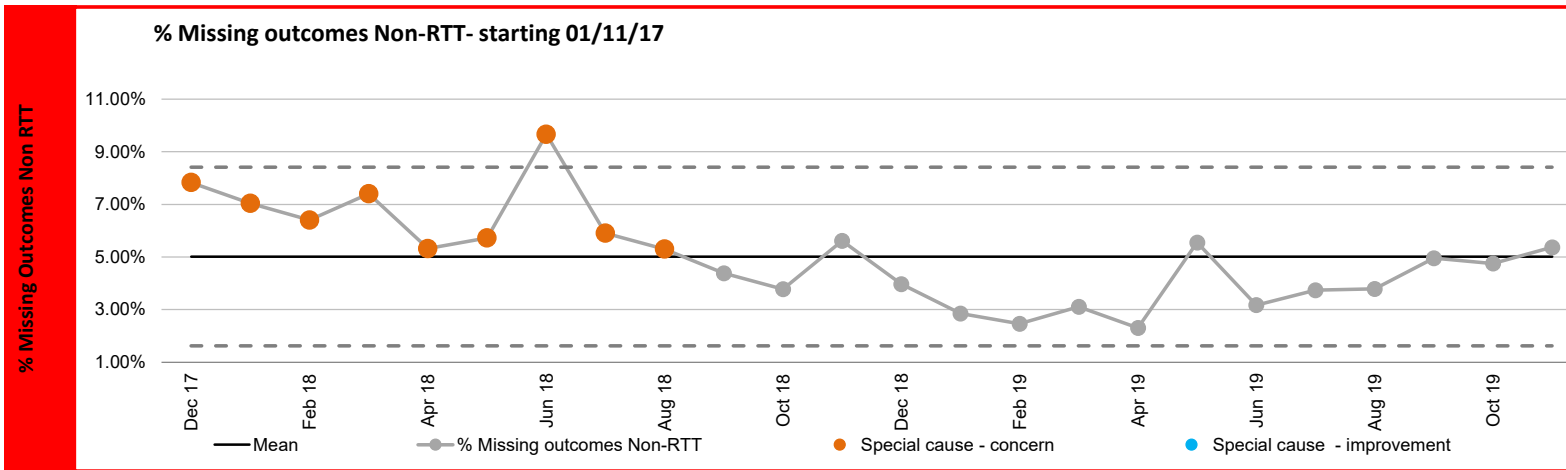
RTT Wait from referral to 1st OPD- starting 01/09/17



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

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



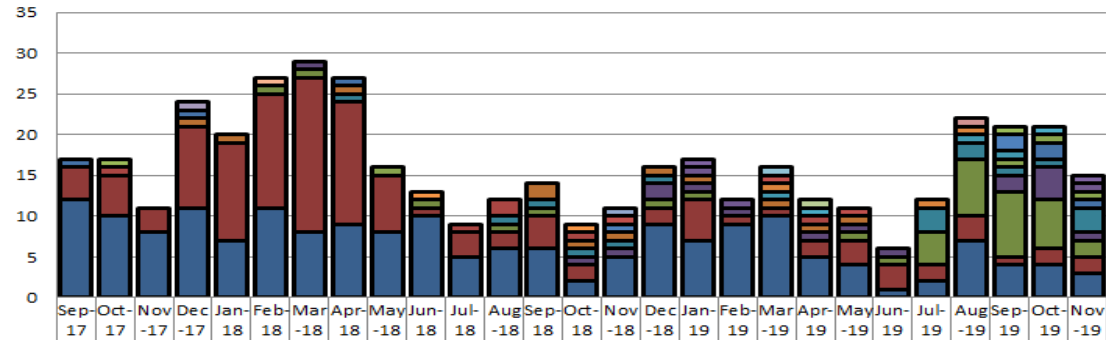


Performance Matters (KPIs)

