

Public Board of Directors Meeting

Thursday 13th February 2020

11.15 – 12.50

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:

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.benbow1@nhs.net

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
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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

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

Helen Benbow
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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 13 February 2020 at 11.15am
Clinical Education Centre
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
14	Chairmans welcome and note of apologies		Y Buckland	For noting	11.15
15	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	11.15
16	Minutes of the previous meeting Thursday 13 January 2020 Action log 13 January 2020	Enclosure 12 Enclosure 13	Y Buckland L Nevin	For approval For noting	11.15 11.20
17	Patient Story and Patient Story Rationale	Presentation Enclosure 14	Liz Abbiss	For discussion	11.25
18	Chief Executive's Overview	Enclosure 15	D Wake	For information & assurance	11.40
19	Chair's update	Verbal	Y Buckland	For information	11.50
20	QUALITY & SAFETY				
20.1	Update from the Clinical Quality, Safety and Patient Experience Committee	Enclosure 16	E Hughes	For assurance	12.00
20.2	Chief Nurse Report	Enclosure 17	M Sexton	For assurance	12.10
21	FINANCE & PERFORMANCE				
21.1	Integrated Performance Dashboard	Enclosure 18	K Kelly	For assurance	12.20
22	WORKFORCE				
22.1	Update from Workforce and Staff Engagement Committee	Enclosure 19	J Atkins	For assurance	12.30
23	Items To Be Taken by Exception only if Prior Notified to the Board Secretary				
24	GOVERNANCE				
24.1	Digital Trust Committee Terms of Reference	Enclosure 20	A Thomas	For approval	12.40
24.2	Committee Membership - Non Executive Directors	Enclosure 21	L Nevin	For noting	12.40
24.3	Board Development Plan and Board Work Plan	Enclosure 22	L Nevin	For noting	12.40
25	Any Other Business	Verbal	All		12.40

26	Reflection on meeting	Verbal	All		12.45
27	Date of next Board of Directors meeting 12 March 2020, Clinical Education Centre				12.50

Quorum: One Third of Total Board Members to include One Executive Director and One Non Executive Director Reference
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**Minutes of the Public Board of Directors meeting held on Thursday 16th January 2020,
in the Clinical Education Centre.**

Present:

Yve Buckland, Interim Chair (YB)
Tom Jackson, Acting Chief Executive (TJ)
Vij Randeniya, Non- Executive Director (VR)
Richard Miner, Non-Executive Director (RM)
Julian Hobbs, Medical Director (JHO)
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)
James Fleet, Interim Director of Strategy (JF)
Liam Nevin, Trust Secretary (LN)
Chris Walker (Acting Director of Finance) (CW)
Johanne Newens (Director of Operations) (JN)
Liz Abbiss Head of Communications (LA)

19/138 Note of Apologies and Welcome

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

Apologies were received from Diane Wake, Liz Hughes, Jonathan Hodgkin, Karen Kelly and Lowell Williams

19/139 Declarations of Interest

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

19/140 Minutes of the previous meeting held on 5th December 2019 and Action Log

The action log was noted.

It was noted that in relation to minute 19/133.4 the correct abbreviation in line 1 was "SHMI" subject to which

It was **RESOLVED**

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

19/141 Chief Executive's Overview

TJ presented the report and congratulated Frances Pons, the Contraception and Sexual Health Team and Roger Brown, all of whom had received the Health Care Hero Awards in the last month. Congratulations were also offered to Liz Hughes on the award of her MBE.

The Board were advised that flu vaccination rate was currently at 66% against the target of 80%.

GC challenged that the Trust was behind its trajectory from last year in relation to vaccinations and asked whether the Trust would achieve the target by the end of January. The Board were advised of the steps being taken and MS stated that she was confident that the target would be achieved but not by the end of January given the limited time remaining.

19/142 Chair's Update

The Chair also noted the award of an MBE to Liz Hughes and asked that the congratulations of the Board be noted.

Those present were advised that there was no patient story on the agenda as the Board had asked to consider how such stories are selected within the context of the Patient Engagement strategy at its next meeting.

19/143 Outcomes from the Board Away Day

LN introduced the item and referred to the appendix to the report that set out the actions agreed by the Board at the recent Away Day and the follow up session in December. The Board were asked to consider the proposals for reducing the number of Committee meetings, the options relating to a Digital or wider Transformation Committee and the options relating to a Well Led Review.

The Chair stated that transformation was a responsibility of the Board as a whole and that her preference was that the Committee focus should be on digital and technology. AT reminded the Board that the Digital Committee had only been disbanded because of the shortage of Non-Executive Directors previously and JF stated that he would reconsider whether the workplan for the Workforce Committee had sufficient emphasis on transformation.

The Board discussed the options for a well led review and the Chair stated that as there were a number of new Board members it was important that there was independent support to identify ward to Board assurance and that this should be progressed quickly.

GC stated that it would be necessary to ensure that information flows worked effectively in relation to the new Committee and Board arrangements and the Chair suggested that these could be supported by more informal meetings between the Committee Chairs and Executive leads in the months when the Committees weren't meeting.

The Chair advised that it would be necessary to re-allocate Non-Executive Directors to Committees following recent recruitment and LN would send out a draft proposal for discussion.

It was further agreed that the workplan arising from the Board Away Day should be kept under periodic review by the Board and that this would be scheduled into future business

It was **RESOLVED**

- That the action plan appended to the report be approved
- That the proposal to amend the current arrangements for Committee and Board meetings be introduced and which would be effective from the March Committees
- That a full well led review be commissioned
- That a Digital Committee be established with terms of reference to be approved by the Board.

19/144 Quality and Safety

19/144.1 Update from the Clinical Quality and Patient Experience Committee

CH advised that the Committee had considered and discussed concerns about winter pressures and patient and staff wellbeing. The Board were advised of the positive assurances and the work in progress as summarised in the upward committee report.

GC questioned whether the backlog of complaints was improving and MS advised that two additional staff had been recruited and the position had been stabilised as the backlog was not being added to.

CH challenged that the Committee had expressed concerns that improvements had been previously reported to it and the position had subsequently fallen back.

It was **RESOLVED**

- That the report be noted

19/145 Chief Nurse Report

MS introduced the report and advised that there had been a higher number of falls in November. Although none had resulted in significant harm further work was being done with the Falls Lead to review these cases.

The Board were advised that nurse staffing to patient ratios were satisfactory but there was an increase in the proportion that were locum or agency. A number of unfunded beds had been opened because of the demand in critical care and additional staff had been recruited into ED because of the pressures on patient care.

It was noted that a number of newly qualified nurses would start on the wards in mid - February following induction.

GC asked whether there were any concerns about safety with patient to staff ratios. MS advised that the situation was being managed and that the Trust was balancing risk by ensuring that staff were being deployed in the most effective way. There were staff huddles four times a day, and evening staffing was reviewed every day by the Chief Nurse with weekend staffing cover being approved each Friday.

The Chair noted that despite all of the pressures the Trust continued to perform very well in relation to sepsis indicators.

It was **RESOLVED**

- That the report be noted

19/146 Finance and Performance

19/146.1 Update from the Finance and Performance Committee

RM summarised the report and advised that whilst the report stated that the meeting was subdued he felt that it was a challenging and robust meeting that reflected concerns around clinical and financial performance. The Committee had increased the risk score relating to cash and liquidity but it was possible that this risk would be abated.

It was **RESOLVED**

- **That the report be noted**

19/146.2 Finance Report

TJ advised that the I and E position had deteriorated, surgery income was below plan and additional expenditure had been incurred through operational pressures. There was a strong control regime to deliver approximately £15 million in CIP savings but these had been relaxed to maintain patient safety.

It was reported that there had been productive discussions with partners that may prevent the need to borrow funds to maintain liquidity.

The Chair noted that the Board had already debated and sought assurances that there would be continuing grip and control with the aim of getting the Trust back to its original forecast position.

VJ challenged that every component of agency spend was exceeding target and TJ advised that there had been reductions compared to the previous year but the budget cap set by NHSI would be exceeded.

JA asked what insights the Trust had in relation to the overspend in Surgery and CW advised that this was caused by under recovery against the plan and that reduced elective work would result in a deficit in this area.

It was **RESOLVED**

- **That the report be noted**

19/146.3 Integrated Performance Report

JN introduced the report and summarised performance. It was noted that in relation to RTT the Trust was achieving 92% which was a slight deterioration in the position. However, the 18 week standard was being maintained.

Diagnostic performance had not been achieved in November and December and a rectification plan had been discussed at the December Finance and Performance Committee with a target to recover performance in January.

Cancer performance was also currently off target and in relation to the two week wait standard the forecast presented to the Committee was to recover performance by the end of January. However, the 62 day standard would not be achieved until March. Until this time all patients were being prioritised for treatment.

The Chair asked what had caused the slippage in performance and JN advised that in relation to the two week wait there had been a high rate of referrals in November and December. The capacity of clinics to accommodate the demand had been exacerbated by reduction in diagnostic capacity.

CH challenged that the integration of SPC charts into the performance data needed to be progressed with more pace and graphs that showed the same data in a different form needed to be removed.

VJ challenged that ED ambulance handover appeared to have deteriorated since 2017 and JN advised that the data did not reflect the 15 minute triage period in 2017.

The Chair advised the meeting that the Board had spent considerable time considering the pressures in the Trust and particularly in emergency care, where the Trust was experiencing pressures that reflected national concerns. The Board had examined the plans that were in place and the changes necessary to address continuing demand throughout the year. Staff were to be commended, especially those providing front line clinical services and the Board was doing what it could to provide support.

It was **RESOLVED**

- **That the report be noted**

19/147 Items for Information

19/147.1 Charitable Funds Committee

The item was noted

19/148 Any Other Business

There was no other business

19/149 Reflections on the Meeting

It was agreed that it was good practice to keep under review the balance between private and public business and that the Board should reflect on business items against the annual Board plan.

Date for the Next Meeting - 13 February 2020

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 16 January 2020

<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	Deferred
19/097.5	Freedom to Speak Up Report	NHSI to review implementation of their recommendations in July 2020	AM	July 2020	Not Due
19/129	Patient Story	Board to consider strategy and structure for patient engagement to inform commissioning of patient stories	LA/MS	February 2020	On Agenda
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
19/140	Board Minutes 5/12/19	Minutes approved subject to minor editorial amendments to be approved by the Chair	Chair/LN	31/1/2020	Done
19/143	Outcomes from the Board Away Day	JF to review Workforce Committee scope and consider emphasis on culture change and transformation	JF	February 2020	J Fleet has reviewed and considered the Workforce Committee scope and has agreed with the Committee Chair a revised agenda and work programme, which were considered and ratified by the Workforce Committee at its January meeting (27 th Jan).

					The Committee will extend its strategic remit and scope, to include a deeper focus on major strategic workforce transformation and best practice initiatives, along-side its core governance and assurance role.
19/143	Outcomes from the Board Away Day	Full Well Led Development Review to be Commissioned	LN	February 2020	Done
19/143	Outcomes from the Board Away Day	Periodic review by the Board of progress against Action Plan	LN	April 2020 (quarterly review)	Not Due
19/143	Outcomes from the Board Away Day	Review of NED allocation to Committees and other duties – draft proposals for discussion to be sent to NEDs	LN	31/1/2020	On Agenda
19/143	Outcomes from the Board Away Day	Cycle of Business for Board to be circulated with Board papers			On Agenda
19/146.3	Integrated Performance Report	IPR to provide SPC charts consistently with supporting narrative and remove duplicate data in different format	KK	13/2/2020	Several meetings held with Infomatics. Latest position as at 3 rd February – confirmation given to COO that this work will be available for March IP report. The update requires a full system change to how the IPR is reduced.

Paper for submission to the Board of Directors on 13th February 2020

TITLE:	Patient story rationale		
AUTHOR:	Liz Abbiss, head of communications	PRESENTER	Liz Abbiss, head of communications
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			
<p>It is recommended that the board consider the following additional actions to improve the value of patient stories:</p> <p>Changes to current process:</p> <ul style="list-style-type: none"> Board of directors to receive patient story schedule as part of agenda item every six months to agree schedule. Patient story outline to be circulated with papers to include rationale for inclusion as outlined above to allow better preparation. 			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
This paper sets out the current process for and rationale behind patient stories at board of directors meetings. It has taken a review of best practice and made recommendations to improve the spread of patient stories as a learning tool.			
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	Y	Details:
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

1 EXECUTIVE SUMMARY

- 1.1 The board has requested a review and rationale for patient stories. This paper sets out the context and process the trust follows to achieve meaningful patient stories and how they are used to share learning
- 1.2 Patient stories provide a real and powerful connection with patients and staff at board level, they can help to frame a discussion about a particular service concern or improvement and always bring patient experience to the board room at the start of each meeting.

Patient stories were first introduced in 2013 with the rationale the desire for board discussions to begin with a patients' experience of our care or treatment.

2 BACKGROUND INFORMATION

- 2.1 The Board of Directors has been receiving patient stories since 2013. These began with written summaries of a patient's experience read out to members for discussion. These soon advanced to the video stories the board receives each month.

The story schedule includes two patient stories and a staff story once per quarter to provide patients' perspectives of our care and treatment and staff views on what it is like to work at the Trust. They provide an opportunity to understand the human factors that come into play in service delivery and are a powerful learning tool.

They give an insight into how patient and staff experience can shape improvements. Trusts use patient stories in a number of ways, some use these at board, subcommittee or departmental meetings to stimulate local actions for improvement and although there has been no national study of the impact of these types of approaches, there is plenty of local

evidence to demonstrate the value of systematically using patient stories to support improvements in services for patients.

NHS Improvement definition of patient stories, *“Stories told by individuals from their own perspective and in a healthcare setting can provide us with an opportunity to understand their experience of the care they have received helping us to learn the good, the bad and what could be done to improve their experience.*

The CQC also take how well engaged patient’s feel with an organisation as a part of their inspections and this is tested through focus groups, surveys, reports and any direct feedback they receive from patients. The patient story is a rich source of information and discussion bringing patient experience to life at the board.

The story itself encourages discussion about a particular topic or service and allows clinicians to see first hand the impact of their care and treatment on our patients.

2.2 How do we choose patient stories?

Patient stories are taken from a variety of sources including; complaints, concerns, compliments, FFT, national and local surveys, local service listening events and feedback from local service user groups. These sources of feedback are reported at varying levels of detail to Trust Board of Directors, Clinical quality, Safety and Patient Experience committee, Patient Experience Group and commissioner clinical quality and safety meetings.

The patient stories feed into the patient experience group and other forums for learning as appropriate plus board of directors and are always shared with the teams involved for their own local learning or reflection.

All stories are delivered to highlight a particular area of innovation, service redesign or improvement and are in line with our strategic objectives and quality priorities.

Over the past three years we have delivered the following patient stories

Type	Area/ service	Date to Board
Patient	B4 Colorectal/general surgery	Jun-16
Patient	B2 trauma	Jul-16
Patient	Community care	Sep-16
Patient	Children's Outpatients	Oct-16
Patient	B3 Vascular and General Surgery	Nov-16
Patient	B2 hip	Dec-16
Patient	C4 daycase	Jan-17
Patient	Fracture clinic	Feb-17
Patient	C1	Mar-17
Patient	Day Surgery	Apr-17
Patient	Stroke Rehab	May-17
Patient	Community Continence	Jul-17
Patient	B2 Hip (falls patients)	Aug-17
Patient	Pre-op/B4/SHDU/Georgina Day Case	Sep-17
Patient	B1 Orthopaedics	Nov-17
Patient	Various wards	Dec-17
Patient	ED/Resus/CCU	Feb-18
Patient	Bereavement	Mar-18
Patient	Maternity	May-18
Patient	B1 Orthopaedics follow up	Jun-18
None	No Public Board	Aug-18
Patient	Gastroenterology	Sep-18
Patient	Community Diabetes	Oct-18
Patient	Zenkers patients - Gastroenterology (used for HSJ panel)	Dec-18
Patient	Libre / pregnancy diabetes monitor	Feb-19
Patient	Respiratory / COPD SHSCC	Mar-19
Patient	ED (Mother of child with learning difficulties)	May-19
Patient	T&O and urology	Jun-19
None	No Public Board	Aug-19
Patient	B5 (Alison filmed)	Sep-19
Patient	Community Podiatry	Oct-19
Patient	Hydro / neuro	Dec-19
Patient	T&O same day knee surgery	Feb-20

Currently, the Trust identifies stories from patient experience team, patients' directly or staff. There are a number of actions underway to broaden the reach for stories to come forward for example the communications team to improve liaison with deputy director of governance in order to share lessons learned and triangulate other sources of insight informing the schedule. The patient experience team will re-evaluate how best to include complainant stories. Departments and teams already use the board patient stories for learning but more work will be done to develop other ways to systematically embed learning from patient stories across the organisations such as local induction, recruitment events and junior doctors training.

There are a variety of other ways of presenting stories to board that might be considered – and each way can give different perspectives on experience:

- Letters of complaint/ responses
- A written case study, testimonial or recovery story
- Audio recording – part or whole patients own voice supported by narrative
- Video – most commonly used currently
- Patient diary – patient records own story whilst a patient
- Presenting in person – with careful attention and planning, the most powerful, but potentially the most challenging. The story teller will need support, and Board guidance. Time management can be an issue to allow enough time for questions.

3. Rationale for patient stories

Patient stories should add value to the service being highlighted and provide a recognised way for patients to give their feedback directly to the board of directors, as well as any of the following:

- Fit within the strategic objectives of the Trust.
- Highlight work for the quality priorities of the trust.
- Promote service innovation and its impact on our patients' experiences'.

3. RECOMMENDATION(S)

3.1 It is recommended that the board consider the following additional actions to improve the value of patient stories:

Changes to current process:

- Board of directors to receive patient story schedule as part of agenda item every six months to agree schedule.
- Patient story outline to be circulated with papers to include rationale for inclusion as outlined above to allow better preparation.

4. Patient stories March 2020 – August 2020

Service areas proposed for patient stories to be generated from within:-

Staff	What the People Plan means to me	Mar-20
Patient	Emergency department	Apr-20
Patient	Cancer Services	May-20
Staff	What the people plan means to me	Jun-20
Patient	Stroke services	Jul-20
Patient	Cardiac assessment unit	Aug-20

5. Story summary for February 2020 board

Susan Perks, age 66, was the first patient in Dudley to undergo same day discharge for joint replacement, a practice common in the United States and also in a handful of NHS organisations in the UK.

Why same day discharge?

There are three reasons why this is of benefit to patients:

- Improved patient experience. No patient wants to be in hospital longer than necessary.

- Reduced length of stay results in enhanced reputation and attractiveness for patients wanting to be referred to The Dudley Group, increasing our market share and repatriating work. Only a handful of trusts in the country are offering this service so this makes us stand out from the rest.

Liz Abbiss

Head of Communications

03.02.2020



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 13th February 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 • Flu Vaccination • Healthcare Heroes • 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 – February 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

15 th January	NHS Midlands Business Development Meeting
16 th January	Board of Directors
17 th January	Team Brief
20 th January	Live Chat
22 nd January	Community Team Brief
30 th January	Black Country and West Birmingham STP Partnership Board

Flu Vaccination

The flu vaccination campaign continues to encourage staff to take the opportunity of their free flu vaccination and we are pleased to have over 76% of staff vaccinated (as at 31.01.2020). There are still daily walk round by the vaccinators and open access at staff health and wellbeing with plenty of publicity to make staff aware of where they can get their jab. Our aim is clearly to get as many staff as possible vaccinated and the national target is 80%.

Corona virus

The Trust has made preparations in line with national guidance for dealing with any suspected Corona virus cases that may present at our services. We are keeping staff informed of the guidance as it evolves and have patient/ public guidance available.

Healthcare Heroes

Individual award

This month's Healthcare Heroes individual award went to Kerri Faulds, clinical support worker in Maternity. Kerri was nominated for her amazing support and work ethos after recent sickness absence in the team. Kerri was the only clinical support worker supporting the midwives in the hearing clinic and the newborn examination round. She supported the clinic on the ward and minimised cancellations and extensions of waiting lists.



Team award

The team award went to the Palliative Support Community Nursing Team. The team was nominated for their mini pilot to deliver palliative care to people within their own homes. Angela Jeavons and the team have helped facilitate the comfortable and dignified passing of patients in the environment they chose, supporting the patient and the family's wishes. The team are dedicated to go above and beyond to meet their patient's needs. Families have expressed their happiness with the level of care their loved ones have received and speak very highly of the service.

Volunteer award

This month's volunteer award went to the chaplaincy volunteers. Throughout the year the chaplaincy volunteers are there to support patients, family members, visitors, and staff members while they are going through difficult times. The volunteers support the chaplaincy service with different memorials, including baby memorials throughout the year. The team show real compassion and support across the hospital and their colleagues describe them as a real credit to the chaplaincy team.

Charity Update

Super Hero 5k. Sunday 21 June 2020

Find your inner superhero and take part in our 5k fancy dress fun run at Himley Hall. You can register now online. You can find the link on the charity facebook page and the hub.

For the younger Super Heroes there will also be a 1k Mini Dash.

New to the Calendar!

Introducing **Scarefest Sponsored Walk at Baggeridge Country Park on Saturday 21 October.**

We are hosting two corporate events including a Jail or Bail event in April and an Outdoor Businesses teambuilding challenge in October.

Will Fortnight

We are really pleased to report the best year so far with October's Will Fortnight raising over £6,500.

