

# Council of Governors Meeting

Thursday 19<sup>th</sup> December 2019

17.45 – 20.00

Meeting rooms 7 & 8, Clinical Education Centre, 1<sup>st</sup> Floor,  
South Block, Russells Hall Hospital, Dudley DY1 2HQ

See below for the headlines of the Constitutional Performance Standards for the current reporting month. Please refer to the Integrated Performance Report for further details.

## Performance

- Four hour access target (combined) – 81.6%. Target 95%
- Cancer 62 day – 72%. Target 85%
- Cancer two week wait – 69.1%. Target 93%
- Referral to treatment – The incomplete pathway was achieved with a performance of 93.1%. Target 92%
- DM01 Diagnostic – 97.7% against target of 99%

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## Infection prevention and control

- Clostridium difficile – 2 post 48 hours in October. Total YTD is 21.
- MRSA bacteraemia – 0 cases in October.
- MSSA bacteraemia – 2 post 48 hour cases in October.
- E coli bacteraemia – 4 post 48 hour cases in October.
- Klebsiella bacteraemia – 1 post 48 hour cases in October.
- Pseudomonas bacteraemia – 1 post 48 hour cases in October.

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## **Council of Governor meetings**

### **PUBLIC INFORMATION SHEET**

The Dudley Group's Council of Governors meet in public every quarter and welcomes the attendance of members of the public and staff at its Council meetings to observe the Council's activities in fulfilling their duties and responsibilities.

#### **1. Introduction**

This sheet provides some information about how the Council meetings work.

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

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

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

Liam Nevin  
Trust Secretary  
The Dudley Group NHS Foundation Trust  
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Helen Board  
Governor and Membership Manager  
The Dudley Group NHS Foundation Trust  
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#### **2. Council Members' interests**

All members of the Council are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a Register of Interests. If you would like to see the register, please contact the trust secretary.

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

### **3. Opportunity for questions**

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

### **4. Debate**

The council considers each item on the agenda in turn. Each report includes a recommendation of the action the council should take. For some items there may be a presentation; for others this may not be necessary. The council 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 council will be asked to approve as a correct record at its next meeting.

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

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

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

### **7. Accessibility**

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

## Full Council of Governors meeting (Public)

Thursday 19 December 2019, 17.45hr  
Clinical Education Centre, Russells Hall Hospital, Dudley

### Meeting in public session

No.	Time	Item	Paper reference	By
1.	17.45	<u>Welcome</u> (Public & Press)  1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Chairman
2.	17.50	<u>Previous meeting</u>  2.1 Minutes of the previous full Council of Governors meeting held on 19 September '19 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	18.00	Chief Executive's and Chair's update including: - MCP update	Enclosure 2 verbal	Tom Jackson, Acting Chief Executive Yve Buckland, Chairman
4.	18.10	<u>Presentation</u>  Digital Trust project update	Presentation	Adam Thomas, Chief Information Officer
5.	18.25	<u>Safe, caring and responsive</u>  5.1 Update from Experience and Engagement Committee 5.2 Update from Clinical Quality, Safety and Patient Experience Committee	Enclosure 3 Enclosure 4	Yvonne Peers, Committee Deputy Chair Liz Hughes, Committee Chair
6.	18.45	<u>Effective</u>  6.1 Update from Finance and Performance Committee  6.2 Update from Audit Committee	Enclosure 5 Enclosure 6	Jonathan Hodgkin, Committee Chair Richard Miner, Committee Chair
7.	19.00	<u>Well-Led</u>  7.1 Update from Workforce and Staff Engagement Committee 7.2 Trust Secretary update - Governor attendance at Board Committees, update - CoG elections 2019 - Governor training - 2020 Business Calendar	Enclosure 7 Enclosure 8	Julian Atkins, Committee Chair Liam Nevin, Trust Secretary

		7.3 Update from Remuneration and Appointments Committee	Enclosure 9	Yve Buckland, Chairman
8.	19.20	Governor Matters <i>Relating to items other than the agenda and raised at least three days in advance of the meeting</i>	Verbal	Fred Allen, Lead Governor
9.		For information <ul style="list-style-type: none"> <li>▪ Integrated Performance Report</li> <li>▪ Annual Report &amp; Quality Account timetable</li> <li>▪ Update on Freedom to Speak Up initiative</li> </ul>	Enclosure 10 Enclosure 11  Enclosure 12	
10	19.30	Any Other Business (to be notified to the Chair)		Yve Buckland, Chairman
11		Close of meeting and forward dates 2020:  12 March 11 June 10 September 10 December		Yve Buckland, Chairman
<b>Quoracy</b> <i>Eight Governors of which at least five are public elected plus chair or deputy chair.</i>				

#### **Exclusion of the Press and Other Members of the Public**



**Minutes of the Full Council of Governors meeting (Public)**  
**Thursday 19<sup>th</sup> September 2019, 18.05pm**  
**Clinical Education Centre, Russells Hall Hospital, Dudley**

<b>Present: Name</b>	<b>Status</b>	<b>Representing</b>
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Staff Elected Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

<b>In Attendance:</b>	<b>Status</b>	<b>Representing</b>
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Governor & Membership Manager	DG NHS FT
Dame Yve Buckland	Chairman <b>Chair of meeting</b>	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Ian James	Associate Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Chris Leach	Emergency Planning Manager	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mr Andrew Rigby	Head of Facilities Management	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Ms Jo Wakeman	Deputy Chief Nurse	DG NHS FT

<b>Apologies:</b>	<b>Status</b>	<b>Representing</b>
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Cllr Colin Elcock	Appointed Governor	Dudley MBC
Dr Richard Gee	Appointed Governor	Dudley CCG
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Dr Julian Hobbs	Medical Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Ms Nicola Piggott	Public Elected Governor	North Dudley
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Mr Adam Thomas	Acting Chief Information Officer	DG NHS FT

<b>COG 19/55.0</b>	<b>Welcome (Public &amp; Press)</b>
<b>COG 19/55.1</b> 18.05pm	<p><b>Introductions &amp; Welcome</b></p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.</p> <p>The chairman introduced and welcomed Ms Maria Kisiel from the University of Wolverhampton who had replaced Dr Anthea Gregory as the appointed governor.</p> <p>The chairman noted her thanks and gratitude for the commitment and support of Dr Gregory.</p>
<b>COG 19/55.2</b>	<p><b>Apologies</b></p> <p>Apologies had been received as above.</p>
<b>COG 19/55.3</b>	<p><b>Declaration of interest</b></p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>There were none.</p> <p>The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.</p>
<b>COG 19/55.4</b>	<p><b>Quoracy</b></p> <p>The meeting was declared quorate.</p>
<b>COG 19/55.5</b>	<p><b>Announcements</b></p> <p><b>Dudley Overview and Scrutiny Committee (OSC) meeting held 28 August 2019</b> The chairman provided feedback following the recent meeting of the Dudley Overview and Scrutiny Committee. The Trust had been invited to attend to provide an account of actions being taken to improve services reported as requiring improvement by the latest CQC report published July 2019. The meeting had been attended by a range of the Trust's senior clinical and management staff who were able to share in depth data that reflected improvement and details of initiatives in place. The Committee had provided positive feedback in respect of the information provided and the chairman anticipated that the minutes would reflect the assurance that the Committee and the support that it conveyed to the Trust. The minutes would be shared with Council members once available.</p> <p><b>Action</b> minutes from Dudley OSC meeting held 28 August 2019 to be circulated to the Council of Governors when available <b>Trust Secretary</b></p>
<b>COG 19/56.0</b>	<b>Previous meeting</b>
<b>COG 19/56.1</b> 18.10pm	<p><b>Minutes of the previous full Council of Governors meeting held on 27<sup>th</sup> June 2019</b> (Enclosure 1)</p> <p>The minutes were accepted as an accurate record and would be signed by the chair.</p>
<b>COG 19/56.2</b>	<p><b>Matters arising</b></p> <p>There were none.</p>



<p><b>COG 19/56.3</b></p>	<p><b>Action points</b> All actions that were complete and would be removed from the list.</p> <p>Action COG19/52.2 - Mr Allen confirmed that Dr Gee had attended a meeting of the Risk and Assurance Committee and would provide feedback to the next meeting of the full Council.</p> <p><b>New action</b> provide feedback from attendance at the Risk and Assurance Committee to the next meeting of the Full Council <b>Dr Gee</b></p>
<p><b>COG 19/57.0</b> 18.15pm</p>	<p><b>Chief Executive report and Chair's update</b> (Enclosure 2)</p> <p>Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided and news items related to the Trust, the region and the wider national arena.</p> <p>Ms Wake highlighted the work undertaken by the Dudley Improvement Practice Team that continued to support a growing number of departments across the Trust to improve efficiency and effectiveness and gave examples which included the elderly care ward C3 Discharge Improvement Event. All involved had felt very positive that the changes made and planned would have a great effect on patient experience and patient care by reducing length of stay and delayed transfers of care. Ms Wake confirmed that more teams had come forward including theatres and encouraged governors to get involved.</p> <p>Mrs Board confirmed that the Improvement Practice Team maintained a contact with the Foundation Trust office and governors were regularly invited to participate when available.</p> <p>Ms Wake announced that two Trust services had recently received national recognition:</p> <ul style="list-style-type: none"> <li>• Anaesthetics Department which had achieved the prestigious Anaesthesia Clinical Services Accreditation (ACSA) for providing the highest quality care to patients.</li> <li>• Stroke Services had been reviewed by the Sentinel Stroke National Audit Programme (SSNAP) that measures the quality and organisation of stroke care in the NHS and was the single source of stroke data in the UK. The audit had placed the Trust in the top 40 nationally and the best in the West Midlands.</li> </ul> <p>Mrs Price commented that during a recent visit to the stroke ward to observe an exercise session, she had been really impressed with the service that was offered to patients and noted the enthusiasm and dedication of the staff.</p> <p>The chairman noted that the CQC had indicated, through a reduced reporting requirement, that they recognised the progress made to improve services highlighted in their latest inspection report and thanked all the teams involved. She noted further the work underway to address issues raised in relation to imaging services had shown some good progress.</p>

<b>COG 19/58.0</b> 18.25pm	<p><b>Presentation</b></p> <p>Mr Rigby, Head of Facilities and Property Management and Mr Chris Leach, Emergency Planning Manager provided an overview of the emergency planning and security arrangements in place to keep patients, visitors and staff safe at each of the Trust sites.</p> <p>The chairman thanked Mr Rigby and Mr Leach for an informative presentation and invited questions. She highlighted the point made by one governor where they had felt that the Trust sites should have restricted access.</p> <p>Mr Rigby acknowledged the comment and confirmed that Trust had a robust approach to monitoring and intelligence gathering in line with all national and local protocols. He added that the CCTV system had been replaced in the last 6 months with latest technology including facial recognition which contributed to minimising security risks.</p> <p>Dr Michael asked if all clinical areas had cameras to monitor and record activity.</p> <p>Mr Rigby confirmed that whilst the cameras were located throughout the Trust sites, they were generally only installed in clinical areas to comply with privacy and dignity requirements. He added that there were exceptions which included the emergency department and monitoring installed at the entrances to the children's and maternity wards.</p> <p>Mr Walker confirmed that there was a small list of known individuals who, in liaison with the local police, were closely monitored as part of crime prevention.</p> <p>Mrs Zaidi asked about the warning letters issued to patients and visitors for unacceptable behaviour and if they were in force for a fixed period of time.</p> <p>Mr Rigby confirmed that the warning or exclusion letter would be in force for a period of 12 months before being reviewed by a panel that included the Local Security Management Specialist, clinical and nursing staff.</p> <p>The chairman thanked the presenters again adding that governors should draw assurance from the information provided.</p> <p><i>[Mr Rigby and Mr Leach Chris left the meeting at this point]</i></p>
<b>COG 19/59.0</b>	<b>Safe, caring and responsive</b>
<b>COG 19/59.1</b> 18.40pm	<p><b>Update from Experience and Engagement Committee</b> (Enclosure 3)</p> <p>Mrs Phillips presented the report from the last meeting held in July 2019 given as enclosure three and highlighted the following items discussed</p> <ul style="list-style-type: none"> <li>• Cannabis prescribing – the committee had been advised that the Trust had no one with authority to prescribe</li> <li>• Invitation for Governors to attend committees of Board as observers</li> <li>• Projects underway to support patients with learning difficulties and the benefits of working alongside charities to improve the environment and the patient experience</li> <li>• Governors 'out there' where the increased levels of activity had been acknowledged with more governors encouraged to get involved</li> </ul>

- Governors invited to come forward to form a task and finish group to develop the governors and membership engagement plan

Mrs Phillips advised that following the recent restructure of the Council committees, the Terms of Reference would be subject to review to reflect the discussions held regarding arrangements in respect of sub groups to deliver the following:

- Governor training and development – following a review of the training provided to governor there had been very positive feedback from governors and consideration would be given to establishing a sub group to monitor and refresh as required
- Charity activities supported by governors would also require the establishment of a sub group to implement
- Governor social activities would potentially require establishment of a sub group

The chairman asked if Mr Fernandez had responded to the action regarding cannabis prescribing.

Mrs Board advised that Mr Fernandez had provided information confirming that the Trust had developed a guideline to accommodate the safe storage of patients' cannabis-based products for medicinal use. Their continued use during their inpatient stay would remain acceptable provided they had been prescribed by a clinical specialist in another organisation who could be contacted if needed.

Mrs Neale asked what steps were being taken to enforce the smoke free site initiative.

Mrs Rollinson commented that she had seen many people smoking on the roadside.

Mr Parmley commented that vape shops had opened in hospitals in the local area and asked if the Trust planned to open a similar facility and whether vaping was allowed on site.

Mr McMenemy advised that more steps and resources were being allocated to the smoke free initiative and was pleased to note the significant reduction of patients and visitors smoking on site and virtually no staff smoking on Trust sites. He confirmed that either smoking or vaping were not allowed on Trust sites. The majority of effort focussed on entrances by maternity, ED and main reception. This involved patients and visitors being moved on and referred to smoking cessation if needed. He confirmed that the Dudley Council had recently issued some fines for littering on areas immediately outside of the Trust site.

Mrs Wake acknowledged it was an important issue and reported that it remained a hot topic on social media and had been raised during her on-line 'live chat' sessions with staff on many occasions.

The chairman acknowledged that there was still more work to do and referenced the time it had taken for public places such as pubs and restaurants to embed a non-smoking environment. The chairman confirmed that there were no plans to open a vape shop at any of the Trust locations.

	<p>Mrs Neale commented that having recently attended the Russells Hall Hospital Emergency Department, she had been pleased with the care and treatment received but felt that her journey could have been quicker had she had not been asked to tell her story three times and one conversation with a medic had shown a lack of communication between clinical staff regarding availability of X-rays.</p> <p>Ms Wake apologised that the communication had not been as effective as it could have been and offered to share the feedback with the senior staff responsible for that area.</p> <p><b>Action</b> share 'communications' feedback following recent attendance at ED with senior team responsible <b>Ms Wake</b></p>
<p><b>COG 19/59.2</b> 18.50pm</p>	<p><b>Update from Clinical Quality, Safety and Patient Experience Committee</b> (Enclosure 4)</p> <p>Ms Holland presented the report given as enclosure four and advised the Council that the <b>Integrated Performance Report</b> had not been received at the July 2019 meeting.</p> <p>In addition, the Committee had expressed some concern at the meeting about the number of policies and Standard Operating Procedures (SOPS) that were out of date and it had been agreed that work would be undertaken to examine the scope for consolidating the number of policies.</p> <p>The Committee currently did not have the benefit of a member with clinical expertise but had benefitted from the advice of Kathryn Sallah who was assisting as a co-optee. It was noted that the Trust would be undertaking recruitment for this role in the near future.</p> <p>At the August meeting it had been noted that a corporate risk had been identified that Interserve could not guarantee an <b>uninterrupted power supply</b> to theatres and the Committee had requested further information and discussion on this matter.</p> <p>It was noted that the Committee had received a report on the <b>CQC action plan</b> and agreed that the format did not facilitate interrogation of the detail and this would therefore be reconsidered at the next meeting.</p> <p>It was further noted that the Trust faced a challenge to comply with the Dudley Clinical Commissioning Group (CCG) <b>90 day timescales for Root Cause Analysis (RCAs) reports</b> when cases were referred to the Health Service Investigations Bureau (HSIB) because they had limited capacity to carry out investigations in the required timescale.</p> <p>The Committee was updated on the appointment of a <b>designated safeguarding doctor</b> post that had now been offered and was awaiting confirmation of a start date. It was further noted that a <b>new head of safeguarding</b> had been appointed and expected to be in post in November 2019.</p> <p>The Committee had been assured that the <b>safe transport of critical patients</b> had been addressed with a process whereby each patient would be risk assessed on an individual basis.</p>

	<p>Ms Holland reported that an <b>external audit</b> had been commissioned to review data that related to mortality and standards of care for patients with Sepsis.</p> <p>The chairman thanked Ms Holland for her report and invited questions.</p> <p>Mr Walker expressed his concern about the poor attendance and subsequent non-quoracy of meetings of the Decontamination Group which reported into the Infection Prevention and Control Group. He queried the effectiveness of the Group and sought assurance that an action had been followed up to improve attendance.</p> <p>Ms Holland advised that the matter of Quoracy at meetings of the Decontamination Group had been assigned as a management action to resolve.</p> <p>Mr Walker asked for clarification of the item relating to the uninterruptable power supply to theatres.</p> <p>Ms Holland advised that it referred to a recent lighting strike and the subsequent loss of power.</p> <p>The chair thanked Ms Holland for the update and noted that the Committee had shifted to a higher level of function with a focus on governance and challenge to provide assurance that was consistent with the primary themes of risks and their mitigation.</p>
<b>COG 19/60.0</b>	<b>Effective</b>
<b>COG 19/60.1</b>	<b>Update from Finance and Performance Committee (Enclosure 5)</b>
18.58pm	<p>Mr Miner presented the report given as enclosure five and advised that the Trust had secured Sustainability Funding (PSF) for the first quarter of the new financial year 2019/20 and noted that the Trust was currently approximately £2 million behind budget. There was £4 million in Cost Improvement Plan (CIP) that was currently being validated and allocated to divisions and the Trust was opening discussions with the Dudley CCG in relation to its forecast and cash flow.</p> <p>Mr Miner added that the Trust may still be a need to draw down funds to support it in November and December 2019. The proposed sale of land would be a positive factor in maintaining cash flow.</p> <p>Mr Miner noted the overall performance against national targets were generally being achieved with the exception of the Emergency Access target where Trust performance was in the upper 80 percent with plans in place to raise this to 90 percent in the coming months.</p> <p>The Chair thanked Mr Miner for his update and asked those present to review the full contents of the report. The chair asked for clarification of cash flow and the forecast deficit as stated in the report.</p> <p>Mr Miner explained the principal factors that would impact on monthly cash flow movements and advised that that cash flow forecast scenarios were considered at each monthly meeting of the Finance and Performance (F&amp;P) Committee and monitored to keep the cash in balance where possible.</p> <p>Mrs Neale stated that the Government had put more money into the NHS and asked how this would impact on the Trust's future planning, how Brexit would</p>

	<p>affect this and what issues were foreseen.</p> <p>Mr Miner advised that the increase would be reflected in the tariff that applied to services provided by the Trust. He asked governors to take assurance that the Trust continued to undertake in depth Brexit planning with arrangements subject to continual review as the exit date neared.</p> <p>Mrs Kelly advised that extra monies in lump sum amounts had been assigned to 20 hospitals across the country. She added that the Trust had established a Brexit Planning Group and regularly attended regional and national forums. Mrs Kelly asked governors to note for assurance, the increased frequency of meetings which were now weekly, with daily reporting in place from 23 September 2019. The Trust held stock as required and would continue to work closely with the national management structures for pharmaceutical items.</p> <p>Mr Parmley asked about the arrangements for collecting outstanding payments for EU patients after Brexit.</p> <p>Mrs Neale suggested that once the UK had left Europe, the Trust would need to tighten up its management of EU citizens accessing NHS services.</p> <p>Mr Miner confirmed that the F&amp;P committee received a quarterly report that provided details of services provided to non UK patients and confirmed that the Trust was an exemplar in its collection efficiency. Mr Miner confirmed that the Audit Committee had received assurance by way of reports received that the process and systems used presently were robust.</p> <p>Mrs Kelly confirmed that a mutual agreement was in place across the EU where patients requiring emergency treatment would still be legally entitled to access as needed with reciprocal arrangements in place to ensure payment.</p> <p>The chairman thanked Mr Miner for the report and confirmed that Governors would be kept updated on a regular basis. She asked Governors to draw assurance from the contents of the report.</p>
<p><b>COG 19/60.2</b> 19.10pm</p>	<p><b>Update from Audit Committee</b> (Enclosure 6)</p> <p>Mr Miner presented the report given as enclosure six that provided the highlights of the last meeting held in August 2019.</p> <p><b>Business assurance framework</b> would be reviewed to ensure that the information provided was fit for purpose and presented in a more succinct and effective format to ensure that the Board has the adequate sight of the key risks and mitigation.</p> <p><b>Audit report</b> contained a list of the outstanding actions that were reviewed to ensure that they are being dealt with in a timely manner. He added that the report is a rolling list that reflected new actions being added and completed actions removed. The duty of the Audit Committee is to ensure that actions are completed within agreed timelines and any that required a time extension would need sign off by the Committee.</p> <p>The chairman thanked Mr Miner for the update and invited questions. There were none.</p>

