



## **Board of Directors Meeting Public Papers**

Wednesday 18<sup>th</sup> May 2022, 10:00 – 13:00pm



## **BOARD MEETINGS PUBLIC INFORMATION SHEET**

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

### **1. Introduction**

This sheet provides some information about how Board meetings work.

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

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

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

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

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

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

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

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

#### **4. Debate**

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

#### **5. Minutes**

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

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

#### **6. Key Contacts**

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## THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

### **Selflessness**

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

### **Integrity**

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

### **Objectivity**

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

### **Accountability**

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

### **Openness**

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

### **Honesty**

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

### **Leadership**

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



**Board of Directors**  
**Wednesday 18 May 2022 at 10.00am**  
**via MS Teams Video Conference**

**AGENDA**

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
<b>1</b>	<b>Chairman's welcome and note of apologies</b>	Verbal	Y Buckland	For noting	10.00
<b>2</b>	<b>Declarations of Interest</b> Standing declaration to be reviewed against agenda items.	Verbal	Y Buckland	For noting	
<b>3</b>	<b>Minutes of the previous meeting</b> Thursday 10 March 2022 Action Sheet 10 March 2022	Enclosure 1 Enclosure 2	Y Buckland	For approval	
<b>4</b>	<b>Chief Executive's Overview and Operational Update</b>	Enclosure 3	D Wake/ Executive Directors	For information & assurance	10.05
<b>5</b>	<b>Chair's Update</b>	Verbal	Y Buckland	For information	10.15
5.1	Well-led Review Action Plan	Enclosure 4	Y Buckland	For assurance	10.25
5.2	Enhancing the NED role – new guidance report*	Enclosure 5	Y Buckland	For information	
<b>6</b>	<b>Public Questions</b>	Enclosure 6	Y Buckland	For information	10.30
<b>7</b>	<b>Presentations</b> <ul style="list-style-type: none"> <li><b>Virtual Ward development in Dudley</b> – J Hobbs, P Brammer, P Hudson</li> </ul>				
<b>8</b>	<b>STRATEGY</b>				
8.1	Strategy Progress Report – Q4 2021/22	Enclosure 7	K Rose	For assurance	10.50
<b>9</b>	<b>FINANCE AND PERFORMANCE</b>				
9.1	Finance and Performance Committee Report	Enclosure 8	J Hodgkin	For assurance	11.00
9.2	Integrated Performance Dashboard	Enclosure 9	K Kelly	For assurance	11.10
<b>Comfort Break (5mins)</b>					
<b>10</b>	<b>WORKFORCE</b>				

10.1	Workforce and Staff Engagement Committee Report	Enclosure 10	J Atkins	For assurance	11.25
10.2	Workforce KPIs	Enclosure 11	J Fleet	For assurance	11.35
10.3	National Staff Survey results	Enclosure 12	J Fleet	For assurance	11.45
10.4	Gender Pay Gap annual update	Enclosure 13	J Fleet	For assurance	11.55
10.5	Workforce Race Equality Standard summary for 2020/21 reporting year	Enclosure 14	J Fleet	For assurance	12.05
<b>11</b>	<b>QUALITY &amp; SAFETY</b>				
11.1	Quality and Safety Committee Report	Enclosure 15	E Hughes	For assurance	12.20
11.2	Chief Nurse Report	Enclosure 16	M Sexton	For assurance	12.30
11.3	Learning Disabilities and DNA CPR decisions – Safeguarding Assurance Report	Enclosure 17	M Sexton	For assurance	12.40
11.4	Maternity Report including Neonatal Safety, Quality Dashboard and Ockenden	Enclosure 18	M Sexton	For assurance	12.50
<b>12</b>	<b>Audit Committee Report</b>	Enclosure 19	G Crowe		13.00
<b>13</b>	<b>Charitable Funds Committee Report</b>	Enclosure 20	J Atkins		13.10
<b>14</b>	<b>Any Other Business</b>	Verbal	All	For noting	13.20
<b>15</b>	<b>Reflections on meeting</b>	Verbal	All		
<b>16</b>	<b>Date of next Board of Directors meeting</b> Thursday 21 July 2022 (public session)	Verbal			
<b>17</b>	<b>Meeting close</b>				13.20

**Quorum:** One Third of Total Board Members to include One Executive Director and One Non-executive Director  
**Items marked\*:** indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda.

**UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)**  
**held on Thursday 10<sup>th</sup> March 2022**  
**virtually via MS Teams Video Conference**

**Present**

Thuvarahan Amuthalingham, Associate Non-executive Director (TA)  
Julian Atkins, Non-executive Director (JA)  
Gurjit Bhogal, Associate, Non-executive Director (GB)  
Yve Buckland, **Chair**  
Gary Crowe, Non-executive Director (GC)  
James Fleet, Chief People Officer (JF)  
Julian Hobbs, Medical Director (JHO)  
Catherine Holland, Non-executive Director (CH)  
Jonathan Hodgkin, Non-executive Director (JH)  
Karen Kelly, Chief Operating Officer (KK)  
Tom Jackson, Director of Finance (TJ)  
Vij Randeniya, Non-Executive Director (VR)  
Mary Sexton, Chief Nurse (MS)  
Adam Thomas, Chief Information Officer (AT)  
Diane Wake, Chief Executive (DW)  
Lowell Williams, Associate Non-executive Director (LW)

**In Attendance**

Liz Abbiss, Head of Communications (LA)  
Helen Board, Deputy Trust Secretary (Minutes) (HB)  
Claire McDiarmid, Head of Midwifery (CMc) *[agenda item 8.4]*  
Jeff Nielsen, Director of Research & Development *[agenda item 8.6]*  
Becky Plant, Freedom to Speak Up Guardian (JN) *[attended for agenda item 10.3]*  
Kat Rose, Director of Strategy & Partnerships *[to join the Trust in April 2022]*

**Apologies**

Ian Chadwell, Senior Strategy & Development Lead (IC)  
Liz Hughes, Non-executive Director (LH)  
Diane Wake, Chief Executive (DW)

**Governors and Members of the Public and External attendees**

Helen Ashby, public elected governor, Stourbridge  
Sir Mike Bewick, DCO Partners Ltd *[attended for agenda item 7.1]*  
Ian Frankom, Ipsen International *[part of the meeting]*  
Alex Giles, public elected governor, Stourbridge *[part of meeting]*  
Lisa Hyland, GP and Sport and Exercise Medicine registrar *[guest of GB]*  
Dominic King, Trust staff, SpR Gastro  
Lizzy Naylor, public elected governor, North Dudley  
Giles Peel, DCO Partners Ltd *[attended for agenda item 7.1]*  
Sarah Round, Trust staff, District Nurse  
Richard Tasker, public elected governor, Central Dudley

**22/01.0 Note of Apologies and Welcome**

The chair opened the meeting and welcomed board colleagues, governors, and members of the public and external attendees. Apologies were listed as given above.

## **22/02.0 Declarations of Interest**

There were none other than those contained on the Register.

## **22/03.0 Minutes of the previous meeting held on 10<sup>th</sup> February 2022**

It was **RESOLVED**

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

All actions had been completed except for one item; 21/105 The role of the Trust as an anchor organisation and its place in addressing health inequalities to be covered in more detail at a future meeting.

## **22/04.0 Public Chief Executive Overview Report**

KK summarised the report and highlighted the following:

There remained a steady flow of COVID-19 related admissions and reported that 34 were currently inpatients. Unlike the relaxation of rules around mask wearing and social distancing announced by the Prime Minister, the guidelines for NHS premises would still require staff and visitors to continue to wear masks and continue to comply with social distancing requirements. COVID-19 vaccination remained an evergreen offer for all Trust staff to protect themselves, patients, colleagues, friends and family.

The Trust's procurement head of clinical products had represented nursing and the Midlands at Windsor Castle to join the conversation on public health and the climate emergency. Out of 29 contributors at the consultation, Clare was the only registered nurse, alongside industry experts, professors in climate science and doctors representing their Royal Colleges.

KK merited the Trust's Vascular Team who had been advised earlier in the day that they and the AAA (abdominal aortic aneurysm) Black Country Vascular Hub had been recognised as the country's leaders for their work in detecting and treating this condition.

Congratulations to Tom Jackson who had been appointed chief finance officer for the Black Country Integrated Care System and would leave his role of finance director at The Dudley Group.

As part of the Trust's commitment to developing an enhanced staff wellbeing offer, work was underway to build a brand-new staff only wellbeing hub at Russells Hall Hospital. The hub would provide staff a safe space to rest and recuperate, improving their health and wellbeing. The build would be jointly funded by the Trust Charity and NHS Charities Together.

In response to the chairs request for clarification, KK confirmed that the AAA screening was a way of checking if there was a bulge in the aorta, the main blood vessel that runs from your heart down through your tummy. This bulge or swelling was called an abdominal aortic aneurysm, or triple AAA and can lead to very serious outcomes if it is not detected because it could get bigger and eventually rupture. JA commended the work of the multidisciplinary team and welcomed the future development of the hybrid vascular theatre.

It was **RESOLVED**

- **That the report be noted**

## **22/05.0 Chair's Public Update**

The chairman provided a verbal update on her activities as part of the wider System developments, and how the Trust worked with other trusts and providers. There had been further discussions about the future of Dudley Integrated Healthcare (DIHC), developing Dudley as a PLACE and supporting improved relationships to deliver effective clinical outcomes for the people of Dudley. The Dudley Group was one of two foundation trusts in the Black Country and noted that the lead governor had recently met with Jonathan Fellows and discussed the move towards system working, joint appointments and collaboration. There had also been a meeting with the Black Country Health Care Partnership (BCHCP) attended by herself, Jeremy Vanes, chair of Black Country Health Care Partnership and had provided an opportunity for the lead governors to meet and discuss the collaborative agenda.

At the recent regional Chairs meeting NHSE/I had urged trusts to enact the recommendations arising from the Ockenden report and ensure that boards stayed focussed on the delivery of quality patient care. The outcomes of recent reviews on safeguarding after the death of young child in Solihull was to primarily ensure that all agencies worked as a joined up system and share data appropriately.

## **22/06.0 Public Questions**

**Mike Heaton, Public Elected Governor: Brierley Hill** asked:

*Qu. Considering the Liverpool bombing in November 2021, what steps has the Trust taken to tighten security and have security staff more visible to prevent a similar type of attack at one of its sites. He raises concerns about: large bags (used my reps for example) not being checked when visiting departments and wards. Staff ID badges not worn correctly to display the person's name and photo and or being illegible.*

*An. Following the Liverpool incident, several measures were adopted by the Trusts facilities partners Mitie who provide the security services.*

- *Increase in presence in main reception and around the boulevard, back of house.*
- *Increased physical patrols in and around site, with special focus around entrances/ exits, GAS stores, BOC supply and other High risk areas.*
- *CCTV spot monitors reconfigured to keeps entrance exits on main monitors.*
- *Security Training revisited to ensure Counter Terrorism Training was updated to ensure 100% compliance. Including all Trust Mandatory training.*
- *Increased enforcement of and ticketing of vehicles parked on the red route.*
- *Toolbox talks sent out to Mitie Managers and toolbox talks conducted with security staff around suspicious items, activity and reporting.*
- *Increase in security bank staff and confirmed with local agency that they are able to provide a minimum of 5 officers with immediate effect, should an urgent call be made at any time of the day.*

*Staff are advised to update their ID badges following faded images. Trust communicates the need to follow good identification processes throughout the year to all staff through a variety of methods. The Trust also adopted a risk based approach to any events of gathering of people outside main entrances.*

The chair thanked Mr Heaton for raising the query and confirmed that a copy of the response would be provided.

**Action** Public questions response to be sent to Mr Heaton. **Deputy Trust Secretary**

## **22/07.0 GOVERNANCE**

### **22/07.1 Well-led External Review Report**

The chair introduced Mr Giles Peel and Sir Mike Bewick of DCO Partners Ltd who had recently concluded an external well-led developmental review and provided their report to the Trust along with a clear set of recommendations on which to base and focus improvement work.

Mr Giles Peel and Sir Mike Bewick described the Key Lines of Enquiry (KLOE) framework applied in support of the review activity and approach taken that had included a documentary review, interviews, observations, and external opinions.

They detailed their overall impressions and in particular the significant improvement in engagement with clinical staff and all staff, reflective of the strong clinical leadership of the Trust. They noted the importance of clinical leaders as ambassadors in their strength of developing external relationships supportive of the System working and the opportunities offered to address the issue of deprivation and resolve health inequalities in the local area. They commended the leadership and significant activity by the chief executive, chair and other senior managers to energise system conversations.

Overall, they were able to express that the Trust had made significant improvements and concluded their presentation with a description of the recommendations to support the continued improvement journey.

The chair noted the very thorough process that had been applied and noted the recommendation that a governor training package be developed to support effective challenge of the Board and the holding to account process. An action plan had been developed to reflect the recommendations and noted that some items had been already completed.

In response to the question raised by lead governor Helen Ashby and her assertion that she and other public governors challenged appropriately, Mr Peel confirmed that interviews had not been conducted with individual governors and that his comment about staff governors leading in questioning had been based on his observation at one Council of Governors meeting.

JHO shared his reflections on the role of governors during his time at the Trust noting there was a real depth of knowledge of the organisation based on informal intelligence that continued to be an enormous source of help to him personally. He observed that the review captured a point in time and the ongoing proactive approach to improvement and valuing staff was playing out well.

JH noted the challenge of presenting data in a meaningful way and asked if there were best practice example the Trust could reference. Mr Peel offered to discuss this with him further outside of the meeting.

LW commented that the effectiveness of boards and organisation is not just an outcome but also the ability to challenge the processes and system. He noted that the need for concise information was something that the committees and board had through reflection, already identified and appreciated that DOC had triangulated this as part of the review.

CH welcomed the comment on simplified and focussed reporting. In respect of governor training and the role in holding to account she suggested that the session include both non-executives and governors to ensure there was clarity about the roles.

HA recounted her recent conversation with Jonathan Fellows where exploring options for governors to participate in system wide training for non-executives had been discussed.

CH challenged the recommendation that membership of committees should be limited to non-executive directors (NEDs) and whilst she agreed with it in principle, felt that executive directors should be part of the membership with the non-executives as a majority for quoracy and voting purposes. This view was supported by other Board members present who agreed to retain existing arrangements where non-executive would be in the majority. Mr Peel noted that the convention of



good governance was to only have voting for NEDs and warned of enabling a situation where executive directors may exert undue influence.

GC acknowledged that the challenges of undertaking a review at this time when responding to COVID-19 had dominated and noted that the ensuing action plan and results needed to be appropriately resourced to have the momentum to address in the timelines agreed.