National NHS News

'No evidence' that talcum powder causes ovarian cancer new review finds

"Using talcum powder does NOT raise the risk of ovarian cancer as study of 250,000 women debunks fears after decades of uncertainty," reports the Mail Online. **NHS (08.01.2020)**

Patients are going blind because of long NHS delays, investigators warn

Patients are going blind because of long waits to see eye doctors, NHS investigators have warned, after a 34-year-old woman was left unable to ever see her baby. Watchdogs warned that 22 people a month are suffering severe or permanent sight loss, as the health service struggles to cope with rising demand. The Healthcare Safety Investigation Branch (HSIB) said delays across the NHS were having a “devastating” impact. Last month a national report found that one in three NHS trusts with ophthalmology departments had delays affecting at least 500 patients over the year – amounting to more than 20,000 patients forced to wait. **The Telegraph (09.01.2020)**

UK's NHS teams with Novartis to launch heart attack drug trial

Britons at risk of heart attacks are set to receive a twice-yearly injection in a bid to save up to 30,000 lives over a decade, under one of the biggest population-wide prevention initiatives undertaken anywhere in the world. Inclisiran, a cholesterol-lowering medicine, will first be tested in a large UK clinical trial that will make use of the extensive National Health Service data base to identify and track suitable patients. Assuming the trial is successful, the drug will be made available across the English health service. **Financial Times (13.01.2020)**

NHS to make unapproved heart disease drug available to patients by 2021

A new heart disease drug is expected to be made available to patients by 2021, through a collaboration between Novartis, NHS England, the National Institute for Health Research and Oxford University. The drug will be used as a preventative add-on treatment for statins in patients who have already been diagnosed with cardiovascular disease (CVD), with the expectation that it could prevent 55,000 heart attacks and strokes annually and has the potential to save 30,000 lives in the next ten years. **Pharmaceutical Journal (14.01.2020)**

Extra £33.9bn a year by 2024 for the NHS

Matt Hancock, Secretary of State for Health and Social Care, will today (January 15 2020) illustrate the NHS Long Term Plan Funding Bill to Parliament. The bill will protect in law an extra £33bn every year by 2024 for the NHS to transform care. The bill will contain a ‘double-lock’ commitment that places legal duty on both the Secretary of State and the Treasury to uphold this minimum level of NHS revenue funding over the next 4 years. Since the election of the new government, this will be one of the first pieces of domestic legislation to go through. The bill will place a legal duty on the government to guarantee a minimum level of spending every year, rising to £148.5bn by 2024. **National Health Executive (15.01.2020)**

NHS hospitals are using more than 100 different hernia mesh implants – ‘even though many have NO safety evidence and have only been tested on animals’

More than 100 types of mesh surgical implants are being used by the NHS and many have no scientific evidence to prove they're safe, an investigation has found. Mesh is a small, solid, net-like device which is implanted to hold parts of the body in place if someone has a hernia or prolapse. Hospitals in England and Scotland have now revealed that they use more than 100 types of different mesh devices.

Professor Carl Heneghan, from the University of Oxford, told BBC's Victoria Derbyshire programme the manufacturer tests which are done on mesh implants are 'completely inadequate'. Sometimes, he said, they're only tested on animals such as rabbits for a few days before being sold to be used in people, who keep them in for years, or decades. Tens of thousands of mesh implants are performed each year to repair either hernias or incontinence and vaginal prolapse – both are common after childbirth. **Daily Mail (15.01.2020)**

First NHS trusts introduce NHS SBS' The Edge4Health

A major new procurement platform developed by NHS Shared Business Services (NHS SBS), The Edge4Health, is being adopted by NHS trust staff across the UK for the first time. The cloud-based, consumer-style marketplace is aimed at delivering cost savings and efficiencies, better data management, greater compliance and end-to-end supply chain visibility for NHS trusts when buying products and services. Annual spend for the NHS nationally amounts to some £9bn of products and services. Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, Portsmouth Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust are the first organisations to go live with The Edge4Health. **National Health Executive (16.01.2020)**

Cervical cancer 'could be eliminated', NHS experts say

Cervical cancer could be eliminated through a combination of upgraded screenings and vaccinations for children, NHS experts say. The health service has completed its rollout of a new screening method which sees cervical samples first checked for the human papillomavirus (HPV). Until now, cervical screening samples have been examined and those that showed possible cell changes were then tested for HPV. But this has now being switched around, with cells first tested for HPV infection, and only those that have the virus examined for abnormal cells. This means any sign of infection can be spotted at an earlier stage before cancer goes on to develop. **ITV News (20.01.2020)**

Funding announced for more Changing Places toilets in NHS hospitals

A total of £500,000 has been made available to 10 trusts across England today to start work on 16 new facilities, with an additional £1.5 million available to bid for. Thousands of severely disabled people will benefit from the new funding, which is expected to more than double the number of Changing Places toilets in NHS hospitals across England. Currently there are just over 50 of these facilities on the NHS England estate. This is the first share of funding and it is expected that the final number of Changing Places in hospitals will eventually increase to over 100. **National Health Executive (24.01.2020)**

Coronavirus patients being treated at Royal Victoria Infirmary in Newcastle

This morning, The Department of Health revealed that two members of the same family from England had tested positive for the virus but previously declining to reveal their location. However, the Chief Medical Officer for England has since confirmed the patients are being treated within a high consequence infectious disease unit in Newcastle. Public Health England have said they are now working to contact everybody who has been in contact with the two cases being treated in the North-East. **The Northern Echo (31.01.2020)**

Regional NHS News

'Misery' for A&E patients facing record-long waits

Hospitals reported huge pressures in December, with one in five A&E patients waiting over four hours. Nearly 100,000 of the sickest patients were forced to spend over four hours on trolleys and in corridors after their time in A&E as beds could not be found. Mark Newton's 83-year-old father-in-law, George Bufton, was taken to Shrewsbury Hospital in the first week of January. He had a chest infection and a suspected gall bladder problem - and this came just over a month after a major bowel cancer operation. He spent 25 hours waiting for a bed to be found. Just 79.8% of patients spent less than four hours in A&E - well below the 95% target. Meanwhile, a group of Midlands trusts - Shrewsbury and Telford, Leicester, Birmingham and United Lincolnshire - were all among the 10 worst performers.

BBC News (09.01.2020)

Man discharged from Sandwell Hospital with cannula in arm

Alan Buckley, 86, of Halesowen, was admitted to Sandwell General Hospital on 13 December with dehydration. When he was returned home by ambulance on 16 December, crews discovered the cannula had not been removed. He died in a different hospital a week later. Sandwell and West Birmingham Hospitals NHS Trust is investigating a complaint from Mr Buckley's family and said its cannula removal procedure had "failed". The second ambulance crew recorded Mr Buckley's "significantly low blood pressure, low body temperature and dehydration". They were also concerned about the possibility of sepsis. An inquest into Mr Buckley's death is due to take place on 4 March. **BBC News (09.01.2020)**

Hospital bed blocking cases up as patients face discharge waits

A combined 5,813 days were spent by patients across the region waiting to be discharged or transferred to a different care facility in November – a rise from 5,677 days in the previous month. Figures from NHS England showed patients at the Royal Wolverhampton NHS Trust, which runs New Cross Hospital, spent 707 days waiting to be discharged or transferred in November. At the Dudley Group NHS Foundation Trust, which runs Russells Hall Hospital, a total of 703 days were spent by patients waiting, during the same month. In November at Walsall Healthcare NHS Trust patients spent 494 days waiting, and at Sandwell and West Birmingham Hospitals NHS Trust a total of 661 days were spent waiting. The reasons for the delays were mixed between problems within the NHS and issues with social care.

Express & Star (10.01.2020)

Midland Metropolitan Hospital building costs soar to nearly £1 billion

A probe into the fallout of the collapse of construction giant Carillion has shown the taxpayer will have to foot the bill for about an extra £20 million. The hospital is currently scheduled to open in summer 2022. The Midland Met, a state-of-the-art acute care unit set to transform healthcare in the West Midlands, is still no closer to completion than when the firm went bust in January 2018. It will now cost £988m to build and run the hospital – £300m more than originally expected, the NAO revealed. **Express & Star (17.01.2020)**

10,000 people sent to A&E in West Midlands by NHS 111 helpline in December

The increase in both A&E referrals and the number of patients admitted to hospital across England shows the strain the NHS is under, the healthcare research group the Nuffield Trust says. NHS England data shows the West Midlands 111 line recommended 11,063 A&E visits in December 2019, accounting for 8.7% of the calls assessed at the centre. There was no previous data for the West Midlands, but across England, more than 120,000 callers to the 111 helpline were referred to A&E in December – more than in any other month since records began in 2010. **The Shuttle (21.01.2020)**

Babylon unveils 10-year partnership with NHS trust to create 'integrated digital health system'

The introduction of Babylon's technology will mean quicker access to treatment for patients, the partners said. London-headquartered company Babylon has announced a 10-year partnership with the Royal Wolverhampton NHS Trust (RWT) in the West Midlands to launch a model of 'digital-first integrated care'. The new partnership will see primary and secondary care connected in one (free) app that will allow patients to book consultations, including with RWT and Babylon doctors, access personal records and more. The first services are expected to become available for use before the end of the year. **Mob Health News (23.01.2020)**

Surgeon feared to have carried out unnecessary operations on more than 200 patients at private Solihull clinic

A scandal-hit hospital has recalled more than 200 patients over concerns unnecessary operations have been carried out by a second senior doctor. It is understood Mr Rahman had his practise at the hospital suspended and subsequently withdrawn last year, during which time he was investigated by the Royal College of Surgeons. He is still working for the NHS under "interim conditions", a spokeswoman for the University Hospitals Birmingham NHS Foundation Trust said, but no patients have been recalled. **The Telegraph (24.01.2020)**

New nurses join the Dudley NHS trust

The trust has recently welcomed 34 new graduate nurses and another one who is returning to practice. They will now work on wards at Russells Hall Hospital and across the community after completing their three-year nursing degrees at a variety of universities. Many of the new nurses spent time with the Dudley trust on work placements. Mary Sexton, Dudley Group NHS Foundation Trust's chief nurse, said: "It is wonderful to welcome our new intake of nurses and we are looking forward to supporting them in building rewarding careers with us while helping us provide outstanding care to our patients. **Express & Star (29.01.2020)**

Shropshire's hospitals among four in West Midlands seeing 'significantly worsening' ambulance handover times

Out of 22 accident and emergency departments in the region, those at the Princess Royal Hospital, the Royal Shrewsbury Hospital and two more in Worcestershire together account for "62 per cent of all patient handover delays over one hour", an ambulance service chief says. West Midlands Ambulance Service Nursing and Clinical Commissioning Executive Director Mark Docherty warns delays in the arrival and redeployment of vehicles has consequences, including attacks on staff by frustrated patients and families.

The Worcestershire Royal Hospital accounted for 2,690 hour-plus handovers between April and December 2019, or 29.4 per cent of the WMAS-area total, which Mr Docherty says “resulted in over £700,000 of wasted resource”. **Shropshire Star (27.01.2020)**

Ambulance service would have to 'triple workforce' to improve rural waiting times

West Midlands Ambulance Service says it would have to triple its workforce to provide the same level of response in rural areas as in urban ones. The service says despite staff working flat out it wasn't always easy to reach everyone as quickly as it would like. The service was responding to calls for details of its response times from an Oswestry councillor. Oswestry Town Council is to ask representatives from West Midlands Ambulance Service to a future meeting to discuss response times.

Shropshire Star (31.01.2020)

Paper for submission to Board of Directors (PUBLIC Session)
Thursday 13th February 2020

TITLE:	Clinical, Quality, Safety & Patient Experience (CQSPE) Highlights Report for 28th January 2019		
AUTHOR:	Julie Everingham	PRESENTER	Elizabeth Hughes
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: 28/01/20

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Low compliance with VTE assessment and plan for improvement • Medicine prescribing on the endoscopy recovery chart showing improvement but not yet at acceptable standards • Maternity CNST challenges in meeting particular standards due to data challenges • Poor mandatory training compliance for medical staff 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee continue to monitor progress regarding measures to address overdue Paediatric and Ophthalmology overdue follow-ups
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good practice in promptly addressing issues relating to an HSE complaint in Podiatry with appropriate resolution • Good improvement in Achieving Excellence requirements 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • To amend the terms of reference of the Committee and to re-designate it as the Quality and Safety Committee • To approve the Premises Assurance Model
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> • The meeting ran late due to a delay at the start because of the late arrival of presenters of agenda items and reports overrunning their time slots. The chair noted that presenter should highlight the key issues to the Committee. • Catherine Holland will chair the February meeting. 	

QUALITY AND SAFETY COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Board of Director resolves to establish a Committee of the Board to be known as the Quality and Safety Committee. The Quality and Safety Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

2. Membership

- 2.1 The Committee shall comprise of four Non-Executive Directors, one of whom shall be the Chair.

The membership of the Quality and Safety Committee shall also include:

- Chief Nurse
- Medical Director
- Executive Chief Operating Officer
- Executive Director of Workforce
- Chiefs of Staff for Divisions

The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

The members set out above shall be expected to attend all meetings and such attendance shall be reported in the Committee's Annual Report to the Trust Board.

The Quality and Safety Committee reserves the right to hold discussions in private (Part B).

- 2.2 The Chair of the Committee shall be a Non-Executive Director appointed by the Trust Board.
- 2.3 In the absence of the Chair, members of the Quality and Safety Committee present shall elect a Non-Executive Director to chair the meeting.
- 2.4 A member of the Quality and Safety Committee may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.

- 2.5 On each occasion, the member should approach the Chair; cc the Committee Secretary, to ask agreement for the named deputy to attend in their stead, to count towards the quorum and to have full voting rights.
- 2.6 If it appears that the meeting will have a minority of full members, the Chairman will confer with the Trust Secretary as to whether the meeting should be re-arranged.

3. Attendance

- 3.1 The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. The Chairman, Chief Executive or other executive Director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that director.

In addition to members of the Committee, the following shall normally attend all meetings and may contribute, but have no voting rights nor contribute to the quorum:

- Board Secretary
- Deputy Director of Governance

- 3.2 The Board Secretary will be responsible for providing secretarial support to the Committee. Agendas for forthcoming meetings will be agreed with the Committee Chair and papers distributed to members in advance of the meeting as agreed. Meeting papers will also be available to other members of the Board for information.
- 3.3 The Committee will establish an annual Work Programme, summarising those items that it expects to consider at forthcoming meetings.

4. Quorum

- 4.1 Any three members including at least one Non-Executive Director. Attendance at the meeting may be teleconference or video conferencing at the discretion of the Committee Chair.
- 4.2 Any Non-Executive Director may attend a meeting of the Quality and Safety Committee and will count towards the quorum.

5. Voting

In accordance with Standing Orders, if it is necessary to resolve an issue at a meeting of the Committee by way of a vote, this shall be determined by a majority of the votes of the Members present and voting and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

6. Frequency of Meetings

- 6.1 Meetings of the Committee shall take place at a frequency and timing necessary to enable discharge of its responsibilities and the Committee will routinely meet at least six times in each financial year.

7. Authority

- 7.1 The Quality and Safety Committee has no delegated powers other than those specified in these Terms of Reference. The Quality and Safety Committee is authorised to investigate any activity within its Terms of Reference and all Trust employees are directed to co-operate with any request made by the Committee.
- 7.2 The Quality and Safety Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.
- 7.3 The Quality and Safety Committee is established to provide scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit, in order to provide assurance and make appropriate reports or recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience.

8. Duties and Key Responsibilities

8.1 Quality and Clinical Governance Assurance

The Quality and Safety Committee will:

- Oversee the development and implementation of the Trust's Quality Strategy and Priorities.
- Oversee the operation of the Trust's clinical governance systems and processes at a corporate and Divisional level to:
 - (a) Promote safety and excellence in patient care;
 - (b) Identify, prioritise and manage risk arising from clinical care on a continuing basis;
 - (c) Ensure the effective and efficient use of resources through evidence-based clinical practice;
- Oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that learning is disseminated within the Trust and beyond if appropriate.
- In respect of Patient Experience:
 - agree the Annual Patient Experience Plan and monitor progress;
 - assure that the Trust is reliable, real time, up-to-date information about what it is like being a patient experiencing care administered by the Trust, so as to identify areas for improvement and ensure that these improvements are effective;
 - identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey/PALS and ensure appropriate action is taken;
 - monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate;
 - consider ethnicity data in relation to service user groups and their experience of care.
- Receive and approve the annual Clinical Audit Programme.

- Make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference.
- Approve the Trust's annual Quality Account before submission to the Board.
- Oversee data and trends in patient safety, experience and outcomes to provide assurance to the Board on performance and undertake 'deep dives' as appropriate at the discretion of the Committee.

8.2 **Regulatory Compliance**

The Quality and Safety Committee will assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and that immediate and effective action is taken where there is variation.

The Quality and Safety Committee will promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care and compliance with the requirements of the Duty of Candour.

8.3 **Clinical Risk Management**

The Quality and Safety Committee will:

- Monitor progress against actions to mitigate quality and safety risks on the Corporate Risk Register in line with the Board's risk appetite.
- Ensure that risks to patients are minimized through the application of a comprehensive risk management system including, without limitation:
 - To ensure the Trust incorporates the recommendations from external bodies e.g. the National Confidential Enquiry into Patient Outcomes and Learning from Deaths or Care Quality Commission, as well as those made internally e.g. in connection with serious incident reports and adverse incident reports in practice and has mechanisms to monitor their delivery;
 - To ensure those areas of risk within the Trust are regularly monitored and that effective disaster recovery plans are in place;
 - To assure that there are processes in place that safeguard children and adults within the Trust.
- Approve additions, deletions and changes in risk rating to items on the Corporate Risk Register that fall within the Committee's Terms of Reference.

9. **Key Responsibilities**

The Quality and Safety Committee will receive reports on the following issues:

9.1 **Routine Business**

- Reports concerning regulatory compliance
- Updates on the Trust-wide Learning Events
- Integrated Performance and Quality Dashboard Report
- Corporate Risk Register and BAF risks assigned to the Committee
- Serious Incidents Data
- Safeguarding
- Reports of the Reporting Groups

9.2 Strategies and Policies

Strategies:

- Learning from Deaths Strategy
- Engagement and Involvement Strategy
- Patient Safety Strategy
- Quality Account
- Medicines Optimisation Strategy
- Pharmacy Strategy
- Safeguarding Strategy

Policies:

- Health, Safety and Welfare Policy
- Major Incidents and Emergency Preparedness Plan
- Management of Incidents Policy
- Serious Incidents Policy
- Smoke-free Policy

9.3 Annual Reports

The Quality and Safety Committee will consider the following Annual Reports before being submitted to the Trust Board for ratification:

- Annual Report of the Health and Safety Committee (Statutory)
- Infection Control Annual Report (Statutory)
- Patient Experience and Complaints Annual Report (Mandatory)
- Pharmacy Annual Report (Mandatory)
- Safeguarding Annual Report (Statutory)
- Neonatal Unit Annual Report
- Paediatric Annual Report
- Medicines Management Annual Report
- Breast Screening Annual Report

The Quality and Safety Committee can request a report on any subject or issue relevant to its terms of reference.

10. Reporting

- 10.1 The Quality and Safety Committee will approve the Terms of Reference and membership if it's reporting groups (as may be varied from time to time at the discretion of the Quality and Safety Committee) and oversee the work of those groups, receiving reports from them in accordance with their Terms of Reference.
- 10.2 The Committee will approve policies on subjects related to the Committee Terms of Reference on recommendations from the Policy Group.
- 10.3 The Quality and Safety Committee will consider matters referred to it by the Trust Board and the Audit Committee.
- 10.4 The Quality and Safety Committee will conduct an annual review of the Committee effectiveness.

11. Review

- 11.1 The Committee will carry out an annual review of its performance and function is satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

DRAFT

Paper for submission to the Board of Directors on 14th February 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:			
1. The Chief Nurse has professional responsibility for nurses, midwives and Allied Health Professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the Chief Operating Officer (COO) via the Divisional Directors. 1.1 Appendix 1 Staffing data 2. <u>Agency Controls</u> 2.1 All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses. 2.2 All requests for non-framework agency remain Chief Nurse or Chief Operating Officer authorisation only in hours, out of hours remains Executive authorisation only. 2.3 An evaluation of the staffing review undertaken in June 2019 is now complete and will be presented to the Executives shortly.			

3. Allied Healthcare Professionals (AHP)

3.1 The newly created post of Deputy Chief AHPs has been recruited to. Karen Lewis, Head of Therapies was the successful candidate and a start date will be confirmed shortly.

4. Corridor Care

4.1 Work continues, to improve patient flow throughout the hospital to negate the need to nurse patients in the corridor.

5. Deteriorating Patient

5.1 A second band six registered nurse (RN) has been appointed to the deteriorating patient team. This will enable the team to provide a seven day service providing support to staff, on the management of the deteriorating patient.

5.2 Work continues in collaboration with the Professional Development Team, to provide training on the deteriorating patient and personal care to the radiography aids to ensure that patients attending the radiography department have their care needs met.

6. Falls

6.1 Recruitment to the Falls Lead post is now complete. The successful candidate will commence at the beginning of June 2020. In the interim, secondment opportunities are being explored.

6.2 There were 93 inpatient falls during December. This is a slightly higher figure than the previous month. There was one fall with harm resulting in a fractured neck of femur on B2. The final RCA is awaited.