COG 19/61.0	Effective
COG 19/61.1 19.15pm	<p data-bbox="316 170 1369 210"><b>Update from Workforce &amp; Staff Engagement Committee</b> (Enclosure 7)</p> <p data-bbox="316 248 1485 432">Mr Atkins presented his report given as enclosure seven and asked those present to note that the report contained an update from the meetings held in July and August 2019 and to be assured that matters associated with the Workforce and the Dudley People Plan are being managed and taken forward effectively and appropriately.</p> <p data-bbox="316 470 1477 613">Mr Atkins advised the Council that the Committee had been pleased to note that the Quarter 4 <b>Staff Friends and Family</b> results had recorded a significant increase in the amount of feedback received and the numbers recommending the Trust as a place to receive care and work.</p> <p data-bbox="316 651 1430 723">Mr Atkins then summarised the key concerns and assurances arising from the meetings:</p> <p data-bbox="316 761 1493 871">The Committee had discussed the corporate risk relating to <b>senior clinical staff pension arrangements</b> where those earning more than the threshold would see a negative impact on their pension and noted the ongoing national level discussions.</p> <p data-bbox="316 909 1497 1019">Mr Atkins noted the assurance given that the Trust's <b>apprenticeship programme</b> would continue to expand with a 2019/20 target of 209. This would ensure that the Trust's contribution to the levy would be fully utilised.</p> <p data-bbox="316 1057 1422 1128">The Committee approved the <b>Dudley People Plan</b> and were advised that the <b>national staff survey</b> would commence in early October 2019.</p> <p data-bbox="316 1167 1461 1238">It was noted that the <b>consultant job planning</b> activity was largely complete and captured to the Trust's electronic rostering system.</p> <p data-bbox="316 1276 1474 1420">The Committee reviewed the <b>mandatory training performance</b> and noted some areas of poor performance and agreed that there would be a re-focus on which staff needed the mandatory training and for those staff identified who were not compliant who would receive a letter from the HR director.</p> <p data-bbox="316 1458 1489 1568">Concern was noted about the management of <b>long term staff sickness absence</b> and the Committee were advised that the Trust would appoint a substantive person with responsibility for increased management and support.</p> <p data-bbox="316 1606 1485 1715">Mr Atkins confirmed that that the <b>Freedom to Speak Up</b> (FTSU) initiative would provide additional training for guardians and champions and offered to arrange for a presentation to the Council at a future meeting.</p> <p data-bbox="316 1753 1485 1825"><b>Action</b> provide a FTSU presentation to the Council at a future meeting: date to be confirmed. <b>Mr Atkins</b></p> <p data-bbox="316 1863 1222 1899">Mrs Neale asked if the FTSU initiative would include governors.</p> <p data-bbox="316 1937 1469 2080">The chairman confirmed that governors would not be formally included in the process which echoed the consensus from the Council members to remain objective in these matters. However, it was important for governors to know what to do if an issue was raised with them.</p>



	<p>Mrs Phillips asked how many guardian and champions were in place.</p> <p>Ms Wake confirmed that there were presently two part time guardians and 20 champions which would be expanded along with the creation of a permanent whole time equivalent post to support the initiative.</p> <p>Mrs Neale asked for an update on the governor's photos appearing in a display gallery at the Trust sites adding that it would help raise awareness of the Council for patients, visitors and staff.</p> <p>Mrs Board confirmed that a sample noticeboard was presently being trialled and once proven to be suitable would then be installed in five locations across the Trust sites.</p>
<b>COG 19/62.0</b>	<b>Well-led</b>
<b>COG 19/62.1</b> 19.25pm	<p><b>Trust Secretary update</b> (Enclosure 8)</p> <p>Mr Nevin introduced the report and asked those present to note the arrangements in relation to the present round of Council of Governors elections, the invitation that would be extended to council members to attend committees of board in an observational capacity and the review of the Trust's scheme of delegations with a report on the final outcome to be reported to the next meeting of the Full council.</p> <p>The chairman thanked Mr Nevin for his report and invited questions.</p> <p>There were none.</p> <p><b>Action</b> Outcome of the review of the Trust's Scheme of delegation to be reported to the next meeting of the full council <b>Trust Secretary</b></p> <p><i>[Mrs Neale left the meeting at this point]</i></p>
<b>COG 19/62.2</b>	<p><b>Update from Remuneration and Appointments Committee</b> (Enclosure 9)</p> <p>Mr Nevin introduced the report to note the arrangements for the <b>re-establishment of the Council's Remuneration and Appointments Committee</b> and asked those present to formally approve the revised <b>Terms of Reference</b>.</p> <p>All present <b>agreed</b> to approve the revised Terms of Reference without abstention.</p> <p><b>Non-executive director recruitment</b> The chairman was pleased to advise that interview activity earlier in the day had identified two candidates as potential appointees However, it was necessary to explore suitability further through references and the Chair was therefore seeking approval to confirm the appointment of the most suitable candidate on the basis that this would be subject to consultation with the stakeholder panel and the Council members.</p> <p>All present <b>agreed</b> without abstention.</p> <p><b>Associate non-executive director recruitment</b> The chairman advised that the recruitment process and interview activity earlier in the day had also identified two candidates to appoint to the associate NED role for a 12 month period. The chairman noted that the associate NED role was an integral part of the Board succession planning and offered opportunities for suitable candidates to gain</p>

	<p>experience with a view to progressing to the non-executive director post.</p> <p>All present <b>agreed</b> to appoint Vij Randeniya and Lowell Williams for a 12 month period without abstention.</p> <p>Remuneration would be set at the previously agreed rates for non-executive directors but the chair would have discretion to reduce this in relation to the associate non-executive directors dependent on the time commitment agreed with them.</p>
<b>COG 19/63.0</b>	<p><b>Governor matters</b> (Verbal)  <i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>The lead governor declared that the following the items had been raised in advance of the meeting:</p> <ol style="list-style-type: none"> <li><b>1. Incorrect telephone number provided on an appointment letter</b> the chairman confirmed that the issue had been investigated and found to be an administrative error which had been rectified.</li> <li><b>2. Time taken for the main hospital switchboard to answer incoming internal and external calls.</b> Mr Walker confirmed details of the service level agreements in place and advised that the switchboard team operated within the prescribed boundaries set.</li> <li><b>3. Time taken for staff to answer internal telephone calls</b> Dr Michael noted the potential impact on patient care with staff in clinical areas not answering the phones in a timely manner and suggested that this may be a symptom of staff availability and resourcing challenges. Mrs Kelly acknowledged the need for effective communication to support the best outcomes for patients and undertook to review the call answering times for internal calls and the staff resourcing in wards and departments.</li> </ol> <p><b>Action</b> review the call answering times for internal calls and the staff resourcing in departments and wards <b>Mrs Kelly</b></p>
<b>COG 19/64.0</b>	<p><b>For Information</b> (Enclosures 10 and 11)</p> <p>The chairman asked those present to note the following reports for information and invited questions. There were none.</p> <ul style="list-style-type: none"> <li>- Integrated Performance Report</li> <li>- Annual Complaints Report</li> </ul>
<b>COG 19/65.0</b> 19.40pm	<p><b>Any other Business</b></p> <p>There was none.</p>
<b>COG 19/66.0</b>	<p><b>Close of meeting and forward dates: 2019</b></p> <p>The chairman advised that the next quarterly meeting of the full Council would take place on Thursday 19 December 2019.</p> <p>Mr Allen added that the next informal meeting of governors would take place on 12 November.</p>

	The chairman thanked all for attending and drew the meeting to a close at 7.35pm
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Dame Yve Buckland, Chair of meeting

Signed..... Dated .....

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

### Council of Governors meeting held 19 September 2019

Item No	Subject	Action	Responsible	Due Date	Comments
<b>COG 19/55.5</b>	Dudley OSC August 2019 meeting minutes	minutes to be circulated to the Council of Governors when available	Trust Secretary	When available	<b>Complete</b> circulated 29 October 2019
<b>COG 19/56.3</b>	Risk and Assurance Committee	Provide feedback from attendance at the Risk and Assurance Committee to the next meeting of the Full Council	Dr Gee	19/12/2019	Dr Gee to provide update following his attendance at meetings in August and October 2019
<b>COG 19/59.1</b>	ED attendance – feedback from governor	Share ‘communications’ feedback following recent attendance at ED with senior team responsible	Ms Wake	20/9/19	<b>Complete</b> feedback shared with ED matron. Actions taken to improve include installation of ED patient journey board, all staff encouraged to keep patients fully informed of where they are in their ED care journey. New roles introduced and recruited to fulfil ‘helicopter’ view of all patients

					ensuring care, treatments and communication is completed.
<b>COG 19/61.1</b>	Freedom to Speak Up (FTSU)	Provide a FTSU presentation to the Council at a future meeting: date to be confirmed	Mr Atkins	19/12/19	Agenda item Dec 2019 <b>Complete</b>
<b>COG 19/62.1</b>	Scheme of delegation	Outcome of the review of the Trust's Scheme of delegation to be reported to the next meeting of the full council	Trust Secretary	19/12/19	Agenda item Dec 2019 <b>Complete</b>
<b>COG 19/62.2</b>	Non-executive director appointments	Confirm non-executive appointments to the Full Council of governors	Chair of Appointments and Remuneration Committee	19/9/19	<b>Complete</b>
<b>CoG 19/63.0</b>	Time taken for staff to answer internal telephone calls	review the call answering times for internal calls and the staff resourcing in departments and wards	Mrs Kelly	19/12/19	Detail to be provided at CoG meeting <b>Complete</b>

**Paper for submission to the Council of Governors on 19<sup>th</sup> December 2019**

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

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



## **Chief Executive's Report – Public Board – December 2019**

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Items below are not reported in any order of priority.

### **Visits and Events**

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

### **Improvement Practice Update**

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

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

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

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



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

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

### Plot the Dots

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



Special Cause Variation –  
Improvement Indicator  
where high is good

### Healthcare Heroes

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

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

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

### **Staff Survey**

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

### **Flu Vaccination Campaign**

Frontline workers in the NHS are more likely to be exposed to the influenza. Catching the flu can be fatal and in 2017/18 it was estimated that 26,000 deaths were associated with flu virus. Being Healthy doesn't always reduce the risk of getting flu and it has been proven that we can have flu without any symptoms which can easily be passed onto family, friends, colleagues and patients. At the Dudley Group the flu jab is the best way to protect staff, their families, colleagues and patients against influenza so we vaccinate all employees for free. We aim to vaccinate everyone but at least 80 per cent of all front line staff. Up until 25<sup>th</sup> Nov we had vaccinated 50% of staff. We have until the end of February to ensure everyone is protected.

### **DGFT Charity Update**

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

### **Sparkle party**

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

## **Meet the Experts Event – Guest Hospital**

More than 100 staff, governors and members of the public enjoyed a ‘Meet the Experts’ open evening at Guest Outpatient Centre on Wednesday 13<sup>th</sup> November 2019. There was a great buzz as departments showcased their skills. This was a rare opportunity for guests to look behind the scenes and for staff to showcase their services. It was a very successful event and one of a series running throughout the year. The next one is on Wednesday 11 December 2019 at Russells Hall Hospital, surgery department.

## **Christmas Cheer**

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

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

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

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

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

## **Christmas Garland Competition**

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

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

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

## National NHS News

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

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

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

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

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

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

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

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

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

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

**Daily Record (07.11.19)**

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

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



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

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

**The National (12.11.19)**

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

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

**Halifax Courier (16.11.19)**

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

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

**Independent (16.11.19)**

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

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

**The Echo (17.11.19)**

## **Regional NHS News**

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

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

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

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

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

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

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

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

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

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

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

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

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

**BBC News (15.11.19)**

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

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



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

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

**Birmingham Live (19.11.19)**

**New chairman for ambulance trust**

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

**Worcester News (19.11.19)**

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

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

**Paper for submission to the Council of Governors**  
**19<sup>th</sup> December 2019**

<b>TITLE:</b>	Experience & Engagement Committee Highlights Report 16 October 2019		
<b>AUTHOR:</b>	Yvonne Peers, deputy chairman	<b>PRESENTER</b>	Yvonne Peers, deputy chairman
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>RECOMMENDATIONS</b>			
<p>The Council of Governors is asked to receive the summary reports from the last meeting of the Experience &amp; Engagement Committee held on 16 October 2019 that includes:</p> <ul style="list-style-type: none"> <li>- Matters of concerns and key risks to escalate</li> <li>- Major actions commissioned/work underway</li> <li>- Positive assurances received</li> </ul> <p>Decisions made</p>			
<b>CORPORATE OBJECTIVE:</b>			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
<b>SUMMARY OF KEY ISSUES:</b>			
The Committee reviewed and discussed the items as indicated on the attached upward report sheet.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b> none			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b>	
	<b>Risk Register: N</b>	<b>Risk Score:</b>	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Links to all domains
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> good governance

	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: Council of Governors 19/12/19
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE: 16/10/19

## UPWARD REPORT FROM Experience and Engagement Committee

**Date Committee last met:** 16 October 2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p>Blood Labelling – the item had been reviewed at the last meeting of the Clinical Quality, Safety and Patient Experience (CQSPE) with a request made for a report to be provided to its next meeting to include details of any reported incidents or harm, human factors involved and remedial action taken.</p> <p>CQSPE Committee chair reported that further assurance was required that all outdated policies identified in the CQSPE feedback report had been resolved.</p> <p>Concerns were raised regarding poor levels of attendance at some Trust groups. This issue was referred for discussion at next CQSPE meeting.</p> <p>Concern raised over availability of the telephone contact support for a patient wishing to query an outpatient appointment. Chief Nurse to address issue with outpatient booking team.</p>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <p>Membership recruitment to focus upon engaging young people with suggestion received to developing a relationship with the local youth council.</p> <p>“Governors Out There” activities and participation included – membership recruitment at local Line Dancing Group, Quality &amp; Safety Review, Exercise class on Stroke Unit, PLACE Audit, and Outpatient taskforce group, ED redesign programme board, Governor Information stands on corporate induction days /meet and greet in main RHH reception.</p> <p>Staff governors would to meet to discuss engagement activities and development of resources to support their ‘out there’ activity.</p> <p>Terms of Reference to be reviewed by Trust Secretary and reviewed at the next meeting of the Committee.</p>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p>Assurance was given that environmental items to meet the Dementia standard were nearing completion.</p> <p>Assurances given that staff governors would be allowed sufficient time to fulfil governor duties subject to clinical commitments.</p>	<p><b>DECISIONS MADE</b></p> <p>Governors Charity Event – Request made for detailed costing for the provision of parent beds for the children’s ward. Governors to develop fundraising activities.</p>
<p><b>Chair’s comments on the effectiveness of the meeting:</b></p> <p>All topics were thoroughly discussed and all members actively participated in the discussions.</p>	

**Paper for submission to Council of Governors (Public Session) Thursday 19<sup>th</sup> December 2019**

<b>TITLE:</b>	<b>Clinical, Quality, Safety &amp; Patient Experience (CQSPE) Highlights Reports for 26<sup>th</sup> November 2019</b>		
<b>AUTHOR:</b>	<b>Mary Sexton</b>	<b>PRESENTER</b>	<b>Liz Hughes, Committee Chair</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	<b>X</b>	<b>X</b>	
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO 1 – Deliver a great patient experience</b> <b>SO 2 – Safe and caring services</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>As detailed in the paper</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<i>(set out narrative here including any recommended amendment to the BAF)</i>			
<b>RISK</b>	<b>Y/N</b>		<b>Risk Description:</b>
	<b>Risk Register: Y</b>		<b>Risk Score:</b> Numerous across the BAF, CRR and divisional risk registers
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Links all domains
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Links to good governance
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b> 5/12/19

	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

**UPWARD REPORT FROM CQSPE TO COUNCIL Date Committee last met: 26/11/2019**

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



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

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

Paper for submission to the Council of Governors on 19 December 2019

<b>TITLE:</b>	Update from the Finance and Performance Committee		
<b>AUTHOR:</b>	Jonathan Hodgkin F & P Committee Chair	<b>PRESENTER</b>	Jonathan Hodgkin F & P Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS:</b>			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
<b>CORPORATE OBJECTIVE:</b>			
S05 Make the best use of what we have S06 Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Finance and Performance Committee meeting held on 28 November 2019.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	Y		<b>Risk Description:</b> Failure to remain financially sustainable in 2019/20 (COR1012)  Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		<b>Risk Score:</b> 20
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	CQC	Y	<b>Details:</b> Well Led
	NHSI	Y	<b>Details:</b> Achievement of Financial Targets
	Other	Y	<b>Details:</b> Value for Money
<b>REPORT DESTINATION</b>	EXECUTIVE DIRECTORS	N	<b>DATE:</b> 5/12/19
	WORKING GROUP	N	<b>DATE:</b>
	COMMITTEE	N	<b>DATE:</b>

**UPWARD REPORT FROM FINANCE AND PERFORMANCE**

**COMMITTEE**

**Date Committee last met:** 28 November 2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Forecast year end income and expenditure £0.6m behind internal base plan at end October and more than £8m from Control Total</li> <li>• Main concern is Surgery Division, which is currently £2.7m behind plan, largely due to shortfall in income</li> <li>• Deteriorating income and expenditure position plus delay to sale of land adjacent to Corbett Hospital means it may still be necessary to seek cash support before the end of the year</li> <li>• Diagnostics and cancer performance currently below plan, but on track for recovery by end of January</li> <li>• Emergency Access Standard remains challenging and will continue to do so without greater system-wide support</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• On-going discussions with CCG and STP about optimising system finances</li> <li>• Finance and the Divisions are developing plans for the introduction of Service Line Reporting</li> <li>• On-going initiatives around Emergency Access Standard</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Delivered Q2 income and expenditure plan with CCG support, securing £1.3m "bonus" from the Provider Sustainability Fund</li> <li>• Strong budget performance by Medicine and Integrated Care and Clinical Support Services Divisions and good cost control across the Trust generally</li> <li>• Consistent good performance against Referral to Treatment target</li> <li>• Successfully migrated the Trust to the new national secure network</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• Twice agreed to extend the LLP trial in Trauma and Orthopaedics to end January 2020</li> <li>• Approved the Emergency Preparedness Resilience and Response Strategy</li> <li>• Recommended to Board and/or approved procurement waivers and contracts in relation to the Trust's health interoperability programme and products used in trauma surgery</li> <li>• Approved application for additional funding for the Digital Population Health Programme</li> <li>• Recommended the reinstatement of the Digital Trust sub-committee of the Board</li> </ul>

**Paper for submission to the Council of Governors  
on 19 December 2019**

<b>TITLE:</b>	<b>Update from the Audit Committee</b>		
<b>AUTHOR:</b>	Richard Miner Audit Committee Chair	<b>PRESENTER</b>	Richard Miner Audit Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>X</b>	
<b>RECOMMENDATIONS:</b>			
The Council is asked to note the contents of the report.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Audit Committee meeting held on 18 November 2019.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b>	
	<b>Risk Register: N</b>	<b>Risk Score:</b>	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details:</b> Good Governance
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b> 5/12/19
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

## UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 18 November 2019

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

**Paper for submission to the Council of Governors (Public Session) on  
Thursday 19th December 2019**

<b>TITLE:</b>	<b>Summary of Workforce and Staff Engagement Committee meeting on 26 November 2019</b>		
<b>AUTHOR:</b>	<b>Julian Atkins</b>	<b>PRESENTER</b>	<b>Julian Atkins</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF COMMITTEE:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	<b>X</b>	<b>X</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
The Board to note the assurances provided by the Committee the matters for escalation and the decisions made by the Committee.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO4: Be the place people choose to work</b>  <b>SO5: Make the best use of what we have</b>  <b>SO6: deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
As detailed in the paper previously considered at the meeting of the Board of Directors 5/12/19..			