JA commented that as the longest serving NED, and chair of the Workforce and Staff Engagement Committee he had observed significant positive changes in recent times and in particular clinical engagement and asked Sir Mike Bewick to comment on the then and now. Sir Mike acknowledged that there were improved relationships and noted that clinicians were working effectively with senior managers and gave the example of the Rainbow Unit and major changes to clinical pathways e.g., diabetes where clinicians had led on innovation.

The chair commented that the report had highlighted the new focus of the board in spearheading the system engagement and confirmed that the action plan would be monitored by the Board.

It was **RESOLVED**

- **That the report be noted**

## **22/07.2 Board Assurance Framework Development – update**

TJ summarised the report given as enclosure six and highlighted the revision to the original Board Assurance Framework (BAF) development timetable would ensure that it would satisfy the year end assurance requirements.

The chair noted that non-executive Gary Crowe was leading on this as chair of Audit Committee and acknowledged that the BAF would require further development to embed it as a dynamic document supporting committee agendas.

VR queried whether considering recent world events including the impact of the war in Ukraine, the Trust would review its risks. TJ replied there were already significant cost pressures in relation to fuel costs. All contracts had been audited to identify the level of Russian involvement and confirmed that the situation would be kept under review as the situation unfolded and expected a strong lead from NHSI nationally. In relation to cyber security, AT noted that specific advice had been issued and some tabletop exercises undertaken already to determine our response to specific scenarios and gave examples of the actions taken to improve. JF gave assurance that some guidance had been issued to look after staff and confirmed that the Trust had already reached out to six staff identified and coached line managers as appropriate. JHO had sought assurance from the head of pharmacy who reported no negative impact on medicines supply at this time. KK confirmed that procurement plans allowed contingency to secure supplies as needed.

It was **RESOLVED**

- **That the report be noted**

## **22/08.0 QUALITY AND SAFETY**

### **22/08.1 Quality and Safety Committee Report**

CH summarised the report given as enclosure 7 and drew attention to the concerns discussed about the challenges at divisional level to review procedural documents within agreed timescales and explored the process applied.

Positive assurances had been provided in relation to the decrease in the Trust SHMI (summary hospital-level mortality indicator) rate. The committee had received a comprehensive report following a review of the VTE (Venous thromboembolism) assessments data capture by the Surgery team that assured good patient outcomes. The Committee had approved that Patient Experience Strategy and the Learning Development Strategy.

GB commended the work of the junior doctors who had led the review of VTE assessment data capture and provide valuable analysis of the process ref VTE in surgery and the benefits of this approach to drive and support an improvement culture. JHO noted the positive impact on patient outcomes post discharge where deaths because of a pulmonary embolism had improved over last 12 months and the Trust ranked in top quartile for readmission rates for VTE

In response to the chairs request for an urgent resolution to address the high number of outstanding Serious Incidents actions that had also been highlighted in the well-led report, JHO advised that a clinician had been assigned to clear the backlog. MS reported that the matter had been discussed at a meeting of the Risk and Assurance Group held the previous day where each of the key divisions had provided assurance on the progress made in the interim and confirmed that the actions were suitably resourced and actions would be closed off expediently.

**Action** Junior doctors to present the VTE assessment data capture review report to the board of Directors **JHO**

It was **RESOLVED**

- **That the report be noted**

## **22/08.2 Chief Nurse Report**

MS summarised the report given as enclosure 8 and highlighted the following matters.

Support of the Saltwells Vaccination Centre would continue into late summer and was well received by the community. The vaccination centre facilities co-located within Action Heart would close later this month with staff transferring to the Saltwells facility. Vaccination take up amongst staff remained high and compared well to the national picture.

Work continued in readiness for the changes to Deprivation of Liberty Standards (DOLS) as required by new laws and expected the associated guidance to be published in the autumn. Recent increases in DOLS cases were attributed to the work of the safeguarding teams supporting clinicians and noted that four patients had been detained under DOLS and admitted to a secure facility where the Trust worked closely with the mental health trust to support timely assessments.

The number of falls had stabilised and were starting to reduce with Trust numbers significantly lower than the national picture.

Workforce challenges remained and reported that 75 international nurse recruits were all in post with a significant number who had now passed their Objective Standard Clinical Examination (OSCE).

The Trust had been successful in a funding bid that would provide a full time educator supporting staff in the critical care teams and noted the positive impact of adopting the London Passport that supported staff to redeploy to critical care if needed.

The Audiology service had retained the UKAS certification reflecting the high standards provided to patients.

The Trust had endorsed the decision to support the Power of Youth Charter and the work being undertaken to support the development of services.

It was **RESOLVED**

- **That the report be noted**

### **22/08.3 Infection Prevention and Control Board Assurance Framework**

MS summarised the report given as enclosure 9 and noted that the Trust maintained good compliance. The role of the deputy director for infection, prevention and control was now well established and further specialist IPC roles had been recruited to strengthen the team and support a greater part of the seven day week.

It was noted that following the Government publication of 'Living with COVID-19', the lifting of restrictions did not apply to health care setting where the social distancing, wearing of PPE and staff to complete twice weekly lateral flow tests were to continue. The Trust would amend its visiting guidance which would be communicated to our communities; it was noted that the Trust had already been allowing limited numbers of visitors and the implementing the new guidance would allow more.

In response to the chairs question, MS replied that there were 34 inpatients with COVID-19 of which two were receiving critical care with receiving active ventilation. As reported in the press, the Trust was seeing more patients presenting daily with COVID-19 with only limited numbers requiring admission.

It was **RESOLVED**

- **That the report be noted**

### **22/08.4 Maternity and Neonatal Safety and Quality Dashboard**

MS outlined the main requirements of the Ockendon reporting and introduced Claire McDiarmid (CMc), head of midwifery to present the report given as enclosure 10.

CMc summarised the current position within the Maternity Unit including the Trusts performance against Saving Babies Lives, achievement of the CNST standards, Ockenden recommendations, and perinatal mortality of which five cases were being investigated by Healthcare Safety Investigation Branch (HSIB). The continuity of carer initiative had been paused owing to staff challenges. The service was currently undertaking a birth rate plus assessment and would report the findings back to board when complete.

Staffing remained a challenge owing to COVID-19 related absences and the high number of staff currently on maternity leave. All third year students had been recruited and would commence in post later this year and the department was actively pursuing international recruitment opportunities. Deep dive activity was also underway to review the team dynamics.

The Trust reported compliance against the requirements of the first Ockenden report and summarised the actions against the small number of outstanding items. The Maternity Voices Partnership was now managed by 'Gateway' who would present a paper to the Board separately.

TJ commented that there were 3.6wte consultants who would shortly join the maternity department and asked what difference it would make to the service. CMc explained that they would be assigned to specific roles such as the foetal monitoring scheme, improve patient safety and support wellbeing in covering the service more of the time.

LW noted that as a non-clinical person, he had used the internet to search for the term 'continuity of carer' and noted that the search indicated it support improved outcomes for women. CMc commented that the initiative required more midwives to provide the care needed and the Trust had subsequently paused the initiative to enable them to be assigned to the maternity unit.

JF asked what if there had been a tangible benefit to staff morale because of increased staffing improvement initiatives. CMc noted some small progress and had identified key feedback themes of workload and on call arrangements to support improved working lives; the intended outcome is to resolve the big issues and improve morale at work.

JA challenged the recruitment of a locum versus a substantive. JHO explained that this approach was used to fill the gap to cover the lead time until the substantive appointee commenced in post. He noted the success of current round of recruitment; people wanted to join the Trust citing it was because of our approach to continuous improvement to get things done the right way.

VR referenced a recent press article that had debated the approach to births options; natural v medicalised birth (caesareans). GB put on the record that 'continuity of carer' positively helped outcomes in terms of the black mothers and asked if there would be any System level solutions developed.

CMc noted that the Trusts' caesareans rate had traditionally been higher than the national target and noted the recent change to how this was measured and targeted. The Trust had consistently maintained the approach to absolutely adopt the right approach for the individual woman.

The work of the local maternity neonatal system (LMNS) included a workstream to focus of continuity of carer and noted that the initiative included availability of interpreting services as an important factor to positive outcomes.

In response to a range of questions from the Chair, MS confirmed that the Trusts' performance data comparative to other Systems was provided within the reports currently provided to board. There was recognition at a national level that 'continuity of carer' was to be re-established within 12 months and if not achieved, then plans to resolve to be submitted. JHO confirmed that the data had been scrutinised at the Quality and Safety Committee and flagged at the System Ethics Forum noting that the work in Dudley was exemplar and emulated by other trusts and systems. Following a recent visit by the national team, the Trust was to be linked to other sites to expedite the learning. In response to acknowledged tensions within the team, a series of standards around mutually respecting professionals' skills and a renewed focus on patient outcomes had been launched.

The chair supported the continued improvement approach adopted by the service, the focus on BAME outcomes and encouraged the Quality and Safety Committee to maintain oversight.

It was **RESOLVED**

- **That the report be noted**

## **22/08.5 Learning from Deaths (quarterly report)**

JHO summarised the report given as enclosure 11 and highlighted that the absolute number of deaths had flat lined over last 24 months and was reflective of the national position. He credited the increased amount of activity in learning from deaths and noted Structured Judgement Reviews (SJR) continued to be the biggest source of referral from the Medical Examiner Service. A review of how the Trust had applied coding and denominators to the Summary Hospital-level Mortality Indicator (SHMI) tracking would be reported to the executive team later in the month with an update on any actions required included as part of the regular report to Board.

It was **RESOLVED**

- That the report be noted

## **22.08.6 Research & development Report**

(JN) summarised the report introduced as enclosure 12 and credited the Research and Development team on its contribution to the national COVID-19 research effort.

He outlined the work underway to enhance research capability and collaborative working arrangements with Aston University, AHP student placements and the home grown research projects that were in the pipeline. He noted the current funding challenges and the potential for future investment considerations to support consultants in scholar roles.

The Research and Development Strategy was under review and would be presented to board.

JHO advised that JN would shortly step down as head of research and development and merited his commitment to the development of the service and formally noted the appreciation of the Board of Directors. He cited the recent commendation for the Trusts COVID-19 research work received during a visit from Martin Landry, professor of medicine and epidemiology at the University of Oxford. Other notable developments had included joint research projects with Aston University and the Derby and Burton NHS Trust and the recent appointment of consultants based on their research strength.

The chair was supportive of ensuring that consultants joining the organisation should have a strong track record of research and acknowledged the ambition of the department and commended the work undertaken during COVID-19 not seen elsewhere. She asked if there was more the Trust could be doing to support System level research opportunities. GC concurred and asked for more information that he could share with his colleagues about innovation in pharmacy and requested some further metrics to be included in future reports to give context and comparisons against objectives. JHO commented that the Trust's research activity had been highlighted as part of the formation of networks in the Black Country based on additionality with the suggestion to develop a five year plan to appoint chairs of the respective networks e.g. vascular. Current focus would be to recruit and develop within the organisation; widely acknowledged to improve the safety and the ethos of an organisation and would continue to accept applications for research units from multiple providers. Consideration was also being given developing and supporting the Black Country System with a unit hosted by the Trust.

It was **RESOLVED**

- That the report be noted

## **22/09.0 FINANCE AND PERFORMANCE**

### **22/09.1 Finance and Performance Committee Report Chair**

JH presented the report given as enclosure 12 and noted the positive assurances received and the high degree of confidence of delivery against the financial plan and what was required by the System. Financial planning for the following year was underway and noted the current projection of a significant deficit situation. He noted that the Trust continued to incur high bank and agency costs and would be an area for improvement. Concerns were flagged in relation to triage performance and the need to maintain it consistently. Whilst stable performance against the Trust's Constitutional Standards was noted it remained consistently below the required levels.

TJ described the funding mechanism expected from April 2022 that assumed the impact of COVID-19 would lessen and the focus would be on recovery. He noted the Trusts strong recovery

performance in the six months and that final funding arrangements were still to be resolved with the commissioners.

In response to a query from the chair, TJ confirmed that the other System providers were also indicating a planned deficit position and facing similar capacity challenges because of prevailing social distancing guidelines requirements and the challenge of associated costs to restore activity more than the baseline of 2019/20 performance.

GC queried if the business case process needed to incorporate a measure of delivery and impact. He asked about the calendar approach to the Cost Improvement Programme (CIP). JH noted that reports detailing the delivery, impact and benefits realisation of business case investment was to come back to the Committee. CIP activity was ongoing within the divisions to develop a series of projects, evaluate them against the target plan. TJ added that the CIP target was to be confirmed and anticipated it would be in the region of £11-12m. YB commented that the clear message was to be more effective, productive and apply strict grip and control with a focus on identifying cost improvements.

LW challenged whether the board had an appetite to innovate for itself and improve patient experience, to what extent it would be digitally led and how it might contribute to becoming an outstanding organisation. AT acknowledged the record of innovation in the Trust and noted that national funding settlement provisions would drive tactical strategic efforts that were in development to support innovation. The Trusts strategic vision captured the ambition and noted the Board Assurance Framework (BAF) articulated the finance and performance risks involved to yield the benefits. TJ commented that the Trust had retained some innovation that had been championed by the Trust during COVID-19 and gave the examples of virtual ward and patient initiated follow up (PIFU); both projects supporting improved patient experience and improved efficiency. GC added that the discussion to agree the risk appetite statement would incorporate the Trusts approach to innovation and its associated risk.

**Action** Arrange deep dive session after private board on the transformation agenda for the Trust and System. **Execs**

It was **RESOLVED**

- **That the report be noted**

## **22/09.2 Seven Day Services Compliance**

JHO summarised the report given as enclosure 14 and noted the positive progress made with job planning activity in support of 7 day services (7DS). He commended the work completed to improve the access to diagnostics. He noted that the remaining actions for some of the modalities was being addressed by an action plan within the triumvirate and would be included in the next report to Board. In response to the chairs request for comparative data to track progress, JHO advised that the Trust benchmarked well within the top third of trusts and the requested information would be included in the next update. VJ observed that 7DS had been introduced in 2013 and illustrated how long it can take to realise and deal with the complexities. JHO noted that the work had increased momentum in the last three years and expected to see more rapid progress imminently.

It was **RESOLVED**

- **That the report be noted**

## **22/09.2 Integrated Performance Dashboard**

KK presented the report given as enclosure 17 and summarised the Trust's performance against national standards and local recovery plans for the month of January 2022.