7. Infection Control

7.1 Preparations for managing patients possibly infected with the corona virus are underway. This includes:

- Fit testing for key personnel
- Identification of an area to divert suspected cases to
- Ensuring that clear communication has been given to staff regarding the procedure for handling suspected cases
- Ensuring that adequate supplies of personal protective equipment is available

8. Mental Health

8.1 There have been three patients detained under the Mental Health Act (MHA) during December 2019. Two section 5/2 patients discharged from the section within 72 hours and subsequently discharged home. The third patient was on a section 17 leave from a care home.

9. Patient Experience

9.1 We will be launching the 'what matters to you' campaign across the Trust and via social media channels. This campaign aims to raise the profile of patient experience across the Trust and capture feedback. This will be done by using a wide range of mechanisms and reporting on the activity to facilitate organisational learning and improvement in order to achieve the objectives highlighted in the Patient Experience Strategy. There is a communications plan in place for the launch of the campaign.

10. Professional Development

10.1 Clinical Support

- 10.1.1 Divisional chief nurses have been asked to review suitable placements for the new intake of Trainee Nursing Associates (TNAs) for the March 2020 cohort.
- 10.1.2 The next Novice Clinical Support Worker programme has been deferred due to limited clinical support worker vacancies.
- 10.1.3 Additional training has been requested by radiology for the new radiography aides. This will be delivered in conjunction with the deteriorating patient team

10.2 Pre-Registration

- 10.2.1 There is currently one return to practice student from the University of Wolverhampton (UoW) placement hours are being facilitated by ward C3.
- 10.2.2 The UoW are holding a student nurse recruitment event at the Merry Hill shopping centre on the 8th and 9th of February which will be supported by the Professional Development Team.
- 10.2.3 The Trust is actively recruiting student nurses from Birmingham City and Worcester universities to ensure that we fill all of our student nurse capacity.
- 10.2.4 The academic practice leads from the UoW have now completed a quality audit in the emergency department. Initial feedback has been positive the full report is awaited.

10.3 Post Registration

- 10.3.1 The last band 6 Development programme has had a 90% first attempt pass rate and has been academically revalidated by the UoW.
- 10.3.2 The practice development nurse post for medicine is now out to advert.

11. Recruitment and Retention

11.1 Recruitment

- 11.1.1 The next corporate recruitment event is scheduled for the 13th February 2019 9.30am - 12pm in main reception health hub.
- 11.1.2 Work continues with universities and local job fairs for recruitment.

11.1.3 Recruitment activity at the time of the report is detailed below.

Experienced Nurses recruited and currently completing clearances	24.94 WTE
Graduates commenced 27/1/20	35 WTE

11.2 Retention

11.2.1 **Clinical Supervision-** Monthly clinical supervisor training has commenced. Uptake to the programme has been poor. Work is underway to increase attendance to training. A clinical supervision framework is being developed and will be completed by May 2020.

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

Feedback from NHS England and NHSi received on initial retention plan for pilot on C8 received meeting with key stakeholders booked for February to move this project forward.

Areas of focus on the plan will be:

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

11.2.3 **LWAB STP Resourcing, Attraction and Retention Project** – The project is now underway. Four mobile recruitment events, using recruitment buses, will be held in February 2020 across the STP with a static recruitment event on the 20th March 2020 at the Copthorne Hotel in Dudley.

11 Safeguarding

11.1 The quarterly Internal Safeguarding meeting that was due to take place on the 23/01/20 was cancelled, to allow senior staff to focus on patient flow and capacity. The rescheduled meeting will now take place on the 27th February 2020.

11.2 All safeguarding services requiring an annual report have been informed that these will be required in quarter one.

12. Safer Staffing (Appendix 1)

12.1 The qualified staff fill rates for Dec 2019 were 86% during the day and 90% 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.

12.2 All areas are within the agreed variation of 6.3 or more for the CHPPD. Overall Trust CHPPD is 9.51 for December 2019 (qualified and unqualified).

12.3 A review of the inpatient ward skill mix that was conducted in June has been reviewed and will be presented following discussion with the Divisional Leads and Executives.

12.4 There were 54 staffing incidents reported during December 2019, non with harm, this is an

- increase of 22 incidents on the reported incidents in November 2019.
- 12.5 Review of staffing numbers through safety huddle continues twice a day facilitated by the Divisional Chief Nurses.
- 12.6 Assessment of patient acuity and dependency continues daily in bedded units.

13. Specialist Nurse Feedback

- 13.1 Following the last specialist nurse forum on the 12th Dec 2019 an away day is planned for March 2020 to focus on leadership, one of the work stream priorities identified at the last forum.

14. Tissue Viability

- 14.1 There has been one avoidable category 3 pressure ulcer on B1, investigations are ongoing and the complete RCA is awaited.
- 14.2 A study day has been arranged for February 5th 2019 focusing on the attendance at coroners in relation to pressure ulcers being identified as a causal factor in patient death.

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 Dec

Days in Month 31

Ward	Day RN		Day CSW		Night RN		Night CSW						Actual CHPPD				
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
B1	135	97	67	56	95	73	62	51	72%	84%	77%	82%	459	57%	4.23	2.67	6.89
B2(H)	203	153	282	238	124	113	232	222	75%	84%	91%	96%	1,041	112%	2.92	5.08	7.99
B2(T)	125	95	127	118	94	83	99	89	76%	93%	89%	90%	687	92%	3.12	3.62	6.73
B3	213	143	194	168	169	137	151	121	67%	87%	81%	80%	906	70%	3.72	3.73	7.45
B4	264	235	288	250	156	141	218	205	89%	87%	91%	94%	1,393	94%	3.12	3.83	6.95
B5	234	198	164	157	204	203	103	100	85%	96%	100%	97%	587	79%	8.04	5.11	13.16
C1	243	217	300	279	188	165	212	198	89%	93%	88%	93%	1,457	98%	3.11	3.88	7.00
C2	313	280	72	72	256	236	66	61	90%	100%	92%	93%	694	75%	8.73	2.14	10.88
C3	217	198	397	407	188	176	369	356	91%	103%	94%	96%	1,594	99%	2.81	5.62	8.43
C4	193	164	91	86	124	100	65	84	85%	95%	81%	129%	651	95%	4.74	3.00	7.74
C5	243	206	264	272	186	174	209	198	85%	103%	93%	95%	1,450	97%	3.10	3.89	6.99
C6	138	106	95	81	84	63	100	94	77%	85%	75%	94%	533	86%	3.79	3.94	7.74
C7	193	170	205	187	156	134	164	167	88%	91%	86%	102%	1,094	98%	3.26	3.87	7.13
C8	304	249	215	186	248	219	189	184	82%	86%	88%	98%	1,307	96%	4.10	3.40	7.50
CCU_PCCU	256	228	66	53	226	213	39	35	89%	80%	94%	90%	676	84%	7.83	1.56	9.39
Critical Care	426	399	79	67	408	392			94%	85%	96%		353	71%	26.31	2.19	28.50
EAU AMU 1	683	586	506	453	561	477	424	415	86%	90%	85%	98%	1,942	104%	6.57	5.36	11.93
Maternity	942	834	247	220	526	487	164	147	89%	89%	93%	89%	720	53%	16.81	5.65	22.46
MH DU	186	176	37	39	177	167	10	8	95%	106%	94%	80%	247	80%	16.33	1.97	18.31
NNU	168	147			155	129			87%		83%		273	49%	11.60	0.00	11.60
TOTAL	5,678	4,882	3,697	3,388	4,324	3,882	2,875	2,735	86%	92%	90%	95%	18,064		5.52	3.99	9.51

Paper for submission to the Public Board on 13 February 2020

TITLE:	Integrated Performance Report for Month 9 (December) 2019		
AUTHOR:	Board of Directors	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			

Performance

EAS

- The ED & UCC Combined under 4 Hour Wait standard has decreased from 79.6% in November to 78.3% in December. Alongside other Trusts in the region, the Trust did experience a number of days where it escalated to EMIS level 4, the highest level of escalation on the national reporting system.
- The main breach reason continued to be lack of beds in medicine. Every day in December, which continues into January, we started the day with patients waiting for beds. 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 throughout December. During December we also saw our highest number of patients waiting more than 12 hours for beds. Patients who access our minors service continue to be seen within 4 hours.
- In response to this the Trust has implemented a number of actions in January which will support flow and these will be assessed fortnightly. These actions include additional medical support onto base wards, a pilot Multi-disciplinary team within A&E and the roll out of professional standards across the organisation which strengthen flow.
- Challenges to the Trust are posed by the significant numbers of out of area patients who are medically optimised and require social care support and the Trust is working with neighbouring organisations to facilitate patients to return home in a timely fashion. Additionally the Trust is facing a potential decommissioning of community beds associated with funding from the Better Care Fund. Cross party discussions are taking place to highlight the risk to the Trust if this provision is ceased.
- The Health and Social care system across Dudley recognise the pressure the Trust is under with demand and is working together through its system wide meetings and the Trust has a dedicated work stream to patient flow.
- A weekly oversight meeting of EAS performance is chaired by the Chair of the Trust

SURGERY

- Regulatory Performance- 18 week referral Treatment In December the Trust achieved 92.02%. This was the lowest level of performance for at least 2 years and was as a result of challenged capacity across Urology, General Surgery, Dermatology, Rheumatology, Neurology, Urology and Plastics. Each specialty has developed a recovery plan and these are monitored weekly. The expected position for January 2020 is that the national standard for RRT will be achieved.
- There has been a significant reduction in the number of operations cancelled on the day, with only 37 in December 2019 and there have been no breaches of the 28 day readmission standard, reflecting the hard work of all staff involved in the management of patients.
- The single influencing factor is the reduction of additional capacity now available as a result of staff reducing their clinical time, compared to last year. Staff continues to cite the national pensions taper and associated tax implications as a reason for reducing clinical commitments. This is being experienced by other neighbouring Trusts too.

DIAGNOSTIC PERFORMANCE (DM01)

- The Trust has not been able to achieve the DM01 standard that less than 1% of patients should wait 6 weeks or more for a diagnostics test.
- The trust has often operated quite close to the target due to the challenges with MRI (particularly cardiac MRI) but recent issues in Endoscopy, Flexi sigmoidoscopy, Cystoscopy and Gastroscopy have seen all four drop to between 62% and 66%. It is not possible to achieve the 99% target until the backlogs associated with these tests has been worked through and we are able to book new patient referrals in target.
- A recovery plan is currently under development.

CANCER PERFORMANCE

- Despite an improved performance and achievement of 76.4% in December for overall Cancer performance, the Trust is not achieving the national standard of 93%, overall.

Two week wait

- Against the standard of 93% of urgent referral for suspected cancer to see a specialist, the Trust has achieved 76% in December. This is an improvement on the 66% in November, however falls short of the national standard expected.
- Challenged areas are Colorectal and Bladder pathways where patients are not being seen within target due to capacity shortfalls. The Breast symptomatic target stands out at 4.7% against a target of 93%. Demand on this pathway is approx. 100 per week and capacity is also approx. 100 per week provided no clinics are dropped. It is therefore taking extra activity to work through the backlog built up in the latter half of 2019 and this is being worked through on a case by case basis.

62 day – start of first definitive treatment

- The Trust achieved 70% in December 2019 against the national expectation of 85% for beginning of first definitive treatment following urgent GP referral. Delivery of this is directly linked to the successful achievement of the preceding targets- timely first appointments (2 week wait) and rapid diagnostic testing.

Managing risk

- The Trust is conducting harm every fortnight to ensure that risk is appropriately managed and this is being presented through the Trusts quality and risk governance process.

Moving forward with improving performance (Cancer)

1. Improving cancer performance requires an increase capacity both to clear the backlog and also to sustain the current performance. Capacity increase is required in a number of diagnostic areas including imaging, endoscopy.
2. Access to equipment for clearing the backlog and also providing additional capacity is required, these equipment areas related to diagnostics.
3. A dedicated review of the Breast symptomatic is required to understand the significant decline to delivery of 4.7%.
4. A review of the Patient Targeting List (PTL) is underway. This currently stands at 1610 and is higher than expected. We anticipate that in January this will reduce as the validation process progresses.
5. Considering the multi prong approach to improving performance, the operational team are developing a paper for the Trusts executive team to provide a range of options which will require consideration.

OUTPATIENTS

- Non-attendance of appointments known as DNA rates have remained consistently good and within the target of 8% set by the Trust. A very slight increase in New Outpatient DNA rates in December is not alarming and within tolerance levels set.
- Follow up DNA rates continue to improve with a further monthly reduction to 7%, well below the target set.
- This is a really encouraging indicator and is improving access to services for patients and demonstrates that we are making best use of our precious clinical resource.

Workforce

ABSENCE

Absence

- The increase in December 2019 relates specifically to short-term sickness absence, up from 1.94% in November to 2.17% in December, and is primarily driven by seasonal sickness episodes such as gastro, cough/colds. Long-term sickness absence has reduced from 3.44% in November to 3.24% in December, against the LTS Trust's target of 1.57%. The highest area of reported sickness absence in the Trust is Clinical Support Services (CSS) 5.78%.
- Monthly analysis by HR Business Partners is highlighting inconsistencies in the way absence is reported in Divisions, and this has also been reported in a recent audit, which highlights a range of actions to strengthen the effectiveness, consistency and accuracy of sickness absence reporting.
- A comprehensive review of the Trust's approach to sickness absence management is being undertaken during February/March, involving Divisional, Professional and Corporate leads, as well as staff side colleagues. This work is due to start on 6th February. The outputs from this review, including a robust action plan, will be reported to the Workforce Committee.
- The flu campaign is continuing, with lots of activity undertaken during January and further activity planned during February to increase uptake. As at 3rd February, the flu uptake was 76%, with confidence that the Trust will achieve the 80% target or above by the end of February.

TURNOVER

- The turnover rate was 9.13% in December, an increase of 0.11% compared to November. Turnover in Healthcare Scientists staff group is the highest at 17.26% however, this is a small headcount. Allied Health Professionals (AHPs) has the second highest turnover rate at 12.91% over 12 months due to a slight increase in leavers within Physiotherapy and Occupational Therapy.
- Analysis of exit interview highlights shows that the three most common reasons for leaving the Trust are 'career development', 'travel distance to work' and 'retirement'. The Trust is committed to reducing turnover and making staff retention a priority for all leaders and managers across the Trust. Where high levels of turnover are identified in specific areas, targeted intervention will also be considered. Strategies to improve staff retention will be considered by the Workforce Committee, on both a Trust and local level, in response to key data points, including; review of exit interviews, National Staff Survey and regular pulse surveys. This will be embedded into our NHSI Retention action plans.
- 'Stay Interviews' will be launching February/March; managers will be asked to complete them with new starters at different points of their employment journey to see what we can improve and ultimately retain them.

MANDATORY TRAINING

- Overall compliance for Priority 1 has remained stable in December, with limited improvement in the key subjects remaining below expected levels. This is a major priority for the Trust and was escalated to the Trust Board, by the Chair of the Workforce & Staff Engagement Committee (WSEC) in January. Actions and interventions to address persistent non-compliance were discussed in Workforce & Staff Engagement Committee (WSEC) and CQSPE in January; an outline action plan will be presented to WSEC in February by the Interim Director of Strategy & Transformation and Medical Director.
- Following feedback from professional and operational leaders, reporting of compliance with mandatory training will be provided on a twice monthly basis from February.
- Work is ongoing to improve access to e-learning for Mental Health Law following its addition as a requirement for some clinical staff.
- Changes to Safeguarding training will be implemented from January 2020 with easier access to all three levels of training, moving towards a portfolio of ongoing learning which will support better opportunities to complete role-specific learning and ensure continuous development.

APPRAISAL

- Appraisal performance remains as at June 2019 (90.52%). The next review window commences in April 2020.

IMPLICATIONS OF PAPER: Risks identified in this paper are linked to the risk (BAF 1b)

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y		Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	Risk Register: Y		Risk Score: BAF 1B – Risk score 15 (AMBER)
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



January 2020

Created by: Informatics.

Title of report: Integrated Performance Report

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

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 4,500 responses across all areas have been received during December 2019, a decrease since November 2019). For April 2019 – December 2019 (64 areas were published) the Trust is achieving the target on 31 occasions where the percentage response rate score is equal to or better than the national average percentage response rate.

FFT Percentage Recommended

Inpatients and outpatients have seen a small increase in percentage recommended scores since the previous month

A&E, Maternity and Community scores have declined slightly in December 2019 and have not achieved the target

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. Results will be presented at the Patient Experience Group in January 2020

PREMS (Patient Reported Experience Measures Survey) is currently being piloted within Community services. PREMS are used to understand service users' views on their experience while receiving care, rather than the outcome of that care, to cross reference the findings with the Friends and Family Test as an overall satisfaction score

Complaints & PALS

PALS received 140 concerns, 18 comments and 65 signposting contacts in December 2019.

During December 2019, the Trust received 64 new complaints. This is a 5% decrease from November 2019 for open complaints. There have been 11 re-opened complaints for December 2019.

Dementia (1 month in arrears)

The find /assess element of the process remains below compliance but has improved from previous month. This information has been communicated to Divisional Chief nurse and all matrons with an immediate need for improvement. Investigate element has improved but remains just below target. Clinical lead is investigating this within her team. The refer element has improved and is compliant against target.

Falls

There were 93 inpatient falls in December 2019. This is a slightly higher figure than previous month. There was 1 fall with harm resulting in #NOF on B2. This was reported in January with an RCA.

Pressure Ulcers

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

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

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

MSA Breaches

In December there were 11 mixed sex breaches -5- MHDU 4 -ICU and 2 - SHDU

This is a decrease from previous month

Primary reason was high demand for beds

Infection Control

MRSA- 0

C DIFF -0

MSSA Bacteraemia-2 No trends or themes identified

E-Coli -3 – Look back exercise completed and no trends/themes identified

All patients were admitted with symptoms

Executive Summary

Stroke (1 month in arrears)

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

VTE

Trust performance for VTE for December is 93%

Escalation to senior clinicians and management continue, in identifying how gaps can be closed in completed or non-captured VTE assessments

Incidents

A total of 4 Serious Incidents were reported to STEIS in December 2019:

- INC26398 (2019/26398) –Deterioration of a patient on transfer.
- INC66113 (2019/26443) – Delay in treatment
- INC26413 (2019/26413) – Complication following treatment
- INC66556 (2019/27461) – Delay in diagnosis

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

% of deaths with priorities of care (8 weeks in arrears)

Trust performance for October is 26%

Please note. To ensure the most accurate data is provided, the data reported is 8 weeks in arrears to account for coding

The specialist palliative care team are monitoring compliance and driving improvements. Trust wide progress is monitored through the Trust End of Life Working Group. Meeting arranged to discuss the validity and reliability of reporting.

Safety Thermometer

Patients with harm free care is 95.77%

Executive Summary

EAS Summary

The ED & UCC Combined under 4 Hour Wait standard has decreased from 79.6% in November to 78.3% in December. On a number of occasions in December the Trust escalated to a level 4, the highest level of escalation on the national reporting system, as did other surrounding Trusts. The main breach reason continued to be lack of beds in medicine. Every day in December, which continues into January, we started the day with patients waiting for beds. 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 throughout December. During December we also saw our highest number of patients waiting more than 12 hours for beds.

Patients who access our minors service continue to be seen within 4 hours.

Cancer Performance

Cancer performance continues to fail against the main targets but recovery is beginning to show in the numbers.

2 week wait is set to increase from 66% in November to 76% in December. The 2 week wait target must be the first target to recover in order to see recovery of the subsequent targets. Issues persist in Colorectal and Bladder pathways where patients are not being seen within target due to capacity shortfalls.

The Breast symptomatic target stands out at 4.7% against a target of 93%. Demand on this pathway is approx. 100 per week and capacity is also approx. 100 per week provided no clinics are dropped. It is therefore taking extra activity to work through the backlog built up in the latter half of 2019 and in many cases extra activity provided is then lost when regular activity is dropped due to sickness or A/L.

Performance has declined from 83% in October, to 71.5% in November to forecast 70% in December. Success is predicated on timely first appointments (2 week wait) and rapid diagnostic testing which is currently delayed due to a backlog in endoscopy/GI.

Overall PTL size is currently 1610 which is very high and a result of such high numbers in the latter stages awaiting diagnostics and diagnosis. Colorectal has 118 patients already past 62 days with only 3 being diagnosed due to the endoscopy issues and backlog. The PTL also shows larger than normal number in the day 42-62 bracket which is further evidence of diagnostic delays.

The longest waiters in the 104+ day bracket are of the most concern and harm reviews are carried out every fortnight to provide assurance to the trust. The PTL has 79 of these long waits at present which is very high - an increase of 40 since the last F&P papers were produced. 35 are on the Colorectal pathway, a result of the backlog and long waits to be seen. 15 are from Urology which is expected as the known long wait for robot assisted surgery has been a popular patient choice for over 12 months.

Improving cancer performance requires continued efforts to increase capacity for first appointments (2 week wait), reduction in delays during the diagnostic stages in Imaging, Endoscopy, Surgery etc, and a targeted approach to long waiters to ensure decision makers are progressing pathways towards a definitive treatment or outcome.

DM01 continues to fail the 99% target having failed September, October, November and December. The trust has often operated quite close to the target due to the challenges with MRI (particularly cardiac MRI) but recent issues in Endoscopy, Flexi sigmoidoscopy, Cystoscopy and Gastrosocopy have seen all four drop to between 62% and 66%. It is not possible to achieve the 99% target until the backlogs associated with these tests has been worked through and we are able to book new patient referrals in target.