Regulatory Performance

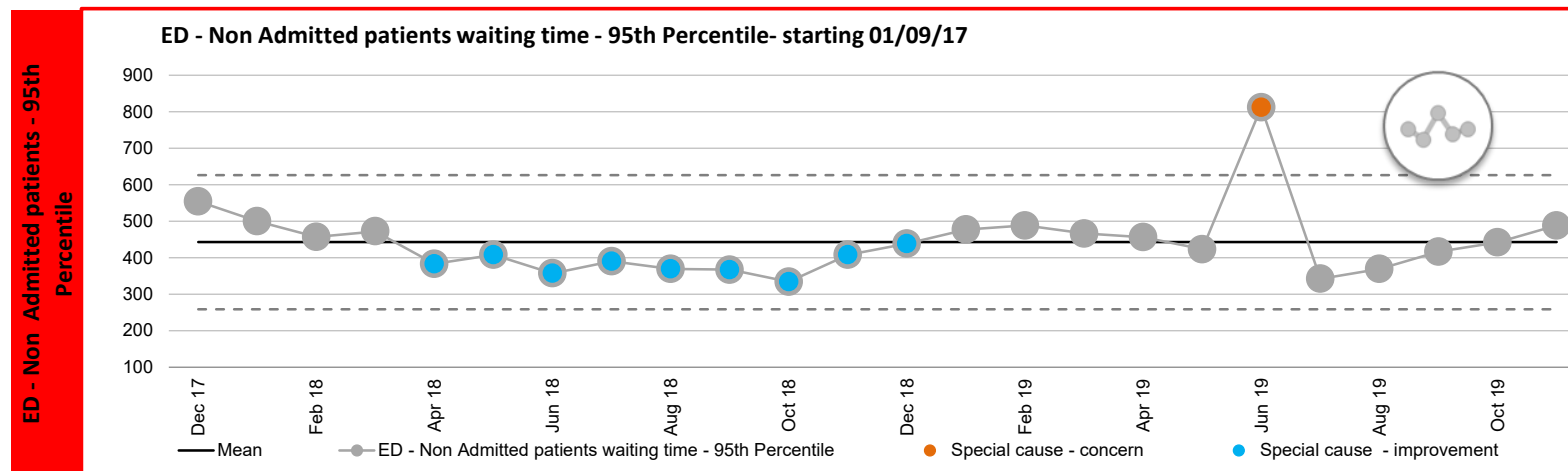
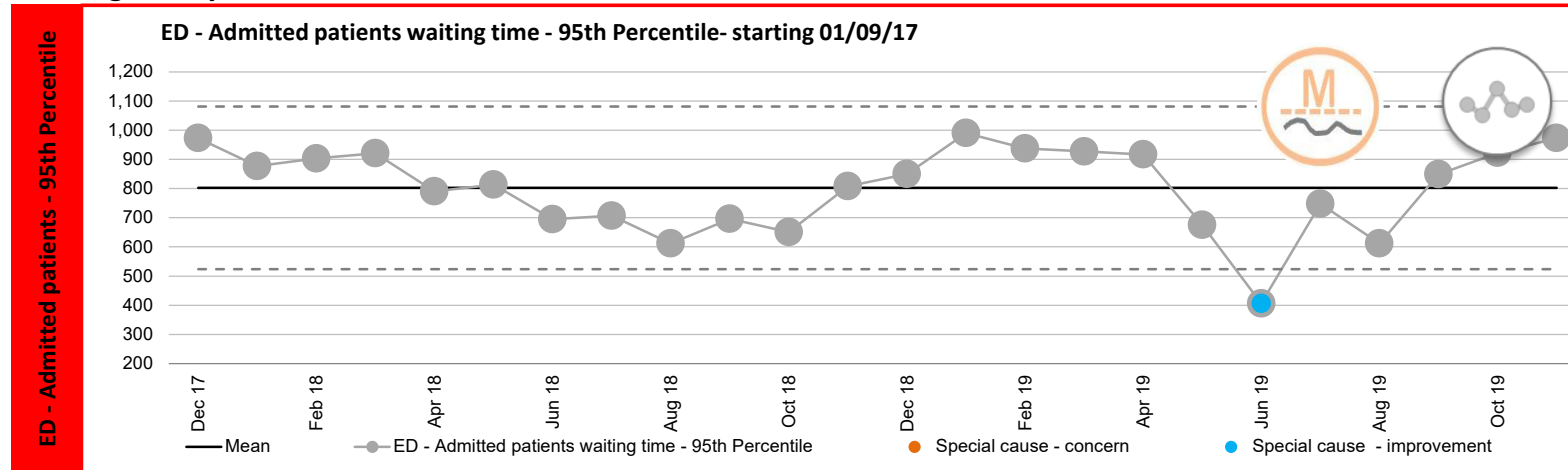
RTT Incompletes by Specialty