Performance against the Emergency Access Standard (EAS) and ambulance handover delays had been very challenging in the preceding weeks and noted that the Trust ranked fifth out of 13 trusts. Delayed discharges of medically fit patients averaged around 110 per day owing to sub optimal accessibility to nursing and care home beds that resulted in a reduced bed base, impaired patient flow, and resulted in delayed ambulance handovers. She had met with divisional leaders and developed actions to address. The current focus was on emergency triage performance which was monitored weekly by the executive team. KK outlined the new EAS targets that would be effective as part of the contracting arrangements from April 2022 and performance against the new standard would be included in future performance reports.

Performance across most cancer treatment time targets was good noting that 62 day remained below target and focus remained on those waiting longest; planned to clear 104 day waiters by end of July and recovery of 62 day target by September 2022 and noted that the Trust performance compared well to other trusts nationally.

A reassessment of the social distancing requirements was in progress to return outpatient department capacity to pre-COVID-19 levels and work was underway to establish and embed the patient initiated follow up (PIFU) across multiple specialities. Virtual appointments averaged 28% with varied performance across specialities with more work to do to embed.

Referral to treatment was performing well and on trajectory to clear all by summer. This was 30 months ahead of target and the Trust was offering mutual aid support to other local trusts.

GC commended all for the positive progress against the cancer 104 day target. He indicated that more information was needed to understand the virtual ward initiative. He queried whether everything was being done to address the issues within the emergency department noting that some had been in progress for some time and deemed to have been resolved. KK voiced her frustration at the recurrence of certain issues. Dudley Improvement Practice had recently supported the department to complete a Value Stream Analysis event over a full week. Output from the event would be harnessed to support resolutions as needed.

JA commented that triage performance in paediatrics and majors had been a longstanding issue. He challenged the statement in the report that stated matron and lead nurse now had responsibility in this area and asked for clarification on who had responsibility before and what assurance was there of the effectiveness of the oversight in this area. KK provided context to the current demand on the department that whilst ambulance arrivals had remained at a constant high level, walk-ins had increased and there were also challenges with the effective operation of the Urgent Treatment Centre (UTC). MS advised that the matron and deputy matron leading on the work were new in post and described the realignment of the senior nursing and operational roles to increase the oversight and management with additional resource in place to support the Same Day Emergency Care (SDEC) pathway and the Acute Medical Unit (AMU). JHO described the key initiatives that kept patients safe at times of high demand. There was increased frequency of safety huddles inclusive of the wider multi-disciplinary team, clinicians reviewing patients on ambulances in times of exceptional demand and referenced the notable Sepsis performance.

In response to the question raised by JH, the new Rainbow Unit and investment made into the SDEC/AMU was not providing the anticipated improvement. KK added that Emergency Care Improvement Support Team (ECIST) were supporting the Trust to undertake a deep dive review of the patient journey from start to finish including external organisations. YB suggested that outputs from that review may recommend some unpopular options to resolve at System and hospital level. KK concurred noting that the intelligence conveyancing adopted by the West Midlands Ambulance Service (WMAS) was not working optimally. Any successful resolution would require effective responses from the local authority and commissioners to support what the Trust can do internally.

It was **RESOLVED**

- **That the report be noted**

## **22/10.0 WORKFORCE**

### **22/10.1 Workforce and Staff Engagement Committee Report**

JA summarised the report given as enclosure 16 noting that the meeting had been time limited as the Trust was on Level 4. Sickness absence in January, because of COVID-19, had been a concern noting that this had fallen significantly by the time of the February meeting. Mandatory training compliance remained a challenge for resuscitation, safeguarding, moving and handling. The committee had commissioned a review and requested an action plan providing a recovery trajectory be prepared and submitted to the March meeting of the Committee.

The Committee were able to draw positive assurance from reports considered on recruitment activity, the work of the Equality, Diversity, Inclusion (EDI) steering group and its progress and the plans to develop an integrated System EDI strategy and the work of the Health and Wellbeing Steering group.

JA reported on the second meeting of the Workforce Chairs Group for the Black Country System that had been well attended. The invitation had been extended to chief people officers from across the patch providing a platform to enhance collaboration and working. The next meeting was scheduled for the end of March and would focus on recruitment. Topics for future meetings would feature retention and talent management.

YB commended the practice of the Trust's non-executive directors in facilitating the system chairs meetings to address important topics and suggested the fora should review how outputs are reported to the ICS chief people officer. JF concurred noting the importance of non-execs providing challenge to the System People Board to maintain pace.

In response to the chairs query regarding the wellbeing agenda and impact on staff, VR described the various initiatives supporting the plan in a granular way. JF stated that the Trust was a trailblazer in the local System and recognised the importance of listening to what staff want. The Trust's head of wellbeing been out to talk to staff and has used their feedback to develop a draft wellbeing programme that was scheduled to launch later in the year.

Lisa Ryland commented that she worked with Gurjit Bhogal in sports and exercise management at the Royal Orthopaedic Hospital. She highlighted aspects of her work that was part of long term NHS plans to help with overall physical and mental health of staff who in turn, would encourage patients. She described her involvement in a current project about activity levels and as part of a public health project were creating a poster for every activity at the commonwealth games and asked about the Trust's physical activity offer for staff. JF gave an overview and offered to share more detail of the full programme outside of the meeting.

It was **RESOLVED**

- **That the report be noted**

### **22/10.2 Workforce KPIs**

JF summarised the report and highlighted the decrease in sickness absence, the positive increase in the numbers recruited and the slight reduction in bank usage. He described the plans to improve the ongoing reduction in use of bank and agency staffing and noted that the shift fill rates had seen modest improvement. A targeted piece of work was underway to address statutory mandatory training performance to increase the flexibility of accessing training.

In response to a question from GC, the chief people officer confirmed that KPIs were used to track and monitor operational performance including recruitment processing timelines, appraisal process, learning and development programmes. An organisational development progress report would be brought to the next meeting of the Workforce Committee and noted that a dashboard had been developed.

It was **RESOLVED**

- **That the report be noted**

### **22/10.3 Freedom to Speak up Report**

BP summarised the report that provided an overview of the Freedom To Speak Up (FTSU) activity and highlighted that number of concerns raised remained constant. She noted the recent formation of an ICS steering group where she was to chair the first meeting in May.

JA recalled engagement activity undertaken in October and noted that overall staff awareness of FTSU was at a good level. Once or twice a month he continued to proactively visit those areas where issues had arisen. CH queried whether there were still pockets of staff unaware of the FTSU initiative and whether there was data on what areas had not raised concerns. BP acknowledged that there was more work to do to share the message at every level. A video had been launched in the previous year that all staff were required to watch as part of equality, diversity and inclusion training. There were frequent communications issued using a varied range of channels. Although personal visits had been undertaken to a wide range of areas, it had been limited to non-covid areas.

LW voiced his support of the FTSU initiative although was saddened that it was needed at all. He asked if there would be a point in time when the Trust would not need a speak up process. BP commented that it was generally viewed as a positive action and only one of several routes available to staff and gave an example.

Mrs Ashby asked if there were any common themes in the type of concerns raised by staff. BP advised that the data would be included in the end of year annual report. The Trust had access to the national data and noted that patient safety related concerns was low compared to other trusts and was partially attributable to the good level of reporting of such incidents on Datix. Most concerns featured misunderstanding/miscommunications and gave examples; bullying and harassment made up a very small number of concerns. She observed that in the time she had been in post, COVID-19 features in many of the concerns raised. JA noted the work underway to improve the quality of our team leadership, management and supervisory skills.

### **22/10.4 Guardian of Safe Working**

BE presented the report given as enclosure 19 and highlighted that the Junior Doctors Forum had combined with the Medical Leaders with non-executives invited. There had been good attendance and valued as a listening event with every effort made to resolve concerns raised and gave example of digital and IT related matters.

The chair congratulated BE on his recent appointment as chief of surgery and encouraged non-execs to maintain an attendance at the Forum.

**Action** Yve Buckland to attend a meeting of the Junior Doctors Forum **Deputy Trust Secretary**

It was **RESOLVED**

- **That the report be noted**

## **22/11.0 DIGITAL TRUST**

### **22/11.1 Cloud Transition Programme Plan update report**

AT presented the report given as enclosure 20 noting that in response to feedback received when the report had recently been considered at the Digital Trust Technology Committee the report had been simplified. With reference to the prevailing local and global issues he described the key milestones achieved during the phase 1 with delivery underway to support migration to the Cloud. Planning work had commenced for phase 2 that was rated green overall and remained on track. There was further work to ensure that costs to stay within the financial envelope approved by Board.

He noted the impact on suppliers due to global matters that was expected to have some impact on phasing of the delivery. Reports were submitted quarterly to the Finance and Performance Committee for oversight and scrutiny and provide an opportunity to explore the benefits realisation process.

AT confirmed that Digital Training for Board members had been delayed owing to operational pressures would be scheduled during the first quarter of the new financial year.

LW requested that the Digital item be taken earlier on the next meeting agenda.

**Action** Digital Trust Technology to be moved up the agenda for the next meeting **Trust Secretary**

It was **RESOLVED**

- **That the report be noted**

### **22/12.0 Any other Business**

**Action** VJ requested home for lunch presentation to come to a future board meeting. **KK**

### **22/13.0 Reflections on the meeting**

Reversing the public and private agendas was positive and noted the good debate and challenge across a variety of topics.

Helen Ashby on behalf of the governors, thanked the board and all committee members for their continued hard work, dedication and passion. She merited the transparency in assurances offered along with risks and challenges identified and discussed. She thanked the chair and deputy trust secretary for continued support and nurturing of the governors old and new. She also gave thanks to her fellow governors for their time, knowledge, compassion, passion and dedication that they brought to the role alongside their home, work and other commitments.

Kat Rose commented that she was looking forward to joining The Dudley Group and noted the Trust's approach to supporting great innovation.

### **22/14.0 Date of next Board of Directors Meeting**

The next meeting would be held on Wednesday 18<sup>th</sup> May 2022. Via MS Teams.

### **22/15.0 Meeting Close**

The chair declared the meeting closed at 14.04hr.

.....  
Yve Buckland **Chair**

Date:

**Action Sheet**  
**Minutes of the Board of Directors (Public Session)**  
**Held on 10<sup>th</sup> March 2022**

Item No	Subject	Action	Responsible	Due Date	Comments
21/105.1	Quality and Safety Committee Report	The role of the Trust as an anchor organisation and its place in addressing health inequalities to be covered in more detail at a future meeting	Director of Strategy & Transformation	<del>March</del> May 2022	Request to defer until May for newly appointed Director in post <b>Work in progress</b>
22/06.0	Public questions	Public questions response to be sent to governor, Mr. Heaton	Deputy Trust Secretary	March 2022	<b>Complete</b>
22/08.1	Quality and Safety Committee Report	Junior doctors to present the VTE assessment data capture review report to the Board of Directors	Medical Director	Date tbc	
22/09.1	Finance and Performance Committee	Arrange deep dive session after private board on the transformation agenda for the Trust and System.	Exec directors	Date tbc	Provisionally scheduled to follow June board meeting
22/10.3	Guardian of Safe Working	Yve Buckland to attend a meeting of the Junior Doctors Forum	Deputy Trust Secretary	May 2022	YB attending on 23 <sup>rd</sup> May <b>Complete</b>

22/12.0	Any other Business	'Home for Lunch' presentation to come to a future board meeting	Karen Kelly	April 2022	Presentation provided to Board members after the April Private board meeting <b>Complete</b>
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**Paper for submission to the Board of Directors on 18<sup>th</sup> May 2022**

<b>Title:</b>	Public Chief Executive's Report
<b>Author:</b>	Diane Wake, Chief Executive
<b>Presenter:</b>	Diane Wake, Chief Executive

Action Required of Committee / Group			
Decision	Approval	Discussion X	Other
<b>Recommendations:</b>  The Board are asked to note and comment on the contents of the report.			

Summary of Key Issues:
<ul style="list-style-type: none"> <li>• Living with COVID</li> <li>• Home for Lunch initiative</li> <li>• Celebrating our nurses, midwives and ODPs</li> <li>• Star Wars Day</li> <li>• Black Country Provider Collaboration</li> <li>• Committed to Excellence</li> <li>• Charity Update</li> <li>• Healthcare Heroes</li> <li>• Patient Feedback</li> <li>• Visits and Events</li> </ul>

Impact on the Strategic Goals (indicate which of the Trust's strategic goals are impacted by this report)	
 <b>Deliver right care every time</b>	✓
 <b>Be a brilliant place to work and thrive</b>	✓
 <b>Drive sustainability (financial and environmental)</b>	✓
 <b>Build innovative partnerships in Dudley and beyond</b>	✓
 <b>Improve health and wellbeing</b>	✓

**Implications of the Paper:***(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*

<b>Risk</b>	N		Risk Description
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSE/I	N	Details:
	Other	N	Details:

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 10 <sup>th</sup> March 2022
	Other	N	Date:

## CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 18<sup>th</sup> May 2022

### Living with COVID

Although social distancing rules have relaxed in a healthcare setting, guidance for staff and anyone who visits our hospital sites is that they are still required to wear a surgical mask and wash hands. The Infection Prevention and Control Team celebrated World Hand Hygiene Day on 5<sup>th</sup> May and used it as an opportunity to remind everyone about good hand hygiene practices.

The number of inpatients with Covid has reduced to less than 30 and staff off work with Covid has also reduced to less than 25 members of staff. We have implemented clinic and theatre schedules to pre-covid levels so that we can back to pre-covid clinic and theatre session activity.

### Home for Lunch

We held a Home for Lunch Perfect Fortnight initiative from Monday 25<sup>th</sup> April to Monday 9<sup>th</sup> May 2022 to discharge our patients in a timely and safe way, as early in the day as possible.

We know that friends and relatives can more easily organise support for patients who arrive home during daytime.

Discharging patients is a complex task and requires many people from different teams to work together to make this happen effectively. We continually work with partners across the system to help discharge medically fit patients to free up beds and keep patients flowing.

If patients require urgent care, they are encouraged to go to NHS111 online first.

### Celebrating our nurses, midwives and ODPs



On Thursday 5<sup>th</sup> May we celebrated International Day of the Midwife (#IMD2022) which formed part of our nine days of #CaringWithPride celebrations which also covered International Nurses Day and ODP Day, highlighting the work of our operating department practitioners.

Throughout the day we championed and celebrated our midwives and their support staff with chief nurse Mary Sexton conducting a live raffle draw on the maternity ward for prizes donated by local companies.

Incredibly, there are 1,600 babies born every day in England and our Dudley midwives play a huge part in the most important day for our local families and their babies. You can view all of the photos and videos from the day by following @DudleyGroupNHS on Twitter and Facebook.