Executive Summary

Regulatory Performance- 18 week referral Treatment

In December the Trust achieved 92.02%. This was the lowest level of performance for at least 2 years and was as a result of challenged capacity across Urology, General Surgery, Dermatology, Rheumatology, Neurology, Urology and Plastics. Recovery plans in place have meant that there has been a slight improvement into Janua20 2002.

Operational efficiency - Theatre utilisation, theatre cancellations DNA rates

A new theatre scheduling process remains in places with one of the positive early indicators being a reduction of hospital cancellations on the day in theatres, with only 37 in December. This compares to a high of 73 in July. Of these 37 only 3 were as a result of missing notes. There were no patients who breached the 28 day readmission rule.



Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Nov-19	Dec-19	Financial YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	21.7%	19.8%	19.3%	↓	
Friends & Family Test - Inpatients	26.9%	37.0%	35.8%	29.8%	34.4%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	30.9%	22.2%	21.8%	↓	
Friends & Family Test - Outpatients	4.9%	11.9%	3.9%	4.1%	4.7%	↑	
Friends & Family Test - Community	3.3%	8.1%	5.2%	3.1%	4.4%	↓	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	78.0%	74.7%	75.7%	↓	
Friends & Family Test - Inpatients	96.7%	97.4%	94.3%	94.5%	94.8%	↑	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	96.9%	96.4%	96.9%	↓	
Friends & Family Test - Outpatients	95.3%	97.4%	89.8%	90.0%	89.4%	↑	
Friends & Family Test - Community	96.2%	97.7%	94.7%	90.8%	92.5%	↓	
Complaints							
Total no. of complaints received in month	-	-	68	64	519	↓	
Complaints re-opened	-	-	10	11	83	↑	
PALs Numbers	-	-	247	223	2222	↓	
Complaints open at month end	-	-	177	187	-	↑	
Compliments received	-	-	510	909	4810	↑	
Dementia							
Find/Assess	-	90%	67.3%	71.3%	77.3%	↑	
Investigate	-	90%	79.3%	86.5%	76.1%	↑	
Refer	-	90%	98.7%	99.3%	97.2%	↑	
Falls							
No. of Falls	-	-	88	93	665	↑	
No. of Multiple Falls	-	-	8	13	57	↑	
Pressure Ulcers (Grades 3 & 4)							
Hospital	-	-	0	0	3	↔	
Community	-	-	0	0	0	↔	
Handwash							
Handwashing	-	95%	100.0%	99.7%	99.7%	↓	
Mixed Sex Accommodation Breaches							
Single Sex Breaches	-	0	14	11	95	↓	

Patients will experience safe care - Patient Safety

	Target (Green)	Nov-19	Dec-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	0	26		
MRSA Bacteraemia	0	0	0	1	↔	
MSSA Bacteraemia	0	0	2	17	↑	
E. Coli	0	3	3	27	↔	
Stroke (1 month in arrears)						
Stroke Admissions: Swallowing Screen	75%	89.4%	-	94.8%	-	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	96.1%	-	94.9%	-	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	100.0%	-	96.6%	-	
Stroke Admissions to Thrombolysis Time	50%	57.1%	-	55.6%	-	
VTE - Provisional Figures						
VTE On Admission	95%	93.6%	93.0%	94.2%	↓	
Incidents						
Total Incidents	-	1383	1493	13146	↑	
Recorded Medication Incidents	-	245	357	3021	↑	
Never Events	-	1	0	1	↓	
Serious Incidents	-	3	4	30	↑	
of which, pressure ulcers	-	0	0	0	↔	
Incident Grading by Degree of Harm						
Death	-	1	1	6	↔	
Severe	-	3	0	11	↓	
Moderate	-	13	13	59	↔	
Low	-	169	180	1330	↑	
No Harm	-	873	813	8046	↓	
Near Miss	-	324	486	3694	↑	
Percentage of incidents causing harm	28%	36.9%	45.5%	14.9%	↑	
Safety Thermometer						
Patients with harm free care (and old harms)	-	96.25%	95.77%	-	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly



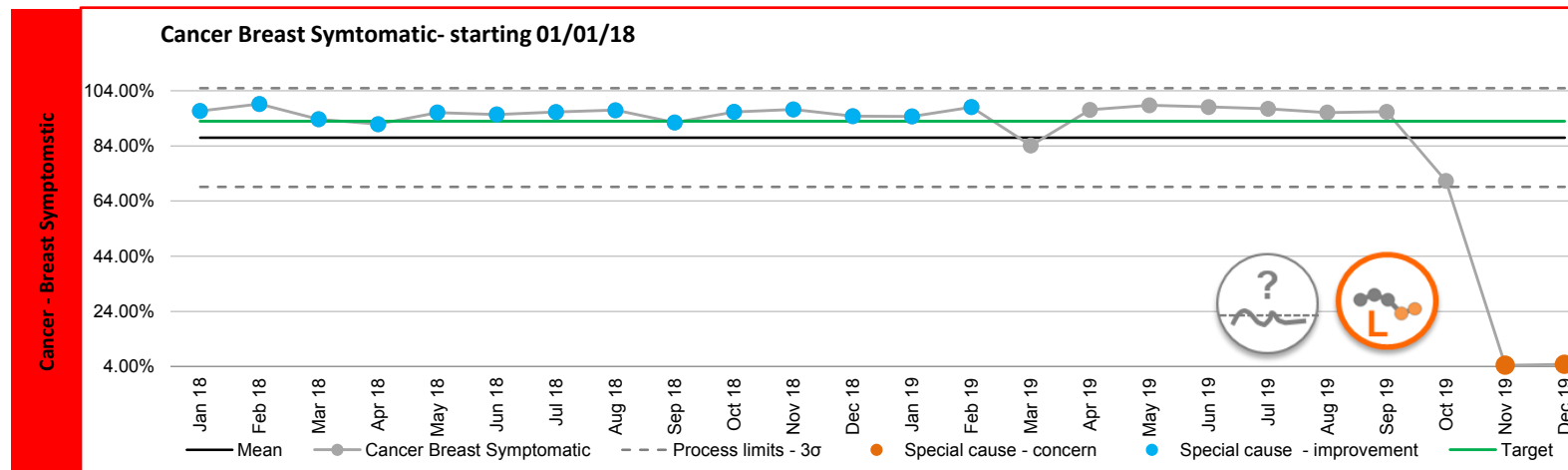
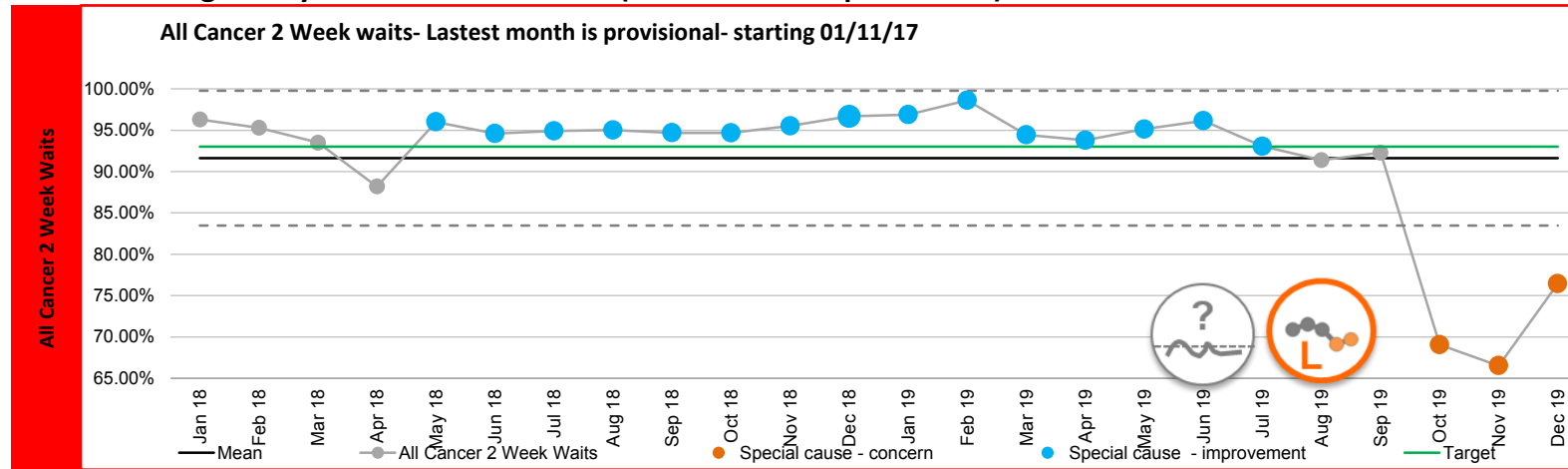
Performance - Key Performance Indicators

	Target	Nov-19	Dec-19	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	66.53%	76.4%	85.9%	↑	
2 week wait - Breast Symptomatic	93%	4.5%	4.7%	76.3%	↑	
31 day diagnostic to 1st treatment	96%	96.8%	94.2%	97.7%	↓	
31 day subsequent treatment - Surgery	94%	96.3%	100.0%	97.6%	↑	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	99.3%	↔	
62 day urgent GP referral to treatment	85%	71.5%	70.0%	80.8%	↓	
62 day screening programme	90%	90.9%	75.0%	93.9%	↓	
62 day consultant upgrades	85%	95.0%	81.4%	91.7%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	92.5%	92.0%	93.7%	↓	
RTT Admitted - % treatment within 18 weeks	90%	92.9%	86.4%	87.7%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	92.9%	92.7%	94.5%	↓	
Wait from referral to 1st OPD	26	24	23	225	↓	
Wait from Add to Waiting List to Removal	39	36	34	338	↓	
ASI List		3485	3104	0	↓	
% Missing Outcomes RTT		0.08%	0.03%	0.1%	↓	
% Missing Outcomes Non-RTT		5.4%	3.3%	4.1%	↓	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	435	592	1649	↑	
% of diagnostic tests waiting less than 6 weeks	99%	94.7%	92.4%	97.5%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	79.6%	78.3%	81.9%	↑	
Emergency Department Attendances	N/A	9426	9972	84240	↑	
12 Hours Trolley Waits	0	34	115	176	↑	
Ambulance to ED Handover Time - TRUST						
15-29 minutes breaches		1787	2074	15690	↑	
30-59 minute breaches		436	638	3577	↑	
60+ minute breaches		37	73	338	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		21	16	146	↓	
60+ minute breaches		6	2	19	↓	

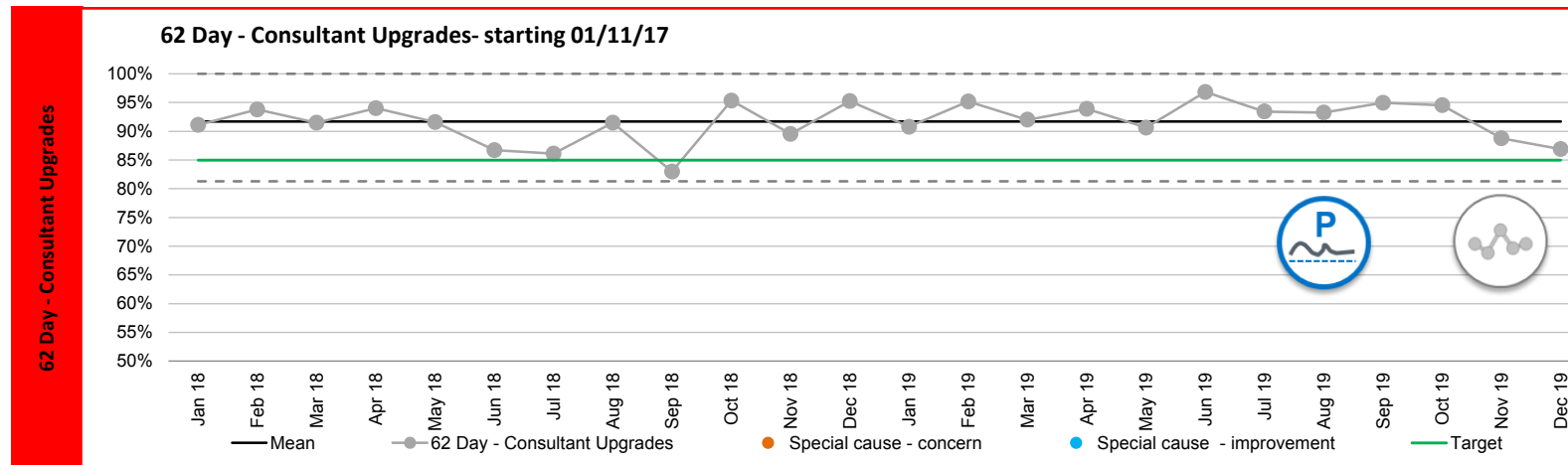
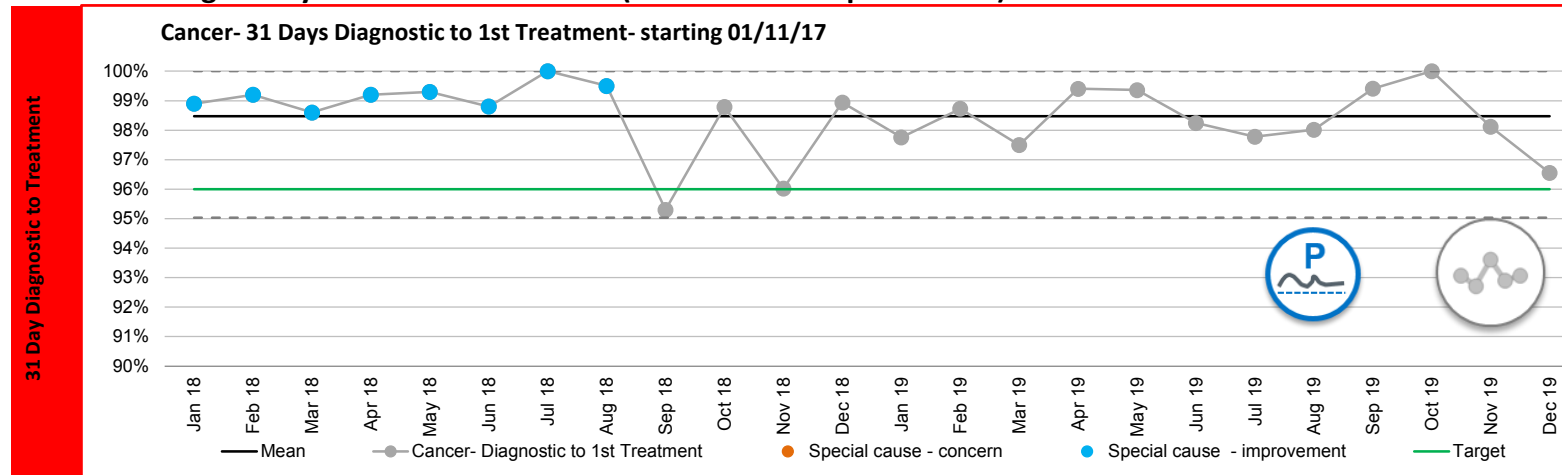
Performance - Key Performance Indicators cont.

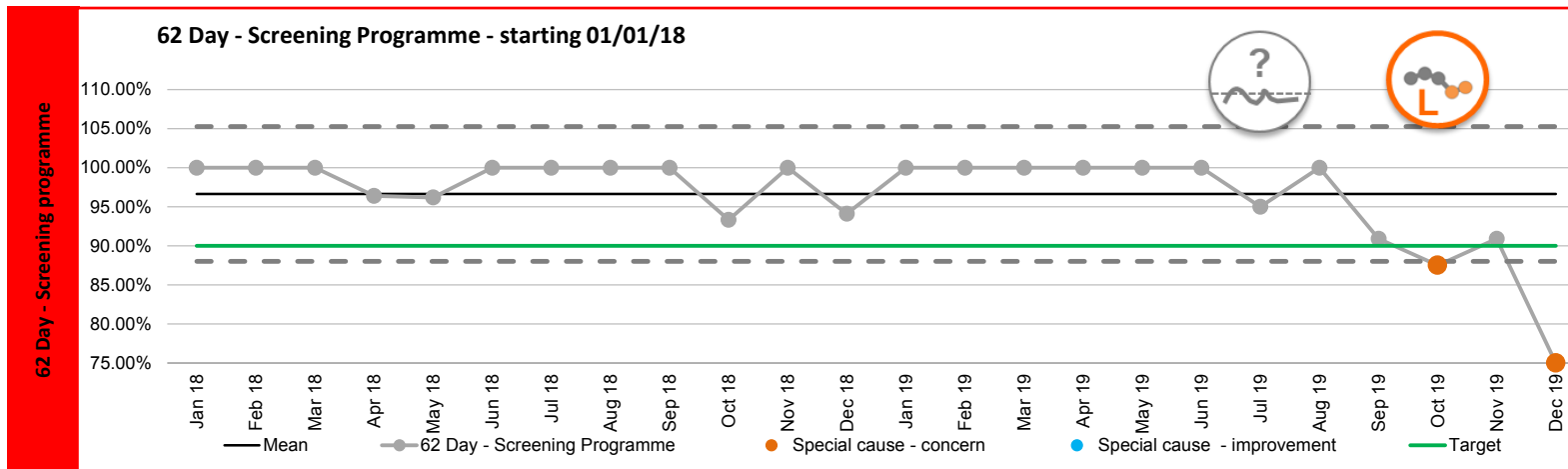
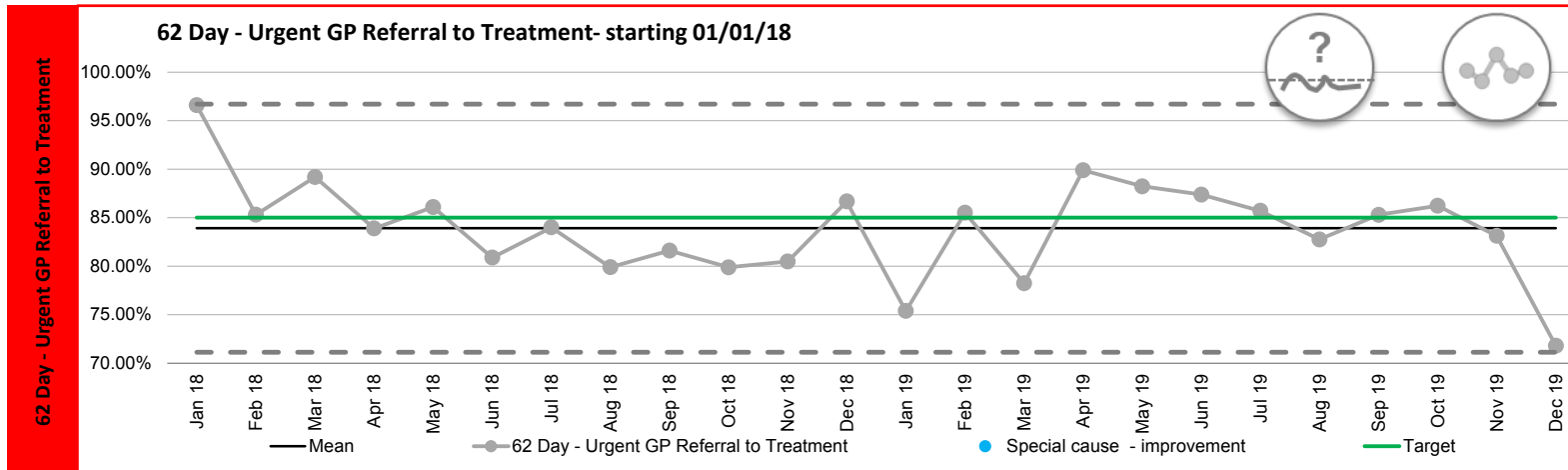
	Target	Nov-19	Dec-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.5%	1.3%	1.8%	↓	
Cancelled operations - breaches of 28 day rule	0	0	0	7	↔	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	92.3%	92.9%	86.0%	↑	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		74.6%	75.2%	75.5%	↑	
Theatre Utilisation - Main		87.9%	84.7%	86.5%	↓	
Theatre Utilisation - Trauma		90.1%	88.5%	92.0%	↓	
GP Referrals						
GP Written Referrals - made		6739	5671	61977	↓	
GP Written Referrals - seen		6190	5240	52445	↓	
Other Referrals - Made		4119	3812	33550	↓	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.20%	6.20%	6%	↔	
Patients Discharged with a LoS >= 14 Days		2.96%	2.97%	3%	↑	
7 Day Readmissions		4.3%	4.9%	4%	↑	
30 Day Readmissions - PbR		8.2%	7.9%	8%	↓	
Bed Occupancy - %		89%	92%	88%	↑	
Bed Occupancy - % Medicine & IC		94%	96%	93%	↑	
Bed Occupancy - % Surgery, W&C		87%	87.1%	84%	↑	
Bed Occupancy - Paediatric %		56%	87%	57%	↑	
Bed Occupancy - Orthopaedic Elective %		73%	72%	72%	↓	
Bed Occupancy - Trauma and Hip %		95%	96%	93%	↑	
Number of Patient Moves between 8pm and 8am		61	70	732	↑	
Discharged by Midday		13.5%	12.7%	14%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	6.89%	8.74%	7.9%	↑	
Follow-up outpatient appointment DNA rate	8%	9.3%	7.0%	7.8%	↓	
Total outpatient appointment DNA rate	8%	8.3%	7.6%	70.5%	↓	
Clinic Utilisation		80.1%	79.1%	80.2%	↓	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.89	2.37	2.9	↓	
Average Length of Stay - Non-Elective	3.4	4.8	4.8	4.8	↑	