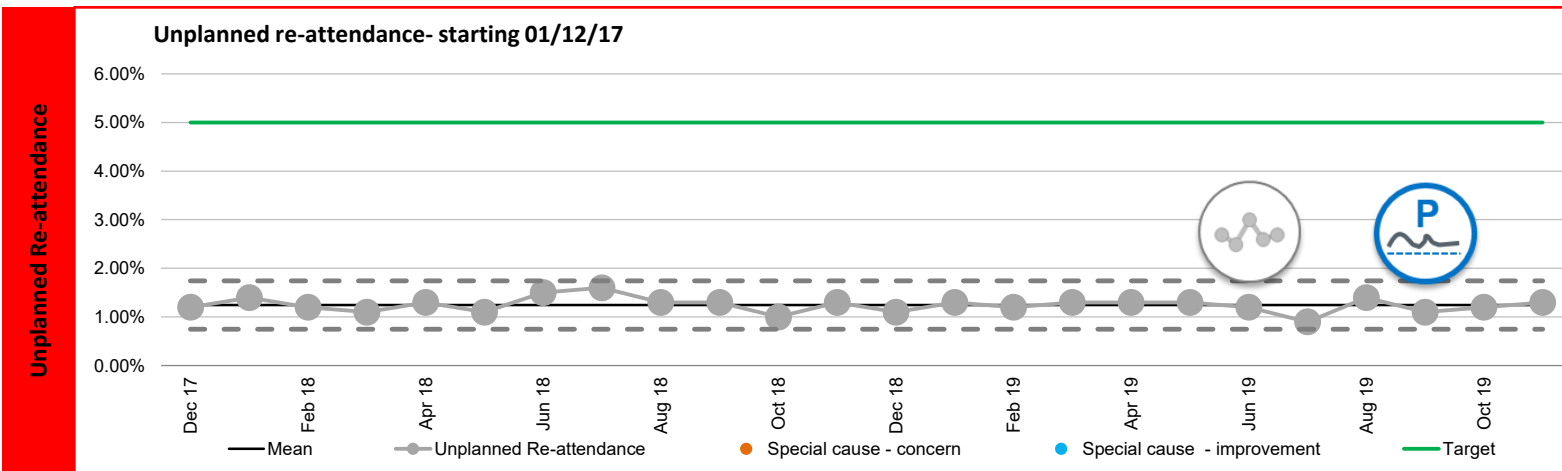
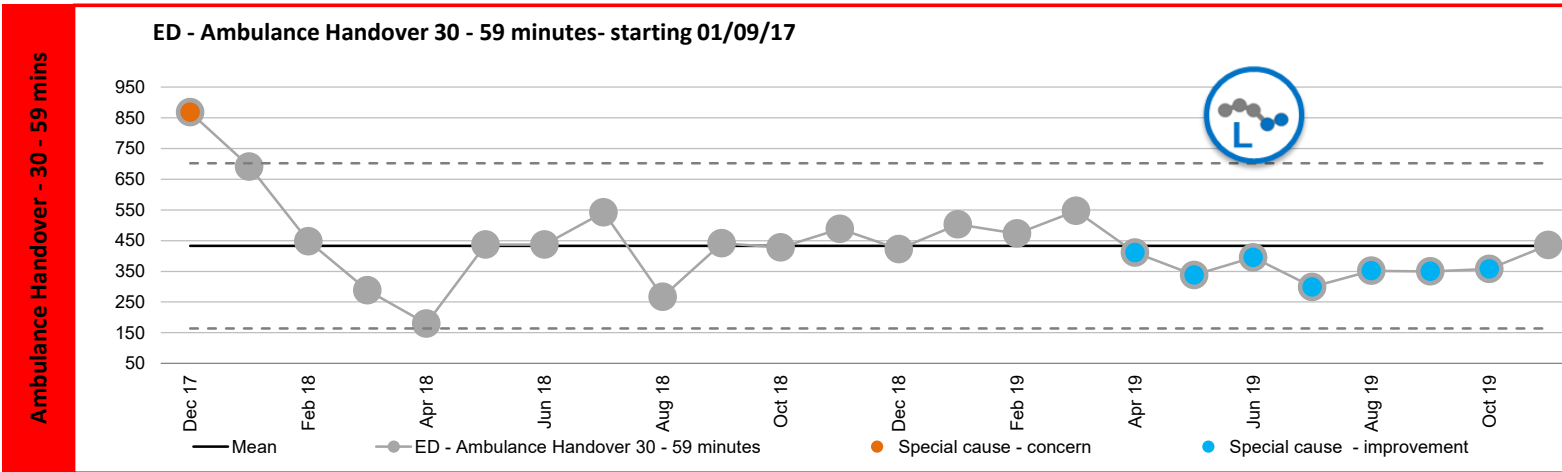
RTT Incompletes - >40 Week Waits By Specialty