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

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

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



**Paper for submission to the Council of Governors**  
**19 December 2019**

<b>TITLE:</b>	Trust Secretary Report to Governors		
<b>AUTHOR:</b>	Mr Liam Nevin, Trust Secretary. Helen Board, Governor & Membership Manager	<b>PRESENTER</b>	Mr Liam Nevin, Trust Secretary
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>RECOMMENDATIONS</b>			
Receive this report as requested by the Council and note its content relating to: <ul style="list-style-type: none"> <li>• Council of Governor elections 2019</li> <li>• Governor attendance at Board Committees</li> <li>• Governor training 2019</li> <li>• Council of Governors meeting calendar 2020</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>1. Council of Governor elections 2019</b>  Elections have concluded to fill vacancies in the following staff constituencies: <ul style="list-style-type: none"> <li>- Non-clinical staff (1 vacancy)</li> <li>- Nursing &amp; Midwifery (1 vacancy)</li> </ul> <p>The elections were run in accordance with the Model Rules of Elections as set out in the Trust's Constitution. Civica Election Services Limited oversaw the nominations and ballot process where the ballot concluded on Wednesday 27 November 2019. The results are as follows:</p> <p>Non-clinical staff (1 vacancy) contested – Jill Faulkner elected          Nursing &amp; Midwifery (1 vacancy) uncontested – no nominations received.</p> <p>The next round of scheduled elections will commence September 2020. This is for planned vacancies on the following constituencies:</p>			

- Dudley Central
- Halesowen
- South Staffs and Wyre Forest
- Stourbridge
- Tipton and Rowley Regis

## 2. Governor attendance at board committees

In September 2019, all Governors had received an invitation to attend meetings of the committees of Board.

At the time of writing this report, governors have attended the following meetings in 2019:

<b>Finance &amp; Performance Committee</b>	<b>Workforce and Staff Engagement</b>	<b>Clinical Quality, Safety &amp; Patient Experience</b>	<b>Audit Committee</b>
31 October 28 November	29 October 17 December*	24 September 29 October 26 November 17 December*	Nil attendance

Trust governors are invited to attend in an 'observational' capacity in order to view the workings of each committee. There is an expectation that no more than two governors would attend any one meeting and there would be an opportunity for individual governors to rotate their attendance.

The Committees report directly to the Board of Directors and are both chaired, and attended by, non-executive directors as well as other senior trust staff. \*At the time of preparing this report governors are scheduled to attend.

## 3. Governor training 2019

During 2019, the Trust has provided all new and existing governors the opportunity to attend a series of local and national face-to-face training sessions covering the following topics.

- Introduction to working as a trust governor
- Effective questioning and challenge
- Core skills
- Governance and risk
- Communications and patient experience
- NHS finance and business skills
- Holding to account
- Effective chairing
- The governor role in non-executive appointments
- Infection prevention and control

Five governors attended a range of courses provided as part of the national Governwell programme. The content was then shared in a series of training and development sessions held at the Trust which all Council members were invited to attend. There were four sessions held during the period July – September 2019. For the small number of governors who had been unable to attend, follow up sessions were offered on a 1:1 basis.

Training and development sessions will be held on a quarterly basis during 2020. The dates have been circulated to the full Council as per the Council of Governors meeting calendar provided as appendix 1.

#### 4. Council of Governors meeting calendar 2020

The calendar, attached as appendix 1, contains details of the Trust's key meetings where governors are invited to attend and include the Board of Directors meetings and those of its Committees as per the table below. Governors are invited to attend Board Committees in an 'observational' capacity in order to view the workings of each committee. There is an expectation that no more than two governors would attend any one meeting. There will be an opportunity for individual governors to rotate their attendance.

2020	Finance & Performance Committee 8.30am start	Workforce and Staff Engagement 2.00pm start	Clinical Quality, Safety & Patient Experience 9.00am start	Audit Committee 9.00am – 12 Noon
January	30	27	28	
February	27	24	25	
March	26	30	24	16
April	30	27	28	
May	28	29	26	20
June	25	29	23	
July	30	27	28	
August	27	24	-	
September	24	28	22	14
October	29	26	27	
November	26	23	24	
December	17	14	22	14

#### 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	Y	Details: Good governance
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: Council of Governors 19/12/19
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

2020	Board of Directors	Finance & Performance Committee 8.30am start	Workforce and Staff Engagement 2.00pm start	Clinical Quality, Safety & Patient Experience 9.00am start	Audit Committee 9.00am – 12 Noon	Council of Governors meeting time tbc	Annual General Members Meeting	Engagement and Experience Committee 4.30pm start	CoG Remuneration and Appointments Committee	Governor Training and Development (Evening)	<b>Notes:</b>  # morning meetings \$ afternoon meetings ! off site !! Annual Members Meeting date has still to be confirmed  £ this will be an open meeting for ALL governors to meet with the External Auditors Governors are asked to make every effort to attend those meetings and activities highlighted in bright yellow Please contact the Foundation Trust Office on 01384 321124
	JAN	16	30	27	28					23	
	FEB	13	27	24	25			25			
	MAR	12	26	30	24	12					
	APR	16	30	27	28					23	
	MAY	14	28	29	26			26		13!	
	JUNE	11	25	29	23	11			11		
	JULY	9	30	27	28		16!!			28	
	AUG	-	27	24	-						
	SEPT	10	24	28	22	10		22			
	OCT	8	29	26	27					21	
	NOV	12	26	23	24						
	DEC	10	17	14	22	10		22			

Appendix 1

**Paper for submission to the Council of Governors**

<b>TITLE:</b>	Update from Remuneration and Appointment Committee Remuneration for Chairs and Non-Executive Directors of Foundation Trusts		
<b>AUTHOR:</b>	Liam Nevin Trust secretary	<b>PRESENTER</b>	Liam Nevin Trust Secretary

**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>
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**ACTION REQUIRED OF COMMITTEE**

Decision	Approval	Discussion	Other
			<b>x</b>

**RECOMMENDATIONS**

- The report is for noting

**CORPORATE OBJECTIVE:**
**SUMMARY OF KEY ISSUES:**

NHSI/E England has introduced new guidance concerning the setting and review of remuneration for Chairs and Non-Executive Directors of both NHS and Foundation Trusts. The Council of Governors will be expected to apply the guidance when it determines remuneration for the Chair and Non-Executive directors unless it can justify in specific cases a very good reason not to follow the guidance.

The details are set out in the attached paper but in summary the implications for DGFT are:

- The Trust will not be expected to alter the remuneration of existing Chairs or NEDS, but will be expected to come into line with the guidance when it appoints or re-appoints at the end of current tenures.
- For new appointments or re-appointments, Non- Executive Directors remuneration should not exceed £13k per year during the period of implementation of the guidance (up to April 2021)
- The 13k per year limit may be exceeded in so far as the Trust may pay up to an additional £2k per year for up to two NEDs with additional responsibilities (such as the Senior Independent Director).
- For a new appointment or re-appointment, the remuneration for the Chair should not exceed the median value for a medium sized trust (£47,100 per year)
- During the period of implementation (up to April 2021 for NEDs and April 2022 for Chairs), it is expected that foundation trusts will not seek to apply discretionary annual uplifts that will increase remuneration above the relevant median value until April 2021 for NEDS (£13k per year) and April 2022 for chairs (£47,100 per year)

<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK - N/A</b>			
<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register: N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y</b>	<b>DATE:</b> Council of Governors 19/12/19
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b> Appointments and Remuneration Committee via email 12/12/19
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

## REPORTS FOR ASSURANCE

### Remuneration for Non-Executive Directors

#### Report to Council of Governors on 19<sup>th</sup> December 2019

## 1 EXECUTIVE SUMMARY

1.1 NHSI/E England have introduced new guidance (referred to as the Structure) concerning the setting and review of remuneration for Chairs and Non-Executive Directors of both NHS and Foundation Trusts, the guidance will be referenced in the combined Code of governance for NHS trusts and foundation trusts and will apply on a “comply or explain” basis. This means that the Trust will ordinarily be expected to comply with the Structure unless it can justify in specific cases a very good reason to deviate from it. Therefore whilst the Council of Governors will continue to set remuneration, allowances and other terms and conditions for Chairs and Non-Executive Directors it is expected that they will apply the Structure in doing so. The full guidance can be read by following this link [https://improvement.nhs.uk/documents/6110/Chair\\_and\\_NED\\_Remuneration\\_Structure\\_1\\_nov.pdf](https://improvement.nhs.uk/documents/6110/Chair_and_NED_Remuneration_Structure_1_nov.pdf)

## 2 BACKGROUND INFORMATION

2.1 One of the concerns that the Structure aims to address is the difference in remuneration between NHS and foundation trusts and sometime significant differences in the remuneration paid by comparable foundation trusts. To address this, the remuneration for Chairs and NEDs in NHS Trusts will be increased in stages so that by April 2021 Non-Executive Directors will be paid £13,000 per year, with a discretion to pay an additional £2,000 per year for certain additional responsibilities for two NEDs (such as being the Senior Independent Director). By April 2022 Chairs will receive as a minimum the median value associated with the turnover of the Trust (see table below), with discretion to adjust the actual remuneration based on the skills and experience of the Chair and the complexity of the organisation (for example if it is a challenged Trust).

Trust size	Annual turnover (£ pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m–400m	Group 2	44,100	47,100	50,000
Large	401m–500m	Group 3	45,000	49,500	51,400
Extra large	501m–750m	Group 4	50,500	55,000	58,500
Supra large	>750m	Group 5	55,500	60,000	63,300

2.2 Foundation Trusts will not be expected to alter the remuneration of existing Chairs or NEDS, but will be expected to come into line with the Structure when it appoints or re-appoints at the end of current tenures. In addition, during the period of implementation, it is expected that foundation trusts will not seek to apply discretionary annual uplifts that will increase remuneration above the relevant median value until April 2021 (for NEDS) and April 2022 (for chairs).

### 3 RISKS AND MITIGATIONS

3.1 Compliance with the requirements of the Structure is a requirement of the Combined Code of Governance. This means that when taking decisions on remuneration, the Council of Governors must have regard to the Structure and must apply it unless there are good reasons not to.

3.2 The appropriate mitigation is to ensure that all governors, through this briefing, are aware of this requirement, and that the Appointments and Remuneration Committee apply the requirements when making recommendations on remuneration for the Chair and Non-Executive Directors.

### 4. RECOMMENDATION(S)

4.1 The report is for noting

Liam Nevin  
Trust Secretary  
Date: November 2019

#### APPENDICES:

Link to NHSI Guidance:

“Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts”



**Paper for submission to the Council of Governors 19 December 2019**

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

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

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

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

## **Cancer Performance**

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

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

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

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

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

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

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

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

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

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

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

## **WORKFORCE**

### **Absence**

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

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

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

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

### **Mandatory Training/Appraisals**

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

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

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

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

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

## Turnover

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

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

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

## Recruitment

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

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

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

The Resourcing team continue to work to the revised 'time to hire' KPI of 50 days (originally 77 days). Last month we saw improvement against the target from 51% to 57%.

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

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

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

## Leadership & Development

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

The Manager’s Essentials programme has now commenced with a small pilot programme of three cohorts in October and November. It will run weekly until January 2020.

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

## HR Operations

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

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

### IMPLICATIONS OF PAPER:

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

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





# Integrated Performance Report - Board



November 2019

Created by: Informatics.

Title of report: Integrated Performance Report

Executive Lead:

Performance  
Finance  
Workforce

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

## Guide to Icons on SPC Charts.

### ICONS

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



The key below is for SPC suitable KPIs

Variation				Assurance			
Special Cause - Concern							
	High	Low		High	Low		

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

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

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

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

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

Met the target	Missed the target	No Target



## Executive Summary

### FFT Response Rate

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

### FFT Percentage Recommended

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

### Action taken to improve scores

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

### Complaints & PALS

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

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

### Falls

There were 72 inpatient falls

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

### Pressure Ulcers

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

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

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

### MSA Breaches

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

### Infection Control

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

E-Coli -4

MSSA Bacteraemia-2

## Executive Summary

### Incidents

5 Serious Incidents have been reported to STEIS in October 2019

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

There have been no reported Never Events since March 2019

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

### % of deaths with priorities of care

Trust performance for September is 30%

This includes manually inputted data for AMU and B6

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

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

### Dementia

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

### VTE

Trust performance for VTE for October is 93.6%

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

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

### Safety Thermometer

Patients with harm free care is 97.88%

## Executive Summary

### EAS Summary

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

### Cancer Performance

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

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

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

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

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

## Executive Summary

### Turnover

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

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

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

### Recruitment

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

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

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

The Resourcing team continue to work to the revised 'time to hire' KPI of 50 days (originally 77 days). Last month we saw improvement against the target from 51% to 57%.

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

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

## Executive Summary

### Leadership & Development

169 leaders have completed or enrolled on the Leadership & Development programme. Cohort 11, due to commence in March 2020, is open for enrolment. The Manager's Essentials programme has now commenced with a small pilot programme of three cohorts in October and November. It will run weekly until January 2020.

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

#### HR Operations

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

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

### Finance

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





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

Executive Lead: Mary Sexton

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

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

### Patients will experience safe care - Patient Safety

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

## Performance - "At a glance"

Executive Lead: Karen Kelly



## Performance - Key Performance Indicators

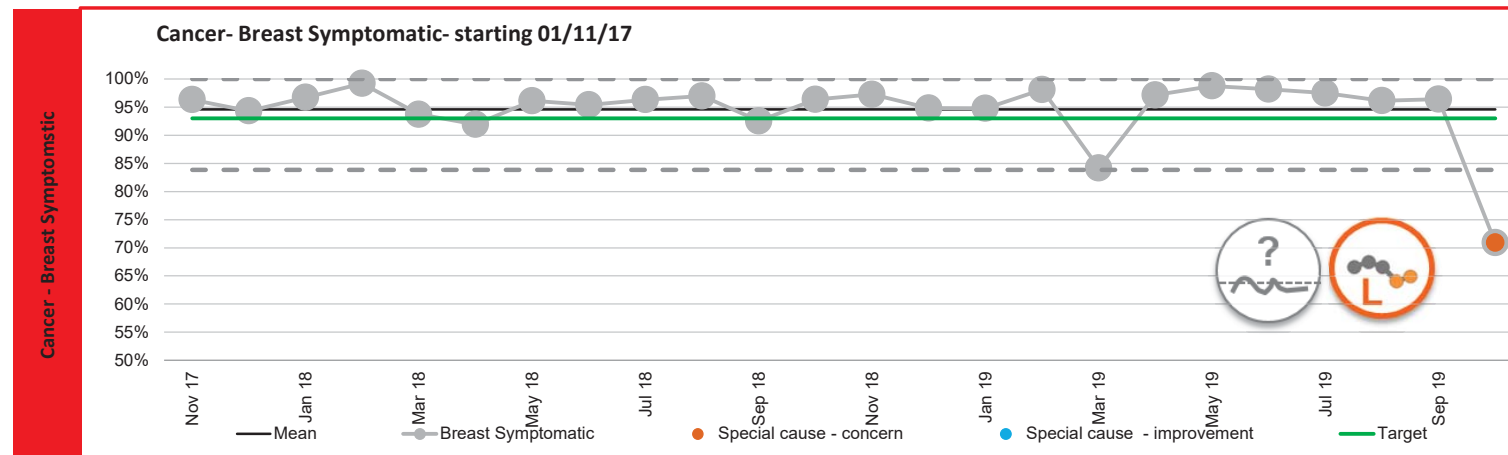
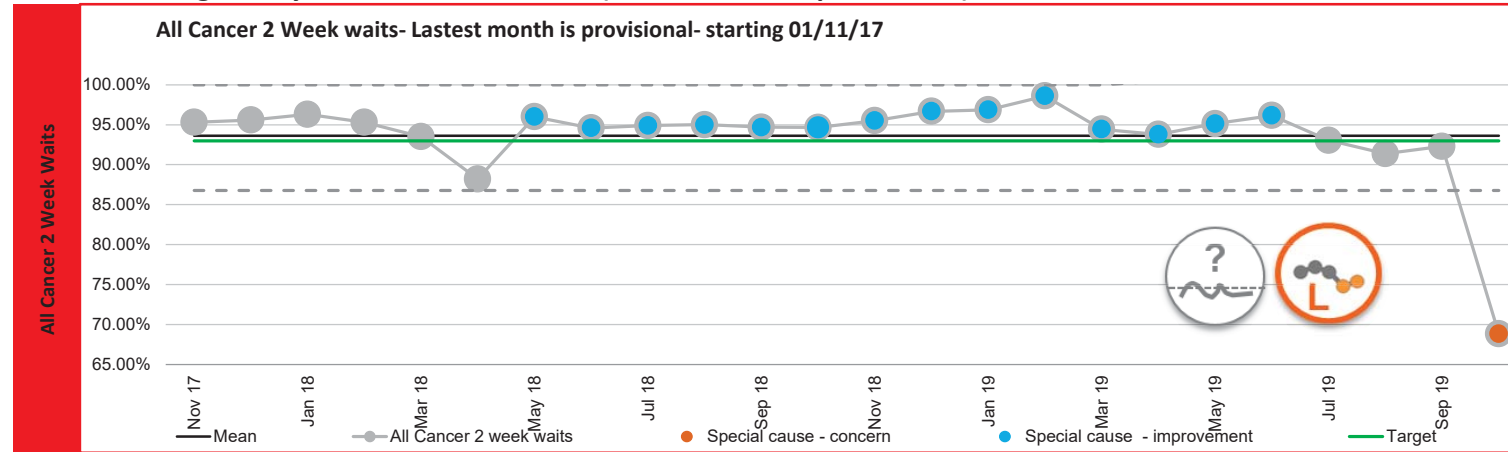
	Target	Sep-19	Oct-19	Actual YTD	Trend	Month Status
<b>Cancer Reporting - TRUST (provisional)</b>						
All Cancer 2 week waits	93%	92.28%	68.8%	89.8%	↓	
2 week wait - Breast Symptomatic	93%	96.4%	70.9%	93.2%	↓	
31 day diagnostic to 1st treatment	96%	98.1%	96.6%	98.3%	↓	
31 day subsequent treatment -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

## Performance - Key Performance Indicators cont.

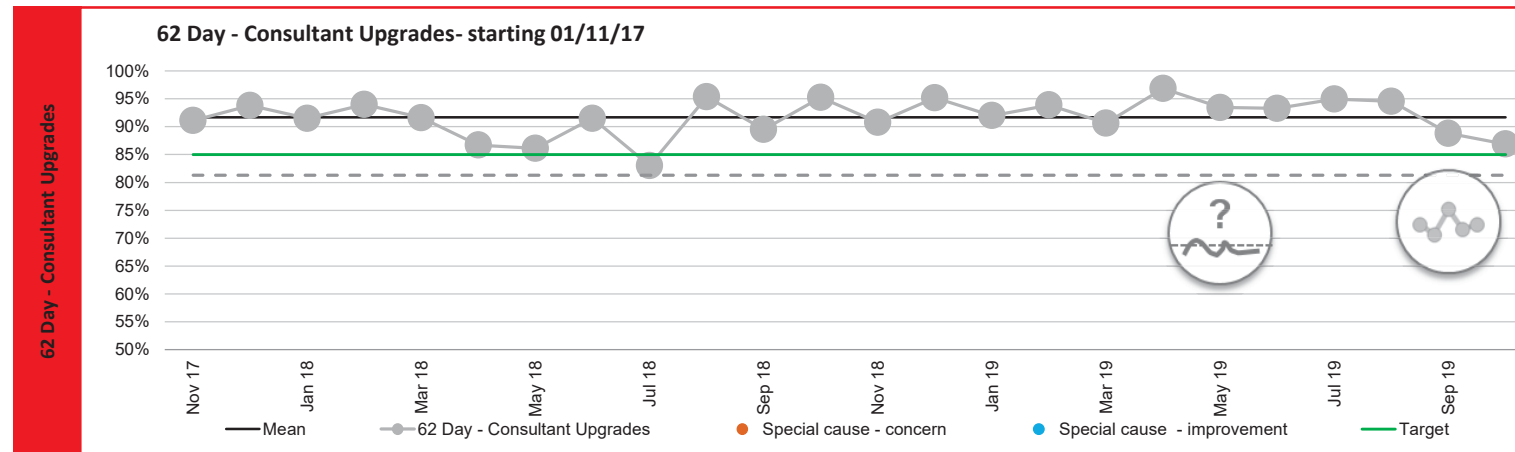
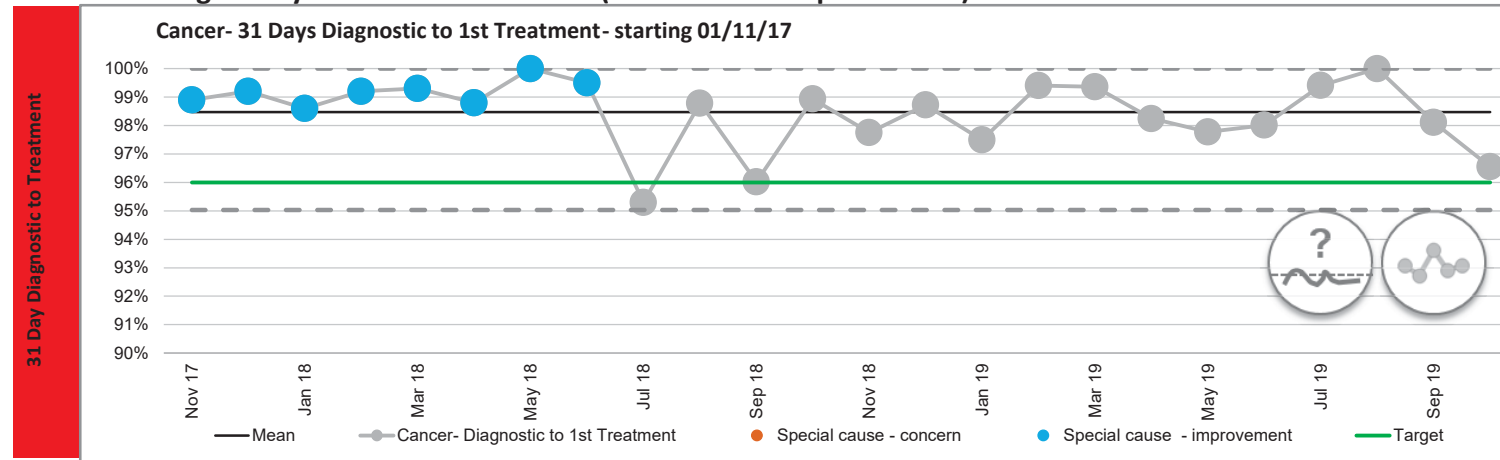
	Target	Sep-19	Oct-19	Actual YTD	Trend	Month Status
<b>Cancelled Operations - TRUST</b>						
% Cancelled Operations	1.0%	2.1%	1.6%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	4	0	7	↓	
Urgent operations - cancelled twice	0	0	0	0	↔	
<b>GP Discharge Letters</b>						
GP Discharge Letters	90%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