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



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





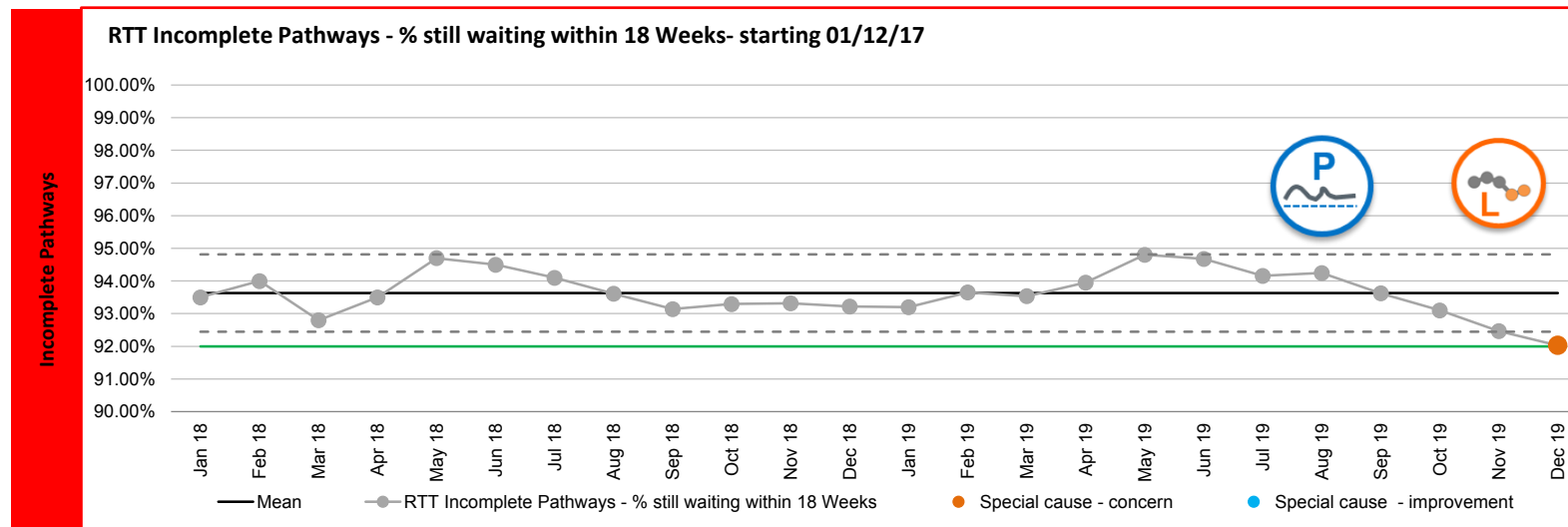
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

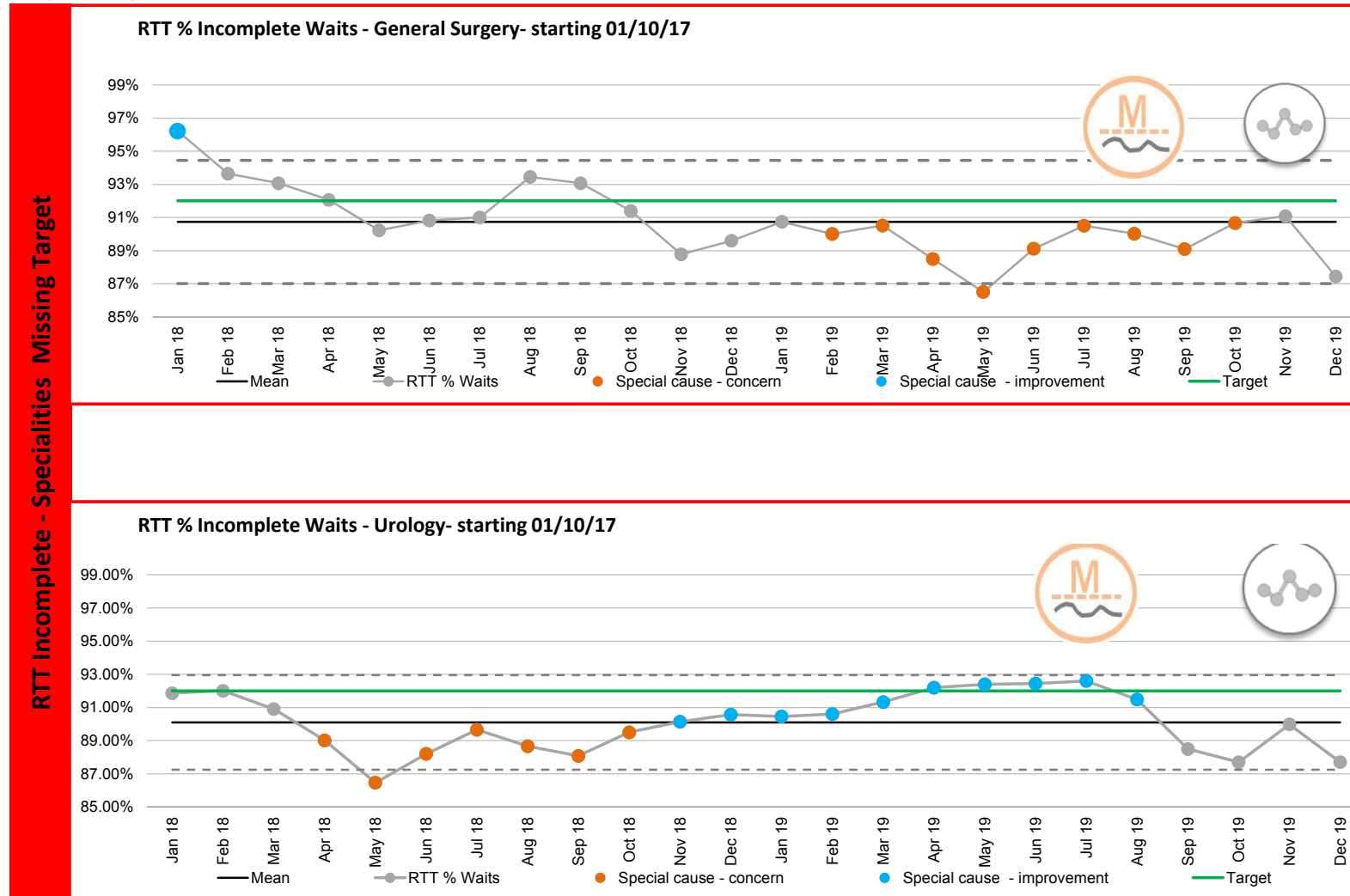
RTT 18 Week Performance - December 2019

Validated Position

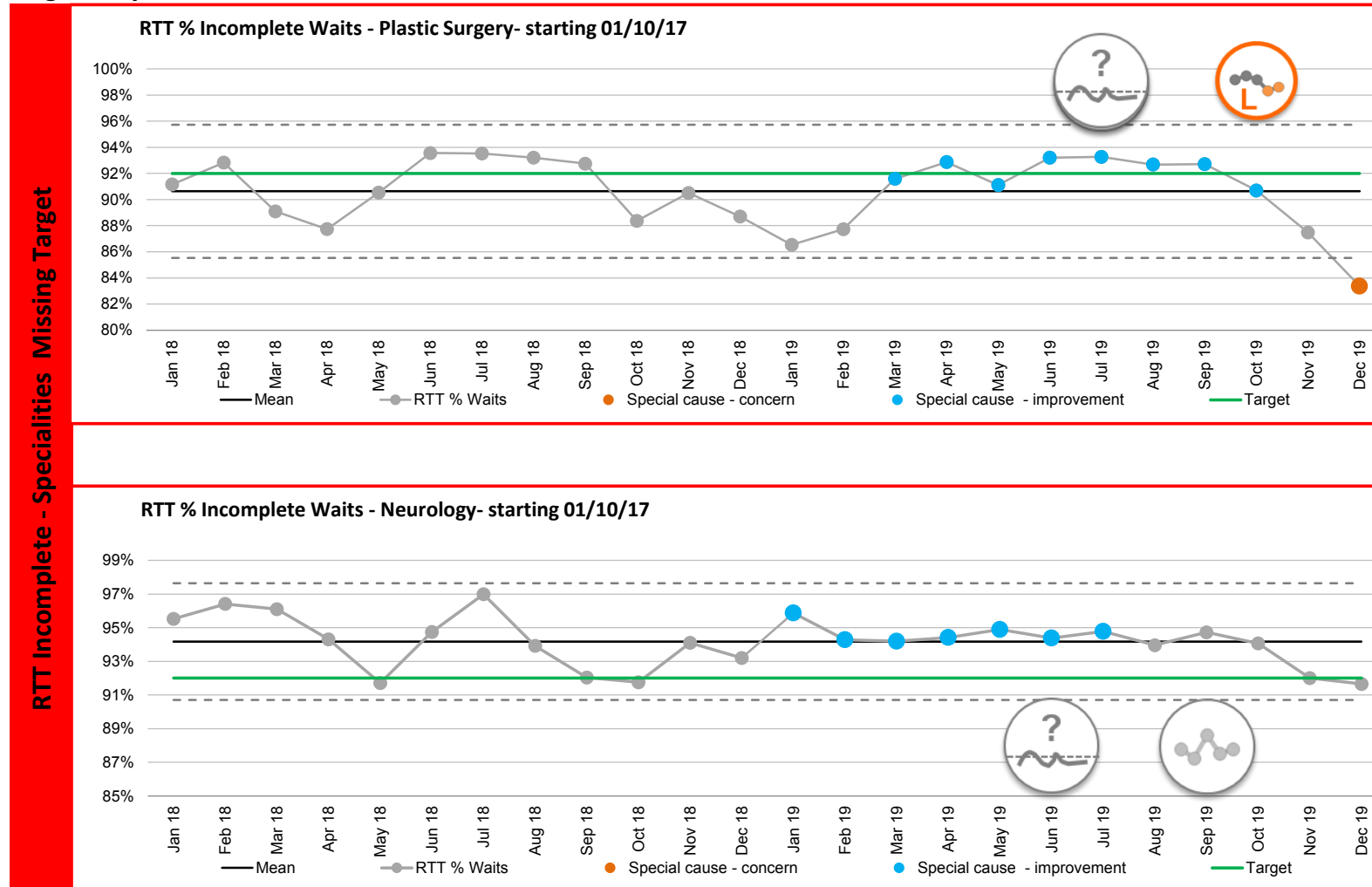
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	1004	144	1148	87.5%
101 - Urology	1298	182	1480	87.7%
110 - Trauma & Orthopaedics	1429	51	1480	96.6%
120 - ENT	1142	39	1181	96.7%
130 - Ophthalmology	1881	195	2076	90.6%
140 - Oral Surgery	605	49	654	92.5%
160 - Plastic Surgery	762	152	914	83.4%
300 - General Medicine	4	0	4	100.0%
301 - Gastroenterology	1540	132	1672	92.1%
320 - Cardiology	697	17	714	97.6%
330 - Dermatology	1136	194	1330	85.4%
340 - Respiratory Medicine	385	0	385	100.0%
400 - Neurology	604	55	659	91.7%
410 - Rheumatology	639	52	691	92.5%
430 - Geriatric Medicine	114	0	114	100.0%
502 - Gynaecology	977	53	1030	94.9%
Other	4064	269	4333	93.8%
Total	18281	1584	19865	92.0%



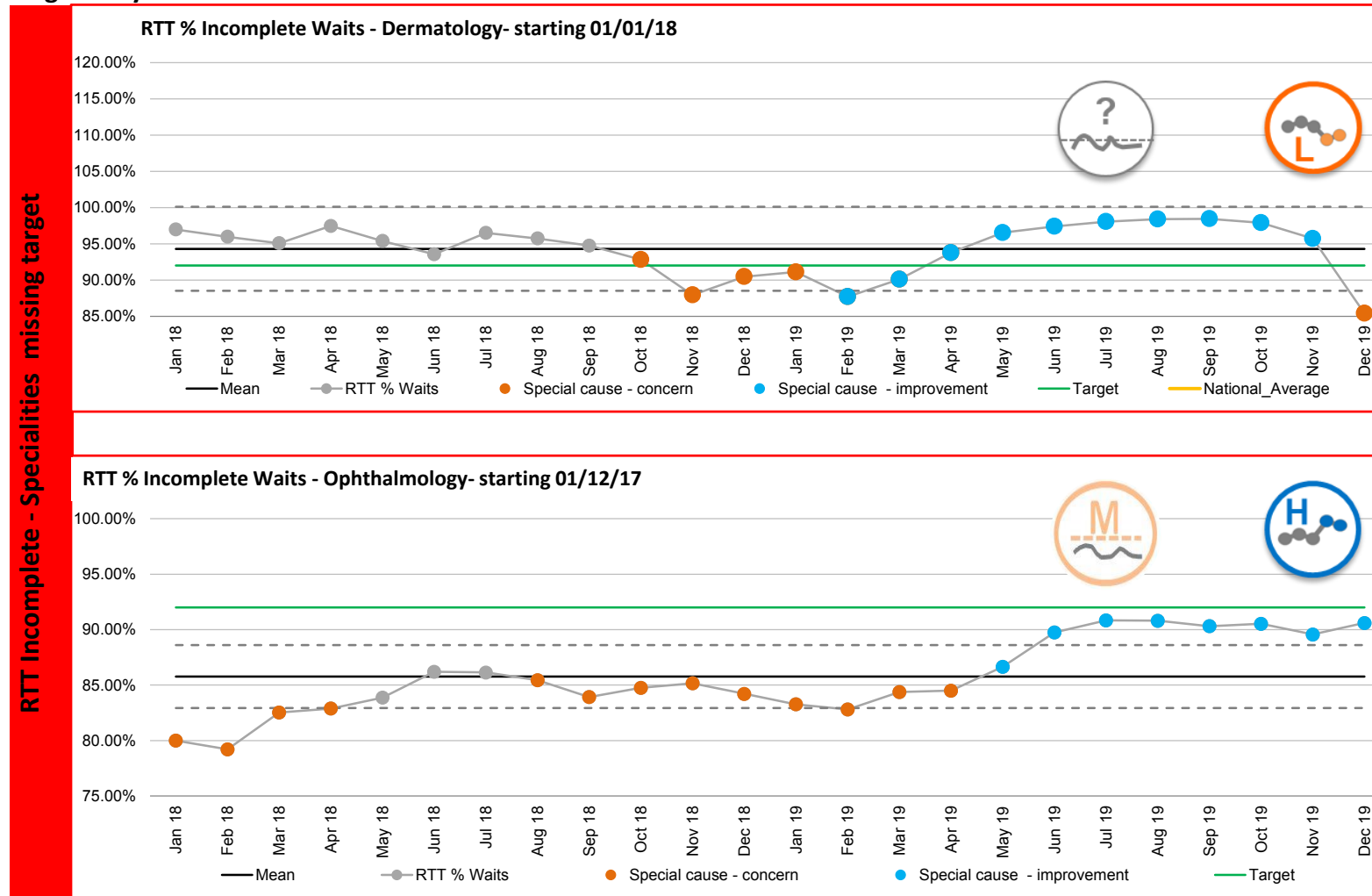
Regulatory Performance - 18 Week Referral to Treatment



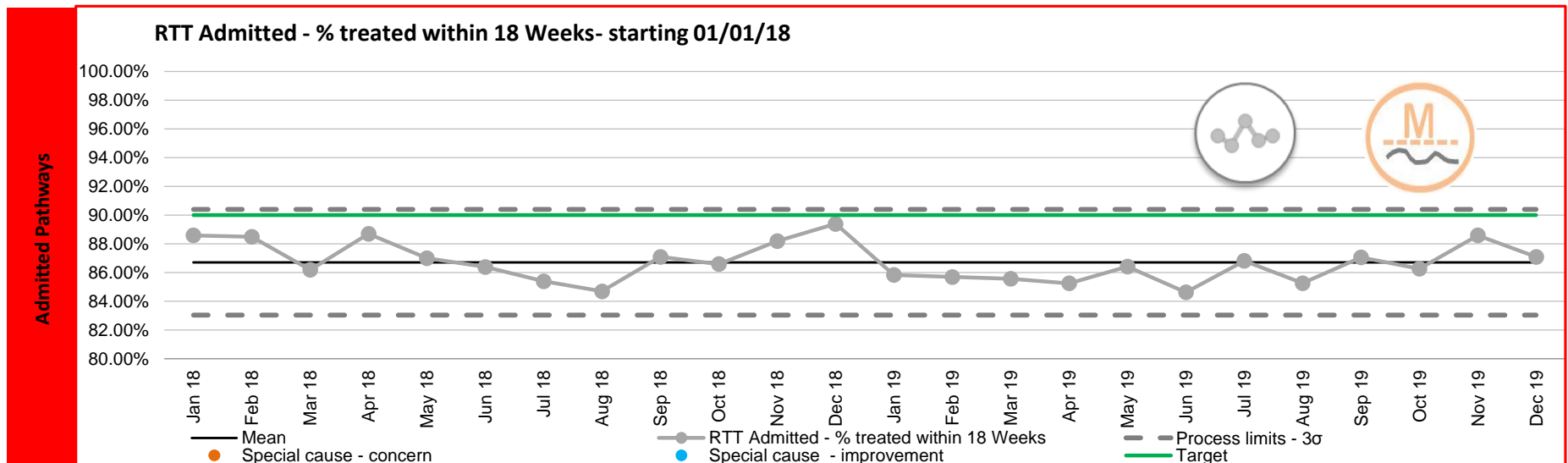
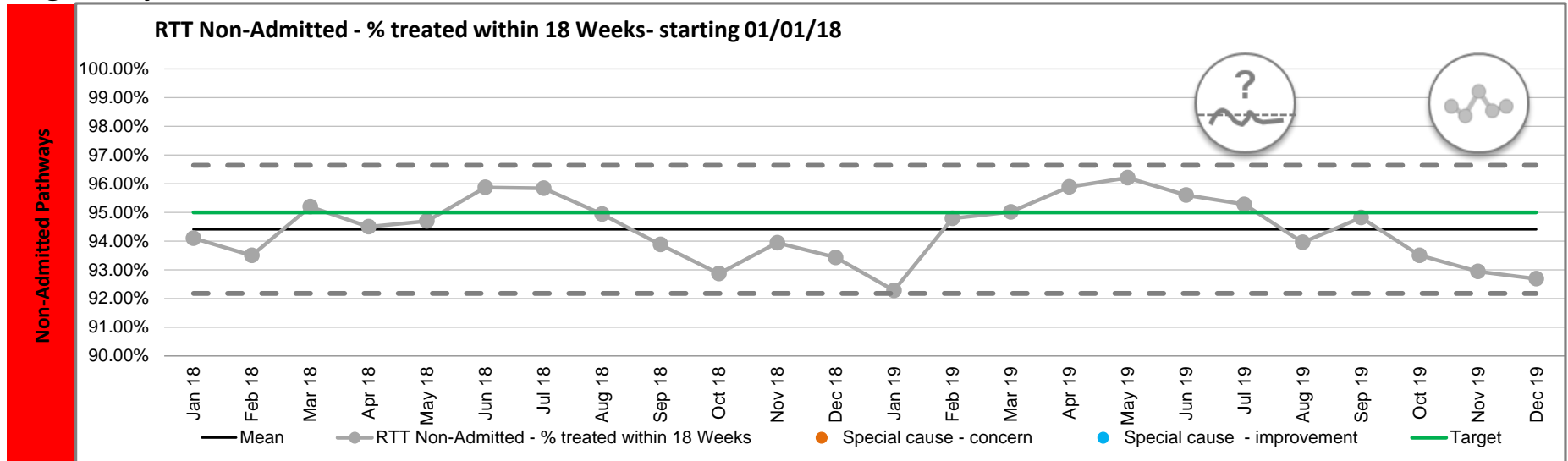
Regulatory Performance - 18 Week Referral to Treatment