## Star Wars Day



Our Children's Department celebrated Star Wars Day on 4<sup>th</sup> May. The famous line from Star Wars "May the 4<sup>th</sup> be with you" has been adopted as a celebration day around the world and, as always, our paediatric team got involved. Staff decorated their ward and dressed up in Star Wars themed costumes. They also invited actors dressed in Star Wars costumes to spend several hours in Russells Hall Hospital main reception. For patients, staff and visitors this was a great event and hundreds of people popped along to have their photos taken.

This was an amazing effort from a team who

always go above and beyond to give the children and families the best possible experience while under their care.

## Black Country Provider Collaboration

Positive progress is being made through the work of the Provider Collaborative with key developments as follows:

### 1. Governance

- In light of recent policy guidance (*Provider Collaborative Toolkit*) governance arrangements have been reviewed and updated, with:
  - Sir David Nicholson being appointed as the permanent Chair of the Programme Board,
  - A new Programme Executive, and Clinical Leads Group being established to drive development and delivery across the four organisations
  - Terms of Reference being developed and established for these new arrangements

### 2. Clinical Improvement Programme

- Clinical Improvement programme continues to develop and grow. The nine specialty Clinical Leads are now actively leading their Clinical Networks and through a range of engagement activities (Clinical Summits, Clinical Network meetings, and dedicated away days) are translating conceptual ideas into meaningful priorities for delivery, which will be reviewed and scrutinised shortly.
- Priorities are a set of 'quick wins' (e.g. alignment of standards and care pathways) and 'big-ticket' items (e.g. capital developments, 'centres of excellence', review of safe service configurations) with the intent of improving patient care and experience, and broadly fall into the following three 'priority buckets':
  - **Improving access** to care (Recovery & Restoration) with a strong focus on delivering the elective care backlog (e.g. HVLC work)
  - **Quality** – a focus on better equity and reduction of health inequalities through standardisation of care and reduction of unwarranted variance across the four acute partners within the Black Country; and

- **System Resilience & Transformation** – Exploring new models of care seeking opportunities to organise services across the BC system for better access, patient experience, and improved health outcomes.
- Further specialty workshops are planned over the coming weeks and months, focused on enhancing relationships and delivery of the identified priorities

### **3. Developing the ‘Case for Change’**

- Work will shortly commence on refreshing the BCPC’s ‘*Case for Change*’ taking on board recent policy guidance and the emerging healthcare landscape, with the formal establishment of the Integrated Care Systems (ICS) / Integrated Care Boards (ICB) and Place Based Partnerships (PBPs).
- An engagement plan will be developed to ensure that any significant service changes are engaged upon in line with the NHSE requirements of the ‘*Assurance process for managing service change*’.

### **Committed to Excellence**

Our annual staff awards Committed to Excellence are now in their 14<sup>th</sup> year and recognise teams and individuals who go the extra mile for our patients, whether giving direct care or in vital back office supporting roles.

The awards celebrate outstanding care, compassionate staff, team spirit, innovation and those who have made a significant improvement in quality, safety and patient experience. They give staff across the Trust, and from our partner organisations, the opportunity to nominate colleagues in both clinical and non-clinical roles.

Nominations have now closed and I am pleased that they generated almost 600 nominations including nominations from members of the public in the Patient Choice category.

Winners will be announced at an awards dinner at The Copthorne Hotel in Brierley Hill in July 2022. We seek sponsorship from local businesses to support the awards and the event.

### **Charity Update**

#### **NHS Charities Together**

#### **No Barriers Here**

The No Barriers Here project in partnership with Mary Stevens Hospice has delivered two of three arts-based advance care planning workshops which provide people from Black, Asian and minority ethnic (BAME) communities with the opportunity to think about future care and what matters most to them. The first art workshop focused on a population of Black African and Black Caribbean ethnicity, the second workshop had participants attend from a Roma community and the final workshop which will start in July will focus on the South Asian community.

## Wellbeing Hub

Back in November 2021 the charity was successful in being awarded £121,000 of funding from NHS Charities Together. The funding will go towards creating a brand-new staff only wellbeing hub at the Russells Hall Hospital is also being supported by the Trust and our PFI partners.

The working group in continuing to meet regularly to discuss the designs and functionality of the wellbeing hub, the group will be carrying out further engagement with staff across the Trust.

## Volunteer Futures Fund (DGFT Advance)

The project was officially launched at Russells Hall Hospital on 11<sup>th</sup> April 2022. One of our current volunteers, Aaron, shared his case study of becoming a peer mentor on the VFF project with all the staff, visitors and external organisations who came to visit. The event was publicised on internal and external communication channels as well as on social media and received positive feedback.

Ten 16–18-year-old peer mentors volunteers have been recruited and trained by the Trust volunteers service and we have recruited a future 52 active young volunteers onto the DGFT Advance programme.

The charity attended and exhibited at the Volunteer Expo Live on Friday 6<sup>th</sup> of May alongside NHS Charities Together, Birmingham Community Healthcare Charity and Sandwell and West Birmingham Charity. The event was a great way of recruiting volunteers, connecting with charities and not-for-profit organisations, and celebrating all aspects of volunteering.

Anyone aged 16-18 interested in becoming a volunteer should email [dgft.volunteering@nhs.net](mailto:dgft.volunteering@nhs.net)

## London Marathon 2022

We are back with the London Marathon again. The trust has six virtual marathon place and asking staff to be part of #TeamDudley. Participants will have 24 hours to complete the 26.2 miles, from 00:00 to 23:59 on Sunday 2<sup>nd</sup> October 2022, and will be able to run, walk, take breaks, and log their race on the London Marathon app. They will receive an official London Marathon number before the event and a coveted official finishers medal and t-shirt on completion.

## HSBC Wolverhampton Market

The staff at the six local branches of HSBC have raised almost £4,000 from a Tough Mudder event on the 23<sup>rd</sup> April and from a fundraising quiz they organised on 5<sup>th</sup> May which was attended by both our children's and maternity departments as well the charity.

## Healthcare Heroes

### March – Individual



Lead nurse Laura Posting stands out as Healthcare Hero because of her kindness, understanding nature and fairness. She does whatever is needed to keep the ward running and always has time to step out the office to help her staff, no matter whether the task is big or small. Laura allows her staff to feel at ease with her open nature, and they know they can always talk to her with no judgement if they have any issues. During her time working at the Trust, Laura has always worked extremely hard, working her way to becoming a fantastic ward manager.



### March – Team



The AAA screening programme has been run by The Dudley Group since 2012, and this year the team has been recognised as the number one team across the country for its performance for screen detected aneurysm identification. The team has ranked at the top against 37 other trusts which is a fantastic achievement! They have managed to tackle the COVID-19 backlog and are now looking to achieve full restoration of the life-saving AAA screening programme across the Black Country. The team works hard to ensure they are providing the best service possible.

### April – Individual Award



Our April individual award went to AAA screening technician Joanna Stanley for the immediate action she took when a patient became very unwell in her care. After confirming her patient was well enough to be scanned, she continued to monitor the patient. When the patient's condition worsened, she helped the patient to a seat in the waiting area and rang 999. She remained with the patient until the ambulance arrived. Joanne responded quickly, calmly and professionally to what became an urgent situation, showing her ability to assess and provide excellent patient care in a distressing circumstance.

### April – Team



April's team winner ward C7 showed great compassion and went above and beyond to facilitate the wedding of a dying patient. The team even went the extra mile to transform the relatives' room into a bridal suite as well as making a cravat out of a t-shirt. They did everything they could to support the patient's wishes, and everyone involved agreed it really was "a magical moment." The level of a care and empathy shown by the team on C7 to facilitate this wedding was outstanding and really showcases the values of our Trust.

### Patient Feedback

**Accident & Emergency:** Excellent service, excellent staff, fully informed and made me feel better just by being in your care.

**Breast Care:** The whole team were kind, caring and compassionate for both of my visits, they explained everything in detail and took great care of me.

**B5:** Excellent, friendly, competent and professional staff. Good humoured, patient caring and understanding even though they were very busy with other patients.

**CAU (Cardiac Assessment Unit):** all staff were very caring and professional. Diagnosed and admitted promptly and made to feel very at ease.

**Cardiology:** Very good, clear and received information about what I wanted to know in a friendly and interested way.

**CASH Clinic:** Quick and not painful. Nurses were experienced and respectful.

**Clinical Research Unit:** Nothing could have made it better; the nurses were absolutely lovely. I felt so relaxed and was happy with my visit.

**Community Musculoskeletal Assessment & Physiotherapy service (CMAPS):** My appointment was very informative that was easy to understand. I was given some choices on what treatment I could have, overall was happy with my visit.

**Ward C6:** The whole service I received from start to finish was amazing. I stayed for two nights and three days and I could not have been cared for any more than I was. I'm very thankful.

**Ward C7:** The level of care I received from all of the staff from A&E to being discharged was superb. thanks to everyone.

## Visits and Events

9 <sup>th</sup> March 2022	Place Development Programme
10 <sup>th</sup> March 2022	Board of Directors
11 <sup>th</sup> March 2022	Team Brief
14 <sup>th</sup> March 2022	Women and Children's Exec Sponsor Welcome
14 <sup>th</sup> March 2022	Consultant- Respiratory Interviews
17 <sup>th</sup> March 2022	Richard Meddings visit to Corbett Hospital
17 <sup>th</sup> March 2022	Buskers Fundraisers Photo Opportunity
21 <sup>st</sup> March 2022	Trust Team Management
21 <sup>st</sup> March 2022	Full Council of Governors
23 <sup>rd</sup> March 2022	DGNHS Charity & HSBC Photo Opportunity
24 <sup>th</sup> March 2022	Diane Wake and Jonathan Odum Clinical Lead Forum
24 <sup>th</sup> March 2022	Black Country Collaboration Board
25 <sup>th</sup> March 2022	Vaccination Hub Ceremony
29 <sup>th</sup> March 2022	Ambulance Handover Patient Safety Follow-up Summit

<b>31<sup>st</sup> March 2022</b>	<b>Invitation for Dinner with Sir James Mackey</b>
<b>6<sup>th</sup> April 2022</b>	<b>Place Development Programme</b>
<b>6<sup>th</sup> April 2022</b>	<b>Diane Wake and Jonathan Odum Clinical Lead Forum</b>
<b>7<sup>th</sup> April 2022</b>	<b>Black Country and West Birmingham Urology Collaboration Away Day</b>
<b>8<sup>th</sup> April 2022</b>	<b>Waldrons Charity Will Week Video Filming</b>
<b>20<sup>th</sup> April 2022</b>	<b>Private Board of Directors</b>
<b>21<sup>st</sup> April 2022</b>	<b>Black County Provider Collaborative- Executive Programme</b>
<b>22<sup>nd</sup> April 2022</b>	<b>Long Service Awards</b>
<b>27<sup>th</sup> April 2022</b>	<b>Overseas Nurses Graduation Ceromancy</b>
<b>28<sup>th</sup> April 2022</b>	<b>NHS National Leadership event Central London</b>
<b>29<sup>th</sup> April 2022</b>	<b>Ophthalmology Away Day</b>
<b>4<sup>th</sup> May 2022</b>	<b>Place Development Programme</b>
<b>6<sup>th</sup> May 2022</b>	<b>Black Country Provider Collaborative- Programme Executive</b>
<b>6<sup>th</sup> May 2022</b>	<b>Afternoon Tea with Full Council of Governors</b>
<b>10<sup>th</sup> May 2022</b>	<b>Capgemini</b>
<b>11<sup>th</sup> May 2022</b>	<b>Capgemini</b>
<b>12<sup>th</sup> May 2022</b>	<b>Nursing and Midwifery/ODP week</b>

**Paper for submission to the  
Board of Directors 18<sup>th</sup> May 2022**






<b>Title:</b>	Well-Led Review Action plan
<b>Author:</b>	Helen Board, Deputy Trust Secretary
<b>Presenter:</b>	Yve Buckland, chair

<b>Action Required of Committee</b>			
<b>Decision</b>	<b>Approval Y</b>	<b>Discussion Y</b>	<b>Other</b>
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>To note the development of the action plan reflective of the Well-led Review Findings presented to the Board of Directors 10<sup>th</sup> March 2022</li> <li>To approve the action plan</li> <li>To note that the board will receive regular updates to maintain oversight of the plan</li> </ul>			

<b>Summary of Key Issues:</b>
<p><b>Background</b></p> <p>The boards of NHS foundation trusts and NHS trusts are responsible for all aspects of the leadership of their organisations. NHS Improvement (NHSI) support in-depth, regular and externally facilitated developmental reviews of leadership and governance. Reviews should identify the areas of leadership and governance that would benefit from further targeted development work to secure and sustain future performance.</p> <p>The external input is vital to safeguard against the optimism bias and group think to which even the best organisations may be susceptible. NHSI strongly encourage all providers to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework every three to five years, according to their circumstances.</p> <p><b>The Review</b></p> <p>Following a competitive tender process, DCO Partners Ltd were commissioned to undertake a Well-led Developmental Review to provide an independent review of the Trust's governance against certain of the NHS Improvement Well-Led Framework's Key Lines of Enquiry (KLOEs). The review, led by Giles Peel and Mike Bewick, was conducted between October 2021 and January 2022. Their final report was considered by the Board of Directors at the March 2022 meeting.</p> <p><b>Next steps</b></p> <p>Findings of the review have been prioritised and an action plan developed to reflect the recommendations as set out in the report.</p> <p>The Board is asked to approve the action plan and that regular updates to maintain oversight of the plan will be provided.</p> <p>Appendix: 1 Well-led Action plan</p>

### Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	<b>Deliver right care every time</b>	<b>X</b>
	<b>Be a brilliant place to work and thrive</b>	<b>X</b>
	<b>Drive sustainability (financial and environmental)</b>	<b>X</b>
	<b>Build innovative partnerships in Dudley and beyond</b>	<b>X</b>
	<b>Improve health and wellbeing</b>	<b>X</b>

### Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	Y		Risk Description: as described in the self-certification declaration
	On Risk Register:	N	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Well-Led Guidance Publication CG32/17
	NHSE/I	Y	Details: Good Governance
	Other	N	Details:

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	Y	Date: April 2022
	Audit Committee	N	Date:
	Board of Directors	Y	Date: 18/05/22
	Council of Governors	N	Date:

## Well-led External Review

### ACTION PLAN

<b>Source of Action Plan</b>	Well-led external review undertaken by DCO Partners Ltd (October 2021 and January 2022)	<b>Oversight Committee</b>	Board of Directors
<b>Action plan prepared and lead by</b>	Diane Wake	<b>Action plan signed off by</b>	Board of Directors
<b>Date presented to Board Meeting</b>	18th May 2022	<b>Anticipated date for completion</b>	September 2022