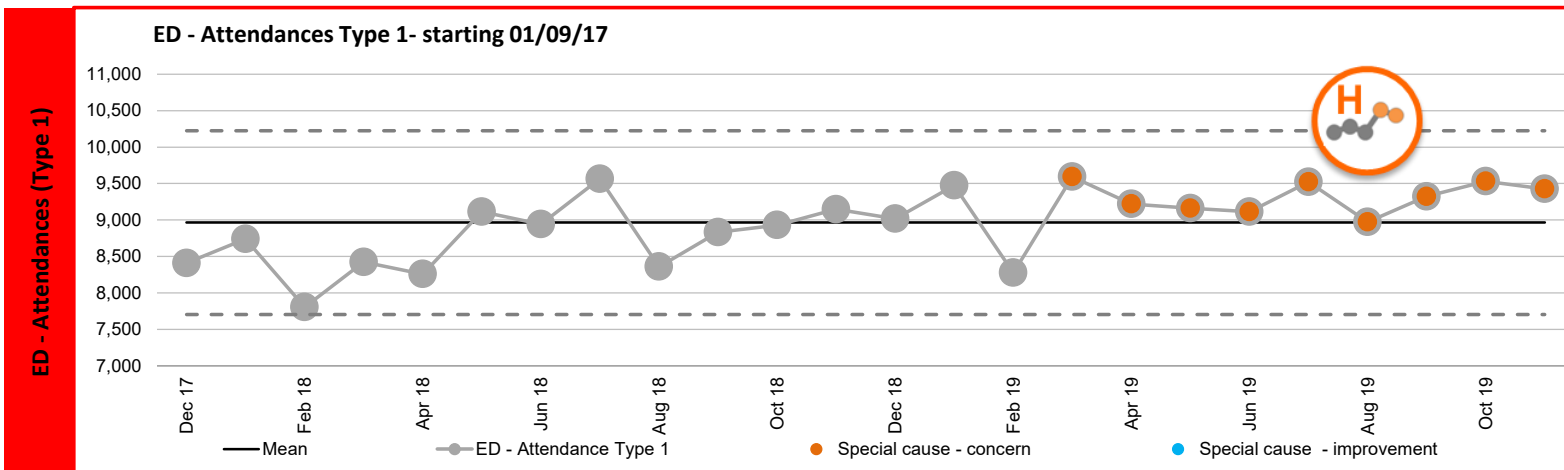
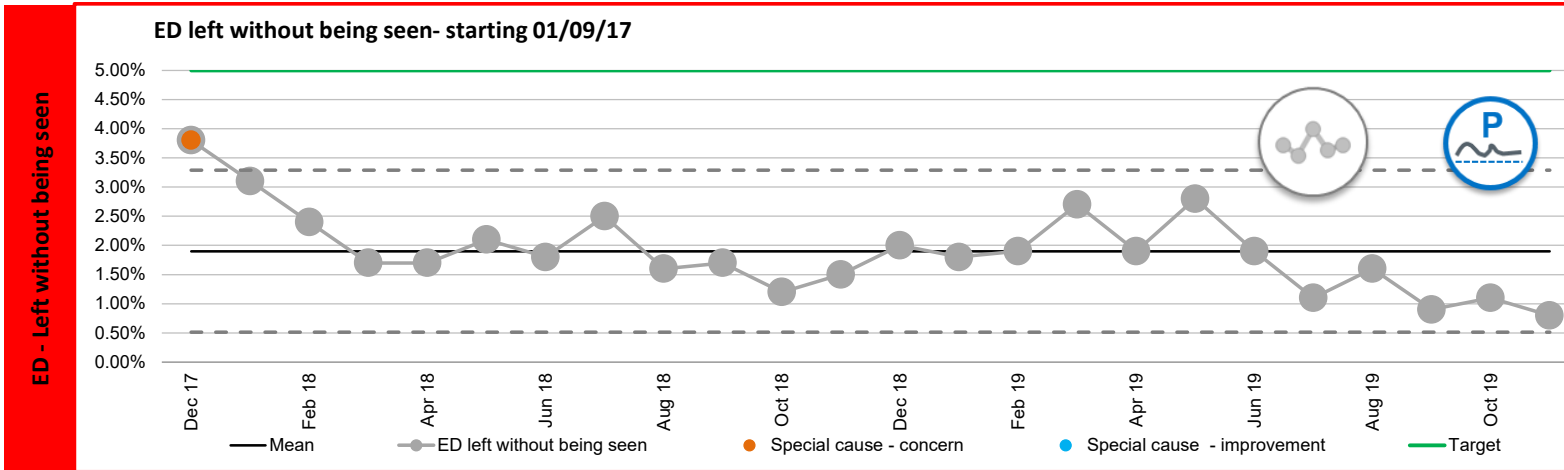