Regulatory Performance - 18 Week Referral to Treatment

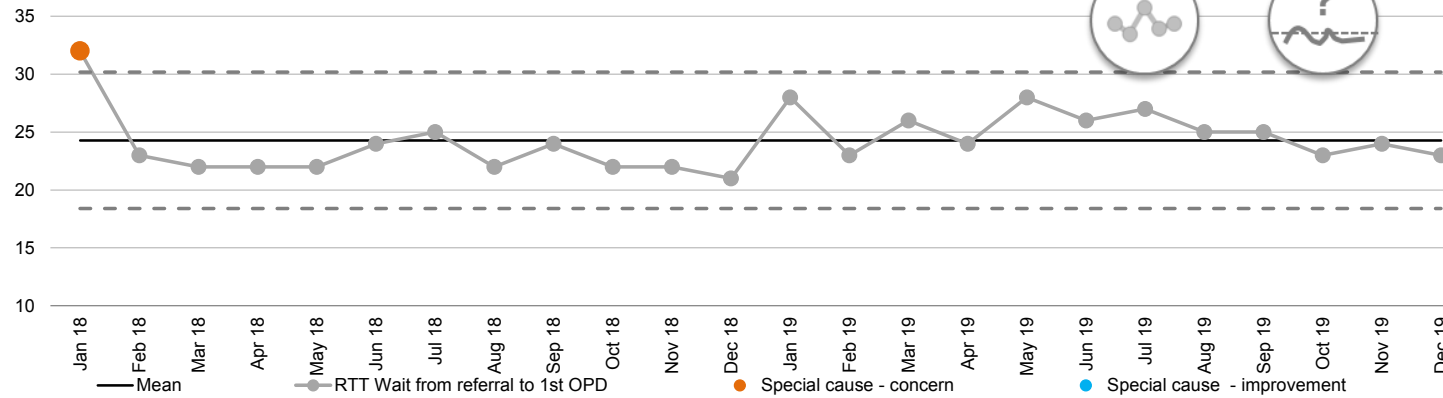


Regulatory Performance



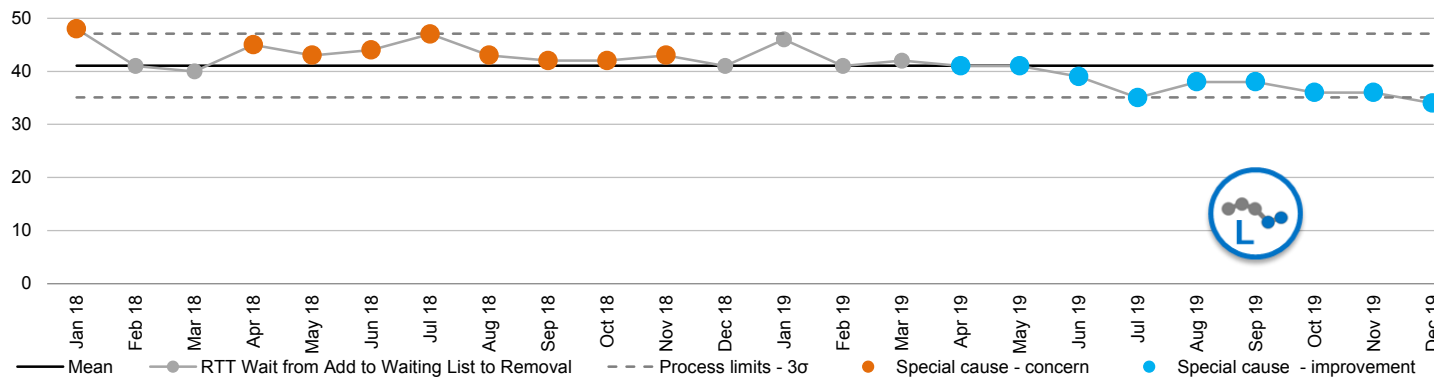
Wait in days from referral to 1st OPD

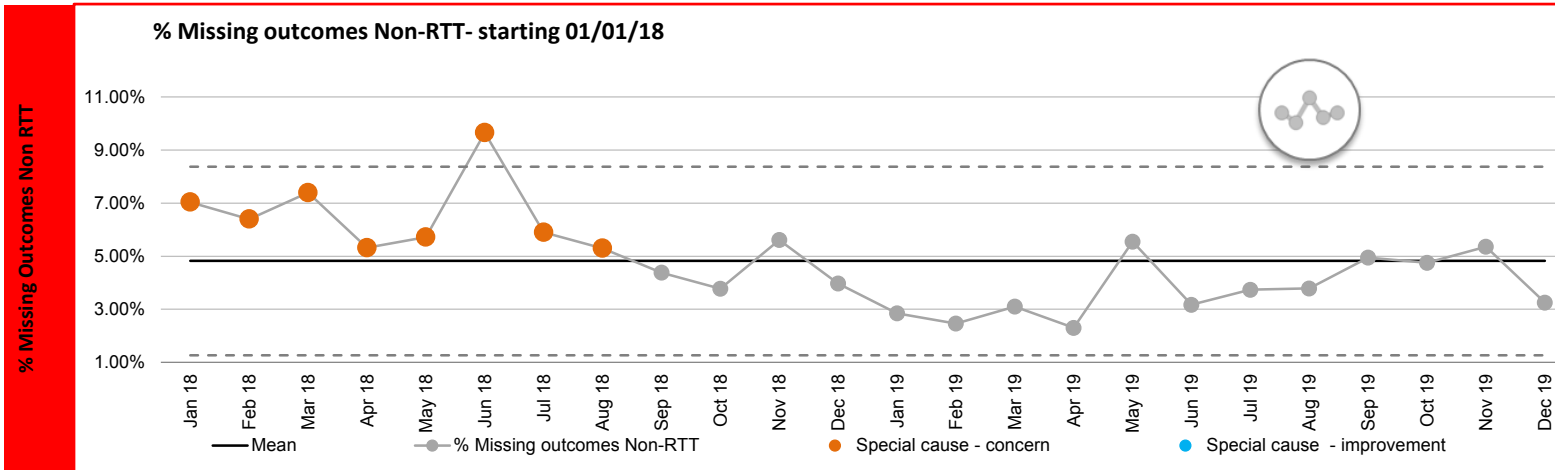
RTT Wait from referral to 1st OPD- starting 01/09/17



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

RTT Wait from Add to Waiting List to Removal- starting 01/01/18



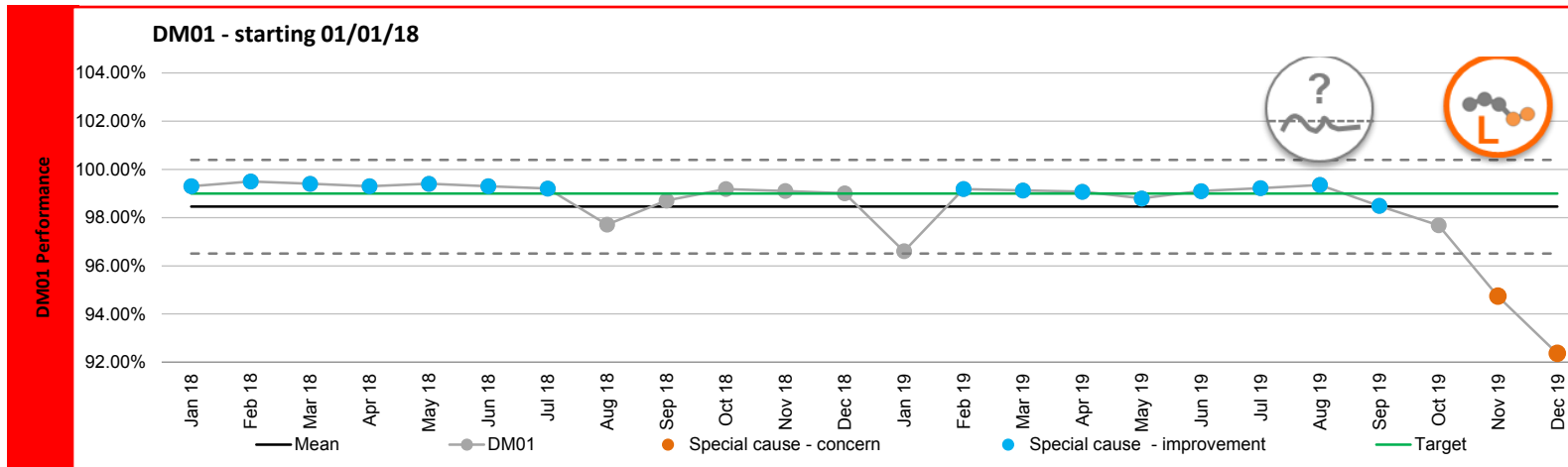


Regulatory Performance

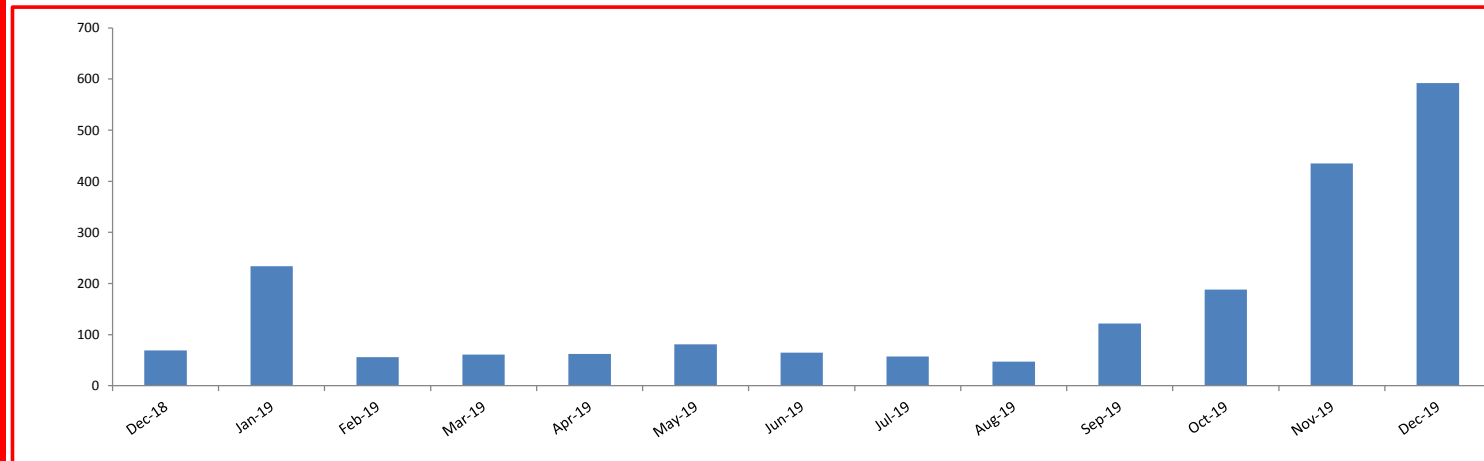
Stacked bar chart showing the number of publications per month from September 2019 to December 2020. The chart is divided into three categories: 'Other' (blue), 'COVID-19' (red), and 'Non-COVID-19' (green). The y-axis ranges from 0 to 35. The x-axis shows months from Sep-19 to Dec-20. The chart shows a significant peak in COVID-19 publications in early 2020, followed by a decline and then a resurgence in late 2020.

[illegible]

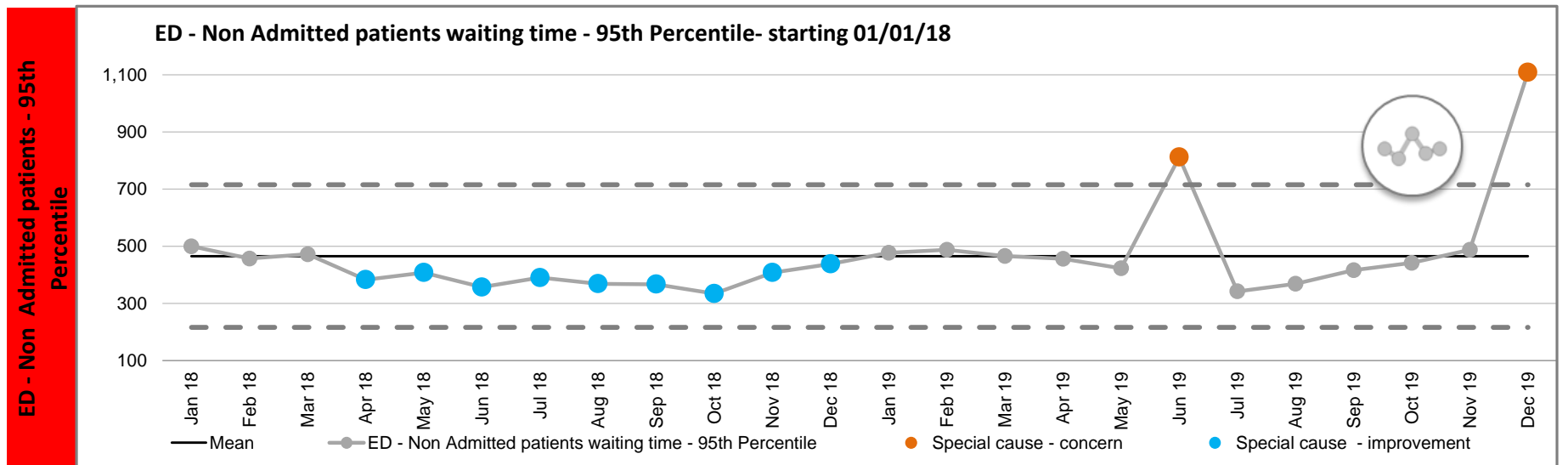
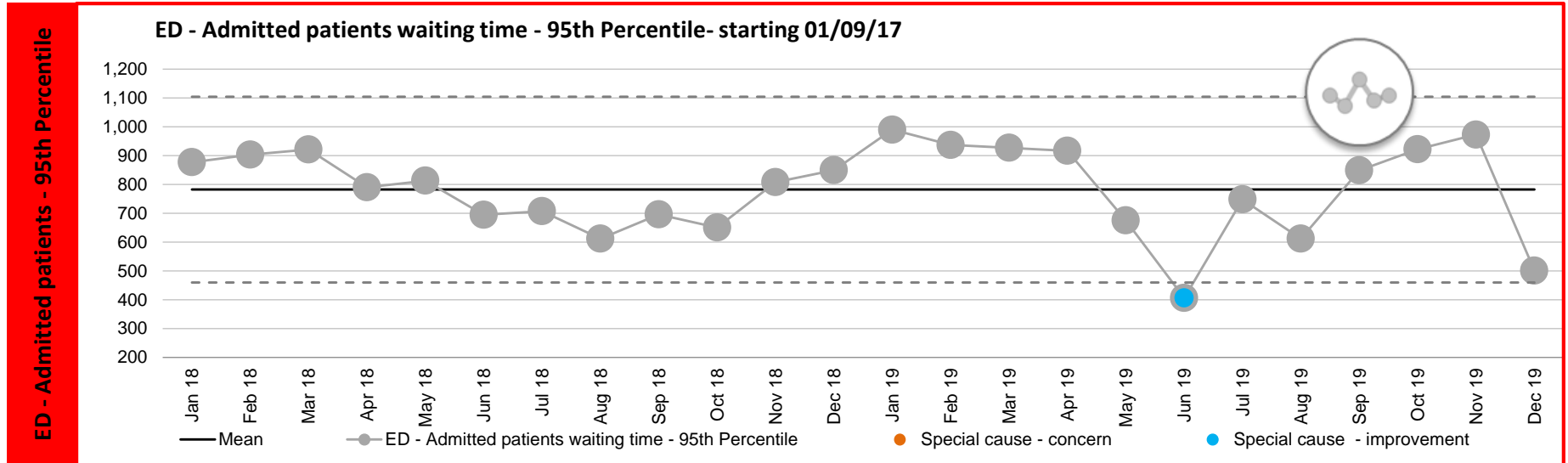
RTT Incompletes by Specialty

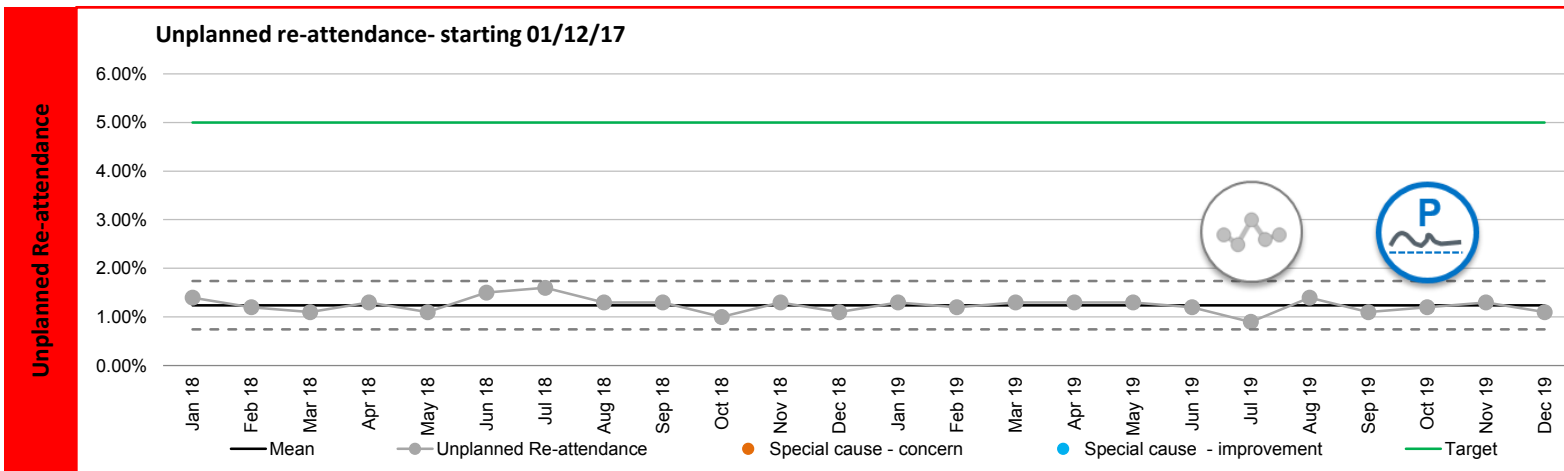
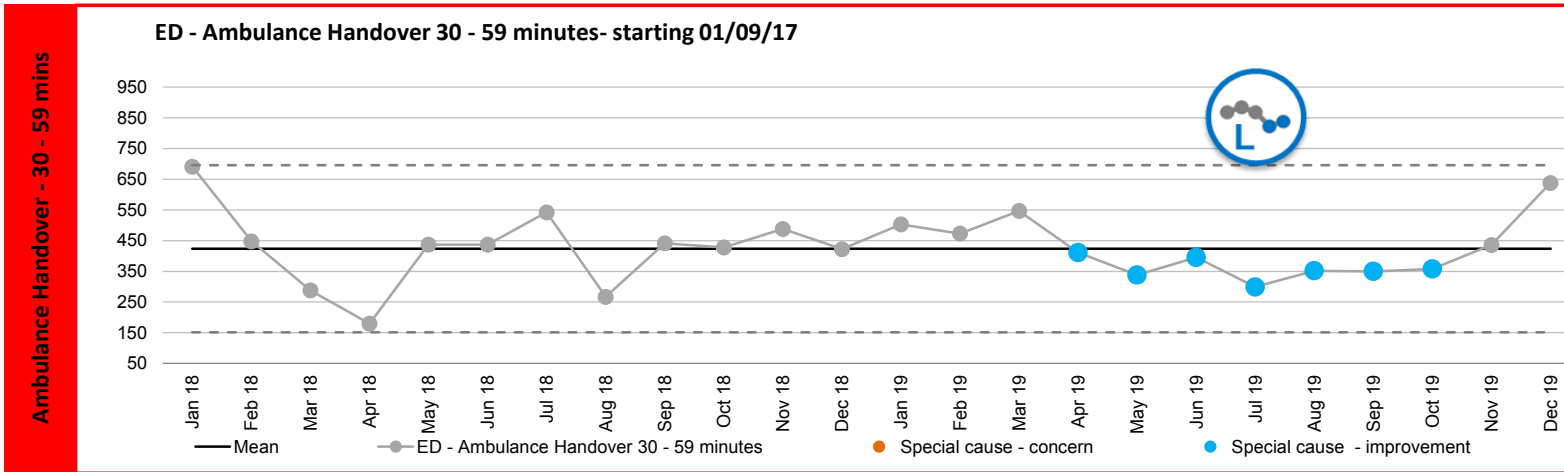


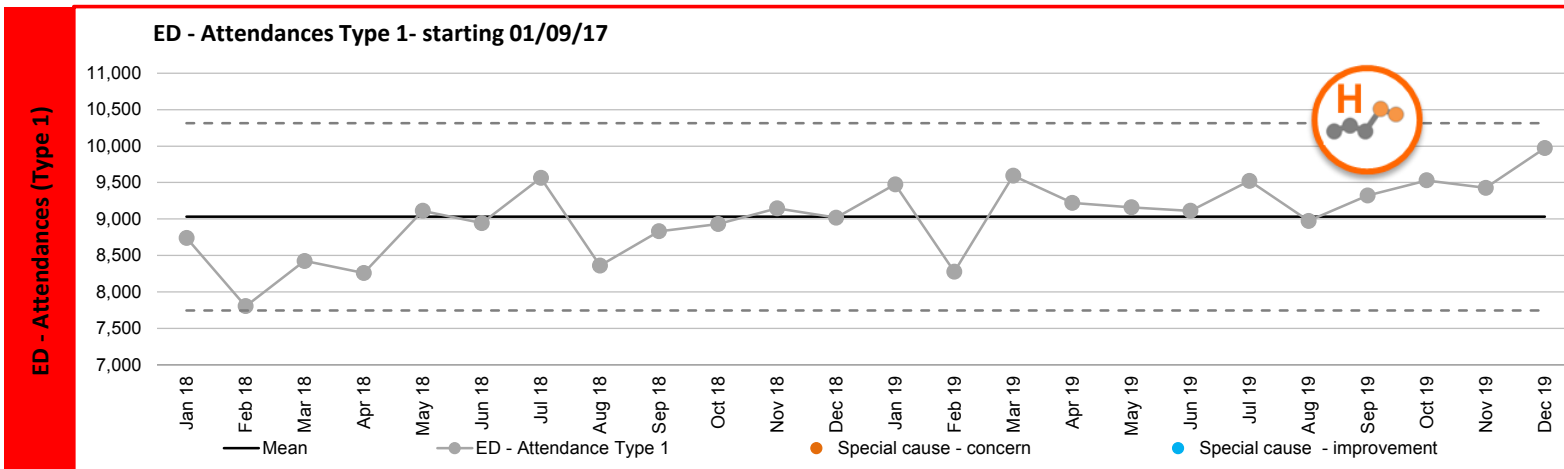
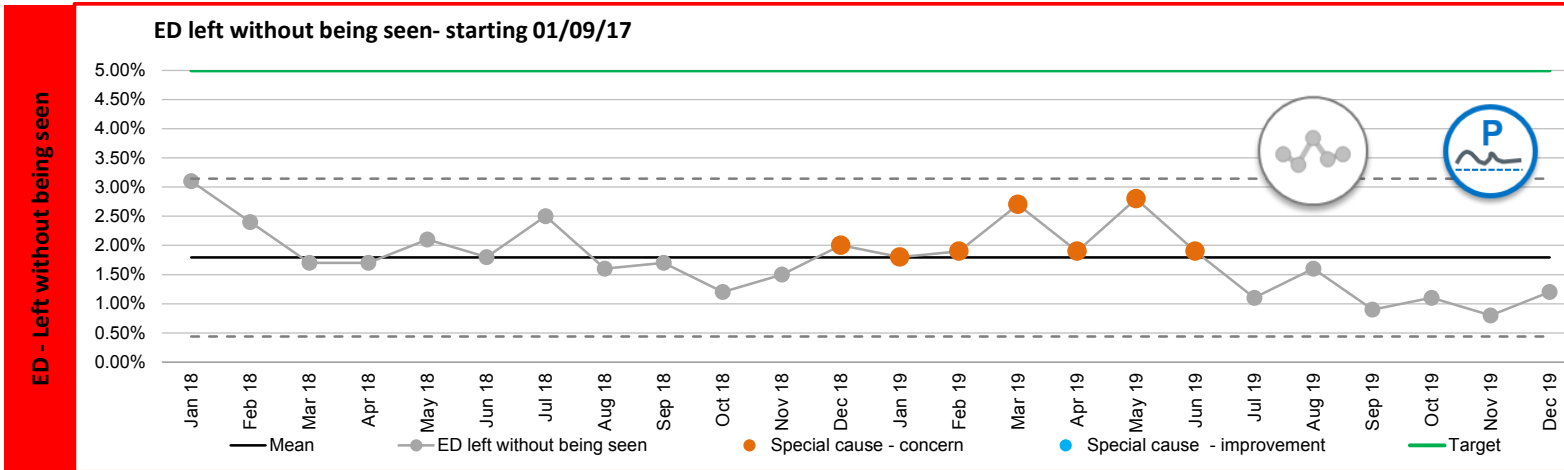
DM01 - Number of patients waiting over 6 weeks at month end (breaches)