<b>KEY</b>	Assurance received	Completed	Action commenced but not yet completed	Action Overdue not completed in agreed timescales
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Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status
1.	Invigorate community interaction with a specific focus on building relationships with local GP's	KR/JHo	1. Support and active engagement on a weekly meeting with a new operational meeting to address secondary and primary care interface issues. 2. Bi monthly GP engagement meetings drawing on a wide base of clinicians with joint presentations and joint agreed work arising. 3. Social events as recommended by Sir Mike Richards. 4. Joint development work regarding collaboration – David Fillingham 5. Cap Gemini work	Ongoing	
2.	Develop/refresh range of external engagement activities to improve the Trust's reputation and	LA	1. Continue to actively seek national and local media opportunities	Complete	

[Click here to enter text.](#)

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status
	change perceptions, raise awareness of innovations – create a new narrative		2. Develop core narrative and refresh tools for communicating with stakeholders 3. Ensure board papers reflect service developments and are brought to life through appropriate patient and staff stories/ presentations 4. Review existing GP communications and ensure board members can influence appropriately where perceptions do not reflect actual 5. Build on voluntary sector relationships to influence wider diverse communities	August 2022 July 2022 September 2022	
3.	Consider a review of committee voting membership to support improved quoracy, execs to be made non-voting?	Board Sec	Discussed at March 2022 board of Directors with agreement retain voting executives Minute reference <b>22/07.1 Well-led External Review Report</b>	March 2022	
4.	Undertake a risk appetite exercise to confirm the boards view on how risk should be managed	Board Sec	Further refinement of the BAF during Q1 2022/23 will include half day risk appetite workshop to be arranged to take place May 2022	May 2022	
5.	Review Serious Incident (SI) actions process to expedite in a timely manner to support effective board oversight of patterns and trends	DW /MS	1. Review existing report for SI reporting to the Quality and Safety Committee and upward reporting to the Board to include patterns and trends. 2. Review framework for chasing and escalation of Serious Incident actions not completed in agreed timescales 3. Development and implementation of PSIRF	July 2022 2022/23	
6.	Link clinical governance and audit processes across the Trust to create an integrated set of governance tools	Board Sec	Await substantive Trust Sec commence in post. Undertake review in June/July to identify gaps.	July 2022	
7.	Develop succession plan for the Board of Directors	DW/JF	Utilise the NHS Leadership Academy Succession Planning toolkit framework to establish a formal succession plan for the Board of Directors.	September 2022	

[Click here to enter text.](#)

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status
			<p>NEDs skills review undertaken 2020 and appointment of Associate NEDs to support succession plan.</p> <p>360 degree appraisal process for Board members is underway for 2021/22, this will also inform Board succession planning</p>		
8.	Review 'ward to board' reporting arrangements with particular focus on relevance of management information to each committee, effective integration and aggregation when reported upwards, qualitative v quantitative information, reporting of concerns, incorporate exec review of performance to the Q&S and F&P Committee and consistent framework/template for divisional reports.	MS	<p><b>Quality and Safety Committee</b></p> <ol style="list-style-type: none"> <li>1. A review has been undertaken of the governance ward to board meetings and its standardised governance agenda and report templates. This is being re-rolled out to further embed. This flow provides the data for the quarterly divisional reports</li> <li>2. To hold a working group meeting with the Quality and Safety Committee NEDs and key individuals to determine the information required by the committee to support the execution of the committee scope</li> <li>3. Review and relaunch of divisional report template to include not just data but analysis, qualitative and quantitative information. To include community services in the reporting structure</li> </ol>	July 2022	
		AT	Informatics working to identify specific resource to support information flows to board committees	September 2022	
		DoF	Reporting was discussed at the April Finance and Performance Committee and future reporting of productivity and cost reduction opportunities was agreed to be added to future agendas.	May 2022	

[Click here to enter text.](#)



Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status
9.	Governor training to be enhanced to include 'challenging the board' and seeking assurance on a full range of issues facing the Trust.	Board Sec	Current programme of Governor training and development session to be modified to include as part of the July 2022 session	July 2022	
10.	Create repository of information aligned to the Well Led KLOEs that is accessible to all Board members and senior management	Board Sec	Commenced with well-led briefing pack drafted	July 2022	
11.	Develop balanced clinical leadership for medical and nursing led by CMO and CN.	JHo	1. Agree development needs for medical leadership at MD, CoS, CD and CSL level. 2. Monthly CD development sessions. 3. Kings fund development for CDs. 4. Time in job plans to service delivery and appointment of deputies to aid succession planning and delivery. 5. Clinical summits and development away days to support team development. 6. Personal development plans and coaching for senior medical leadership team.	October 2022	
		MS	<b>Nursing and AHP</b> 1. Agree development needs for nurse/AHP leadership at Deputy and Divisional Leads level 2. Assess funding for Nurse/AHP to undertake the Kings Fund programme 3. Personnel development plans in place for all senior leaders 4. Multi professional leadership development sessions to be agreed 5. Professional Leads to have development opportunities and succession planning in place	Sept 2022	
12.	Review approach to documenting of meetings to accurately capture the level of challenge	Board Sec	Await substantive Trust Sec in post to review in June 2022	Sept 2022	

[Click here to enter text.](#)

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status
13.	Re-order the Board meeting agendas to enable private board to follow the public session. Ensure that all papers are classified correctly.	Board Sec & Chair	Review undertaken to programme the Public board meeting to precede the Private session with associated papers correctly classified. effective from March 2022	Feb 2022	
14.	Develop Trust-wide plan for a sustainable workforce	JF	Each of the Divisions are currently developing Divisional workforce plans, for presentation, test and challenge by Workforce & Staff Engagement Committee (deep-dive sessions), to include strengthened career pathways, workforce transformation and productivity requirements. A training needs assessment (TNA) is also being planned. These key steams of work will be aligned to establish a robust medium-term workforce plan.	Sep 2022	

[Click here to enter text.](#)

**Paper for submission to the Board of Directors**  
**Wednesday 18<sup>th</sup> May 2022**

<b>Title:</b>	Review of Enhancing Board Oversight – a new approach to non-executive director champion roles
<b>Author:</b>	Helen Board, Deputy Trust Secretary
<b>Presenter:</b>	Helen Board, Deputy Trust Secretary

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
<b>Recommendations:</b>  The Board of Directors are asked to <ul style="list-style-type: none"> <li>note the work undertaken to review and align the Trust's reporting and governance structures to reflect the new approach to non-executive director champion roles as described in the recent publication of guidelines by NHS England and NHS Improvement.</li> <li>To note the requirements as set out in the Patient Safety Specialist guidance and the Trusts approach to NED and Board oversight</li> <li>Consider the findings of the review, discuss, and contribute as required linked to their respective portfolios.</li> </ul>			

Summary of Key Issues:																																		
<b>Background</b> In December 2021, NHSE/I published new guidance 'Enhancing board oversight – A new approach to non-executive director champion roles'. This was shared with the Executive team and the chair.  Working with stakeholders, NHSE/I have reviewed the roles originally established for NEDs to address several issues; some of which have been in place for a decade or more without review. There was also the matter of a growing number of NED champion/lead roles that were in some cases were difficult to discharge effectively e.g., if only small number of NEDs in post.																																		
<table border="1"> <thead> <tr> <th colspan="5">Roles to be retained</th></tr> </thead> <tbody> <tr> <td>Maternity board safety champion</td><td>Wellbeing guardian</td><td>Freedom to speak up</td><td>Doctors disciplinary</td><td>Security management</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">Roles to transition to new approach</th></tr> </thead> <tbody> <tr> <td>Hip fracture, falls and dementia</td><td>Learning from deaths</td><td>Safety and risk</td><td>Palliative and end of life care</td><td>Health and safety</td></tr> <tr> <td>Children and young people</td><td>Resuscitation</td><td>Cybersecurity</td><td>Emergency preparedness</td><td>Safeguarding</td></tr> <tr> <td>Counter fraud</td><td>Procurement</td><td>Security management-violence and aggression</td><td></td><td></td></tr> </tbody> </table>					Roles to be retained					Maternity board safety champion	Wellbeing guardian	Freedom to speak up	Doctors disciplinary	Security management	Roles to transition to new approach					Hip fracture, falls and dementia	Learning from deaths	Safety and risk	Palliative and end of life care	Health and safety	Children and young people	Resuscitation	Cybersecurity	Emergency preparedness	Safeguarding	Counter fraud	Procurement	Security management-violence and aggression		
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There are a small number of roles that are a statutory requirement that will remain; there are some that still require an individual to drive change or fulfil a functional role. The remainder are considered to be best discharged via existing committee structures rather than by an individual. See adjacent table. The new approach is recommended but not mandatory and should sit alongside other effective governance tools such as workarounds.																																		

NHSE/I have engaged with the CQC who have indicated that trusts will be expected to reference this guidance as evidence of strong leadership and governance, with effective oversight of important issues.

Recommendations set out in the guidance have been reviewed against the Trusts existing NED assignments as champions/leads, and governance arrangements to ascertain current compliance.

### **Review of roles to be retained**

The table given in appendix 1 describes the current governance and reporting arrangements. To also note that regular walk round activity is undertaken by non-executive and executive directors along with assigned subject areas.

### **Review of roles to transition to new approach**

The table given in appendix 2 describes the current governance and reporting arrangements. To also note that regular walk round activity is undertaken by non-executive and executive directors.

### **Other considerations – Patient Safety**

Following the launch of the Patient Safety Specialist initiative in Autumn 2020, NHSE issued guidance stating a requirement for a non-executive director patient safety lead.

Noting that this request contradicted the ‘streamlining’ principles of their latest publication ‘Enhancing board oversight – A new approach to non-executive director champion roles’ the Trusts recently appointed Patient Safety Specialist (PSS) has investigated the reference to this requirement within the realm of patient safety publications. There are three identified none of which would mandate there being a nominated NED. It infers that one would exist but does not direct this.

#### *References to NED Lead:*

*This support may come from a non-executive director or executive director with responsibility for patient safety. (NHSE/I, NHS Patient Safety Strategy, 2019 p.34)*

*Key working relationships - Non-executive Director with responsibility for patient safety (NHSE/I Patient Safety Template Job Description, 2021)*

*An executive lead for patient safety should be identified as the direct contact point for the PSS. The PSS should also link with the NED who leads on patient safety. (NHSE/I, Template Board Presentation, 2021).*

Trust arrangements in this regard provide Board oversight via its Quality & Safety Committee discharging this requirement extant chaired by a non-executive.

### **Recommendations**

The Board of Directors are asked to consider the review findings and contribute as required linked to their respective portfolios.

This might include evidence of additional reporting and governance structures not yet listed or gaps identified where further assurance would be required to evidence that all






roles in the new approach have adequate NED / committee oversight and comply with the guidance.

To note the requirements as set out in the Patient Safety Specialist guidance and the Trusts approach to NED and Board oversight.

It is proposed that any changes required to align the Trust's reporting and governance structures to reflect the new approach would be undertaken in conjunction with the Annual Committee Effectiveness Review work that is currently due to conclude in May.

### Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	<b>Deliver right care every time</b>	<b>x</b>
	<b>Be a brilliant place to work and thrive</b>	<b>x</b>
	<b>Drive sustainability (financial and environmental)</b>	<b>x</b>
	<b>Build innovative partnerships in Dudley and beyond</b>	<b>x</b>
	<b>Improve health and wellbeing</b>	<b>x</b>

### Implications of the Paper:

Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Well-led
	NHSE/I	Y	Details: Good Governance
	Other	N	Details:

<b>Report Journey/ Destination</b>	Exec Group	Y	Date: 18/01/22 & 12/04/22
	Committee	N	Date:
	Board of Directors	Y	Date: 18/05/22
	Council of Governors – Appointments & Remuneration Committee	Y	Date: 17/06/22
	Other	N	Date:

## Appendix 1: Review of current roles to be retained 'Enhancing board oversight – A new approach to non-executive director champion roles'

	Current NED assignment	Type of role	Legal basis	Current Governance & reporting arrangements
<b>Maternity Board Safety Champion</b>	Liz Hughes Supported by: Gurjit Bhogal	Assurance	Recommended	Role undertaken in line with Maternity NED role descriptor namely to support board-level safety exec lead. Maternity standards report to Quality & Safety Committee and Board with sign off on CNST as required. Audit activity includes NED leads.
<b>Wellbeing Guardian</b>	Vij Randeniya	Assurance	Recommended	NED chair of Health & Wellbeing Steering Group. Reporting into Workforce Committee and Board  <a href="#">Wellbeing Guardians – Our NHS People</a>
<b>Freedom to Speak up Guardian</b>	Julian Atkins	Functional	Recommended	NED lead chairs FTSU Steering Group. NED work closely with exec FTSU lead and Guardian of Safe working. Reporting into Workforce Committee and Board
<b>Doctors Disciplinary</b>	Liz Hughes Supported by: Gurjit Bhogal Thuva Amuthalingham	Functional	Statutory	Designated NED to oversee cases. Reporting into Board
<b>Security Management</b>	Jonathan Hodgkin (EPRR) Catherine Holland (Cyber security) Gary Crowe (Fraud) Liz Hughes (Health and safety)	Functional	Statutory	Guidance sets out that Security management covers a wide remit including counter fraud, violence, and aggression and also security management of assets and estates. Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement.