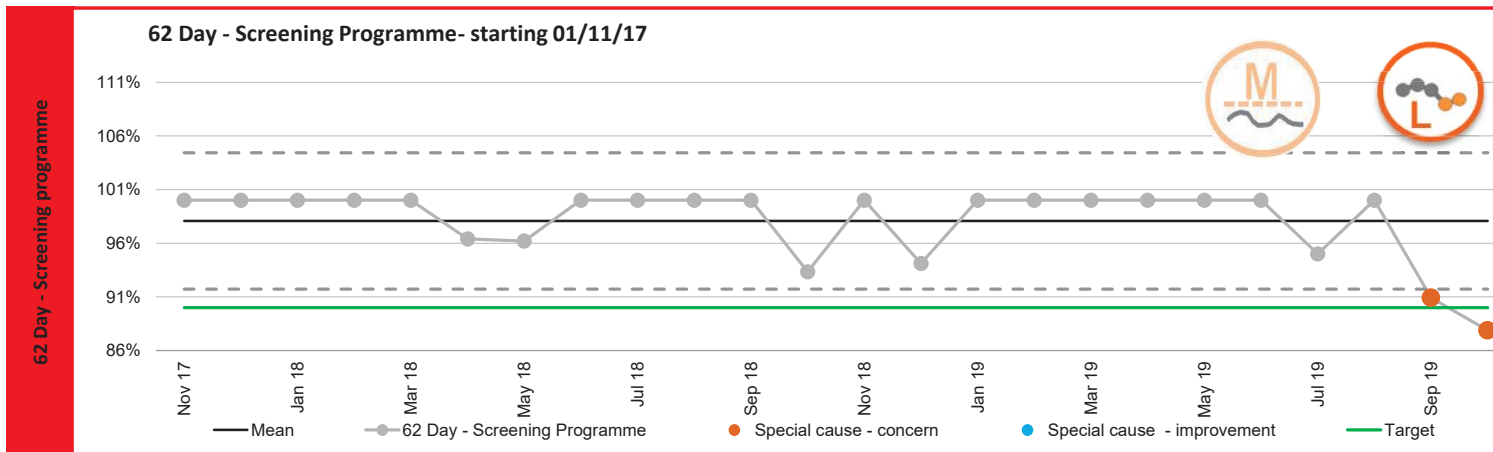
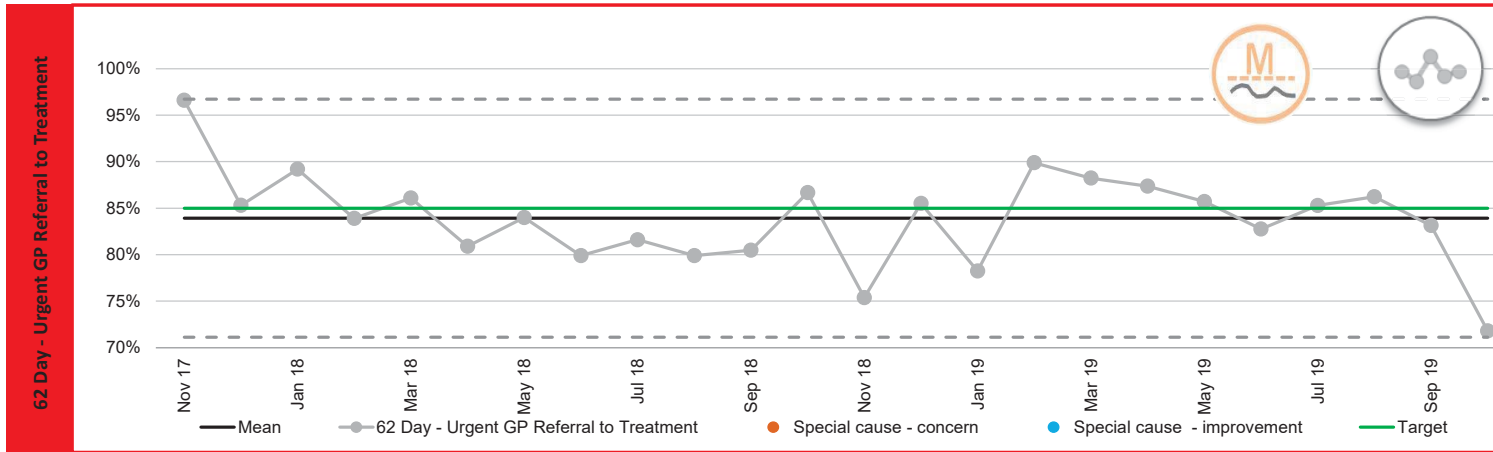


### SPC charts-Regulatory Performance - Cancer (Latest month is provisional)



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





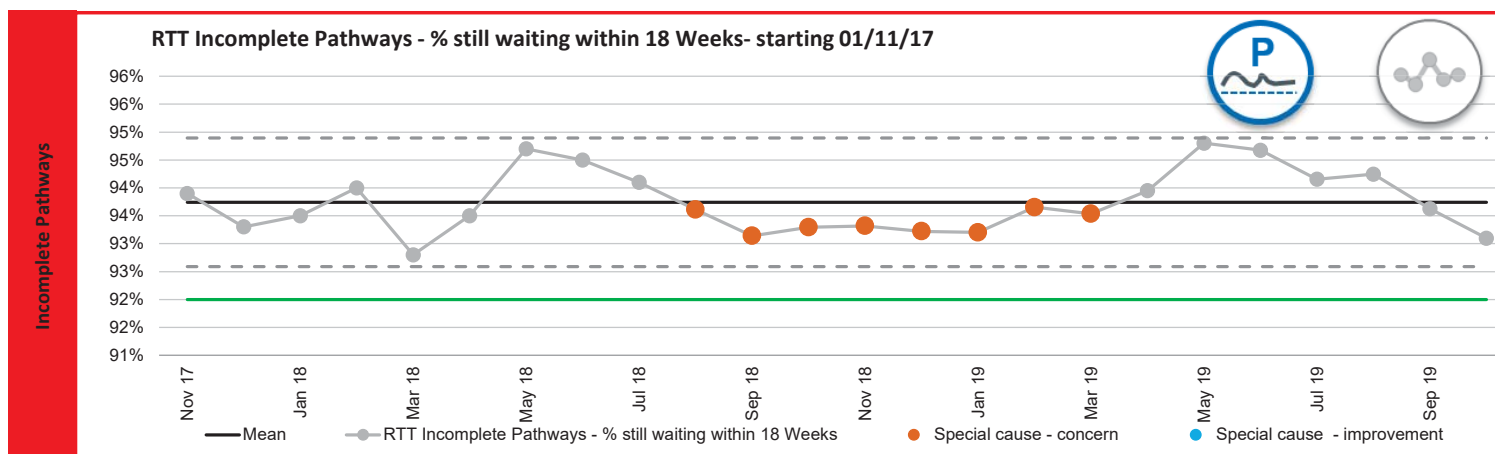
## Performance Matters (KPIs)

### Regulatory Performance - 18 Week Referral to Treatment

RTT 18 Week Performance - October 2019

Validated Position

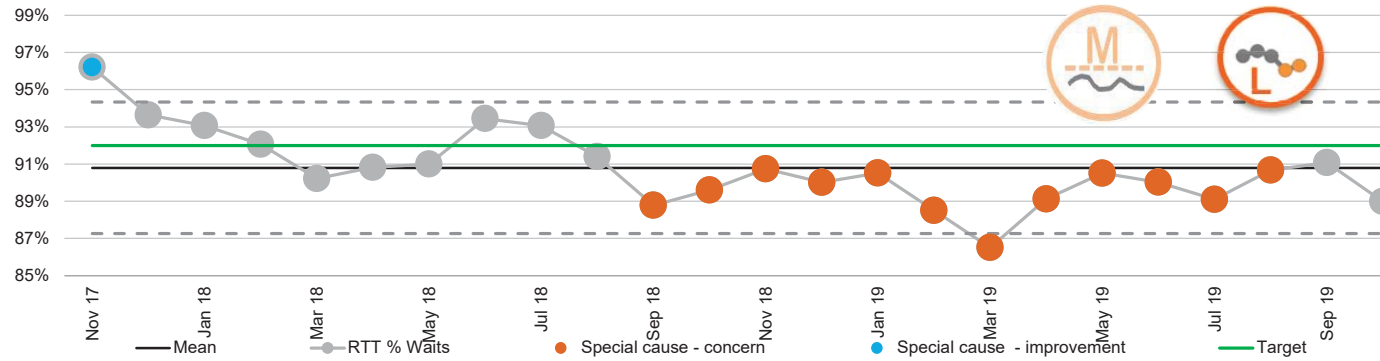
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	969	120	1089	89.0%
101 - Urology	1222	131	1353	90.3%
110 - Trauma & Orthopaedics	1701	94	1795	94.8%
120 - ENT	1152	48	1200	96.0%
130 - Ophthalmology	1826	191	2017	90.5%
140 - Oral Surgery	668	63	731	91.4%
160 - Plastic Surgery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



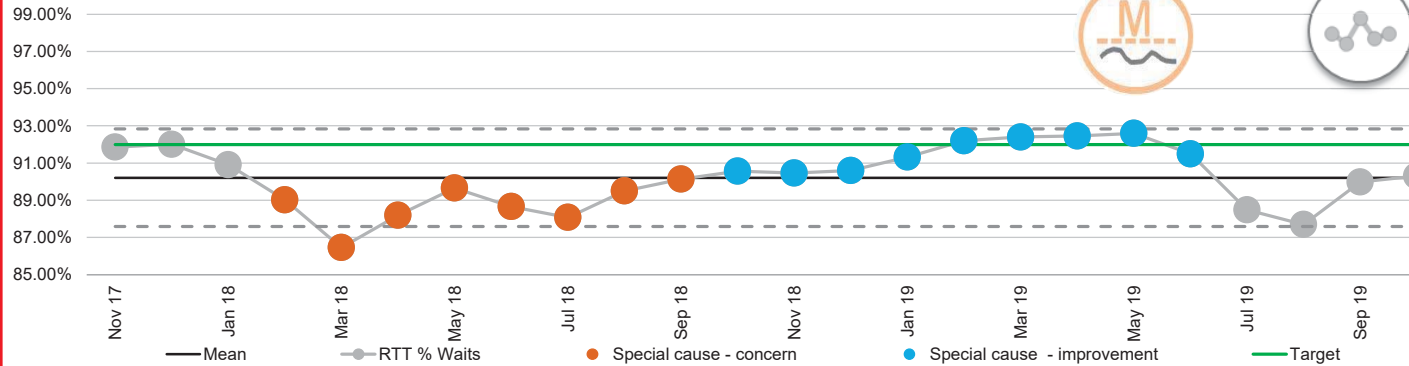
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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



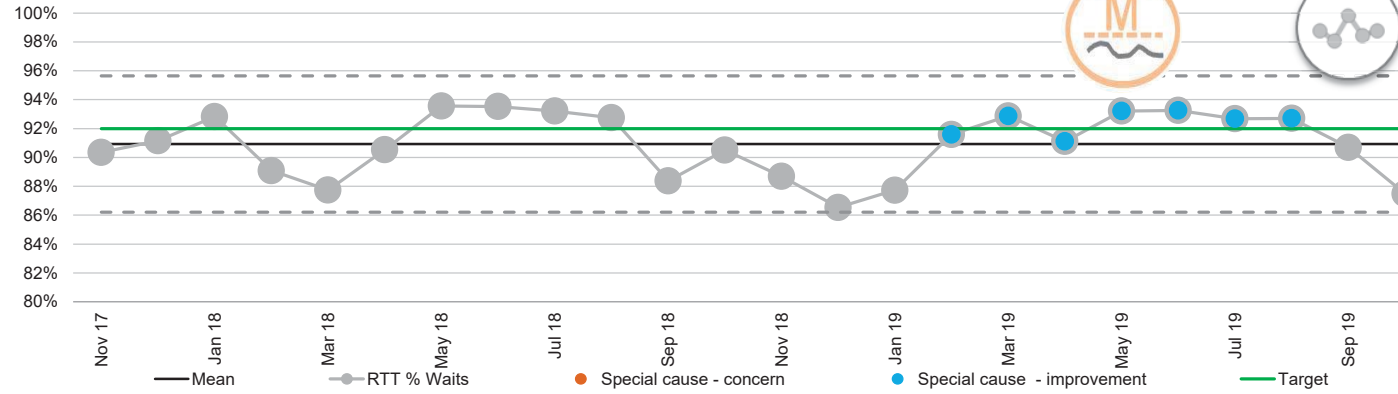
RTT % Incomplete Waits - Urology- starting 01/10/17



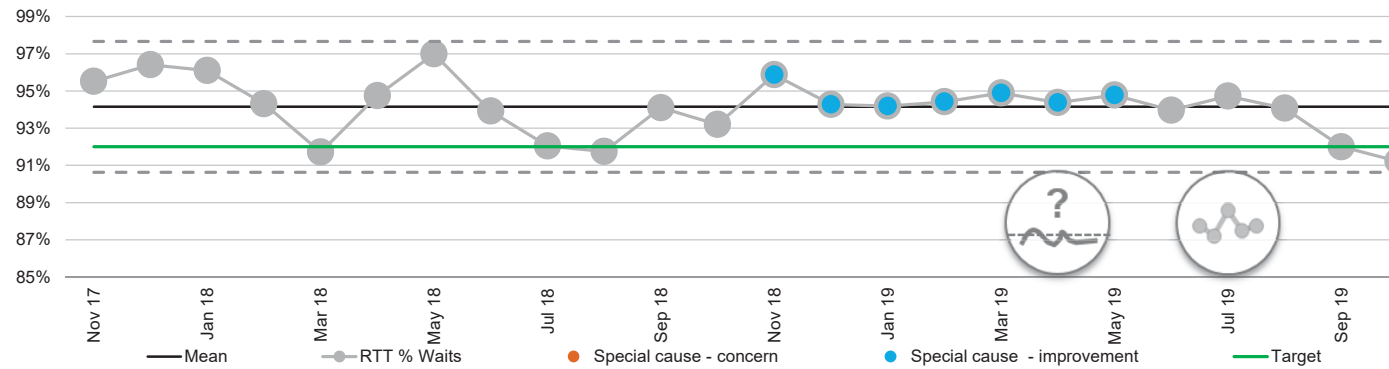
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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



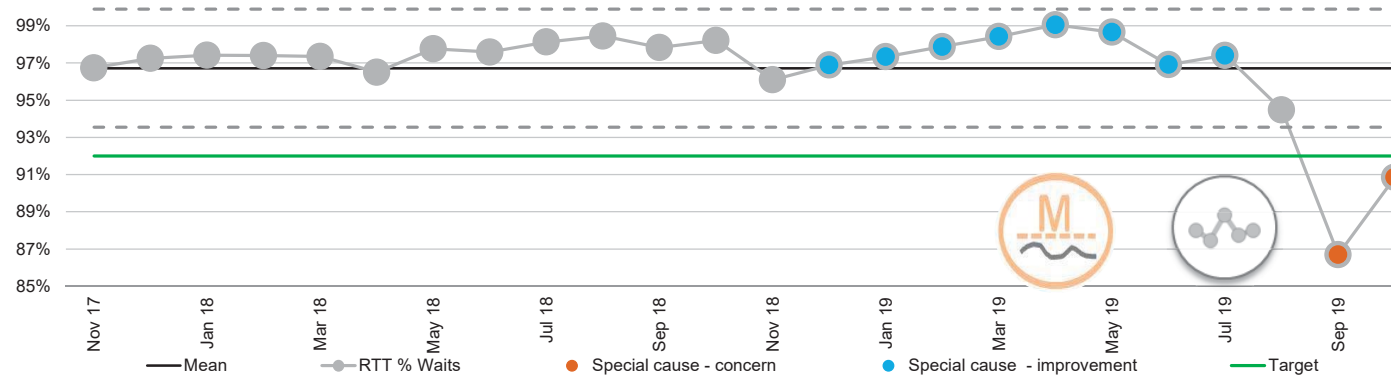
RTT % Incomplete Waits - Neurology- starting 01/10/17



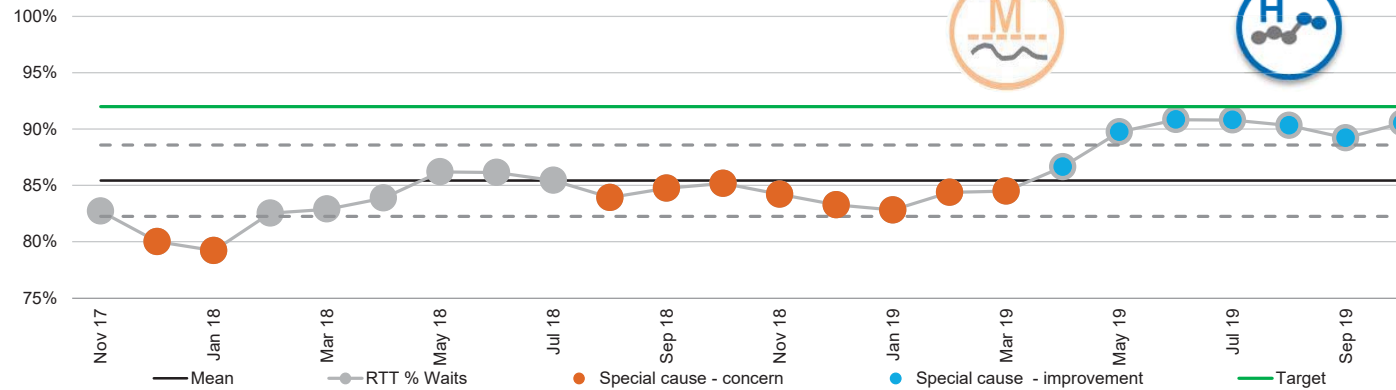
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities missing target