219 - Paediatric Plastic Surgery						1																			
171 - Paediatric Surgery																									
107 - Vascular Surgery				1																					
313 - Clinical Immunology and Allergy																									
303 - Clinical Haematology																									
307 - Diabetic Medicine																									
420 - Paediatrics																									
104 - Colorectal Surgery																									
110 - Trauma & Orthopaedics																									
255 - Paediatric Clinical Immunology and Allergy			1																						
320 - Cardiology																									
400 - Neurology																									
103 - Breast Surgery																									
140 - Oral Surgery																									
291 - Paediatric Neuro-Disability																									
301 - Gastroenterology																									
214 - Paediatric Trauma and Orthopaedics			1																						
120 - ENT		1			1																				
330 - Dermatology				1	1																				
160 - Plastic Surgery																									
502 - Gynaecology																									
100 - General Surgery																									
130 - Ophthalmology	4	5	3	10	12	14	19	15	7	1	3	2	4	2		2	5	1	1	2	3	3	2	3	1
101 - Urology	12	10	8	11	7	11	8	9	8	10	5	6	6	2	5	9	7	9	10	5	4	1	2	7	4

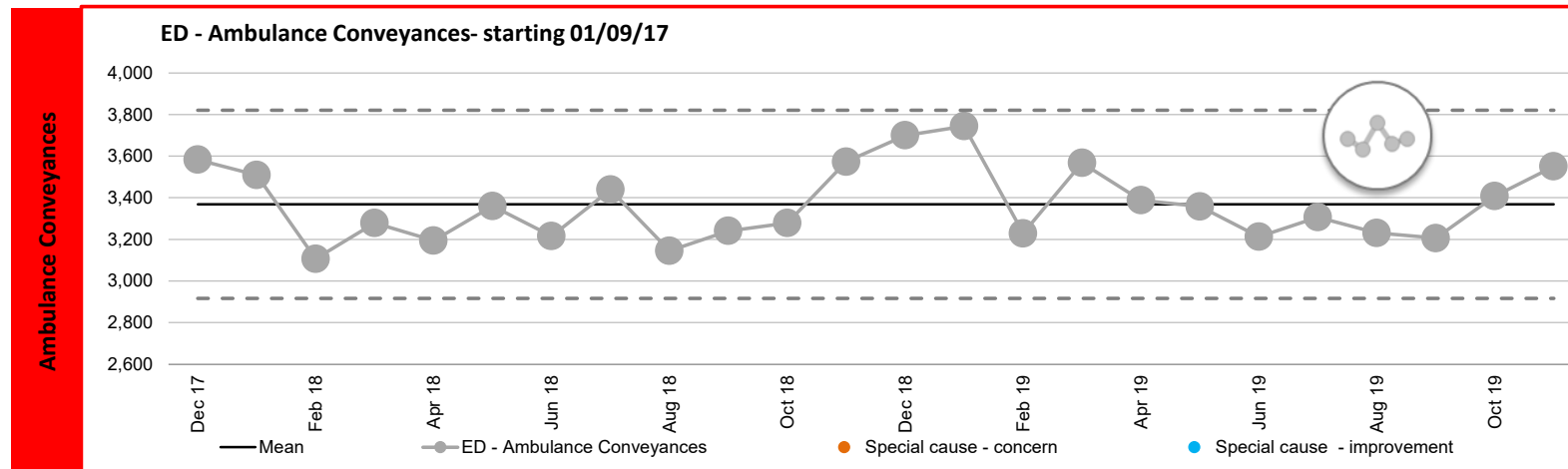
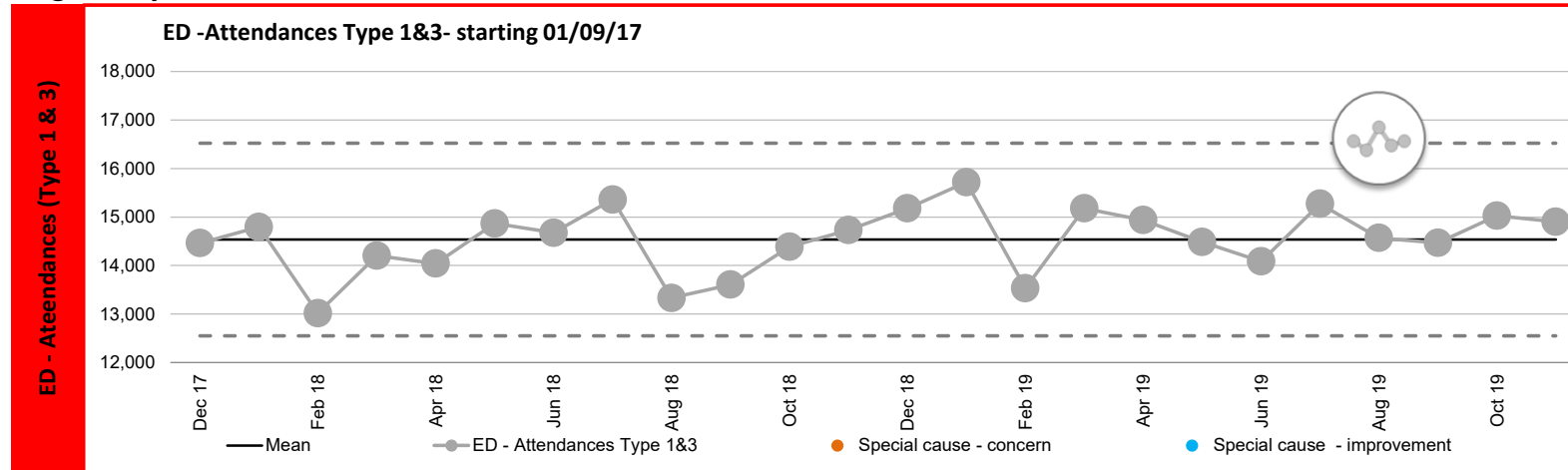
SPC Regulatory Performance - ED