## Appendix 2: Review of roles to transition to new approach ‘Enhancing board oversight – A new approach to non-executive director champion roles’

	Current NED assignment / committee oversight?	Governance & reporting arrangements
<b>Hip fracture, falls and dementia</b>	Liz Hughes, chair of Quality & Safety Committee	<ul style="list-style-type: none"> <li>- Falls Prevention Group <b>reporting</b> to Quality &amp; Safety Group <b>reporting to</b> Quality &amp; Safety (Q&amp;S) Committee</li> <li>- Dementia Group <b>reporting to</b> Patient Experience Group</li> </ul>
<b>Learning from deaths</b>	Liz Hughes, chair of Q&S Committee Catherine Holland Both active contributors to the working of the Ethics Forum	<ul style="list-style-type: none"> <li>- Mortality Surveillance Group <b>reporting to</b> Quality&amp; Safety Committee</li> <li>- Learning from Deaths <b>report</b> to Board</li> <li>- Weekly meeting of Harm <b>reporting to</b> Risk &amp; Assurance Group <b>reporting to</b> Q&amp;S Committee</li> </ul>
<b>Safety &amp; Risk</b>	Liz Hughes, chair of Q&S Committee Gary Crowe, chair of Audit Committee	<ul style="list-style-type: none"> <li>- Risk &amp; Assurance Group <b>reporting to</b> Q&amp;S Committee</li> <li>- IPC Group <b>reporting to</b> Q&amp;S Committee</li> <li>- Divisional risks, corporate risk and BAF risks <b>reporting</b> embedded via Board Committees</li> </ul>
<b>Palliative and end of life care</b>	Liz Hughes, chair of Q&S Committee	- End of life Working Group <b>reporting to</b> Q&S Committee
<b>Health and safety</b>	Liz Hughes, chair of Q&S Committee	- Health, Safety & Fire Group <b>reporting to</b> Q&S Committee
<b>Children and young people</b>	Liz Hughes, chair of Q&S Committee	- Trust Children’s Services Group <b>reporting to</b> Internal safeguarding Board <b>reporting to</b> Q&S Committee
<b>Resuscitation</b>	Liz Hughes, chair of Q&S Committee Julian Atkins, chair of Workforce & Staff Engagement Committee (WSEC)	- Resus mandatory training <b>reporting to</b> Q&S Committee and WSEC
<b>Cybersecurity</b>	Catherine Holland, chair of Digital Trust Technology Committee	<ul style="list-style-type: none"> <li>- Digital Trust Steering Group <b>reporting to</b> Digital Trust Tech Committee (DTTC)</li> <li>- DTTC Standing report to Board</li> </ul>
<b>Emergency Preparedness</b>	All non-executive directors	- <b>Reporting</b> direct to Board
<b>Safeguarding</b>	Liz Hughes, chair of Q&S Committee	- Trust Children’s Services Group <b>reporting to</b> Internal safeguarding Board <b>reporting to</b> Q&S Committee
<b>Counter Fraud</b>	Gary Crowe, chair of Audit Committee	- Audit Committee <b>reporting to</b> Board
<b>Procurement</b>	Gary Crowe, chair of Audit Committee Jonathan Hodgkin, chair of Finance & Performance Committee	<ul style="list-style-type: none"> <li>- Audit Committee <b>reporting to</b> Board</li> <li>- Finance &amp; Performance Committee <b>reporting to</b> Board</li> </ul>
<b>Security management, violence, and aggression</b>	Liz Hughes, chair of Q&S Committee	- Health, Safety & Fire Group <b>reporting to</b> Q&S Committee




## Paper for submission to Board of Directors on 18<sup>th</sup> May 2022

<b>Title:</b>	Strategy progress report – Q4 2021/22
<b>Author:</b>	Ian Chadwell, Senior Strategy Development Lead
<b>Presenter:</b>	Kat Rose, Director of Strategy & Partnerships

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>To note the strategy progress report for Q4 2021/22</li> </ul>				

Summary of Key Issues:	
<p>Following formal approval of the new strategic plan at September Board and a Board workshop in October 2022, work to embed the strategic plan across the organisation took place during Q3. This included a formal launch event on 30<sup>th</sup> September (numbers restricted due to social distancing) and two on-line roadshows. Information on the public facing website and the Hub has been updated and all relevant templates have been revised such as recruitment documentation, induction booklet, templates for Board and committee papers and documentation to support appraisal conversations. Further work is needed to embed the strategic plan into performance reviews of Divisions and Directorates.</p> <p>A report to cover Q4 (Jan-Mar) has been compiled with input from the different lead Executives and their respective teams. The report shows a summary against the twelve measures of success, narrative summarising progress against each goal and progress for the three transformation programmes in the strategic plan.</p> <p>Relevant content from the report was presented and approved at the following April meetings of the committees of board; Finance &amp; Performance, Quality &amp; Safety and Workforce &amp; Staff Engagement.</p> <p>Further work is needed to refine the criteria against which RAG ratings are assigned.</p>	
Impact on the Strategic Goals	
<i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 <b>Deliver right care every time</b>	✓
 <b>Be a brilliant place to work and thrive</b>	✓



 <b>Drive sustainability (financial and environmental)</b>	✓
 <b>Build innovative partnerships in Dudley and beyond</b>	✓
 <b>Improve health and wellbeing</b>	✓

### Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	Y/N		Risk Description: <i>Inc risk ref number</i>	
	On Risk Register:	Y/N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC		Y	Details: Well-led
	NHSE/I		N	Details:
	Other		N	Details:

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	Y	Date:
	Committee	Y	Date: April meetings of Finance & Performance, Quality & Safety and Workforce & Staff Engagement
	Board of Directors	Y	Date: 18 <sup>th</sup> May
	Other	N	Date:

# Implementing our strategic plan Shaping #OurFuture

Quarterly Report January – March 2022



This report provides an update on implementation of the strategic plan 2021 – 2024 in two parts:

Part 1 – a summary of the status of each of the measures of success

Part 2 – progress against each of the five goals with updates on the measures of success

Part 3 – progress against each of the three transformation programmes that will help make progress against the goals

Progress has been RAG rated where:

	Actions are on track
	Actions started but not yet completed
	Actions not started or at risk of not achieving

## Part 1 – Summary of status for measures of success

Goal	Measure of Success	Current status	RAG rating
Deliver right care every time	CQC good or outstanding	All outstanding actions from 2018 CQC action plan closed; Quality & Safety reviews showing 5/6 services reviewed working towards satisfactory; deteriorating patient dashboard in place	Yellow
	Improve the patient experience results	CQC maternity shows Trust performing 'about the same' as other Trusts; all FFT percentage very good/good scores are below the national average	Yellow
Be a brilliant place to work and thrive	Reduce the vacancy rate	Current vacancy rate is 12%; plans for expansion of international recruitment approved and work started	Yellow
	Improve the staff survey results	Results of national staff survey 2021 published; 42/56 questions show no significant change	Yellow
Drive sustainability	Reduce cost per weighted activity	Model Hospital metrics show medical and nursing staff costs in highest quartile	Yellow
	Reduce carbon emissions	Governance of the programme strengthened; recruitment process for new staff started; outstanding problems with obtaining baseline information	Yellow
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Current proportion of staff who live locally unchanged at 65%	Yellow
	Increase the number of services jointly delivered across the Black Country	Leadership and active engagement by Trust in Black Country Provider Collaborative including 2/9 clinical leads	Green
Improve health & wellbeing	Improve rate of early detection of cancers	Lack of cancer staging data means establishing baseline position not possible	Red
	Increased planned care and screening for the most disadvantaged groups	Proactive actions being taken by Breast Screening service to improve uptake by disadvantaged groups; key performance metrics reported by ethnicity and deprivation	Green

## Part 2 – Goals and measures of success

Goal: Deliver right care every time		Executive lead: Medical Director / Chief Nurse										
		Metric: CQC good or outstanding										
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter									
Compliance	4 outstanding actions from 2018 CQC action plan closed as 2 now included on 2021 action plan and remaining 2 on risk register and monitored through the governance framework.	All actions closed and ongoing monitoring in place and reported via Quality and Safety Group and Quality and Safety Committee	Monitoring will continue via Divisional Leads.									
Quality & Safety Reviews	8 full Quality and Safety Reviews have been completed between January – March 2022 and one focussed review at Saltwells Vaccination centre.  Themes for improvement are: <ul style="list-style-type: none"><li>- Completion of safety checks</li><li>- Awareness of risk and risk management</li><li>- Initial impression of the ward/department</li><li>- Environment</li><li>- Learning from incidents and complaints</li><li>- Documentation</li><li>- Knowledge of safeguarding processes</li></ul>	<b><u>Quarter 4 overview of the outcomes of the reviews (8) to date (January – March 2022):</u></b>	Continue with task and finish group related to improving knowledge of risk and risk awareness  Set up improvement group relating to improving the documentation of completed safety checks, ensuring consistency of approach across departments and divisions. This will be attended by senior nursing, midwifery and AHP staff  Continue to undertake 2 reviews per week across clinical areas.									
		<table><tr><th></th><th>Overall rating</th><th>Ward/Department</th></tr><tr><td>Number of areas rated satisfactory</td><td>1</td><td>Therapy</td></tr><tr><td>Number of areas rated as working towards satisfactory</td><td>5</td><td>Ophthalmology Outpatients C7 Guest (all services) SDEC Surgery/Medicine Outpatients</td></tr></table>			Overall rating	Ward/Department	Number of areas rated satisfactory	1	Therapy	Number of areas rated as working towards satisfactory	5	Ophthalmology Outpatients C7 Guest (all services) SDEC Surgery/Medicine Outpatients
				Overall rating	Ward/Department							
		Number of areas rated satisfactory		1	Therapy							
Number of areas rated as working towards satisfactory	5	Ophthalmology Outpatients C7 Guest (all services) SDEC Surgery/Medicine Outpatients										
No areas were rated as unsatisfactory.												
Two further reviews were completed on the 30 <sup>th</sup> of March 2022, and at the time of compiling this report ratings for these areas are still to be agreed.												
In addition to the 8 areas completed, a review of Saltwells Vaccination centre was completed in January 2022. This review focused on the environment, managing deteriorating patient processes, infection control and consent in children.												

19 actions for improvement have been added for reviews undertaken between 1<sup>st</sup> January 2022 – 29<sup>th</sup> March 2022. All are within timelines agreed.

**End of year 2021/22 position**

	Overall rating	Ward/Department	
Number of areas rated satisfactory	2	C1A Therapy	
Number of areas rated as working towards satisfactory	15	Ophthalmology OPD C7 Guest (all services) SDEC Surgery/Medicine OPD	C8 B1 B2 Hip CCU/PCCU B3 C3 C1B Emergency surgical hub

99 actions for improvement have been added to AMaT by the various clinical teams during 2021/22.

Action assurance visits for areas who were reviewed between May – November 2022 were completed during December 2021 and January 2022. There were no new issues or deterioration in position identified. Positive assurance was gained against most recorded actions.

A monthly feedback meeting to share the outcomes of the reviews held in that month and provide thematic feedback to senior staff in each division and including staff from a variety of professional groups. This will give the divisions an understanding from an organisational perspective where improvements can be made. The focus at the meeting dated 23<sup>rd</sup> March 2022 related to the ward environment and storage.

Monthly meetings will continue to share learning and feedback.

Deteriorating patient

Education programme in place for all clinical staff. Deteriorating patient dashboard in use

Deteriorating Patient Education Programme launched (32 staff have completed bronze).

Deteriorating Patient Dashboard in place and operational. Agreement of IT workplan for future developments.

Ongoing promotion of DPEP programme. Awards ceremony for second cohort scheduled for 16/06/22, silver module to be launched imminently and

			<p>promotional stand in main reception scheduled for 19/04/22. Promotion and embedding of deteriorating patient pathways. Away day scheduled for 21/06/22.</p> <p>IT redesign as part of DP work package</p> <ul style="list-style-type: none"> <li>• new DP episodes need to be better alerted so staff recognition and response is immediate.</li> <li>• Escalation and senior review need emphasis, with separation from sepsis screening</li> <li>• Processes needed to manage recurrent alerting of chronically ill patients, or those with an adequate management plan</li> <li>• UKST 2020 guidelines incorporated</li> <li>• Incorporate of Aqua clinical pathways</li> </ul>
<b>Metric: Improve the patient experience survey results</b>			
National CQC Patient Experience Surveys	The results of the 2021 Maternity survey were published on the CQC website on 10 February 2022	<p><b><u>Antenatal Care</u></b> - 3 out of 3 sections are performing 'about the same' as most other Trusts. One question regarding antenatal check ups is 'somewhat worse' (during your antenatal check-ups did your midwife listen to you?). Antenatal Care was the lowest scoring section overall in comparison to the national average, with care at the start of pregnancy being the lowest scoring area within this section (4.9).</p> <p><b><u>Labour and Birth</u></b> – 3 out of 3 sections are performing 'about the same' when compared to the average of Trusts surveyed. Staff care is the highest scoring area within this section (8.4).</p> <p><b><u>Postnatal Care</u></b> – 3 out of 3 sections are performing about the same as the national average. One question is 'much better' (when you were home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?) and two questions are performing 'better' than most other Trusts (if you contacted a midwifery or health visiting team, were you given the help you needed</p>	<p>Patient experience activity is presented through divisional updates at the quarterly Patient Experience Group meeting and the monthly patient experience report to the Quality and Safety Committee for assurance of recommendations having been completed and improvements made.</p> <p>An action Plan is being developed to be presented to the Patient Experience Group once it</p>

		<p>and did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?). Postnatal Care is the highest scoring section overall and questions about feeding baby are the highest scoring areas in this section.</p> <p>Overall, 33 out of 43 questions have seen a decline since the 2019 survey. The Labour and Birth section has seen the biggest decline in scores. There are 7 questions where scores have improved in 2021, with Postnatal Care receiving the highest number of increased scores in comparison to the 2019 survey. One question has seen a significant improvement in 2021 (on the day you left hospital, was your discharge delayed for any reason 6.4 in 2021 in comparison to 4.4 in 2019).</p>	has been signed off at Divisional Level.
Friends and Family Test	Percentage Very Good/Good scores have seen a small decline in Q4.	<p>Percentage very good/good scores have seen small decline in Q4 (81% in February 2022 in comparison to 82% in January 2022). A&amp;E received the lowest percentage scores for patients rating their overall experience as 'very good/good' at 65%, as decline since January 2022 (71%). All FFT percentage very good/good scores are below the national average for all departments.</p>	<p>Most teams have identified a Patient Experience Champion for their area. The champions will promote patient experience within their areas to help to drive trust-wide improvements, share good practice and provide the best patient experience and care.</p> <p>Feedback is monitored through divisional updates at the Patient Experience Group meeting.</p> <p>Patient's responses and feedback are shared with teams for learning and service improvement. Comments and scores are sent to all members of staff and discussed in the daily huddles and You Said We Have actions are reported to the Patient Experience Team.</p>