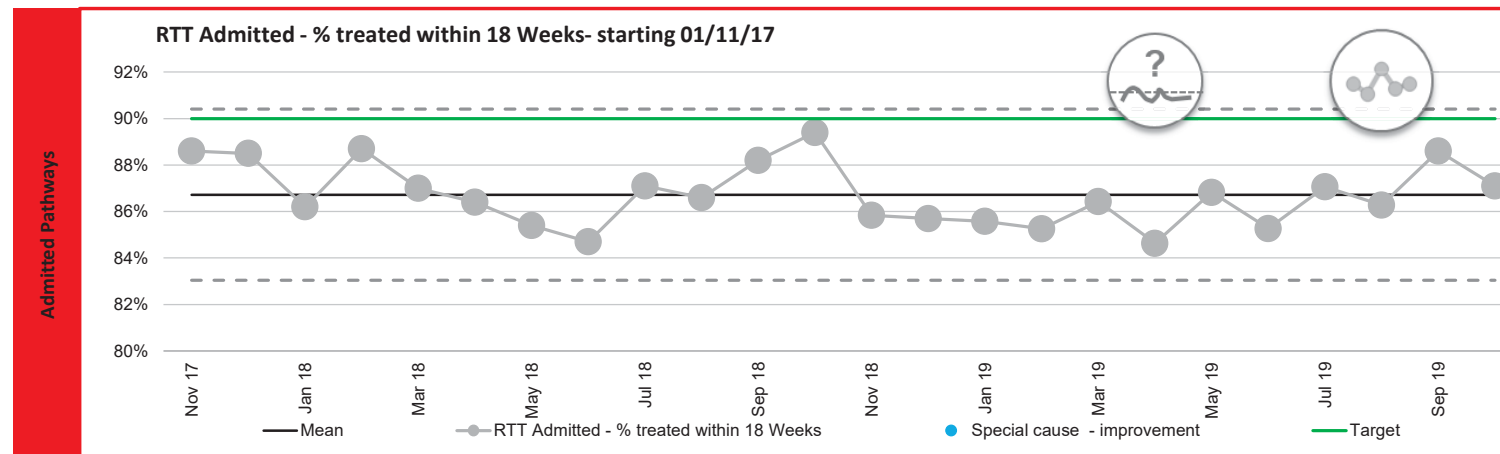
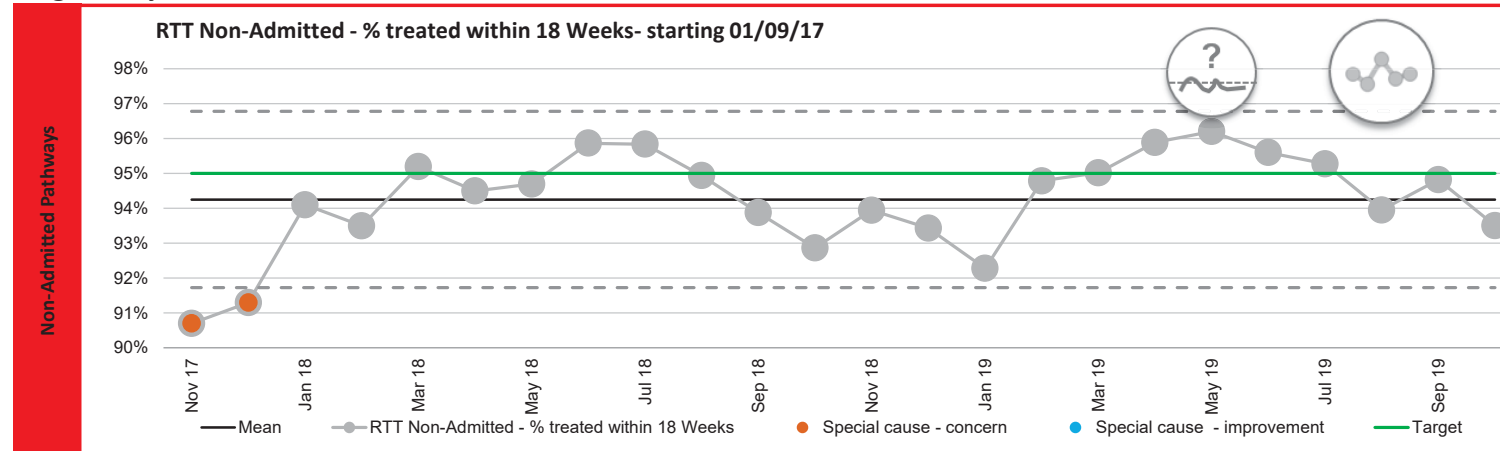
RTT % Incomplete Waits - Rheumatology- starting 01/10/17



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



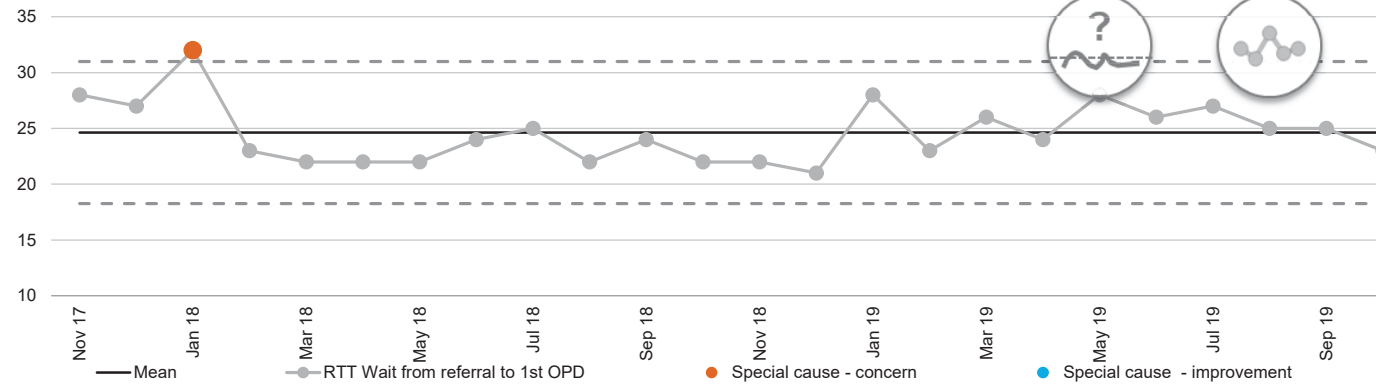
### Regulatory Performance





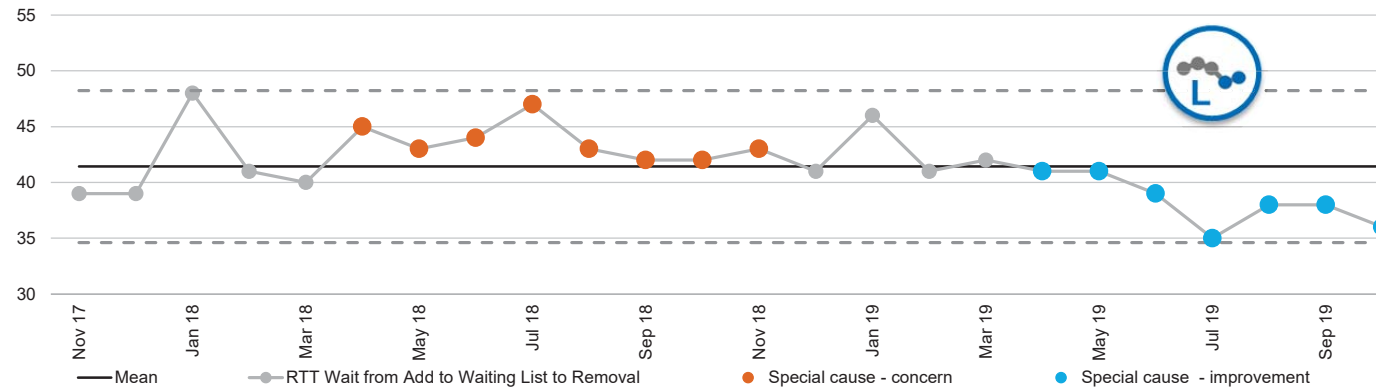
Wait in days from referral to 1st OPD

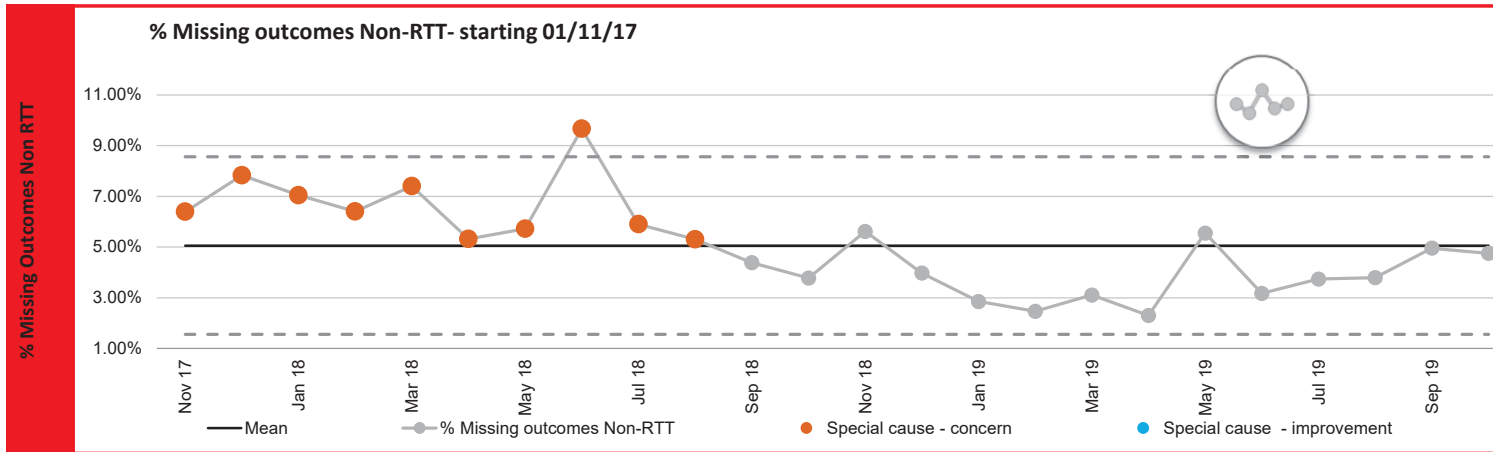
RTT Wait from referral to 1st OPD- starting 01/09/17



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

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

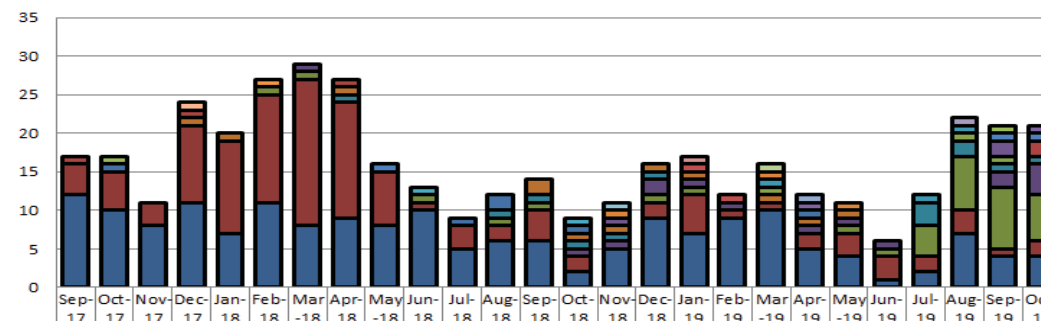




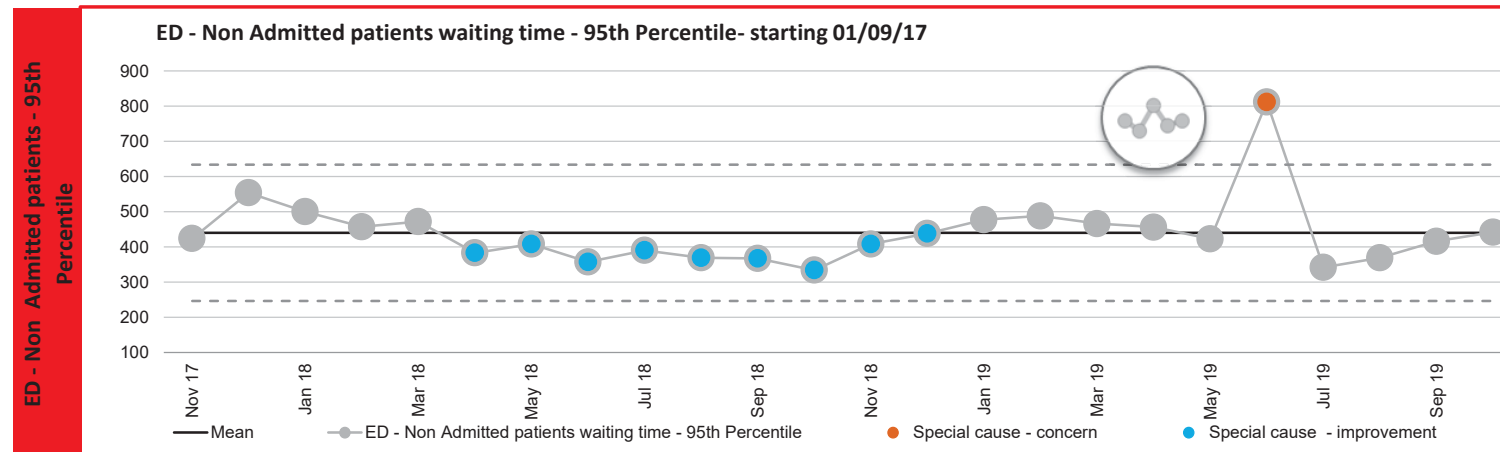
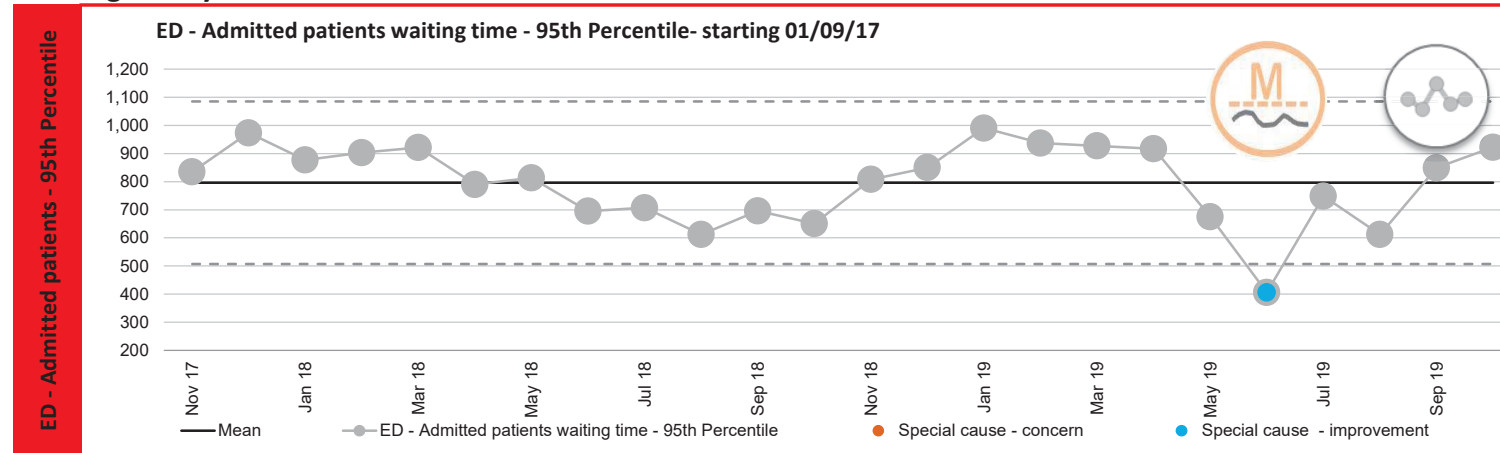
## Performance Matters (KPIs)

## Regulatory Performance

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

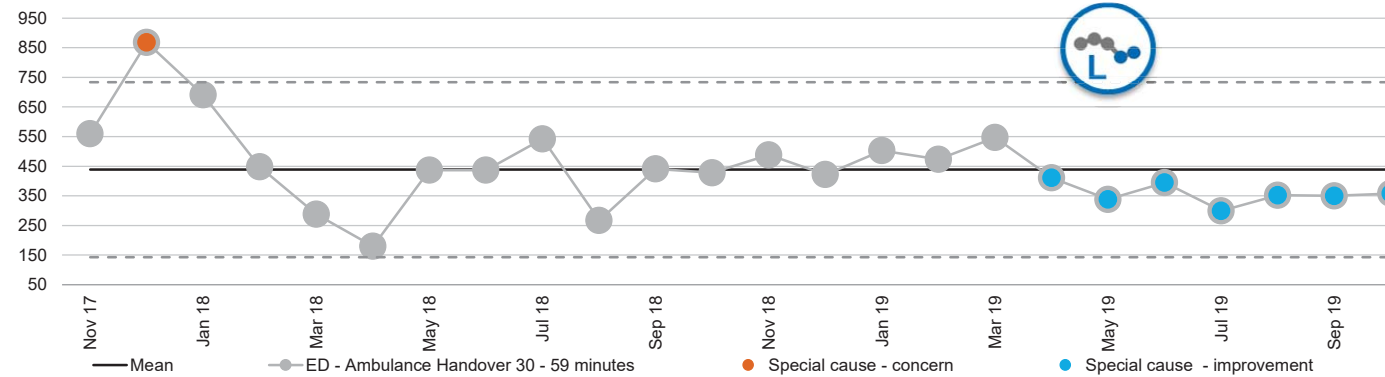
[illegible]

### SPC Regulatory Performance - ED



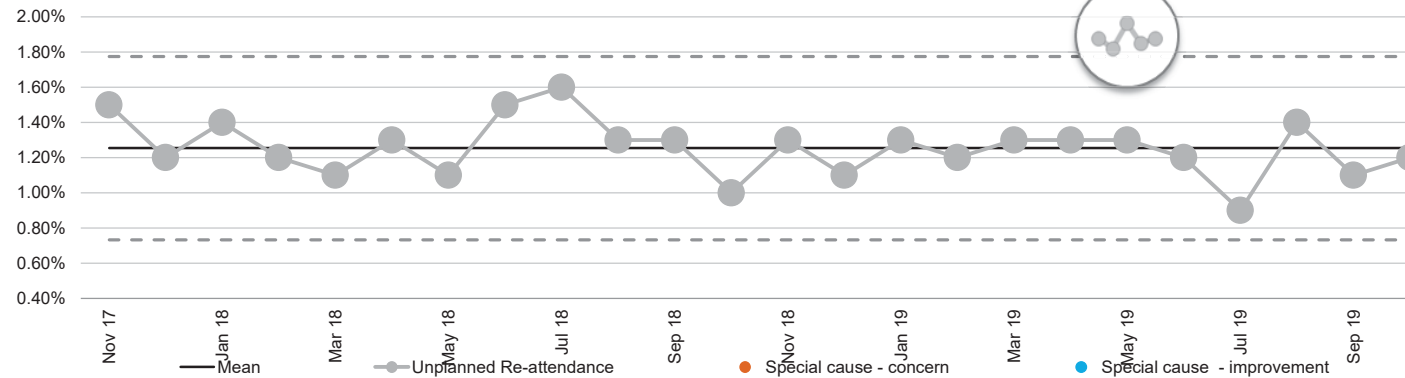
Ambulance Handover - 30 - 59 mins

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



Unplanned Re-attendance

Unplanned re-attendance- starting 01/09/17



## Executive Summary

### Incidents

5 Serious Incidents have been reported to STEIS in October 2019

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

There have been no reported Never Events since March 2019

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

### % of deaths with priorities of care

Trust performance for September is 30%

This includes manually inputted data for AMU and B6

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

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

### Dementia

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

### VTE

Trust performance for VTE for October is 93.6%

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

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

### Safety Thermometer

Patients with harm free care is 97.88%

## Executive Summary

### EAS Summary

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

### Cancer Performance

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

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

### Regulatory Performance- 18 week referral Treatment

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

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

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

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

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

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

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

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

## Executive Summary

### Work Force

#### Absence

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

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

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

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

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

#### Mandatory Training/Appraisals

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

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

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

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



## Executive Summary

### Turnover

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

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

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

### Recruitment

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

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

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

The Resourcing team continue to work to the revised 'time to hire' KPI of 50 days (originally 77 days). Last month we saw improvement against the target from 51% to 57%.

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

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

## Executive Summary

### Leadership & Development

169 leaders have completed or enrolled on the Leadership & Development programme. Cohort 11, due to commence in March 2020, is open for enrolment. The Manager's Essentials programme has now commenced with a small pilot programme of three cohorts in October and November. It will run weekly until January 2020.