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
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	493	549	11.4%	-15	1,469	1,378	-6.2%	-91
Day Cases	3,884	3,592	-7.5%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,040	3,905	-3.3%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	42,734	37,679	-11.8%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,152	9,426	3.0%	305	25,595	26,316	2.8%	721
Total activity	60,303	55,151	-8.5%	1,485	167,051	166,859	-0.1%	-192
CIP								
Income	229	781	240.9%	552	1,529	3,571	133.5%	2,042
Pay	316	-103	-132.7%	-419	2,267	2,530	11.6%	263
Non-Pay	1,750	359	-79.5%	-1,391	9,383	2,221	-76.3%	-7,162
Total CIP	2,295	1,037	-54.8%	-1,258	13,179	8,322	-36.9%	-4,857
INCOME								
NHS Clinical	29,602	29,781	0.6%	179	236,167	237,561	0.6%	1,393
Other Clinical	306	270	-11.7%	-36	2,883	3,115	8.1%	232
STF Funding	646	646	0.0%	0	3,553	3,929	10.6%	376
Other	1,317	2,037	54.7%	720	12,437	15,691	26.2%	3,253
Total income	31,871	32,734	2.7%	863	255,040	260,295	2.1%	5,255
OPERATING COSTS								
Pay	-19,914	-20,232	1.6%	-318	-158,219	-157,523	-0.4%	696
Drugs	-2,858	-3,215	12.5%	-357	-23,110	-24,795	7.3%	-1,685
Non-Pay	-6,535	-8,149	24.7%	-1,614	-56,860	-63,759	12.1%	-6,899
Other	-1,913	-1,877	-1.9%	36	-15,168	-14,931	-1.6%	237
Total Costs	-31,221	-33,474	7.2%	-2,253	-253,357	-261,008	3.0%	-7,651

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
EBITDA								
	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	2,560	1,156	-54.8%	-1,404	16,819	14,376	-14.5%	-2,443
Depreciation	-784	-758	-3.3%	26	-6,069	-5,947	-2.0%	122
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,132	-1,122	-0.9%	10	-9,123	-9,013	-1.2%	110
SURPLUS/(DEFICIT)	644	-724	-212.4%	-1,368	1,627	-584	-135.9%	-2,211
SOFP								
	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-178	-2,386	1240.4%	-2,208	-7,576	-5,786	-23.6%	1,790
Inventory					3,582	3,717	3.8%	135
Receivables & Prepayments					16,242	19,036	17.2%	2,794
Payables					-27,652	-28,660	3.6%	-1,008
Accruals							n/a	0
Deferred Income					-2,514	-3,979	58.3%	-1,465
Cash & Loan Funding								
	£'000	£'000		£'000	£'000	£'000		£'000
Cash					2,111	6,141	190.9%	4,030
Loan Funding							n/a	0
KPIs								
EBITDA %	8.8%	4.0%	-4.9%		6.3%	5.5%	-0.8%	
Deficit %	2.2%	-2.5%	-4.7%		0.6%	-0.2%	-0.8%	
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		