Goal: Be a brilliant place to work and thrive		Executive lead: Chief People Officer	
Metric: Reduce the vacancy rate			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Reduce the vacancy rate	<p>The total vacancies stand at 708.94 WTE in February 2022 (calculated as the difference between Budgeted WTE and Contracted WTE). This equates to 12%. This is a reduction of 1.3% from April 21. Areas of key risk are:</p> <ul style="list-style-type: none"><li>Nursing 18% (356.83)</li><li>Professional Technical Scientist 17% (23.16)</li><li>Senior Medics 14% (53.01)</li><li>AHP’s 13% (101.76)</li></ul>	<p>Healthcare support worker recruitment campaign 201 recruited since November 2020 175 still in post 26 left - 87% retention rate 45 of the 175 will be progressing onto Nurse Associate training in September 22.</p> <p>Workforce transformation programme (e.g., HEE), Targeted Divisional recruitment plans (i.e., theatre/critical care), Imaging Review/Community Diagnostic Hub. Medical Recruitment – Obstetrics and Elderly Care ICS workforce mobility programme ICS collaborative recruitment initiatives Clearer internal career pathways Local bank service improvements Introduction of NHSP national bank service (planning to mobilise Nov) Vaccination programme retention initiative System collaborative bank</p>	<p>Robust workforce capacity plans for each division – September 22</p> <p>Clear career pathways – July 22</p> <p>Establish a retention steering group to provide oversight and effective coordination of local, regional, and national programmes of work. May 2022</p>
International nurse recruitment	<p>Nursing vacancies are 356.83 wte at end of February 2022 75 international nurses have been recruited</p>	<p>Successful recruitment of 75 international nurses Approval of business case to expand international recruitment in 2022/23 with additional 300 nurses and 20 midwives planned</p>	<p>Preparation for arrival of first cohorts of 22/23 intake</p>
Metric: Improve the staff survey results			
Improve and sustain staff satisfaction & morale	<ul style="list-style-type: none"><li>3185 Responses – 59% return rate</li><li>The Trust is performing at the benchmark average for all of the of the 9 main themes</li></ul> <p>We can compare 56 of the questions to last year – which helps us get a sense of what’s happening at Dudley. Of those 56 questions:</p> <ul style="list-style-type: none"><li>2 are significantly better</li></ul>	<ul style="list-style-type: none"><li>Plan to launch the DGFT Workforce H&amp;WB Strategy/offer (April 2022)</li><li>Strengthen the Trust’s EAP model, to include mental health first aid training and critical incident de-brief training.</li><li>Established Trust H&amp;WB Steering Group</li><li>Established EDI Steering group</li><li>Use of mini-staff survey in key improvement areas</li><li>Divisional Engagement initiatives</li><li>Increase up-take of Managers Essentials programme</li><li>Implement RACE Code action plan (Jan 2022)</li></ul>	<p>Re-launch staff engagement model</p> <p>Champion flexible working arrangements</p> <p>Update/re-launch the staff</p>



<ul style="list-style-type: none"><li>42 show no significant change</li></ul> <table><tr><th>Most declined scores</th><th>2020</th><th>2021</th></tr><tr><td>q3i. Enough staff at organisation to do my job properly</td><td>32%</td><td>24%</td></tr><tr><td>q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours</td><td>63%</td><td>56%</td></tr><tr><td>q4b. Satisfied with extent organisation values my work</td><td>42%</td><td>37%</td></tr><tr><td>q4a. Satisfied with recognition for good work</td><td>52%</td><td>47%</td></tr><tr><td>q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation</td><td>65%</td><td>60%</td></tr></table> <table><tr><th>Most improved scores</th><th>2020</th><th>2021</th></tr><tr><td>q14b. Not experienced harassment, bullying or abuse from managers</td><td>85%</td><td>90%</td></tr><tr><td>q14c. Not experienced harassment, bullying or abuse from other colleagues</td><td>79%</td><td>84%</td></tr><tr><td>q11c. In last 12 months, have not felt unwell due to work related stress</td><td>52%</td><td>54%</td></tr><tr><td>q11e. Not felt pressure from manager to come to work when not feeling well enough</td><td>70%</td><td>72%</td></tr><tr><td>q3c. Immediate manager asks for my opinion before making decisions that affect my work</td><td>53%</td><td>54%</td></tr></table> <p>12 are significantly worse</p>	Most declined scores	2020	2021	q3i. Enough staff at organisation to do my job properly	32%	24%	q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	56%	q4b. Satisfied with extent organisation values my work	42%	37%	q4a. Satisfied with recognition for good work	52%	47%	q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	65%	60%	Most improved scores	2020	2021	q14b. Not experienced harassment, bullying or abuse from managers	85%	90%	q14c. Not experienced harassment, bullying or abuse from other colleagues	79%	84%	q11c. In last 12 months, have not felt unwell due to work related stress	52%	54%	q11e. Not felt pressure from manager to come to work when not feeling well enough	70%	72%	q3c. Immediate manager asks for my opinion before making decisions that affect my work	53%	54%	<ul style="list-style-type: none"><li>Launch a single Equality Strategy (April 2022)</li><li>Election of new Inclusion Network Chairs and support packages confirmed for year 2</li><li>Focused areas of improvement work in challenged teams (HR/OD/DIP) working with local leadership teams</li></ul>	behavioural framework
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Goal: Drive sustainability		Executive lead: Director of Finance	
Metric: Reduce the cost per weighted activity			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Cost Improvement Programme	At month 11, prediction of £3.164m savings forecasted against a plan of £3.011m for the year end.	<p>Progress against existing schemes monitored monthly in FIG and upwardly reported to F&amp;P committee. Remedial action taken where needed.</p> <p>Planning for schemes in 2022/23 started in Q2 and has continued through the rest of the year. Currently 33 schemes have been costed with a total value of £3.674m with a further 57 schemes</p>	<p>Monitor progress of schemes identified and continue to identify new schemes.</p> <p>Support Divisions to manage within assigned budget envelopes.</p>

		that deliver efficiency without necessarily reducing budget.	
Improving productivity	<p>Model Hospital shows medical and nursing staff cost per WAU in 2019/20 in highest quartile clustered around services that have high use of temporary staffing.</p> <p>Updated metrics from Model Hospital for 2020/21 are due to be published imminently.</p> <p>NHSI have produced a productivity metric comparing expenditure and activity in 2019/20 with 2021/22. Position at month 10 shows that deterioration in productivity at The Dudley Group is among the worst in the country with implied productivity growth of -27.0%.</p>	<p>Potential main drivers for the high cost per WAU for medical and nursing staff were investigated and presented to F&amp;P Committee in November. Areas of further investigation highlighted as reduction in agency and bank expenditure, improving theatre utilisation and bed days associated with long stay patients.</p> <p>Planned Care Improvement Programme in Division of Surgery, Women and Children re-started following pause due to managing omicron wave. Programme will address improvements in theatre utilisation and outpatient clinics.</p> <p>Trust staff participated in GIRFT workshop (18<sup>th</sup> February) on High Volume Low Complexity (HVLC) pathways and identified areas where trust is an outlier in performance.</p> <p>Plan to increase outpatient clinic templates following risk assessment and relaxation of social distancing rules in line with national guidance.</p>	<p>Planned Care Improvement Programme workstreams to address productivity in theatres and outpatients. Ensure progress reporting via FIG to F&amp;P Committee.</p> <p>Further work to be undertaken to understand reported deterioration in productivity by identifying specific services and developing remedial action.</p> <p>Complete the development of internal productivity dashboard to enable services to track their unit cost. Provide orientation to services on how to interpret the dashboard.</p>
<b>Metric: Reduce carbon emissions</b>			
Governance	<p>Green Plan Working Group meets monthly and reports to F&amp;P quarterly</p> <p>Executive lead is now Director of Finance</p>	<p>Director of Finance taken on Exec lead for net zero agenda to better align with responsibility for new trust goals</p> <p>Following decision to appoint a Sustainability Lead who can focus on this agenda, recruitment process has been started</p>	<p>Working Group to produce quarterly upward report</p> <p>Appoint Sustainability Lead</p> <p>Agree deliverables for 22/23</p>
Estates and facilities	<p>Sub-group set-up to focus on estates contribution to delivering net zero</p> <p>In process of establishing baselines for key metrics</p>	<p>Sub-group terms of reference strengthened in line with recent Estates 'Net Zero' Carbon Delivery Plan from NHSE</p> <p>Baseline metrics on energy use incorporated into 'green dashboard' showing local progress</p>	<p>Reach agreement on model for theatre recycling</p>

		Improved recycling facilities introduced into south Block and individual bins removed	
Travel and transport	4 electric vehicle charging points installed in staff multi-storey car park Secure cycling facilities available at Russells Hall Discounted bus travel available to staff through National Express	Following completion of staff travel survey in November 2021, which showed 70% staff travel to and from work as single car occupants, discussions been progressed to introduce an app to promote car sharing. Car Lease Policy amended to restrict new leases to zero or ultra-low emission vehicles in line with national expectations for 2021/22	Purchase and promote use of car sharing app  Continue discussion with local public transport providers as part of ICS group
Supply chain and procurement	Establishing baselines for commonly used items Exploring with clinical teams where re-usable items can replace single-use	Secured support from NHSEI on two tender projects to support the application of new social value guidance in public sector procurement, which includes Carbon emissions and wider social value aspects; active participation in ICS Greener 'Freecycle' group to explore how items such as furniture can be shared across the system rather than being disposed of; use of recycled paper gone live following trials conducted in collaboration with IT; working with theatres to implement reusable theatre caps that will save about 100,000 single use viscose caps from incineration annually	Review NHSEI recently released Roadmap to Carbon Neutrality and incorporate in Trust policies as appropriate  Continue to progress NHSEI tender exercises  Mainstream use of recycled paper

Goal: Build innovative partnerships in Dudley and beyond		Executive lead: Director of Strategy & Partnerships	
Metric: Increase the proportion of local people employed			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Apprenticeships and work experience	Proportion of substantive staff who live in Dudley and Tipton/Rowley is 65% (census taken 7 <sup>th</sup> Dec 2021)	<p>The Trust’s annual target for apprenticeship sign-ups for 2021/22 was 126. This was exceeded with achieved 146 in total. Clinical and non-clinical posts have attributed to this (including new apprenticeship opportunities, as well as existing staff developments).</p> <p>17 Kickstarters have successfully completed as of the end of March 2022. By the end of July the total number of Kickstarters on target to complete will increase to 23</p>	<p>Dudley Group Ambassadors will be attending the Skills Shop as part Dudley College and DWP initiative. These will be 2 weekly sessions on the NHS Employability Programme.</p> <p>The new work experience policy has been ratified and departments can start</p>

			to submit Interest Forms for placements for those aged 16+ from April 22.  Securing capacity of Work Experience and Apprenticeship team by utilising income received from apprenticeship levy.
Anchor Network Development	Trust signed expression of interest to take part in West Midlands Civic Pilot but this will no longer include an employment workstream.  An alternative pilot project in Pensnett to support local people into entry level jobs is being developed	Pilot project in Pensnett being developed by stakeholders in the Dudley place. Funds to support project being requested at Dudley Partnership Board	Decision by Dudley Partnership Board and proceed with implementation if proposal accepted
<b>Metric: Increase the number of services jointly delivered across the Black Country</b>			
Black Country Provider Collaborative	Services already provided via formal collaboration across Black Country Trusts are: vascular surgery, ENT, cardiology, oncology. Urology delivered via the emerging Urology Area Network (UAN) Programme Director in post Clinical leads for 9 services appointed including 2 from the Trust (Ophthalmology and Orthopaedics) Vascular hybrid theatre – business case agreed by Board and work started	Newsletter produced and distributed to improve communication. Presentation of options for future configuration by Ernst & Young who were commissioned to undertake this work before Christmas. 4 <sup>th</sup> clinical summit held on 7 <sup>th</sup> March including specialty workshops with clinical leads. Recruitment of interim Programme Director to cover maternity leave. Recruitment to operational leads and project managers to support workstreams.	Development of clinical case for change building on EY work and clinical networks. Informal engagement with OSCs, politicians, etc. Governance arrangements within new ICS to be confirmed

<b>Goal: Improve health and wellbeing</b>		<b>Executive lead: Chief Operating Officer</b>	
<b>Metric: Improve rate of early detection of cancers</b>			
<b>Workstreams</b>	<b>Current status</b>	<b>Summary of progress this quarter</b>	<b>Actions planned for next quarter</b>
Understanding the data	Analysis of cancer staging data held locally shows that high proportion have no stage recorded (48% in 19/20, 48% in Q3 of 2021/22). Time delay in recording means Q4 data not available.	Gathering intelligence on different data sources for cancer staging Digital team developing a support offer, linking in with other projects going on across the ICS	Establish baseline metrics for all tumour sites  Understand reasons for lack of staging data and develop remedial actions

		Investigation into completeness of all cancer staging due to high proportion of all cancers shown as not staged	
Lung cancer	<p>NHS Long Term Plan ambition is 75% of all cancers to be diagnosed at stage I&amp;II by 2028</p> <p>Latest available national audit (2019) shows early staging (I, II) 22.6% against England average of 28.7%</p> <p>Locally held data for 2019/20 shows early staging (I,II) at 26% and first three quarters of 2021/22 at 6/61 (10%) but based on incomplete staging data.</p> <p>The Faster Diagnosis Standard (28 days) for lung cancer was 67% in January and 60% in February (based on 13 patients over 2 months) compared to the target of 75%. Year to date performance was 63%.</p>	<p>Investigation into completeness of cancer staging as current baseline not felt to be reliable</p> <p>Active participation in Tobacco treatment group at ICS, prepare to receive targeted funds from April 2022 to establish smoking cessation service in house</p>	<p>Understand reasons for lack of staging data and develop remedial actions</p> <p>Form local delivery team ready to implement service model once funding becomes available after April 2022</p> <p>Expand Rapid Diagnosis Centre (RDC) as part of Community Diagnostic Centre (CDC) bid</p>
<b>Metric: Increased planned care and screening for the most disadvantaged groups</b>			
Breast screening	<p>PHE data shows screening coverage in 2021 was 58.8% for Dudley, 52.4% for Wolverhampton against England average of 64.1%</p> <p>Uptake by GP practice demonstrates wide variation</p>	<p>Ethnicity recording for screening services started in January 2021. In FY 21-22 ethnicity was recorded for 82% of patients who attended. Work started to understand uptake by ethnicity and deprivation was started</p> <p>Video for deaf community has been completed</p> <p>Multilingual radio jingle developed and translated</p> <p>Addition of QR codes to invitation letter demonstrating mammogram process</p> <p>Outreach and engagement with primary care networks</p> <p>New pack of information for GP practices developed</p>	<p>Community engagement events to reach those without access to digital services such as leaflets in food parcels, leaflets in Gurdwari and Mosques</p> <p>Engagement event with Roma community planned for April</p>
Planned care	<p>Presentation of constitutional targets such as waiting lists now being shown by ethnicity and deprivation from March 2022</p>	<p>Draft Health Inequalities dashboard incorporated into monthly Integrated Performance Report (IPR)</p>	<p>Develop this work to show where there is a variation in access by different communities and take action accordingly</p>