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

#### HR Operations

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

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

### Finance

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



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

Executive Lead: Mary Sexton

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

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

### Patients will experience safe care - Patient Safety

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

## Performance - "At a glance"

Executive Lead: Karen Kelly



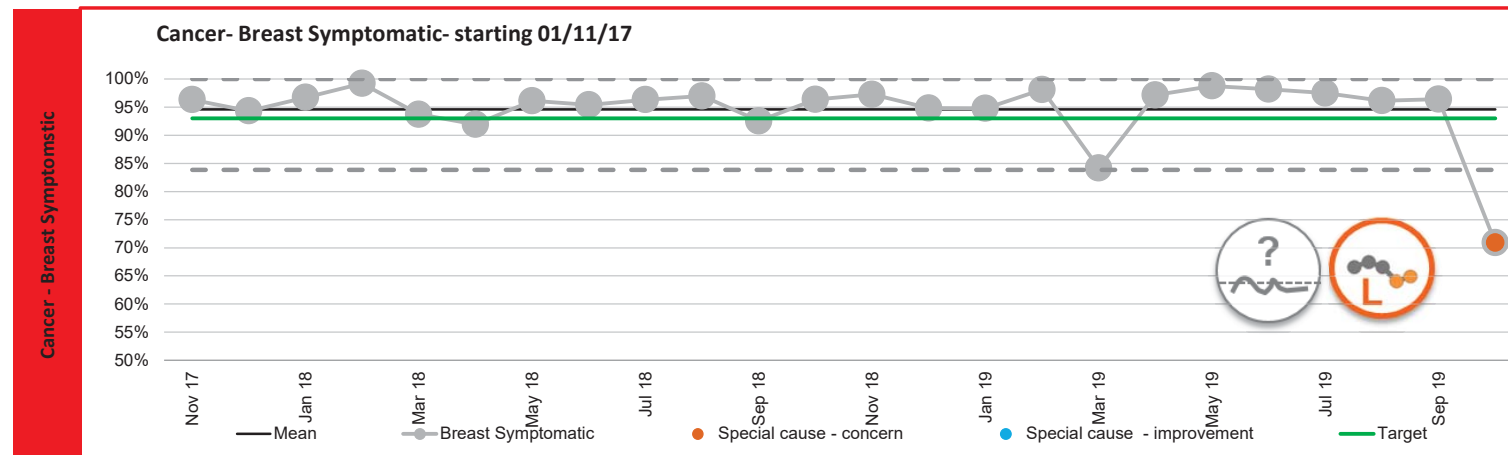
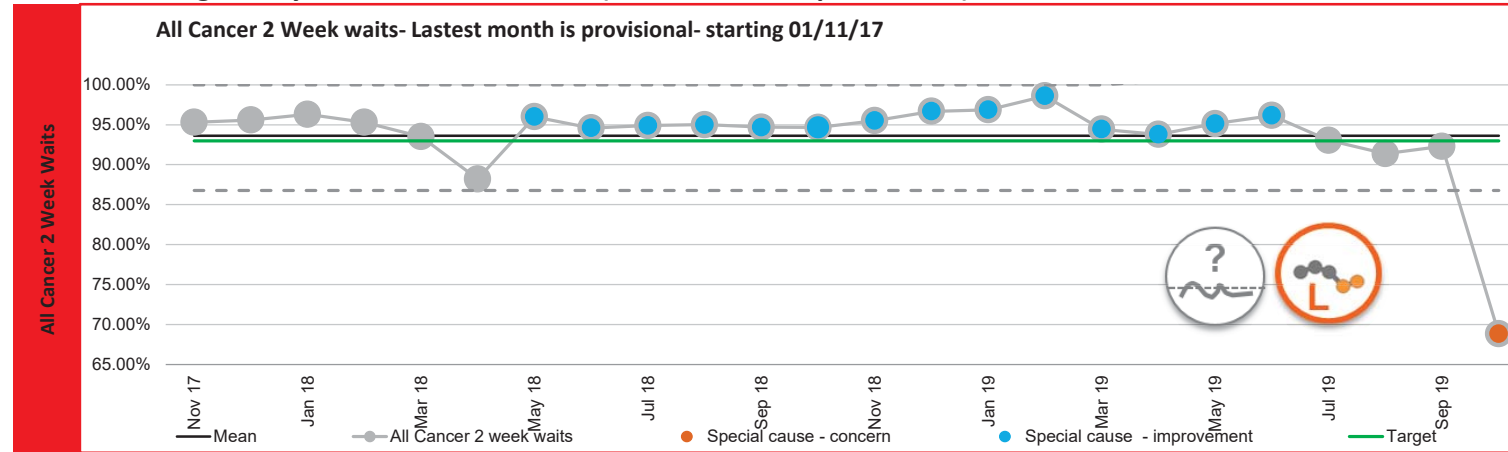
## Performance - Key Performance Indicators

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

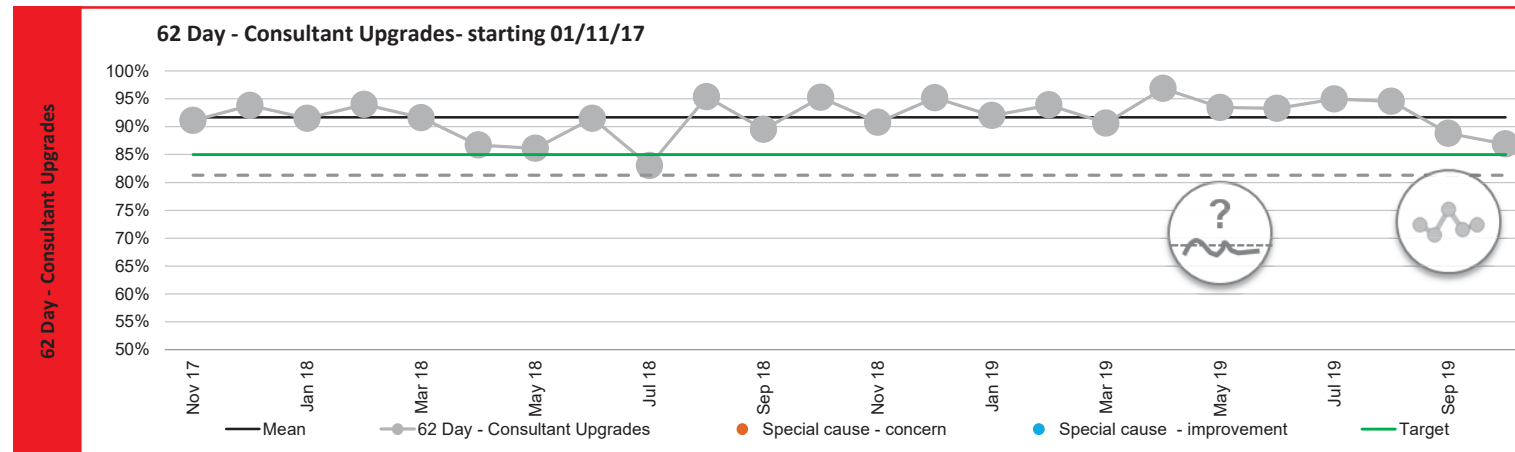
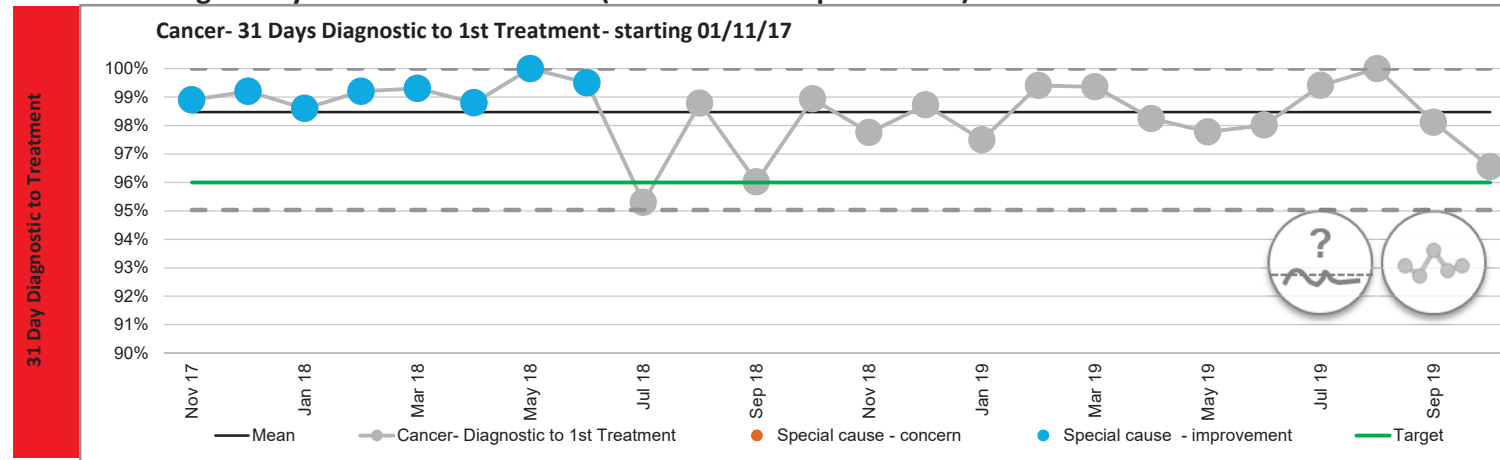
## Performance - Key Performance Indicators cont.

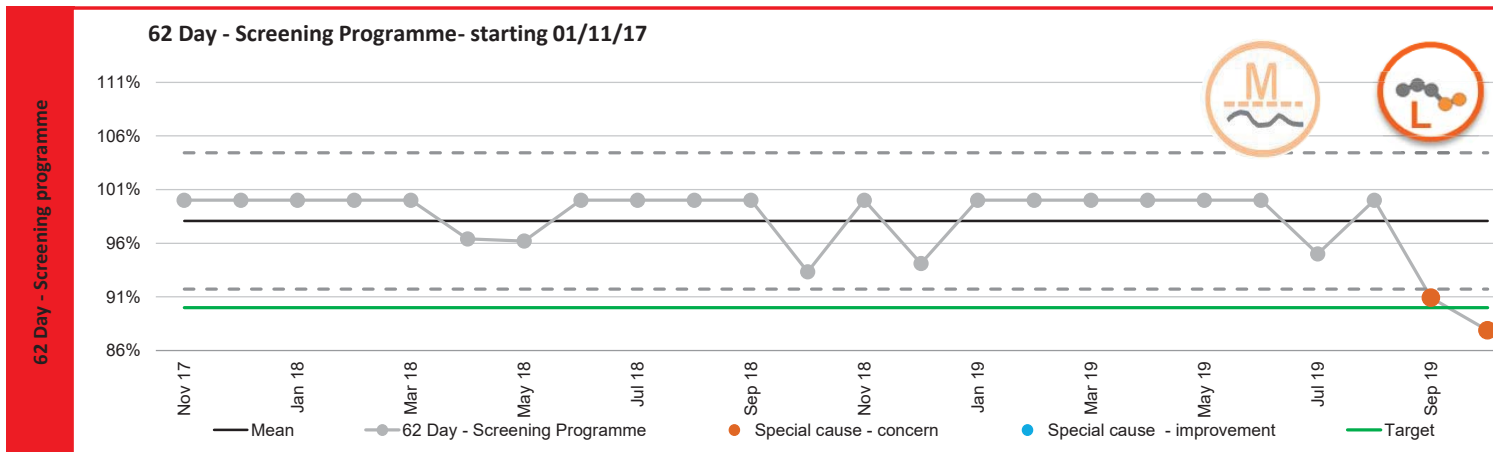
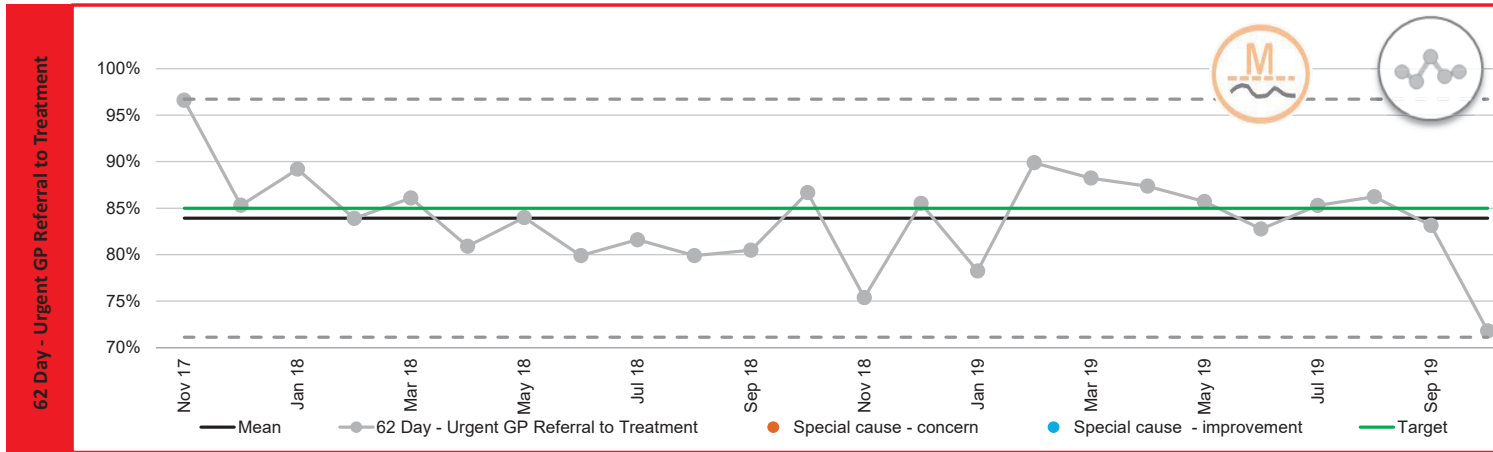
	Target	Sep-19	Oct-19	Actual YTD	Trend	Month Status
<b>Cancelled Operations - TRUST</b>						
% Cancelled Operations	1.0%	2.1%	1.6%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	4	0	7	↓	
Urgent operations - cancelled twice	0	0	0	0	↔	
<b>GP Discharge Letters</b>						
GP Discharge Letters	90%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

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



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





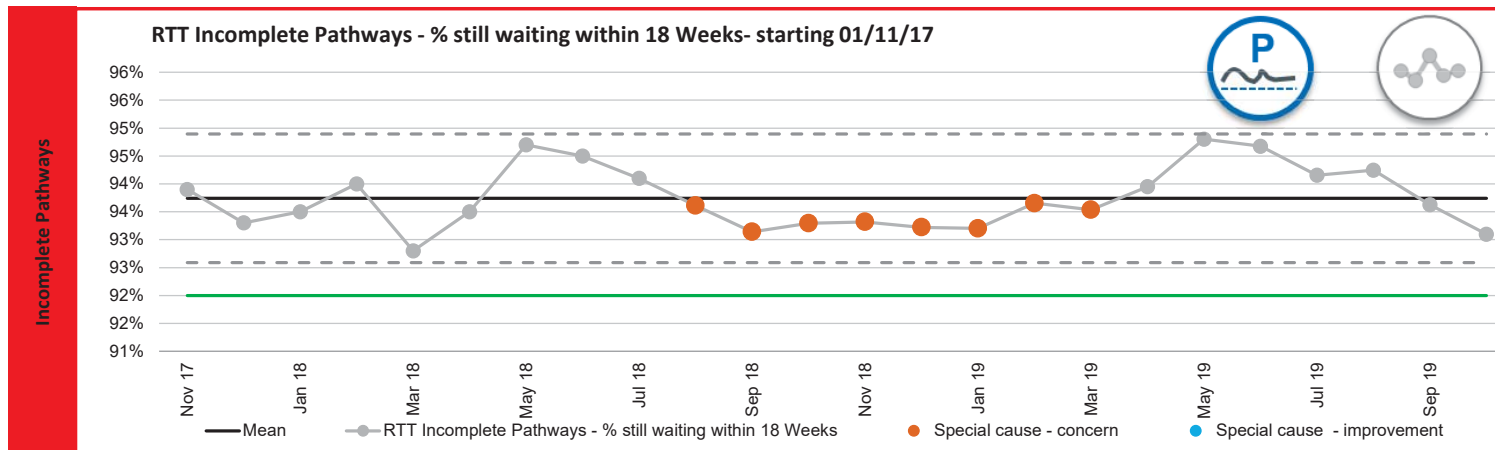
## Performance Matters (KPIs)

### Regulatory Performance - 18 Week Referral to Treatment

RTT 18 Week Performance - October 2019

Validated Position

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

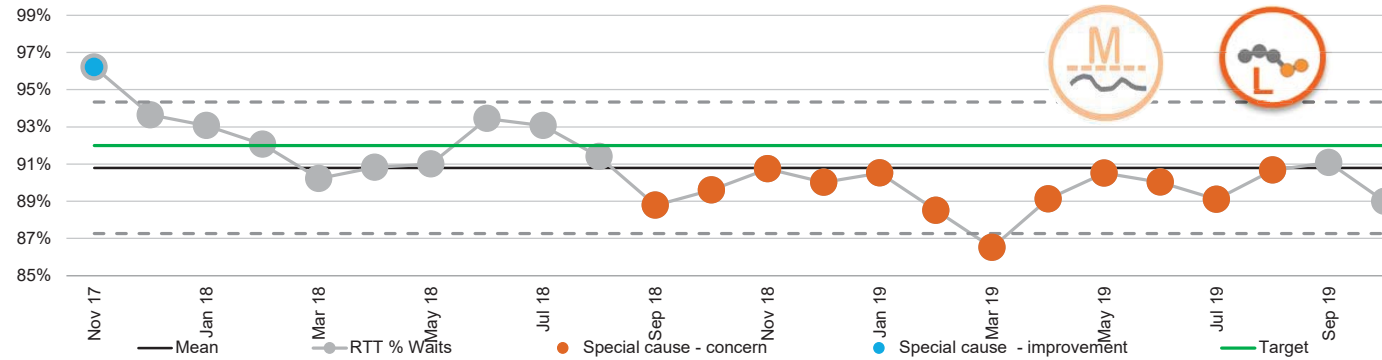




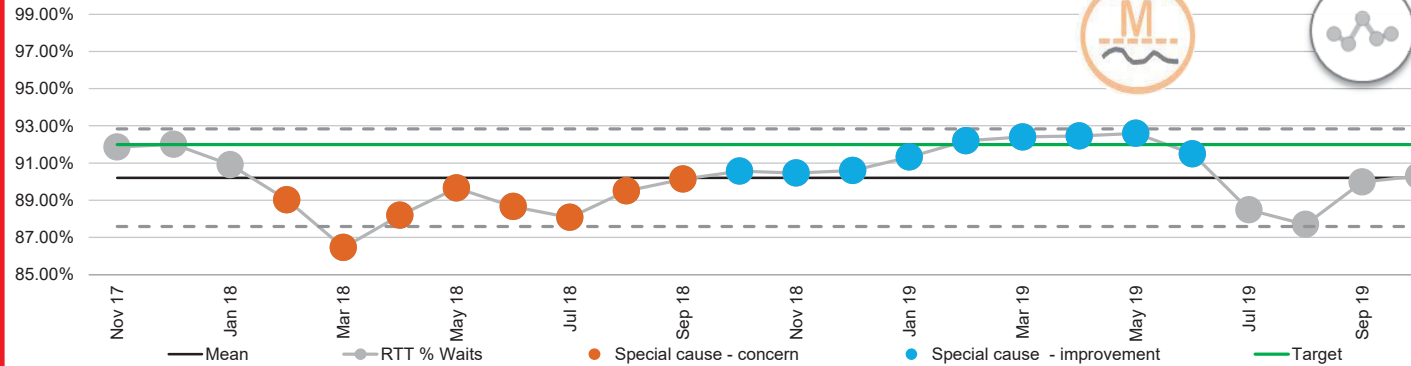
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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



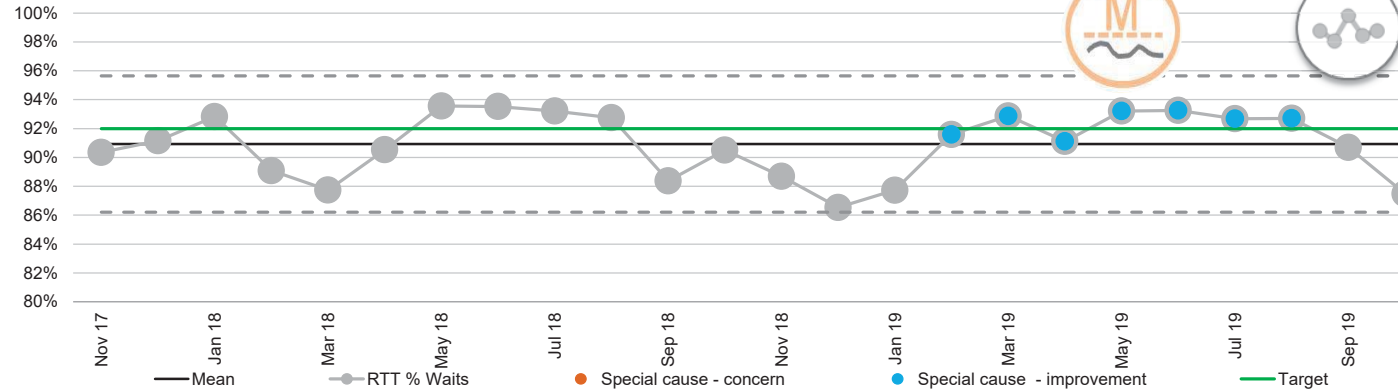
RTT % Incomplete Waits - Urology- starting 01/10/17