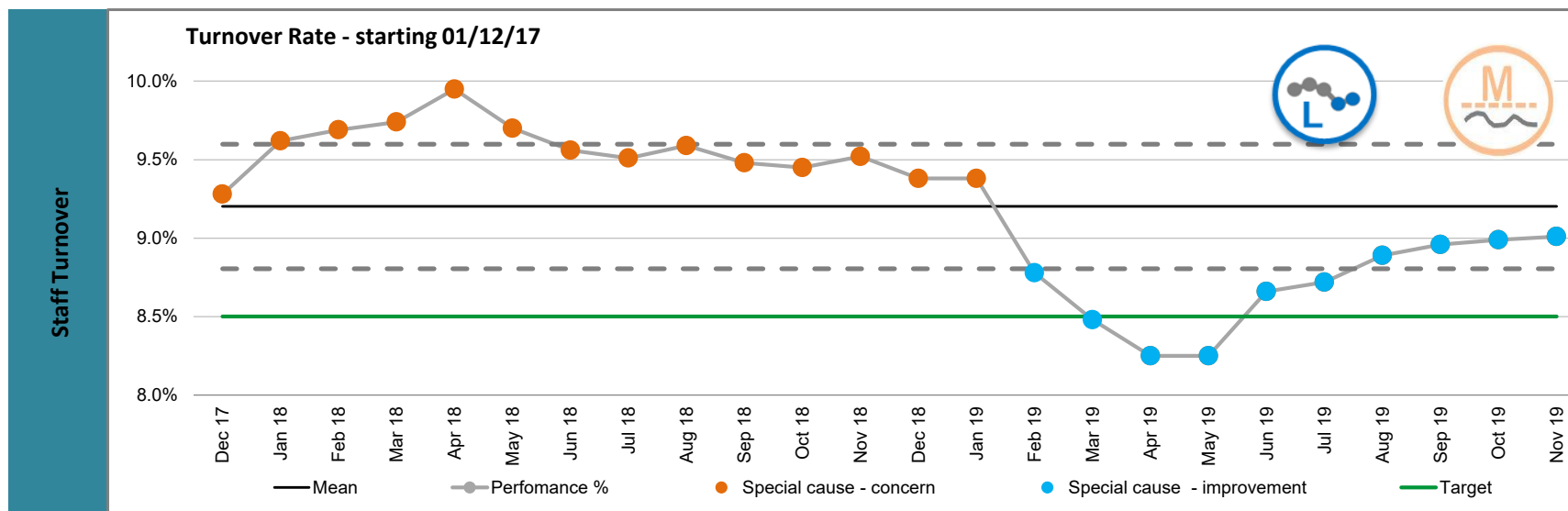
Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People				Actual	Trend	Month Status
	Target						
	19/20	Mar-19	Oct-19	Nov-19			
Workforce							
Sickness Absence Rate	3.50%	4.84%	4.55%	5.31%	5.02%	↑	
Staff Turnover	8.5%	8.5%	8.99%	9.01%	8.72%	↑	
Mandatory Training	90.0%	88.8%	89.2%	89.3%	89.8%	↑	
Appraisal Rates - Total	90.0%	95.6%	95.5%	95.5%	79.9%	↔	