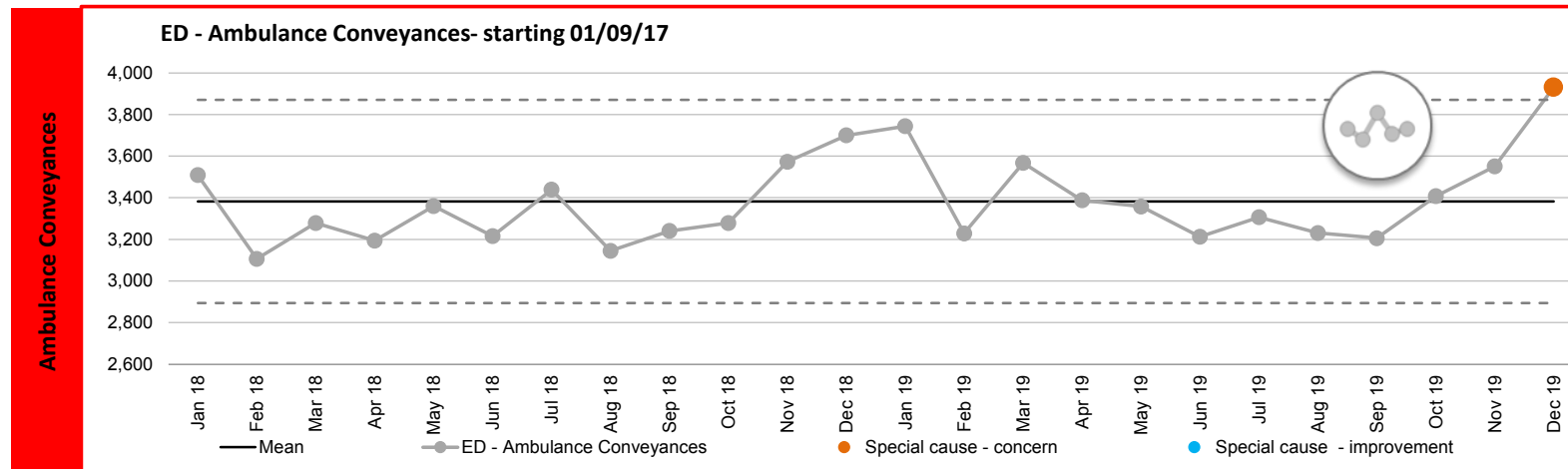
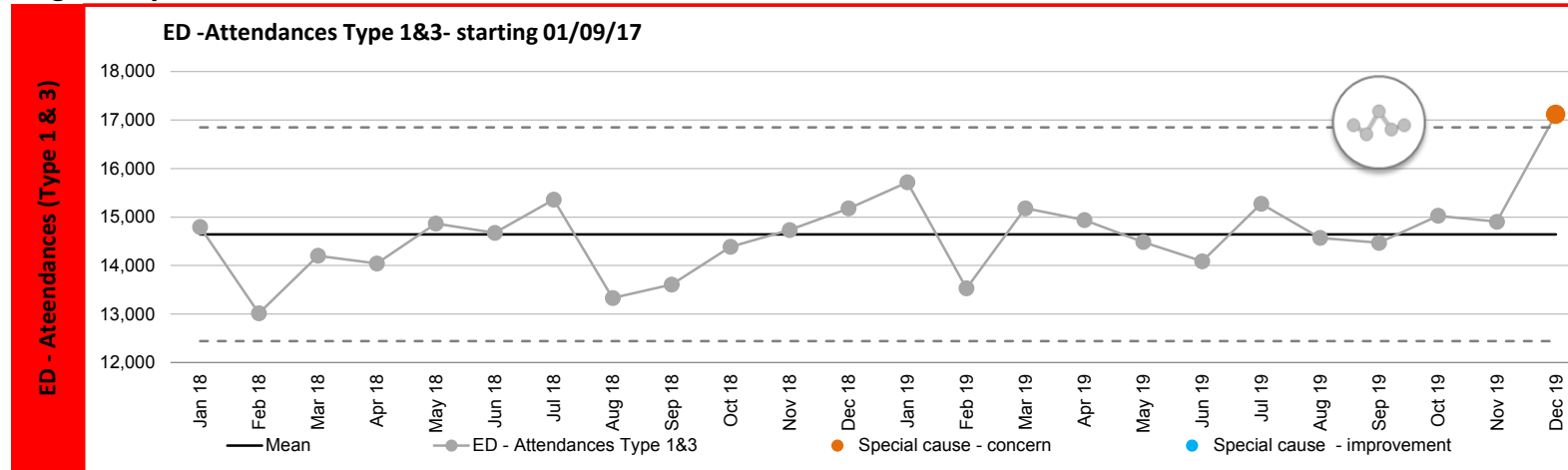
SPC Regulatory Performance - ED







Regulatory Performance - ED





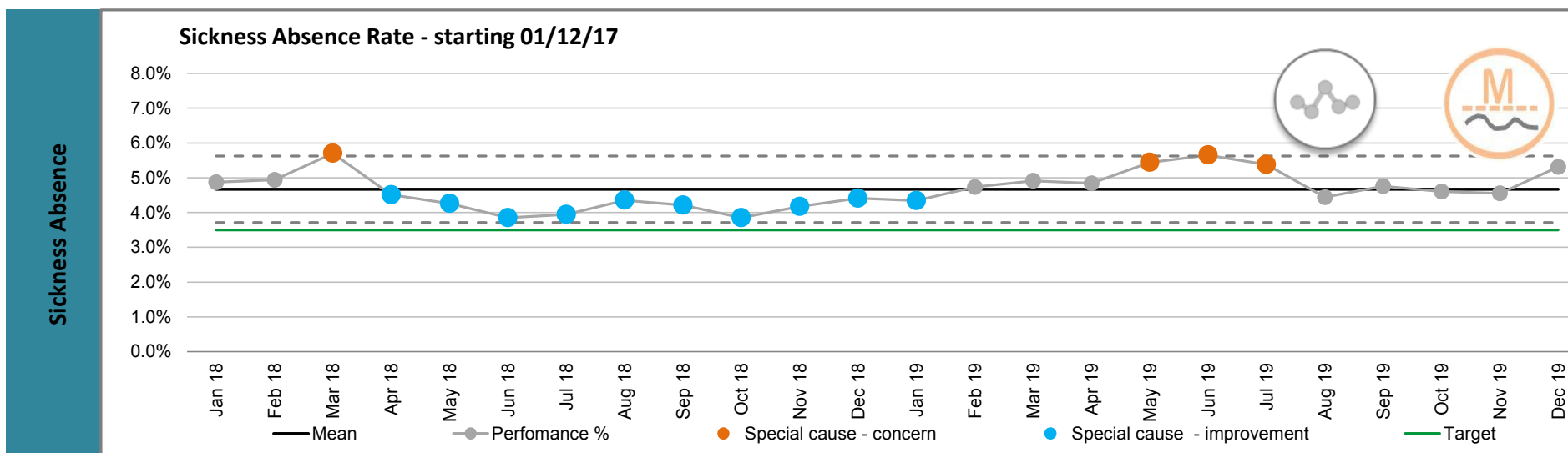
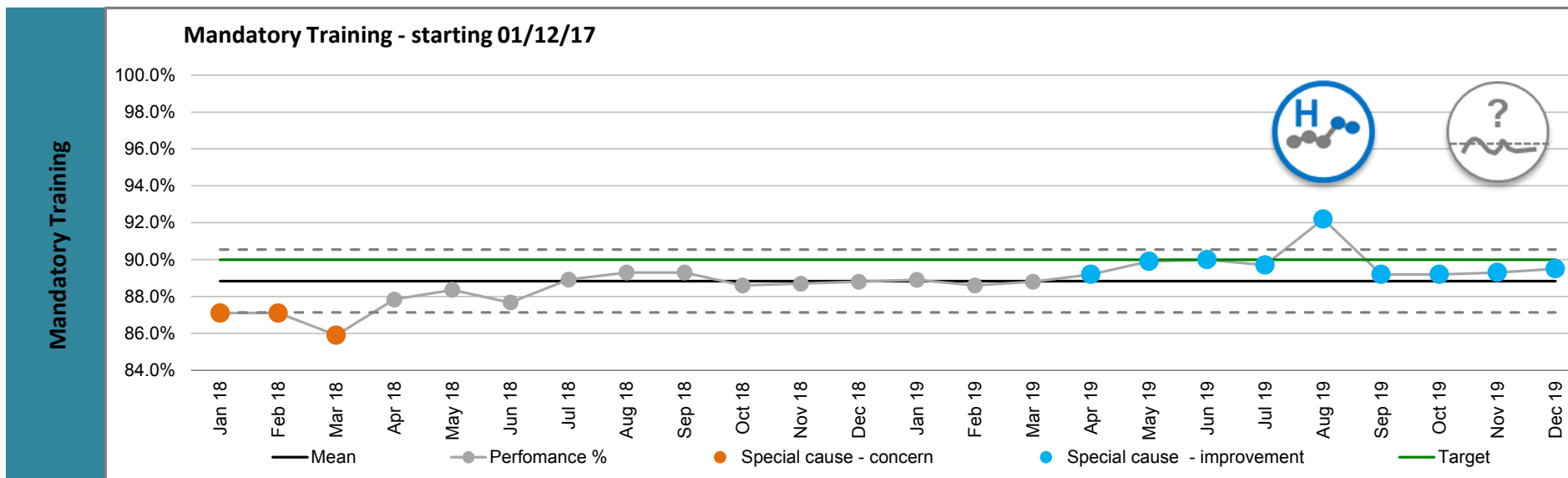
Workforce - "At a glance"

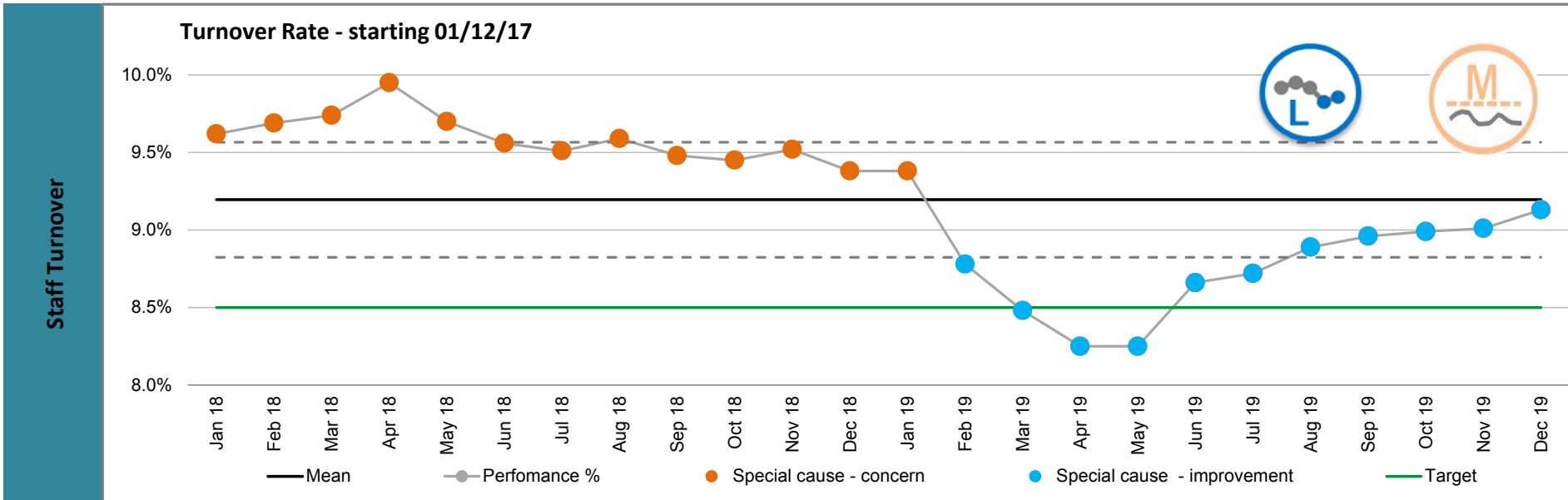
Executive Lead: Andrew McMenemy

	People			Actual		Month
	Target					Status
	19/20	Nov-19	Dec-19	YTD	Trend	
Workforce						
Sickness Absence Rate	3.50%	4.55%	5.31%	5.00%	↑	
Staff Turnover	8.5%	9.01%	9.13%	8.76%	↑	
Mandatory Training	90.0%	89.3%	89.5%	89.8%	↑	
Appraisal Rates - Total	90.0%	95.5%	95.5%	81.6%	↔	

People will be proud to work for us

Workforce





Quality Indicators

Heat Map - December 2019

KPI																																		
Environmental Cleaning																																		
Hand Hygiene																																		
MRSA Screening - elective																																		
MRSA Screening - emergency																																		
HCAI CDIFF - due to lapses in care																																		
Saving Lives - 2b peripheral lines																																		
Saving Lives - 6b urinary catheter																																		
Dataix incidents reported																																		
Falls, injuries or Accidents																																		
Pressure Ulcers - Grade 3/4																																		
Serious Incidents																																		
Never Events																																		
Nutrition Audit																																		
Pain Score																																		
Medicines Management Audit																																		
% of Deaths with Priorities of Care (2 months average)																																		
Fluid Balance Management Audit																																		
VTE Assessment Indicator																																		
Pressure Ulcer Audit																																		
FFT - Response Rate																																		
FFT - Recommended %																																		
Complaints																																		
Compliments																																		
Appraisals																																		
Mandatory Training																																		
RN Average Fill Rate (day shifts)																																		
RN Average Fill Rate (night shifts)																																		
Sickness Rate																																		
Ward	Patient Safety & Quality																Clinical Indicators				Patient Experience				Workforce & Safer Staffing				Ward RAG Trend					
AMU			N/A					88	15								N/D	N/D	N/D	0	0								↓-3	↓-1	↑1			
B1								14	0											1	1									→0	↓-1	↑2		
B2 Hip			N/A					24	7											1	0									↑1	↑1	↓-2		
B2 Trauma								17	4											0	0									→0	↓-1	↑1		
B3								18	6			N/D					N/D				0	0									↓-2	↑1	↑1	
B4			N/A					21	8											2	1										↓-3	↓-3	↑6	
B5			N/A					14	3				N/D				N/D			2	18										→0	↑1	↑1	
C1			N/A					16	3											2	0										↓-4	↑2	↑1	
C2			N/A	N/A	N/A		N/A	46	0								N/A	N/A		2	0										↑1	↑2	↓-3	
C3			N/A					11	2											1	23										→0	→0	↓-1	
C4								14	2											0	107										↓-1	↑1	↑1	
C5								22	5											0	31										↓-2	↑1	↑1	
C6								15	0							N/D				0	1											↓-5	→0	↑3
C7			N/A					32	10			N/D					N/D			0	0											↓-1	↑1	→0
C8			N/A					35	16											4	0											↑1	↑2	↓-3
CCU & PCCU							N/D	11	4			N/D		N/D		N/D		N/D		0	0											↓-1	↓-2	↑1
Critical Care			N/A			N/D	N/D	20	0										N/D		0	27										→0	↑1	↑1
Maternity			N/A	N/A		N/A	N/A	103	1			N/A					N/A	N/A			4	41										↑1	→0	→0
MH DU			N/A					29	1										N/D		0	13										↓-2	→0	↑2
Neonatal			N/A	N/A	N/A		N/A	10	N/A									N/A	N/A		0	46										↓-1	↑1	↑1
Trust Total	88.0%	99.70%	98.50%	91.20%	0	99%	98%	1482	114		4	0	97.20%	100%	97.30%	26%	94.50%	92.96%	86.2%	29.8%	94.5%	64	857	95.50%	89.5%	85.7%	91.2%							
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% A: 100%	R: <95% A: ≥95%	R: <95% A: ≥95%	R: <0 A: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: >0 A: 0	R: >0 A: 0	R: >0 A: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <95% A: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26.18% A: 26.19%-32.74% G: ≥32.75%	R: <96.41% A: 96.42%-97.31% G: ≥97.32%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%						

Paper for submission to the Board of Directors
 (public session) on Thursday 13th February

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on 27 January 2020		
AUTHOR:	Julian Atkins	PRESENTER	Julian Atkins
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	x	
RECOMMENDATIONS			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
SO3: Drive service improvement, 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:			
As detailed in the paper.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE	Y/N	DATE:

	DIRECTORS		
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

CHAIRS LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met:

27th January 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee was alerted to the significant level of ongoing non-compliance with Priority 1 mandatory training. Despite recent intervention the Director of HR & OD writing to 1,012 persistent non-compliant staff members, 50% still remain non-compliant. Whilst the Committee has commissioned some specific and targeted action to address this significant area of risk, the Chair has escalated this matter to the Board for further discussion, including consideration being given to the consequences and action that needs to be taken. The Committee highlighted that a lack of effective succession planning represents a significant risk. Given the acute workforce supply challenges across the system, effective succession planning and talent management is critical to sustaining high quality and sustainable services. The Interim Director of Strategy & Transformation will be focusing on introducing a robust framework for succession planning and talent management (identification, capture, support and championship), as part of the work to establish effective workforce planning. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The effectiveness of the Trust's existing policy, practice and interventions for reducing sickness absence will be reviewed in February. The Committee is concerned that sickness levels increased in December by 0.3% to 5.4%, the Trust is consistently tracking above the target level of 3%, a recent audit has highlighted concerns regarding the reporting of sickness absence. The Interim Director of Strategy & Transformation has spoken to a range of staff, managers and Executives who have feedback that the management of both long and short term sickness could be improved. This work will engage; Divisional teams, clinical and professional leads, as well as staff-side colleagues. The Committee recognises the opportunity to secure demonstrable improvement. The Committee will receive formal updates and a detailed improvement plan. Given some significant concerns regarding the mandatory training compliance (i.e. Resus training) and reporting, the Committee requested that Divisional Directors provide a clear and robust trajectory for achieving compliance to the February meeting of the Committee. The Interim Director of Strategy & Transformation proposed that the frequency for reporting mandatory training should be twice monthly. The Committee Chair has asked that this is actioned with an update to provide assurance to the February meeting. A piece of work will be undertaken to improve the quality and impact of the workforce KPI report, which the Committee notes is currently overly complex and does not appear to drive necessary improvement activity/intervention.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Developing Leaders programme for middle-leaders continues to run effectively with very positive feedback from attendees and line managers. Cohort 10 commences in February with 25 attendees, this being the largest number of participants to date. The Q2 FFT results show a significant improvement on Q1 scores, particularly as 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Trust's existing People Plan and associated Behavioural Framework will be re-freshed, along with the Trust Strategy. The Strategy re-fresh process provides an ideal opportunity to actively engage with staff and volunteers from across the Trust in testing the People Plan domains and establishing a robust and suitably ambitious delivery framework that has

a place to work. National benchmarking for Q2 places the Trust at 46 out of 211 [compared to 80 out of 215 for Q1] and regionally Dudley Group ranks 5th highest for recommendation as place to work. There was a similarly encouraging results for care and treatment, raking 4th highest regionally.

the buy-in of staff at all levels.