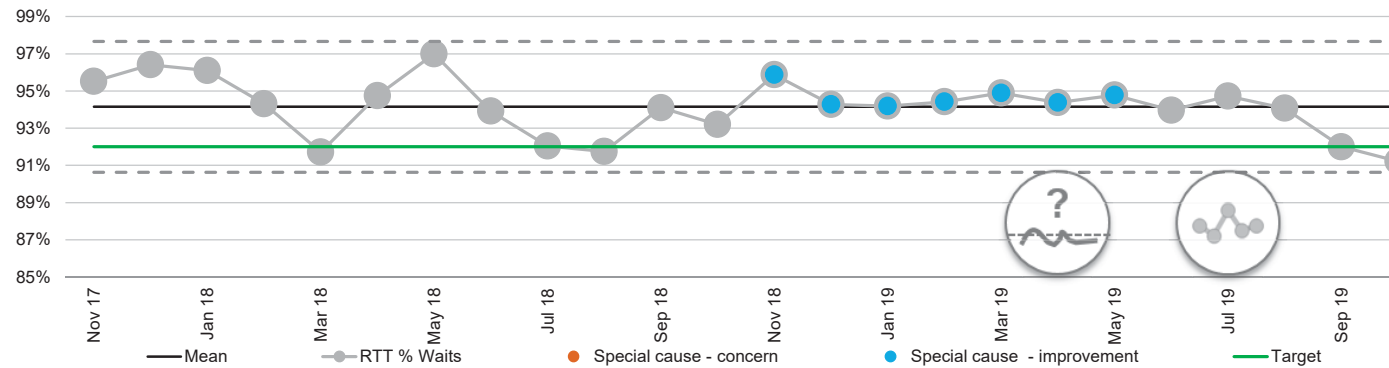
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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



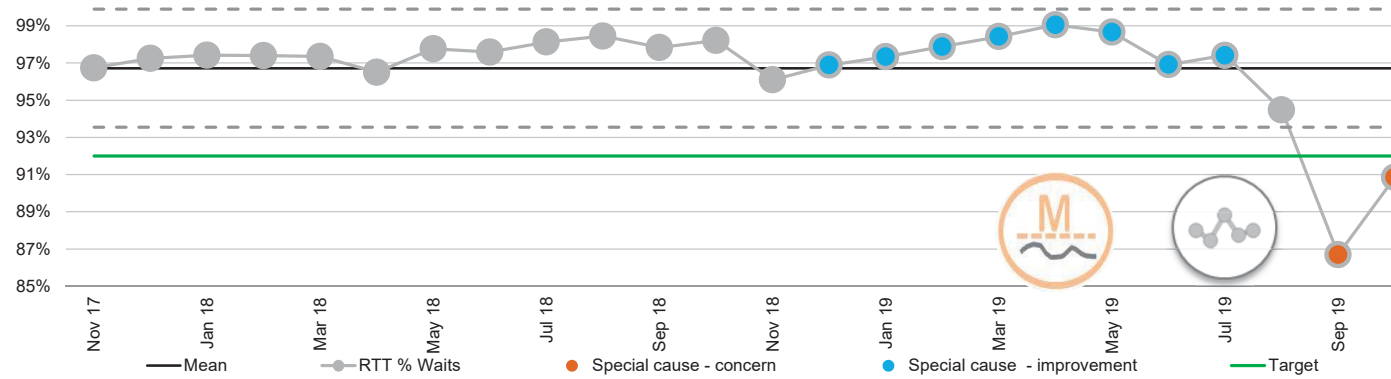
RTT % Incomplete Waits - Neurology- starting 01/10/17



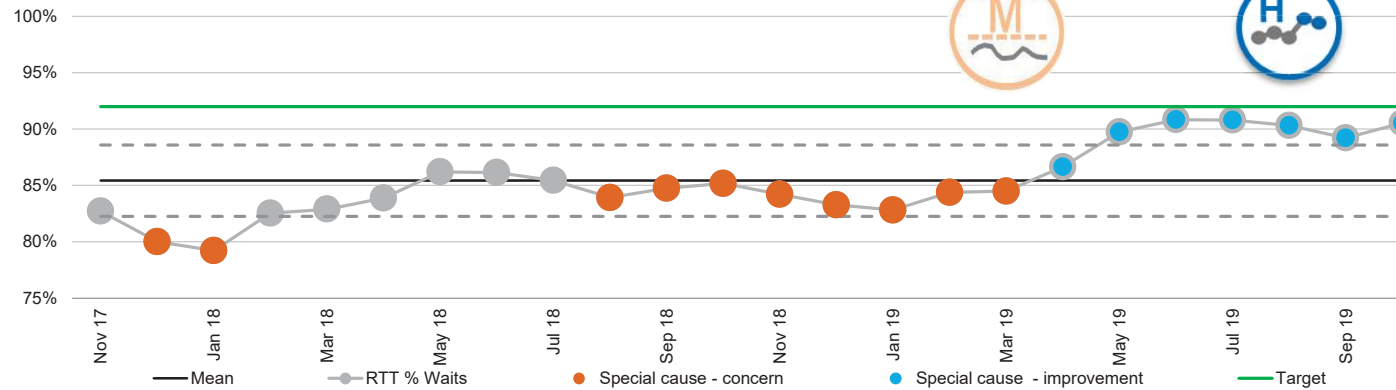
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities missing target

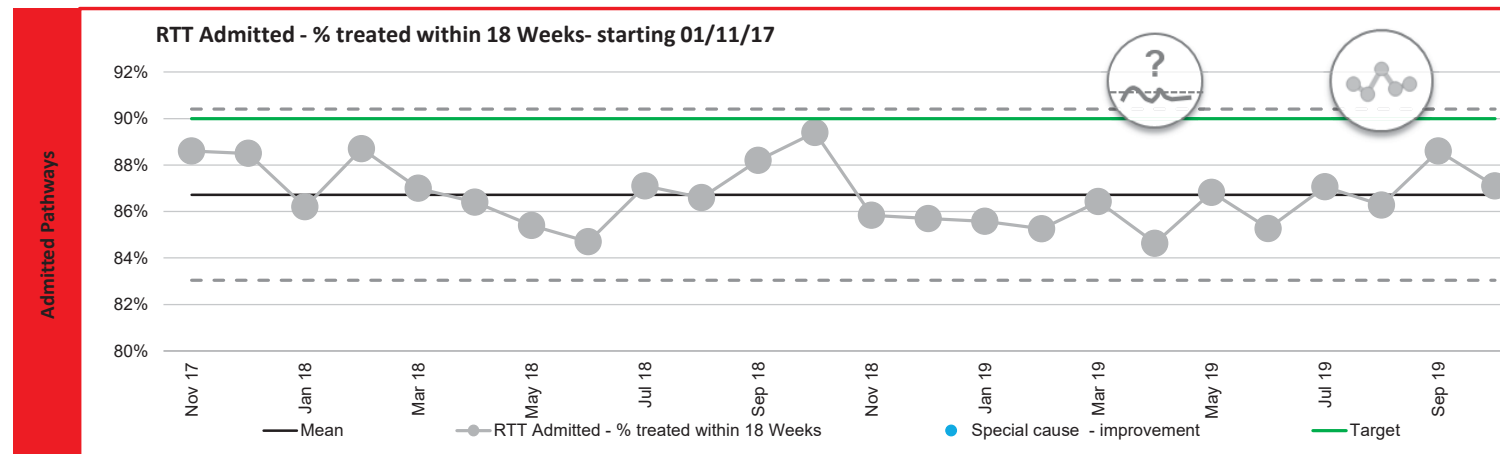
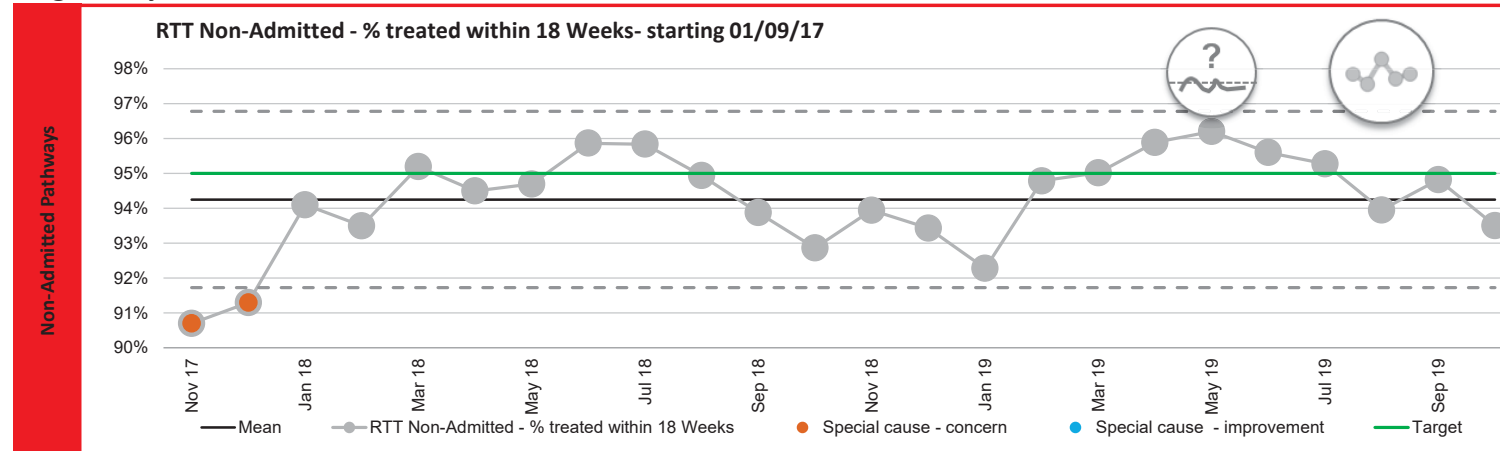
RTT % Incomplete Waits - Rheumatology- starting 01/10/17



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

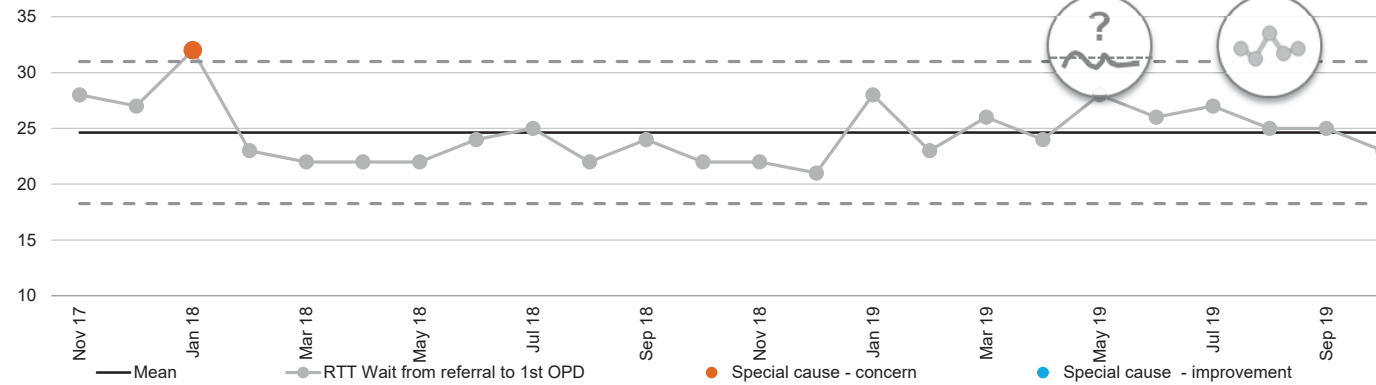


### Regulatory Performance



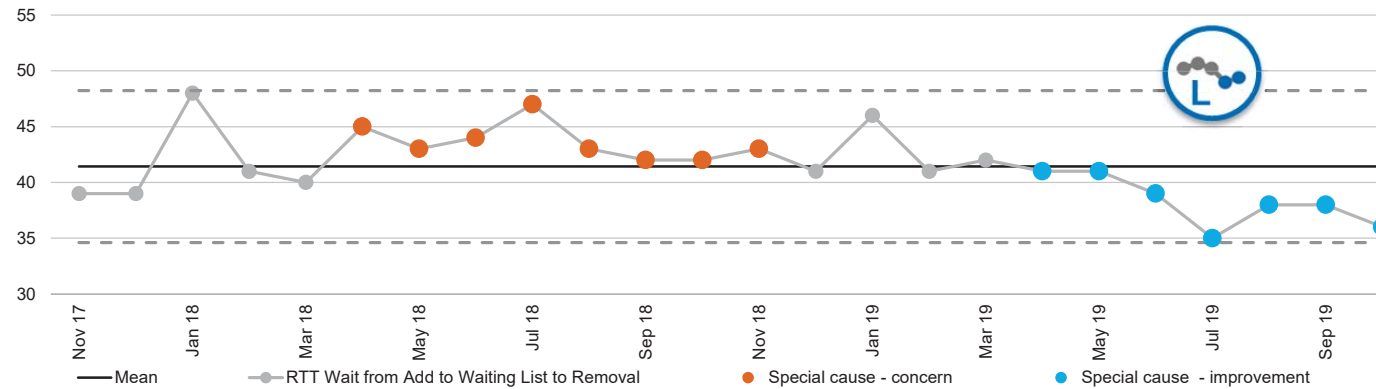
Wait in days from referral to 1st OPD

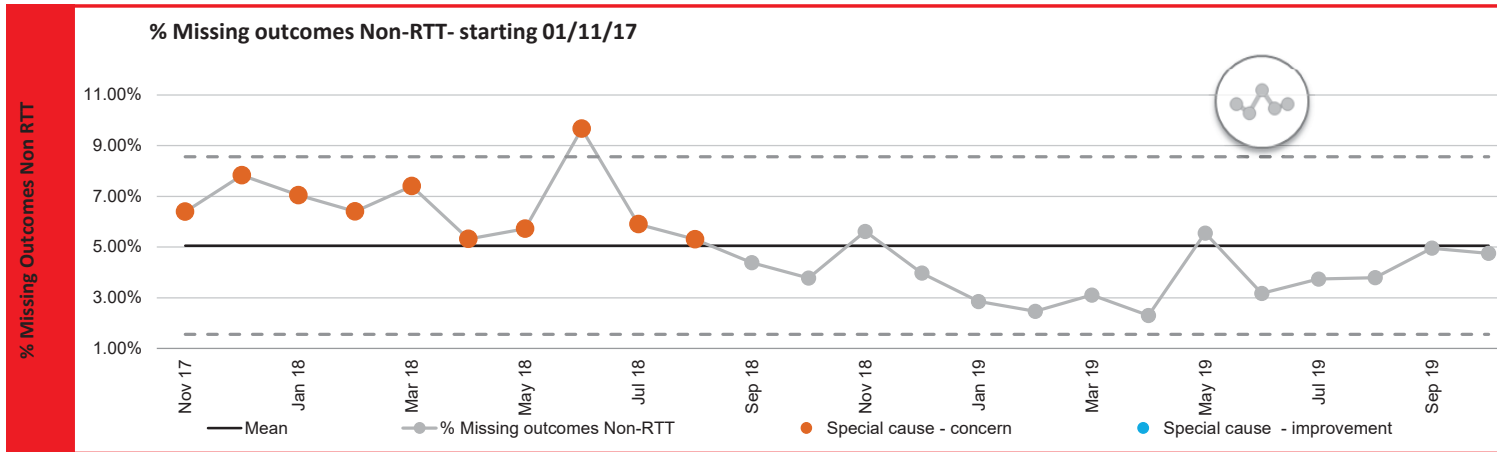
RTT Wait from referral to 1st OPD- starting 01/09/17



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

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

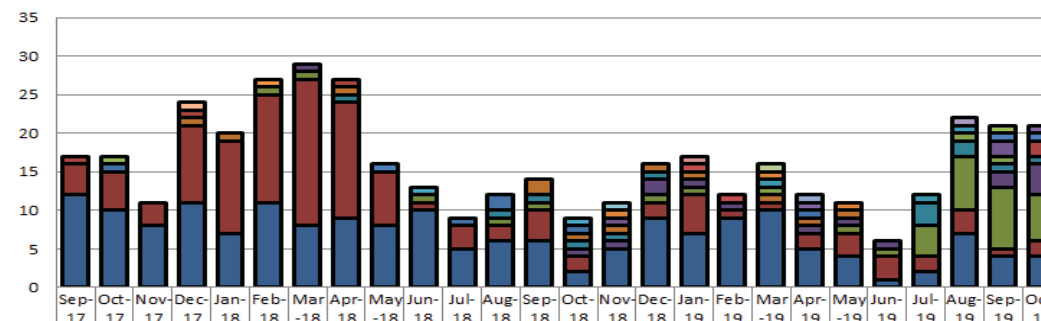




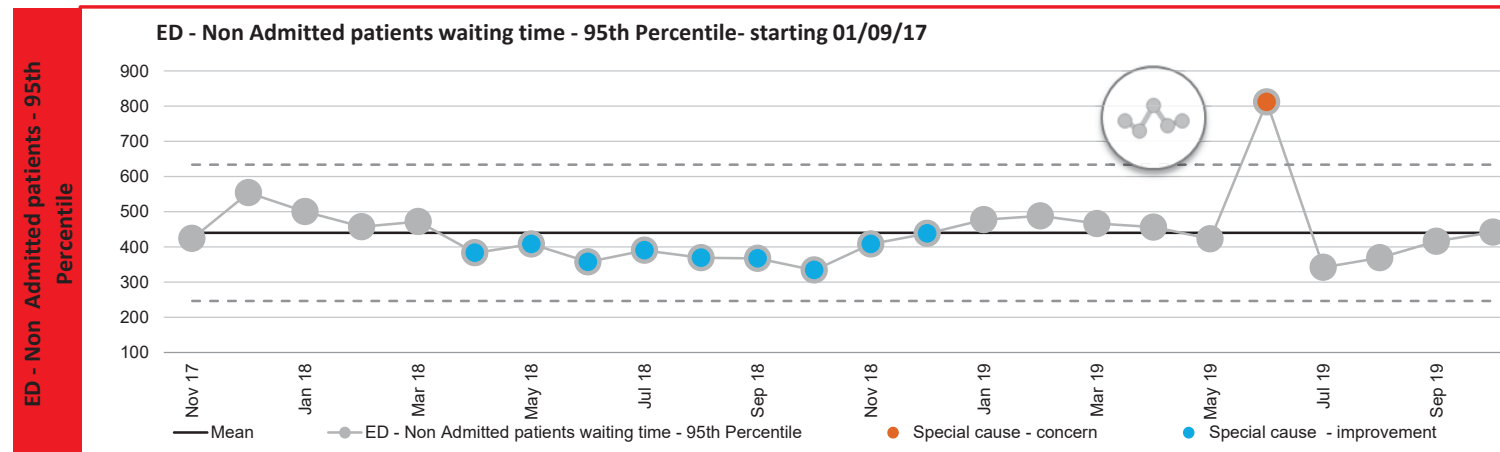
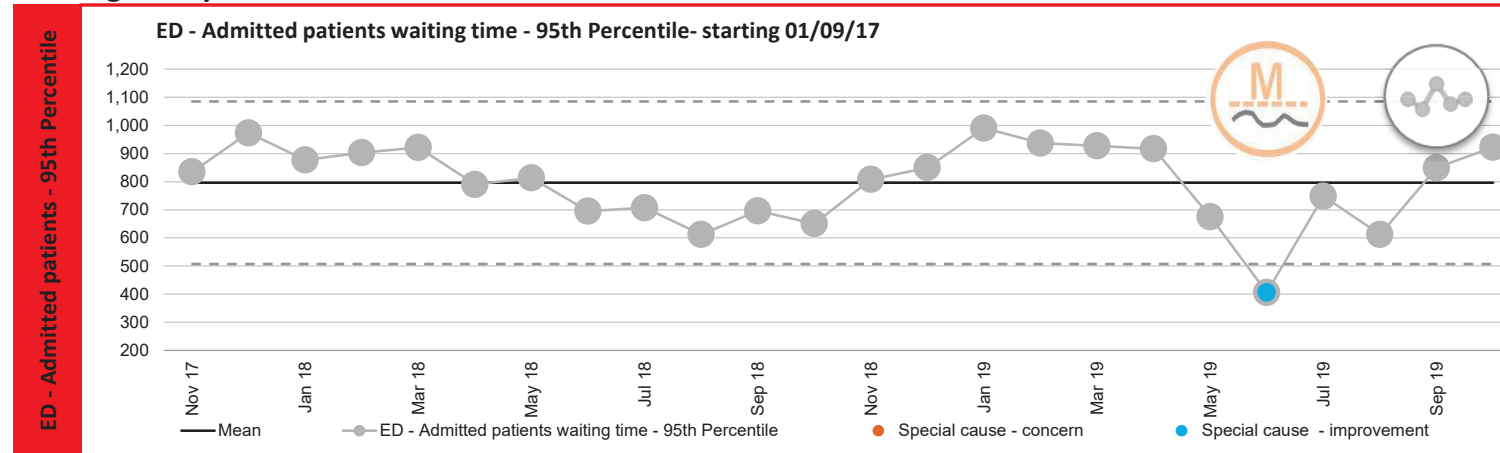
## Performance Matters (KPIs)