Heat Map - November 2019

Overall Performance Summary - FY2023/24																																
Patient Safety & Quality															Clinical Indicators			Patient Experience				Workforce & Safer Staffing				Ward RAG Trend						
Ward																																
AMU	Yellow	Green	Grey	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Down -3	Down -1	Up 1	
B1	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Stable 0	Down -1	Up 2	
B2 Hip	Yellow	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Red	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Up 1	Up 1	Down -2	
B2 Trauma	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Red	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Stable 0	Down -1	Up 1	
B3	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Down -2	Up 1	Up 1	
B4	Yellow	Green	Grey	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Down -3	Down -3	Up 6	
B5	Yellow	Green	Green	Green	Green	N/D	N/D	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Stable 0	Up 1	Up 1	
C1	Green	Green	Grey	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Red	Down -4	Up 2	Up 1	
C2	Green	Green	Grey	Green	Green	Green	NA	Green	Green	Red	Red	Green	Green	Green	Green	Green	Green	NA	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Up 1	Up 2	Down -3	
C3	Green	Green	Grey	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Red	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Stable 0	Stable 0	Down -1		
C4	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Down -1	Up 1	Up 1		
C5	Green	Green	Grey	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	N/D	Red	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Down -2	Up 1	Up 1		
C6	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Red	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green	Red	Down -5	Stable 0	Up 3		
C7	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Red	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Red	Down -1	Up 1	Stable 0		
C8	Green	Green	Grey	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Red	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green	Red	Up 1	Up 2	Down -3		
CCU & PCCU	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Red	Green	Green	Green	Green	Green	Green	Green	Red	Green	Down -1	Down -2	Up 1		
Critical Care	Green	Green	Grey	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	N/D	Red	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Red	Stable 0	Up 1	Up 1		
Maternity	Green	Green	Grey	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	NA	Green	NA	Green	Green	Green	Green	Green	Green	Green	Red	Up 1	Stable 0	Stable 0		
MHDU	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Down -2	Stable 0	Up 2		
Neonatal	Green	Green	Grey	Green	Green	Green	NA	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	NA	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Down -1	Up 1	Up 1		
Trust Total	Grey	Grey	97.4%	93.1%	Green	98%	98%	Green	Green	Red	Red	97%	99%	97.5%	Green	97.7%	93.7%	89.1%	Green	Green	Green	Green	Green	Green	Green	Green	95.5%	89.3%	Green	Green	4.93%	
RAG Rating	R: <85% G: <95%	R: <100% G: 100%	R: <95% G: >95%	R: <95% G: >95%	R: <0 G: 0	R: <75% G: >95%	R: <75% G: >95%	No RAG rating for this indicator	No RAG rating for this indicator	R: >0 G: 0	R: >0 G: 0	R: >0 G: 0	R: <85% G: >95%	R: <85% G: >95%	R: <85% G: >95%	R: <30% G: >60%	R: <85% G: >95%	R: <85% G: >95%	R: <95% G: >95%	R: <85% G: >95%	R: <85% G: >95%	R: <26.18% G: >32.74%	R: <96.41% G: >97.31%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% G: >90%	R: <80% G: >90%	R: <80% G: >90%	R: <80% G: >90%	R: <4% G: >3.5%-4% G: <3.5%		



Paper for submission to the Board of Directors on 16 January 2020

TITLE:	Update from the Charitable Funds Committee		
AUTHOR:	Julian Atkins Non-Executive Director	PRESENTER	Julian Atkins Non-Executive Director
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			X
RECOMMENDATIONS:			
The Board is asked to note the contents of the report.			
CORPORATE OBJECTIVE:			
S01 – Deliver a great patient experience S05 – Make the best use of what we have			
SUMMARY OF KEY ISSUES:			
Summary report from the Charitable Funds Committee meeting held on 28 November 2019.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: Charity Commission
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee last met: 28 November 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The use of the Charity hub was discussed and Mrs Abbiss was asked to check if there was any liability on the Trust for items being sold on the hub by private sellers. • It was noted that fundraising income and expenditure was £54,991 behind plan as at the end of October 2019. The Committee were assured that plans were being developed to close the deficit. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A Fundraising Strategy to support the £1m ED Appeal is being developed. • A new Fundraising Group is being set up and there has been significant interest from staff. • A plan to close the shortfall in fundraising income is being developed and implemented. • Work is underway to reduce the number of individual funds within the Trust through selective consolidation. This will be reviewed by the Committee at the next meeting.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Total fund balances at the end of October 2019 stood at £2.139m. • For the period ending 31st October, total income was £196,947 whilst total expenditure was £246,205. • The balance available to spend across the general funds totalled £58,546. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Two funding requests were approved; Christmas gifts for patients on Wards B1, B5 and ENT - £300, and Window frosting to give privacy to those using the End of Life Garden - £1,216. • Further information was requested in respect of three further bids in order to establish if these should be purchased from charitable funds or revenue funds: <ul style="list-style-type: none"> - A DermLite Foto 11 Pro Polarized photography lens to assist with the diagnosis of melanoma (£1,674) - Two Alaris GP Plus Pumps to administer a range of IV therapies in the community (£3,600) - Two portable drip stands, also to help administer IV therapies in the community (£390).
<p>Chair's comments on the effectiveness of the meeting: The meeting was effective and attendance was satisfactory.</p>	