- The Trust's cross-cutting Workforce Transformation Schemes for FY 2020/21 (Clinical A&C Transformation, New Ways of Working, E-Rostering) will formally report into the Workforce Committee from February 2020. These are major workforce change programmes which will impact large groups of staff. The Workforce Committee will receive formal reports from scheme owners on; progress, delivery and risks.
- Updates on MCP workforce issues will be provided at each Workforce and Staff Engagement Committee going forwards.
- The Trust Job Plan Committee will provide a regular report into the Workforce Committee going forwards. Whilst progress on job planning has improved in recent months, a programme of work is in train to implement a more robust job planning process that is fully integrated into the Trust's business planning framework. The Workforce Committee has asked for an update report on job planning for future meetings.
- The NHSI/E Workforce Planning Self-Assessment will be completed during the next 4 weeks. This will then inform a programme of work to develop a robust workforce planning framework and process for the Trust. The output of this assessment will be reported back to Workforce Committee in March.
- The regional HEE team will be supporting the Trust to take forward a programme of work to explore opportunities for optimising the skills, capability and capacity of the Trust's multi-professional workforce, through implementing new ways of working, new roles and workforce models. This work will draw on best practice from other parts of the country and aligns with the founding principles of the national NHS Interim people Plan.
- The Committee will receive an update on preparations for Use of Resources Assessment, with the opportunity to review evidence in draft ahead of submission.
- Given the scale of the STP workforce agenda, the Committee will receive a specific system workforce update to future meetings, this will include; update from Local Workforce Action Board (LWAB) and STP People Plan. This update will be provided by the Interim Director of Strategy & Transformation and with an invitation being made to the STP Workforce Lead.

Chair's comments on the effectiveness of the meeting:

The meeting was well attended, including Divisional representation which was welcomed and is required for future meetings. The large number of actions reflects the lively and action focused nature of the meeting, as well as the Trust's significant workforce agenda for 2020/21. The strategic nature of discussion was encouraging and well received by attendees. I was pleased to hear the positive feedback on the leadership programme, which I have myself had the opportunity to see first-hand. I will be working with the Interim Director of Strategy & Transformation to further

strengthen the agenda and the work programme for the Committee.

Paper for submission to the Board of Directors on 13th February 2020

TITLE:	Digital Trust Technology Committee Terms of Reference		
AUTHOR:	Adam Thomas (Chief Information Officer)	PRESENTER	Adam Thomas (Chief Information 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>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	Y		
RECOMMENDATIONS			
Approve terms of reference for the Digital Trust Technology Committee (DTTC)			
CORPORATE OBJECTIVE:			
SO3: Drive service improvements, innovation and transformation SO5 Make the best use of what we have			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Presentation of Terms of Reference for the Digital Trust Technology Committee for approval 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
The Board of Directors resolves to establish a Committee of the Board to be known as the Digital Trust Technology Committee to support the board assurance framework of key strategic objectives.			
RISK	Y	Risk Description: N/a	
	Risk Register: Y	Risk Score: N/a	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details: N/a
	NHSI	N	Details: N/a
	Other	N	Details: N/a
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: 13/01/2020
	WORKING GROUP	N	DATE: N/a
	COMMITTEE	N	DATE: N/a

REPORTS FOR DECISION

Digital Trust Technology Committee Terms of Reference

Report to Trust Board on 13th February 2020

1 EXECUTIVE SUMMARY

1.1 Further to the recorded decision at the Board of Directors 16th January 2020 to establish a digital and technology committee, proposed Terms of Reference are appended for approval.

1.2 The Board of Directors resolves to establish a Committee of the Board to be known as the Digital Trust Technology Committee.

2 BACKGROUND INFORMATION

2.1 Options for technology governance were presented to the Trust Board of Directors in January 2020 by the Board Secretary as part of a wider review of governance arrangements. The Board of Directors approved the approach of a digital / technology committee, with supporting steering sub-groups for digital and medical devices.

3 RISKS AND MITIGATIONS

3.1 N/a

4. RECOMMENDATION(S)

4.1 It is recommended that these Terms of Reference are approved. The Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

Adam Thomas
Chief Information Officer
31/01/2020

APPENDICES:

Appendix 1 – Digital Trust Technology Committee (DTTC) ToR_V1.0

DIGITAL TRUST TECHNOLOGY COMMITTEE (DTTC)

TERMS OF REFERENCE

1. Constitution

The Board of Directors resolves to establish a Committee of the Board to be known as the Digital Trust Technology Committee. The Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

2. Membership

Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Operating Officer (COO)
Chief Information Officer (CIO)
Medical Director
Chief Nurse
Director of Finance (DoF)
Director of Strategy and Transformation
Director of Workforce and Development

The Committee will be chaired by a Non-Executive Director who shall have a casting vote.

3. Attendance

- 3.1 The following shall be entitled to attend and receive papers to be considered by the Committee.

Chief Clinical Information Officer (CCIO)
Clinical Safety Officer (CSO)
Deputy Chief Operation Officer
Divisional Operations Director for Medicine & Integrated Care
Divisional Operations Director for Surgery Women's and Children
Divisional Operations Director for Clinical Support Services

- 3.2 Other managers/staff may be invited to attend meetings depending upon issues under discussion.

- 3.3 The Board Secretary will ensure that an efficient secretariat service is provided to the committee.

4. Quorum

- 4.1 A quorum will consist of three members, which must include at least two Non-Executive Directors and one Executive Director.

5. Frequency of meetings

- 5.1 The Committee will meet bi-monthly and all supporting papers will be circulated 7 days in advance of the meeting.
- 5.2 Additional meetings may be held at the discretion of the Chair of the Committee in consultation with the Chief Information Officer.

6. Authority

- 6.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference and will make recommendations to the full Board. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 6.2 The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

7. Duties and key Responsibilities

The Committee will provide oversight and assurance in relation to the development and deployment of technology to meet the operational requirements of the Trust and its delivery of the Technology Strategy including:

- Electronic Patient Records (EPR), Electronic Prescribing & Medicines Administration (EPMA) and clinical software
- Medical devices, robotics, imaging equipment and laboratory technology
- Data, analytics and informatics in the delivery of the population level health intelligence strategy
- Non-clinical digital solutions (e.g. eRostering, unified communications and scheduling)
- Strategic Digital / Technology projects – The approval and oversight of digital / technology projects across the Trust.
- Infrastructure and IT service provision (Datacentre, Desktop, Networks, cyber security, TeraFirma service delivery)
- Participation of the Trust in place-based (Dudley borough) and system-based (Black Country and West Birmingham STP) partnerships concerned with the development and deployment of digital and technology strategies

The key duties of the Committee are:

- Agree and recommend the Digital Technology Strategy
- Ensure all projects are aligned with the Digital Technology Strategy and the STP strategy
- Receive Project / portfolio updates
- Review of any dependencies that need DTTC consideration

- Review of change requests escalated from sub-groups that need DTTC consideration
- Make any decisions and approve programme deliverables
- Review Corporate and strategic risks and mitigations within the scope of the Committee
- Provide guidance on priorities relating to project deliveries
- Reconcile differences in opinion and approach from reporting sub-groups namely the Digital Trust Steering Group, the Medical Devices Group and any other Trust group that may report to the Committee

8. Reporting

8.1 The Committee reports to the Board of Directors. The Committee Chair shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed or where it has significant concerns

8.2 The following groups report directly into this Committee:

- Digital Trust Steering Group
- Medical Devices Group

9. Review

9.1 The Terms of Reference of the Committee shall be reviewed by the Committee annually.

9.2 The Committee shall formally consider its effectiveness on an annual basis

Paper for submission to the Board of Directors on
 13th February 2020

TITLE:	Allocation of Non-Executive Directors to Trust Roles		
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 allocation of Non-Executive Directors to Board Committees and other Trust roles as appended to this report be approved 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The Board agreed at its Away Day that following the expansion of the Non-Executive membership of the Board that it was timely to review the distribution of responsibilities. All Non-Executive Directors have been consulted and the proposals attached to this report as far as possible reflect the preferences expressed by the Directors. 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
None			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:

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

NEDS Committee Allocations and Other Roles – January 2020 – DRAFT¹

¹ All NEDS are members of the Remuneration Committee

Finance and Performance Committee
Jonathan Hodgkin - Chair
Richard Miner
Lowell Williams

CQSPE Committee
Liz Hughes (Chair)
Catherine Holland
Ian James
Julian Atkins

Workforce Committee
Julian Atkins (Chair)
Vij Randeniya
Ian James

Audit Committee
Richard Miner (Chair)
Gary Crowe
Lowell Williams
Julian Atkins

Digital Committee
Catherine Holland (Chair)
Gary Crowe
Vij Randeniya

Charitable Funds
Julian Atkins (Chair)
Jonathan Hodgkin
Richard Miner

Hospital Flow Task and Finish Group¹
Gary Crowe
Lowell Williams
Vij Randeniya

¹ Working group until March to review immediate Recovery Plan and longer term Transformation Plan

Additional Roles – Draft

Jonathan Hodgkin	<ul style="list-style-type: none"> • Director of Dudley Clinical Services • Emergency Preparedness Resilience and Response Lead (EPRR) • Director of Dudley Clinical Services Ltd (wholly owned subsidiary of the Trust)
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Catherine Holland	<ul style="list-style-type: none"> • Senior Independent Director • Member of Inclusivity Group
Julian Atkins	<ul style="list-style-type: none"> • Deputy Chair • Freedom to Speak Up NED (FTSU) • NED responsible for oversight of medical staff investigations
Gary Crowe	<ul style="list-style-type: none"> • ED Redesign Programme Board
Richard Miner	<ul style="list-style-type: none"> • Chair of Dudley Clinical Services Ltd (wholly owned subsidiary of the Trust)
Liz Hughes	<ul style="list-style-type: none"> • NED lead for Safeguarding and Maternity, Women and Children's Service. • NED representative on End of Life Working group
Lowell Williams	<ul style="list-style-type: none"> • Sustainability Champion

MCP Transition Board – to be determined (currently Julian Atkins)

**Paper for submission to the Board of Directors on 13
February**

TITLE:	Board Development Plan and Board Workplan		
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
			To Note
RECOMMENDATIONS			
<ul style="list-style-type: none"> To Note the Board Development Plan and Annual Workplan 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The Board Development Plan incorporates the workstreams agreed by the Board following the Away Day in December 2019. Specifically of note, the Well Led Review has been commissioned and has an indicative completion date of mid-May. Further detail of the framework for the NHSI development programme is contained in a separate report. The Board Annual Workplan has been reconstructed to include key assurance reports that are referred to the Board via the Committees and those matters that the Board have specifically requested. 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
N/A			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:

	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE: Board Away Day 9.12.19
	COMMITTEE	Y/N	DATE: Board 13.1.20

Board Development Plan

Monitoring body	Trust Board of Directors
Date action plan approved:	
Executive Lead:	Liam Nevin, Trust Secretary (LN)
Frequency of Review:	Quarterly
Date of last review:	February 2020

Table 1: Board and Committee Structure

Ref	Action	Lead	Completion Date	Actions Taken	Further Action Required	Status
1.1	Review frequency of committee meetings and structuring of business with Board meetings (bi-monthly committees)	LN	Done	Proposal approved -January 2020 Board	- Committee annual work plan review	3
1.2	Create 4 Board meetings per year for essential business, strategy, board development	LN	Done	Proposal approved - January 2020 Board	- Board annual work plan review	3
1.3	Re-establish a Digital/Technology Committee and agree terms of reference	LN/AT	February 2020	Approved – January Board	Terms of reference, appointments to the Committee and committee work plan to be agreed	3
1.4	Well Led Review to assess Ward to Board arrangements – Assurance from reporting groups, Trust Committees and the Trust Board	LN	May 2020	Well Led Review commissioned	Actions and timescales set out in the specification	3
1.5	Review of Committee and Board effectiveness after six months of operating new system	LN	September 2020		Diarise review for September 2020	3

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised
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Table 2: Director Induction, Appraisal and Development and Succession Planning

Ref	Action	Lead	Completion Date	Actions Taken	Further Actions Required	Status
2.1	Development of a formal induction and checklist for new non-executive directors	LN	Done	-Induction pack created -Induction checklist of key meetings created - New NEDs booked onto NHS Providers Induction training		5
2.2	Achieve 100% Mandatory training compliance for all Board members	LN	31 May 2020	-NEDs issued with laptops with VPN connections to access on-line modules. - Modules to be offered after each Board meeting	Further face-to-face sessions to be arranged following Board meetings. Ensure all NEDs have laptops Some on line completion may be required	3
2.3	All Board Members to undertake 360 degree feedback as part of the appraisal process	Chair/ LN/JF	30 June 2020		Scheduling of appraisals – April to June Rem Com to consider ED appraisals Council of Governors to consider NED appraisals	3
2.4	Undertake a skills mapping exercise for Board	LN	31 July 2020		Information to be captured as part of the appraisal process	3
2.5	All Board members to have a development plan in place	Chair	30 June 2020		Will be an output from appraisal process	3
2.6	Succession Planning for non-executive directors	Chair/LN	31 July 2020		To be cross referenced with skill mapping exercise. Report to Council of Governors	3

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised
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Table 3: Board Effectiveness

Ref	Action	Lead	Completion Date	Actions Taken	Further Action Required	Status
3.1	NHSI Development Programme: <ul style="list-style-type: none"> - Understanding ourselves and the team - Working well as a team together - Managing Board effectiveness - Understanding the role of the NED and making the best use of their skills and perspective - Positive influence of the Board - Influence in the region and nationally 	Chair/CEO/LN/NHSI – Andy Mullins	TBC	Support from NHSI secured	Detail of the programme and delivery dates to be agreed with NHSI, Chair and CEO	3
3.2	Undertake Well Led Review	LN	May 2020	Well Led Review Commissioned	Actions and timescales set out in the specification	3
3.3	Review non-exec assignments to committees and portfolio of responsibilities	Chair/LN	February 2020	Consultation with NEDs undertaken	Finalise arrangements following consultation	3
3.4	Develop a programme of Board workshops	Chair/LN	March 2020	<ul style="list-style-type: none"> - Board Risk Appetite - Patient Engagement 	NHSI Development Programme modules to be agreed and included in the Plan	3
3.5	Introduce mechanisms for Board interaction with Staff – e.g. open hour, canteen lunch	Chair/LN	Continuous – commencing February 2020	February Board – lunch arranged in canteen	Follow up activities to further interaction	

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised
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Table 4: Strategy and Engagement

Ref	Action	Lead	Completion Date	Actions Taken	Further Action Required	Status
4.1	Develop SMART measures for each Strategic objective and an implementation plan for each measure Develop timetable for review of Strategy	JF	Initial Board paper March 2020 – with milestones to be agreed by Board			3
4.2	Agree key metrics of performance for stakeholder meetings	LA	March 2020			3
4.3	Plot external relationships with stakeholders and develop proposals for continuous improvement of these relationships	LA	March 2020			3

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective revised
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BOARD REPORTING CYCLE – 2020

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
January	Staff Story	Bi-Monthly	CEO Report	Monthly			
	Chief Executive's report	Monthly	MCP Update	Monthly			
	Chair's Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	F&P Report to Board	Monthly					
	CQSPE Report to Board	Monthly					
	Workforce Report to Board	Monthly					
	Charitable Funds Report to Board	Quarterly					
February	Patient Story	Bi-Monthly	CEO Report	Monthly		Quarterly	Patient Engagement Strategy and Structure Board – Dec 19
	Chief Executive's Report	Monthly	MCP Update	Monthly		Quarterly	Digital/Technology Committee Terms of Reference Board – Jan 2020
	Chair's Update	Monthly				Single	Confirm NED Committee

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
							Membership Board – Jan 2020
	Chief Nurse Report	Monthly					Board Development Programme – Board Away Day – Dec 19
	Integrated Performance Report	Monthly					
	F&P Report to Board	Monthly					
	CQSPE Report to Board	Monthly					
	Workforce Report to Board	Monthly					
March	Staff Story	Bi-Monthly	CEO Update	Monthly		Quarterly	Research and Development Business Plan Board – Dec 19
	Chief Executive's Report	Monthly	MCP Update	Monthly	Learning from Deaths 1/4ly Report (via CQSPE)	Quarterly	Trust Strategy – Board Away Day Dec 19
	Chair Update	Monthly			Staff Survey (via Workforce)	Annual	
	Chief Nurse Report	Monthly			Financial Plan (via F & P)	Annual	
	Integrated Performance Report	Monthly			Quality Priorities for 2020/21 Quality Metrics for 2019/20 (via CQPSE)	Annual	
					Sustainable Development	Single	

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
					Management Plan (via F & P)		
	Freedom to Speak up Guardians	Quarterly					
	Guardian of Safe Working	Quarterly					
	7-Day Services Compliance	Quarterly					
	Board Assurance Framework	Quarterly					
	Workforce Report to Board	Monthly					
	F&P Report to Board	Monthly					
	CQSPE Report to Board	Monthly					
	Charitable Funds Report	Quarterly					
Bi-Monthly Committee Meetings Commence							
April	Patient Story	Bi-Monthly	CEO Update	Monthly	Annual Plan New Year sign-off (via F and P)	Annual	
	Chief Executive's Report	Monthly	MCP Update	Monthly	Patient Experience Annual Report (via CQSPE)	Quarterly	
	Chair Update	Monthly			Draft Annual Governance Statement (via Audit Committee)	Annual	
					Internal Audit Plan (via Audit	Annual	

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
					Committee)		
					NHSI Annual Declarations (via Audit Committee)	Annual	
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	F&P Report to Board	Monthly					
	CQSPE Report to Board	Monthly					
	Audit Committee Report to Board	Quarterly					
	Digital Committee Report to Board	Bi-Monthly					
	Board and Committee Effectiveness Review	Monthly					
	Update on Board Development Plan	Quarterly					
May	Staff Story	Bi-Monthly	CEO Update		ED Re-design Business Case (from F & P)	Single	Winter Plan/Flow and Capacity – Transformation Plan- December 19
	Chief Executive's Report	Monthly	Draft Annual Report and Accounts				
	Chair's Update	Monthly	MCP Update				
	Maternity CNST Standards	Quarterly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
June	Patient Story	Bi-Monthly	CEO Update		Learning from Deaths 1/4ly Report (via CQSPE)		
	Chief Executive's Report	Monthly	MCP Update		Infection Prevention and Control Annual Report Safeguarding Annual Report Health and Safety Annual Report (via CQSPE)		
	Chair's Update	Monthly					
	Audit Committee Report to Board + Audit Committee Annual Report	Quarterly					
	Research and Development Report	Bi-Annual					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	Freedom to Speak up Guardians	Quarterly					
	Guardian of Safe Working	Quarterly					
	Board Assurance Framework	Quarterly					
	Workforce Report to Board	Bi-Monthly					
	F&P Report to Board	Bi-Monthly					
	CQSPE Report to	Bi-Monthly					

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
	Board						
	Digital Committee Report to Board	Bi--Monthly					
	Annual Report and Accounts	Annual					
	Charitable Funds Report	Quarterly					
July	Staff Story	Bi-Monthly	CEO Report	Monthly			
	Chief Executive's Report	Monthly	MCP Update	Monthly			
	Chair's Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	7-Day Services Compliance	Quarterly					
	Update on Board Development Plan	Quarterly					
September	Patient Story	Bi-Monthly	CEO Update	Monthly			
	Chief Executive's Report	Monthly	MCP Update	Monthly			
	Chair's Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	Annual Medical Revalidation Report	Annual					
	Maternity CNST Standards	Quarterly					
	Charitable Funds Report	Quarterly					

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
	Freedom to Speak up Guardians	Quarterly					
	Guardian of Safe Working	Quarterly					
	Emergency Planning Core Standards	Annual					
	Winter Plan	Annual					
October	Staff Story	Bi-Monthly	CEO Update	Monthly			
	Chief Executive's Report	Monthly	MCP Update	Monthly	Learning from Deaths Report (via CQSPE)		
	Chair's Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	Board Assurance Framework	Quarterly					
	7 Day Services Compliance	Quarterly					
	Audit Committee Report to Board	Quarterly					
	F&P Report to Board	Bi-Monthly					
	CQSPE Report to Board	Bi-Monthly					
	Workforce Report to Board	Bi-Monthly					
	Digital Committee Report to Board	Bi-Monthly					
	Charitable Funds Report	Quarterly					
	Update on Board Development Plan	Quarterly					
November	Patient Story	Bi- Monthly	CEO Update	Monthly			

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
	Chief Executive's Report	Monthly	MCP Update	Monthly			
	Chair's Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	Board Assurance Framework	Quarterly					
	F&P Report to Board	Bi-Monthly					
	CQSPE Report to Board	Bi-Monthly					
	Workforce Report to Board	Bi-Monthly					
December	Staff Story	Bi-Monthly	CEO Report	Monthly	Learning from Deaths 1/4ly Report (via CQSPE)		
	Chief Executive's Report	Monthly	MCP Update	Monthly			
	Chair Update	Monthly					
	Chief Nurse Report	Monthly					
	Integrated Performance Report	Monthly					
	Research and Development Report	Bi-Annual					
	Freedom to Speak up Guardians	Monthly					
	Guardian of Safe Working	Quarterly					
	Workforce Report to Board	Bi-Monthly					
	Digital Committee Report to Board	Bi-Monthly					
	F&P Report to Board	Bi-Monthly					

Month	Standing Items – Public	Frequency	Standing Items – Private	Frequency	Referred Committee Business	Frequency	Items requested by the Board
	CQSPE Report to Board	Bi-Monthly					
	Charitable Funds Report	Quarterly					