## Regulatory Performance

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

[illegible]

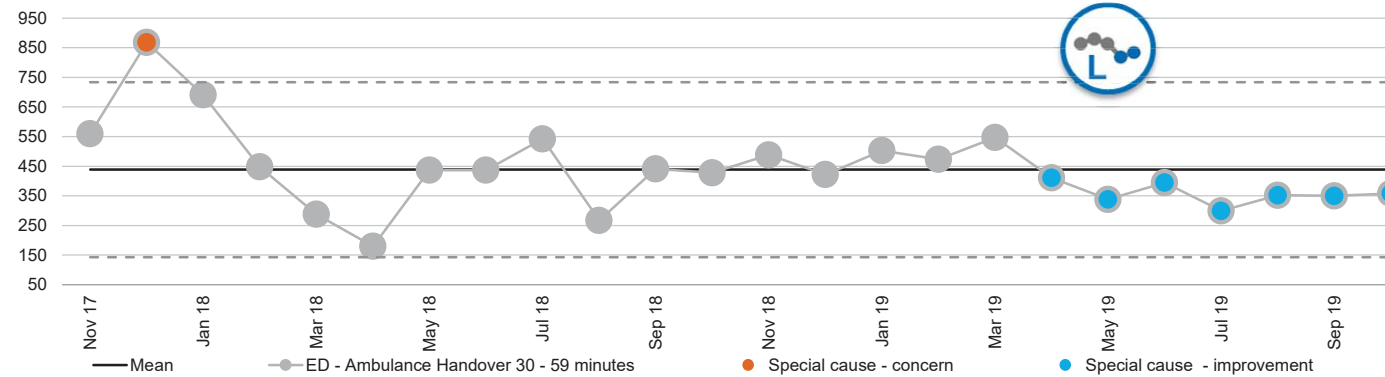
### SPC Regulatory Performance - ED





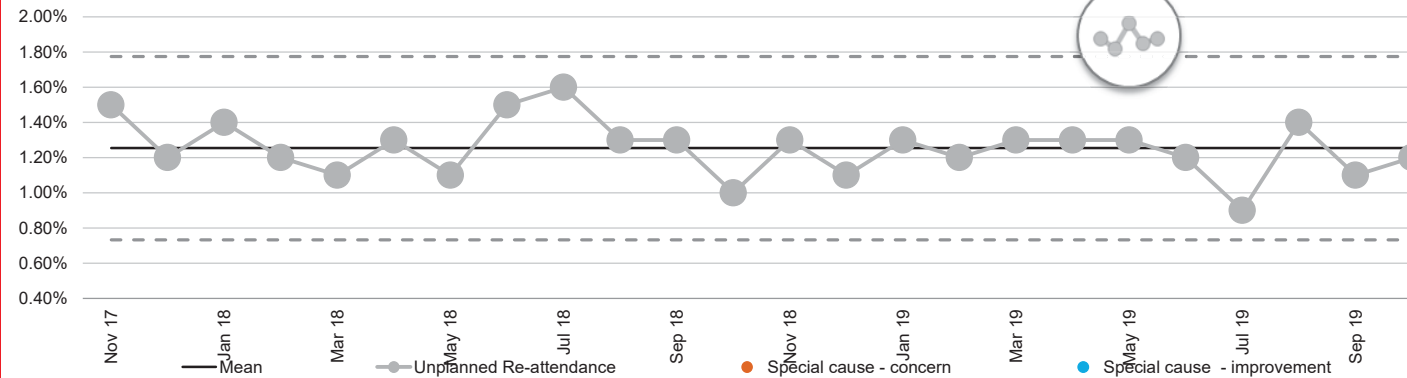
Ambulance Handover - 30 - 59 mins

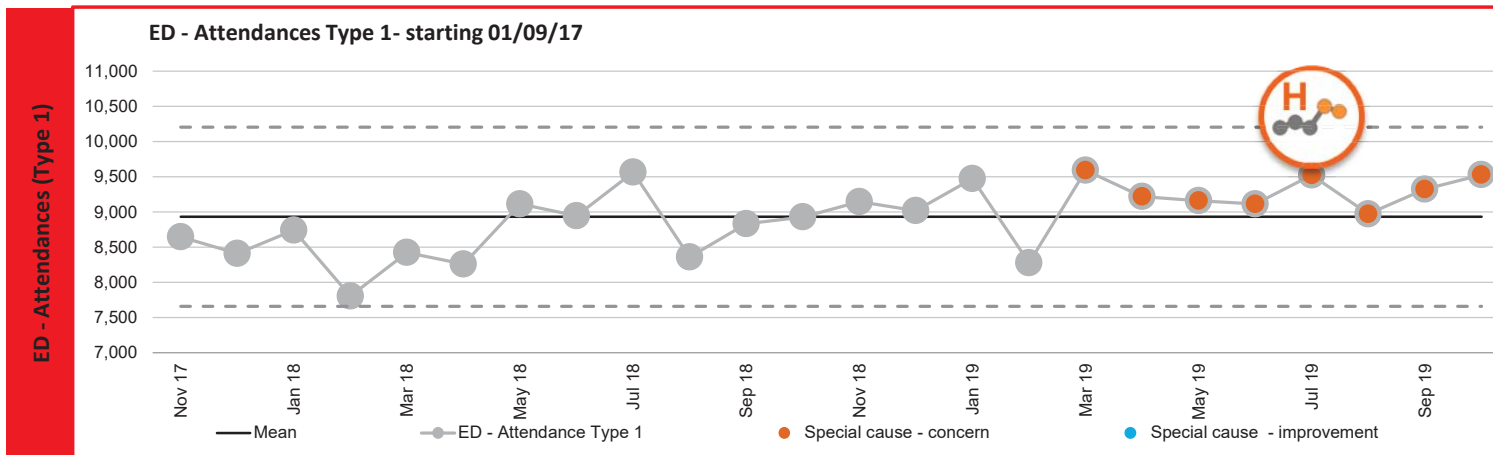
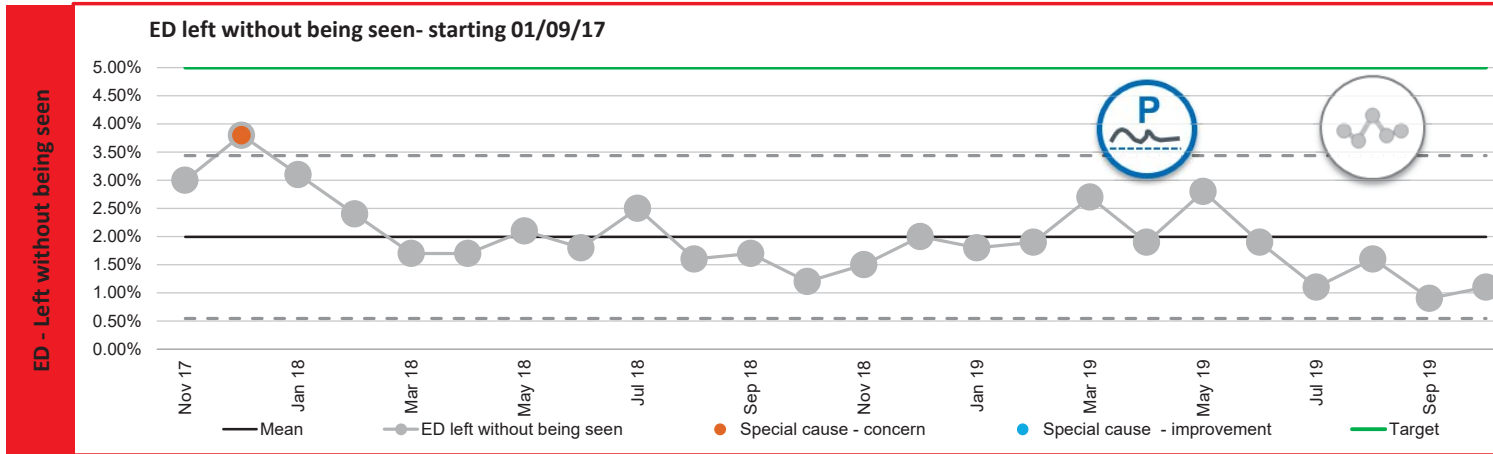
ED - Ambulance Handover 30 - 59 minutes- starting 01/09/17



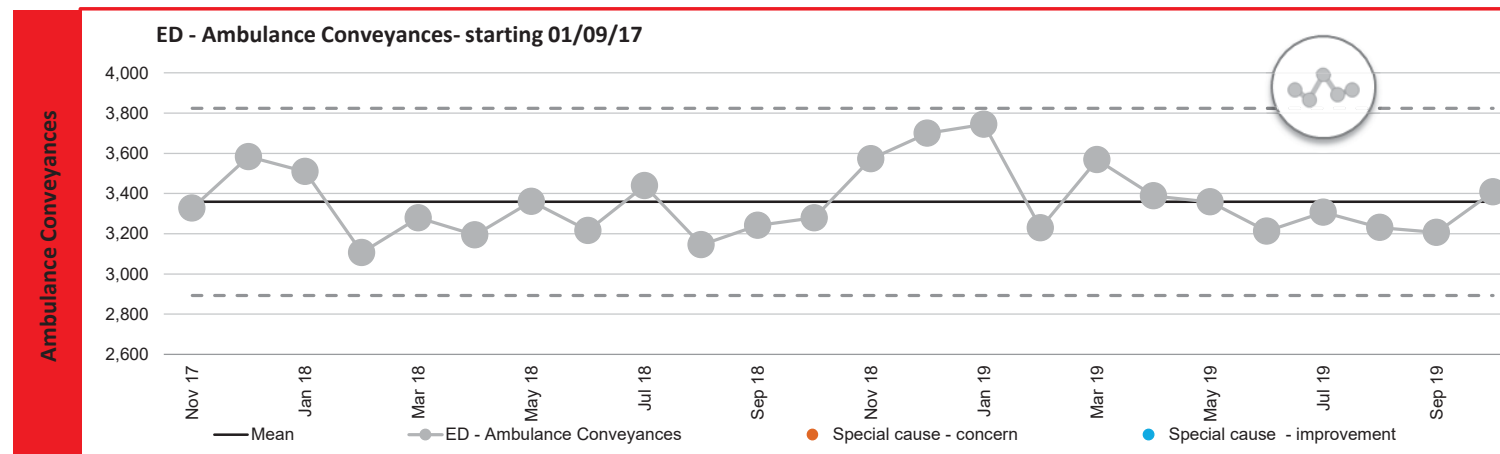
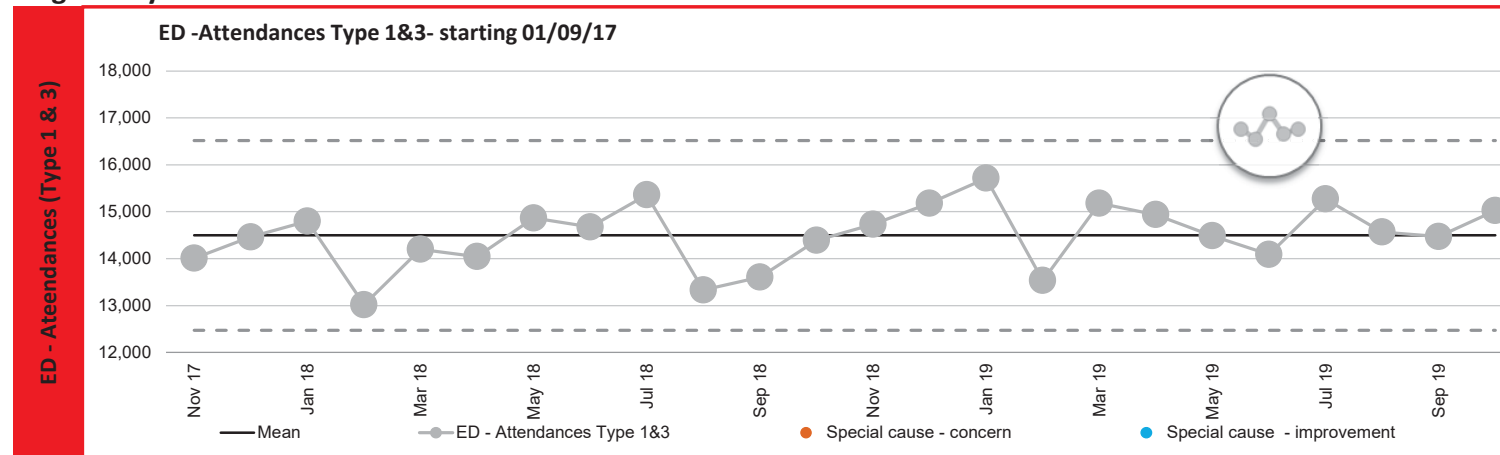
Unplanned Re-attendance

Unplanned re-attendance- starting 01/09/17





### Regulatory Performance - ED



## Financial Performance - "At a glance"



Executive Lead: Tom Jackson

## Performance - Financial Overview

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

## Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>EBITDA</b>								
EBITDA	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	3,876	2,304	-40.6%	-1,572	14,259	13,220	-7.3%	-1,039
Depreciation	-782	-731	-6.5%	51	-5,285	-5,189	-1.8%	96
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,145	-1,140	-0.4%	5	-7,991	-7,891	-1.3%	100
<b>SURPLUS/(DEFICIT)</b>	<b>1,949</b>	<b>433</b>	<b>-77.8%</b>	<b>-1,516</b>	<b>983</b>	<b>140</b>	<b>-85.8%</b>	<b>-843</b>
<b>SOFP</b>								
Capital Spend	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-825	-365	-55.8%	460	-7,398	-3,400	-54.0%	3,998
Inventory					3,562	3,770	5.8%	208
Receivables & Prepayments					15,500	17,831	15.0%	2,331
Payables					-27,408	-27,639	0.8%	-231
Accruals							n/a	0
Deferred Income					-3,414	-5,341	56.4%	-1,927
<b>Cash &amp; Loan Funding</b>								
Cash	£'000	£'000		£'000	£'000	£'000		£'000
Cash					2,966	8,457	185.1%	5,491
Loan Funding							n/a	0
<b>KPIs</b>								
EBITDA %	13.4%	8.0%	-5.4%		5.3%	5.0%	-0.3%	
Deficit %	6.7%	1.5%	-5.2%		0.4%	0.1%	-0.3%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					3	3		



## Workforce - "At a glance"

Executive Lead: Andrew McMenemy

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

Quality Indicators

Heat Map - October 2019

	Patient Safety & Quality																														Clinical Indicators			Patient Experience				Workforce & Safer Staffing					Ward RAG Trend		
Ward																																													
AMU			NA					96	12		1										7	0					NA	↓-3	↓-1	↑1															
B1			NA					18	0					NA							2	2						→0	↓-1	↑2															
B2 Hip								16	5												2	16						↑1	↑1	↓-2															
B2 Trauma								13	3												0	1						→0	↓-1	↑1															
B3								20	3												1	0						↓-2	↑1	↑1															
B4								22	7												3	1						↓-3	↓-3	↑6															
B5			NA					8	0					NA							2	0						→0	↑1	↑1															
C1			NA	NA				20	6												1	37						↓-4	↑2	↑1															
C2			NA				NA	47	1					NA							3	0						↑1	↑2	↓-3															
C3			NA					14	4												2	16						→0	→0	↓-1															
C4							NA	17	2												2	25						↓-1	↑1	↑1															
C5								27	3												1	25						↓-2	↑1	↑1															
C6								3	0					NA							0	1						↓-5	→0	↑3															
C7			NA					41	8					NA							3	12						↓-1	↑1	→0															
C8			NA					37	15					NA							3	27						↑1	↑2	↓-3															
CCU & PCCU			NA					18	2					NA				NA			0	0						↓-1	↓-2	↑1															
Critical Care								40	0		1			NA				NA			0	24						→0	↑1	↑1															
Maternity			NA	NA		NA	NA	123	0				NA			NA		NA			4	128						↑1	→0	→0															
MHDU			NA	NA				17	0												0	9						↓-2	→0	↑2															
Neonatal			NA	NA			NA	32	0							NA		NA			0	15						↓-1	↑1	↑1															
Trust Total	95.6%	99.7%	97.4%	93.0%	0	99%	100%	540	65	0	3	0	96.7%	95%	96.4%	30.0%	93.5%	93.6%	97.5%	95.6%	33.9%	79	587	95.5%	89.0%	85.1%	89.3%	4.94%																	
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% A: 100% G: ≥100%	R: <95% A: 95% G: ≥95%	R: <95% A: 95% G: ≥95%	R: <0 A: 0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: >0 A: 0 G: 0	R: >0 A: 0 G: 0	R: >0 A: 0 G: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <95% A: 95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26.18% A: 26.19%-32.74% G: ≥32.75%	R: <96.41% A: 96.42%-97.31% G: ≥97.32%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%																	

**Paper for submission to the Council of 19<sup>th</sup> December 2019**

<b>TITLE:</b>	Annual Report and Quality Account timetable 2019/20		
<b>AUTHOR:</b>	Derek Eaves, Professional Lead for Quality	<b>PRESENTER</b>	For information
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>RECOMMENDATIONS</b>			
<p>The Council of Governors is asked to receive and note the timetable for the preparation of the Annual Report and Quality Account for 2019/20 in particular noting the timing for the review of the draft quality account and the drafting of the Governor's comment.</p> <p>Any governor wishing to view the annual report and accounts from previous years should visit the Trust website and search 'annual report'</p>			
<b>CORPORATE OBJECTIVE:</b>			
SO 1 – Deliver a great patient experience    SO 2 – Safe and caring services    SO3:                      Drive service improvements, innovation and transformation    SO4:    Be the place people choose to work SO5:    Make the best use of what we have    SO6:    Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<p><b>Annual Report and Quality Account timetable 2019/20</b></p> <p>Each year the Trust is required to prepare and submit annual accounts to NHSI/E, which must include a quality section.</p> <p>The full report is laid before parliament. Each year, report preparation guidance is issued by NHSI/E. The timetable below sets out the estimated activities that will involve the Council of Governors in the coming year. These dates and activities may be subject to review once guidance is issued.</p>			

Item/month	Dec 2019	Jan 2020	Feb	Mar	Apr	May	Jun	Jul
CoG – receive Timetable for production of 2019/20 Quality Account								
CoG - Agree indicator for local audit								
CoG - Preparation of Governor comment on draft Q Account				By 31 <sup>st</sup>				
CoG - Annual Report & Accounts to private CoG and receive with audit report								
Annual report and quality account published AMM – Presentation of Annual Report & Accounts								

#### IMPLICATIONS OF PAPER:

#### IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK n/a

RISK	N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Links all domains
	NHSI	Y	Details: good governance
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE: Council of Governors 19/12/19
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:



## Paper for submission to the Council of Governors 19th December 2019

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

## THE DUDLEY GROUP NHS FOUNDATION TRUST

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

#### Numbers of concerns raised at the Trust

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

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

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

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

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

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

### **Actions/Outcomes**

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

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

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

## Feedback

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

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

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

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

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

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

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

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

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

## Numbers of concerns raised nationally and local Trusts.

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

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

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

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

## **New Posts**

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

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

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

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

## **NGO Case Reviews**

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

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

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

## **National Speak Up Month**

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

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

## **APPENDIX 1**

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

### **TERMS OF REFERENCE**

#### **1. Constitution**

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

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

#### **2. Membership**

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

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

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

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

#### **3. Attendance**

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

- FTSU and Patient Safety Champions

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

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

#### **4. Quorum**

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

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

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

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

## **6. Authority**

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

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

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

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

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

## **8. Reporting**

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

## **9. Review**

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



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

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

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

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

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

## Review findings and comments

### 1. Speaking up policies

The trust had two policies covering speaking up:

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

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

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

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

iv

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

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

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

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

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

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

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

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

## Actions in response to findings

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

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

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

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

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

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

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

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

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

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

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

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

All staff raising concerns are thanked for doing so.

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

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

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

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

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

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

This should include guidance on selecting suitably independent investigators.

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

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

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

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

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

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



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

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

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

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

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

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

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

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

See 4 above

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

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

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

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

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

## **7. Mediation**

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

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

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

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

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

See item 4

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

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

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

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

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

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

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

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

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

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

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

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