### Part 3 – Transformation Programmes

Programme: Black Country system service transformation		Executive lead: Chief Operating Officer / Director of Strategy & Partnerships	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Urgent and Emergency Care		<p>Embedding new Same Day Emergency Care (SDEC) pathways following the opening of the new Rainbow Unit on 10<sup>th</sup> November 2021</p> <p>Focus on reducing ambulance handovers</p> <p>Value Stream Analysis organised Dudley Improvement Practice (DIP) in Emergency Department with focus on collaboration, flow and well-being</p> <p>Surgery are now engaged in SDEC and will be developing a work programme</p> <p>KPIs and metrics for medicine have now been agreed</p>	<p>Further expansion of SDEC pathways</p> <p>Monitoring action plans arising from Value Stream Analysis event</p> <p>Continued monitoring of progress via Urgent Care Service Improvement Group</p> <p>Increased focus on surgery SDEC</p> <p>Improve use of AMU units including LOS and Discharge destination</p>
Restoration of Elective services		<p>All theatres back in operation since November but pressures caused by omicron wave especially staff absences led to sessions being lost</p> <p>Theatre capacity focused on P2 patients and long waiters including regular use of theatres at weekends to clear long waiters</p> <p>Ongoing use of private sector</p> <p>Trust earned over £8m from ERF in H2 in light of improved elective performance</p> <p>Following successful capital bids to Targeted Investment Fund (TIF) for creation of 2 minor procedure rooms and 5<sup>th</sup> endoscopy room, Trust has now received revenue to support first year of operation</p> <p>Operation of Community Diagnostic Centre (CDC) has led to expansion in scanning capacity and improvement against 6 week waiting time target</p>	<p>Develop plans to deliver high volume low complexity (HVLC) work according to recommendations from GIRFT and the planning guidance. Includes the establishment of high volume cataract lists from 1<sup>st</sup> April.</p> <p>Building work related to the minor procedure rooms and 5<sup>th</sup> endoscopy room expected to near completion by the end of the financial year</p> <p>Improve 52 week position</p> <p>Submit 5 year business case for next stage of CDC via the ICS</p>
Cancer services redesign		<p>Performance against cancer targets in line with trajectory agreed with NHSI although not achieving national targets. 2ww now improved including for breast</p> <p>Review of IPC regulations meaning that capacity in breast clinics increased which will aid recovery</p>	<p>Continue to prioritise patients for surgery and treatment with focus on longest waiters (104+ days) first in line with trajectory</p> <p>Maintain 2ww performance</p>

		Mutual aid from RWH and Walsall received for breast	Improve delivery of 62 day target from September 2022 and ensure sustainable delivery from March 2023
Acute Provider Collaboration		<p>Newsletter produced and distributed to improve communication.</p> <p>Presentation of options for future configuration by Ernst &amp; Young who were commissioned to undertake this work before Christmas.</p> <p>4<sup>th</sup> clinical summit held on 7<sup>th</sup> March including specialty workshops with clinical leads.</p> <p>Recruitment of interim Programme Director to cover maternity leave.</p> <p>Recruitment to operational leads and project managers to support workstreams.</p>	Report from EY alongside work from specialties arising from Clinical Summits to be drawn together in draft clinical strategy in spring 2022. Informal engagement with OSCs, politicians, etc. Governance arrangements for acute collaboration programme as part of provider collaborative / new ICS arrangements to be confirmed

Programme: Local Leadership to address health inequalities		Executive lead: Medical Director / Director of Strategy & Partnerships	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Leading as an anchor institution in Dudley		<p>New working group established to lead this Transformation Programme, although did not meet in January &amp; February due to operational pressures</p> <p>Revised terms of reference agreed by Executive Directors in February</p> <p>Working Group agreed priorities and received update on actions being taken by procurement team in relation to social value</p> <p>Participation in anchor institute network across ICS (sub-group of ICS People Board) to improve employment opportunities</p>	<p>Provide update to Trust Board in May on role of trust as anchor institution</p> <p>Develop plan for strengthening input to work experience and apprenticeship programme</p> <p>Develop replacement for Kickstart programme which finishes in March 2022</p>
Addressing health inequalities		<p>Identified sources of data to establish baselines for service use by ethnicity, deprivation and other indicators of inequality.</p> <p>Inclusion of Health Inequalities dashboard within monthly Integrated Performance Report (IPR). Develop in light of feedback</p> <p>Mapped internal workstreams to wider ICS programmes to ensure alignment and no duplication.</p>	<p>Continue with metric development to identify baselines</p> <p>Ensure working group includes regular updates from ICS workstreams</p>



		Following workshop with representatives from voluntary sector in November 2021 about health inequalities, actions agreed with Dudley CVS/Healthwatch including updating access information on public website, consultation with voluntary sector on future website development, deep dive into reasons why patients do not attend appointments	Draft material to update public website and publish  Design audit to of DNAs to explore barriers to accessing care
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Programme: Research & Development, Education and innovation		Executive lead: Medical Director	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Research & Development		<p>New working group established to lead this Transformation Programme</p> <p>Following 2 joint working events with Aston University (September and December), closer working relationship being fostered</p> <p>Away day held to develop new R&amp;D strategy</p>	<p>Appointment of new R&amp;D Director</p> <p>Establish regular liaison meetings between Trust and Aston University</p> <p>Finalise revision of R&amp;D strategy</p> <p>Re-start Research Support Group every 6 weeks from May to support staff develop research ideas</p>
Education		<p>Library strategy ratified at Working Group.</p> <p>First cohort of Aston student placements on site.</p> <p>Bid submitted for imaging training placements.</p> <p>Proposal to provide additional teaching facilities (modular building) developed and approved by Executive Directors. Preparation work by external company and groundwork on site undertaken</p>	<p>Library strategy ratified at board</p> <p>Completion of project</p>
Innovation		Contacted West Midlands Academic Health Science Network (AHSN) to discuss conducting baseline audit of status of innovation within the organisation including adoption of existing innovations and how to promote innovation within clinical teams	Arrange date for workshop with AHSN staff to help trust develop a process for promoting and supporting innovation amongst clinical teams



		Discussion with AHSN and software supplier about next steps to required to scale up use of QI Notify app developed within the trust for reporting on emergency laparotomy pathway	Audit uptake of innovations covered by the Medtech funding mandate
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**Paper for submission to the Board of Directors on 18 May 2022**

<b>Title:</b>	<b>Exception Report from the Finance and Performance Committee Chair</b>
<b>Author:</b>	Jonathan Hodgkin, Non-executive Director
<b>Presenter:</b>	Jonathan Hodgkin, Non-executive Director

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b> Y	<b>Other</b>
<b>Recommendations:</b>  The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			

<b>Summary of Key Issues:</b>
Summary from the Finance and Performance Committee meeting held on 28 March and 25 April 2022.

<b>Impact on the Strategic Goals</b> <i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 <b>Deliver right care every time</b>	
 <b>Be a brilliant place to work and thrive</b>	
 <b>Drive sustainability (financial and environmental)</b>	Y
 <b>Build innovative partnerships in Dudley and beyond</b>	
 <b>Improve health and wellbeing</b>	

### Implications of the Paper:

*(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*

<b>Risk</b>		N	Risk Description:	
	On Risk Register:	N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC		Y	Details: Well Led
	NHSE/I		Y	Details: Achievement of financial and performance targets
	Other		Y	Details: Value for money

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 18 May 22
	Other	N	Date:

## EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 28 March 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Significant reduction in funding combined with inflationary pressures means the Black Country system is currently forecasting a sizeable deficit for 2022/23. DGFT has been allocated a deficit of £25.7m but to achieve this whilst delivering priorities linked to the Trust's strategic plan will require a CIP of £21.1m, or 4.6%. Even then, with an annual deficit of £25.7m the Trust will quickly exhaust its cash balance</li> <li>• Essential to achieve a sustainable exit run rate in 2022/23, and this may require trade-offs with the Trust's strategic goals</li> <li>• Pay costs and nurse agency spend remain high. Productivity in general is low</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Business case guidance to be refined following discussion at execs</li> <li>• New corporate risk around achieving pre-COVID performance whilst supporting the wider system to be drafted by Pradip Karanjit</li> <li>• Committee to review its terms of reference in six months in light of system developments</li> <li>• Extraordinary meeting of F&amp;P to review business plan in advance of April's committee meeting</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Current financial position remains satisfactory</li> <li>• Medical agency spend remains below average with a strategy to further reduce</li> <li>• Wait time in ED has improved by approximately 2 hours</li> <li>• Performance against mandatory standards is broadly stable, and reported improvements in cancer have yet to feed through to the IPR</li> </ul>	<p><b>DECISIONS MADE</b></p>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Good discussion, open and transparent, with NEDs holding executives to account. Good deep dive presentation from SWC division. However, meeting overrun by 30 minutes</p>	

Meeting held on: 25 April 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Although System budgets are not finalised, anticipate a substantial financial challenge in 2022/23, with a gap to close of up to £24m</li> <li>Emergency Access Standard remains static at 75% with a significant number of 12 hour breaches, Emergency Department overcrowding and ambulance handover delays</li> <li>Majors triage remains significantly below target at 79%</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Clarity around financial goals for 2022/23 and Q1 plan at next F&amp;P</li> <li>Overview of Trust productivity, highlighting areas of good performance, opportunities for improvement and plans to deliver at next F&amp;P</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Delivered an Income and Expenditure surplus for the year of £3.8m, in line with plan and System expectations, helped in part by Elective Recovery Fund payments totalling £10.3m</li> <li>Year end cash position £8.7m higher than plan at £24.6m</li> <li>Delivered the capital control total set for 2021/22</li> <li>Positive movement in cancer, with performance against the two week wait standard rising to 78% and reduction in 104 day waits ahead of trajectory. Anticipate reducing to zero by end July</li> <li>Referral to treatment and diagnostics performance broadly stable</li> <li>Vaccination workforce bureau rated second nationally in NHSIE's maturity assessment</li> <li>Bureau costs totalled £24m in 2021/22; all either paid or approved for payment. Budget for agency managers for April to June reduced to £1.66m</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Recommended to Board approval of the Pressure Area Care Equipment Contract extension for 12 months at a cost of £532k, a saving of £291k against budget</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Volume of business conducted about right, papers good and clear, more concise and with better use of upfront summary sections. Identified areas – productivity and Green Plan – that will need more attention in future</p>	

## Paper for submission to Trust Board on 18<sup>th</sup> May 2022

<b>Title:</b>	IPR Report for March 2022
<b>Author:</b>	Simon Illingworth, Deputy Chief Operating Officer
<b>Presenter:</b>	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other
<b>Recommendations:</b>  Note the content of this report			

Summary of Key Issues:
<b><u>Key Areas of Success</u></b>  <p>The new SDEC facilities and modular ward have supported a reduction in the total waiting time in ED, particularly for patients who go on to be admitted. Ambulance triage continues to perform well, attaining the standard within the context of an increase in attendances during March.</p> <p>There has been a significant improvement against the cancer 2 week wait standard, with notable progress in month in the higher-volume tumour sites of Breast and Skin. 104 day reduction continues to improve and remains ahead of trajectory.</p> <p>RTT completes clock stops continue to perform well, with the validated February position performing ahead of plan.</p> <p>VTE performance in Surgery has continued to improve month on month, increasing to 93.5% in March.</p> <b><u>Key Areas of Concern</u></b>  <p>There remains no noticeable change in performance against the ED 4 hour standard, with a significant number of 12 hour breaches within month. Of note, this is within the context of a 16% increase in attendances during March compared to previous months.</p> <p>62 day cancer performance has remained static and no tumour site achieved the 62 day standard, however, notable improvements have been seen in the larger specialities of Skin, Breast and Upper GI.</p> <p>Following a month on month reduction since December 2021, the number of patients waiting over 104 weeks to commence treatments has increased during March. Validation</p>

remains a key action to bring this metric back on track. The surgical specialities are also working towards utilising 50% of theatre capacity to treat long waiting patients.

### **Emergency Access Standard (EAS)**

EAS standards for 4 hour and 12 hour trolley waits remained static in March. Of note, this was set against a background of a significant increase in attendances; (9,800 in March compared to 8,400 in previous months)

Ambulance triage continues to perform well and there was an improvement in ED Majors triage in month, although this remains below the target. The team continue to focus on improving all triage standards over coming months.

### **Cancer**

There has been some notable progress with regards to 2 week wait standard with performance increasing to 78.5%. Of note, improvements have been attained in the Breast and Skin tumour sites that have seen high referral demand in recent months.

The number of patients waiting 104 days or more to commence treatment has continued to fall and recovery remains ahead of trajectory. Further reduction in line with trajectory remains a priority as a continuation of this will aid improvement in the 62 day position in the coming months.

The operational Divisions achieved a higher number of treatments against the 62 day standard in the last full reporting month, compared to the previous month (104 compared to 80). Looking ahead, further improvements in the 62 day standard are expected into April.

### **Referral to Treatment (RTT), Clock Stops & 52 Weeks**

RTT performance remained static in March at 73.6%. Following a month on month fall since December 2021, the number of patients waiting over 52 weeks to commence treatment increased in March. This can be partially attributed to the Trust accepting a number of 104 week+ patients from RWH as part of system-wide mutual aid agreements, along with higher number of cancellations as a result of staff sickness following Covid.

Validation continues to be a major focus to generate additional clock stops and pathway closures. Surgery also continues to aim to use 50% of list capacity for long waiting patients and is developing plans to deliver increased High Volume / Low Complexity work. Additional Minor Procedure Room capacity (x2 new rooms) are currently under construction and are planned to enter service during summer 2022, providing additional capacity.






RTT completes clock stops continued to perform ahead of plan in February.

**DM01**

DM01 has seen an increase in recent months and remains on track to deliver 95% within 6 weeks by March 2023, in line with national requirements. It is anticipated that a further improvement will be seen in April in line with sleep studies capacity coming online.

**Impact on the Strategic Goals**

(indicate which of the Trust's strategic goals are impacted by this report)

	<b>Deliver right care every time</b>	<b>X</b>
	<b>Be a brilliant place to work and thrive</b>	
	<b>Drive sustainability (financial and environmental)</b>	<b>X</b>
	<b>Build innovative partnerships in Dudley and beyond</b>	
	<b>Improve health and wellbeing</b>	

**Implications of the Paper:**

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

<b>Risk</b>		Y	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient	
	On Risk Register:	Y	Risk Score: 15	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Compliance with Quality Standards for safe & effective care	
	NHSE/I	Y	Details: Achievement of National Performance and Recovery targets	
	Other	Y	Details:	

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	N	Date:
	Committee	Y	Date: F&P 25/04/22
	Board of Directors	Y	Date: 18/05/22
	Other	N	Date:



# Performance KPIs

April 2022 Report (March 2022 Data)

Karen Kelly, Chief Operating Officer

Constitutional Targets Summary

ED Performance

Cancer Performance

RTT Performance

DM01 Performance

VTE

Restoration & Recovery

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Pages 14 - 15

















**NHS**

**The Dudley Group**

NHS Foundation Trust

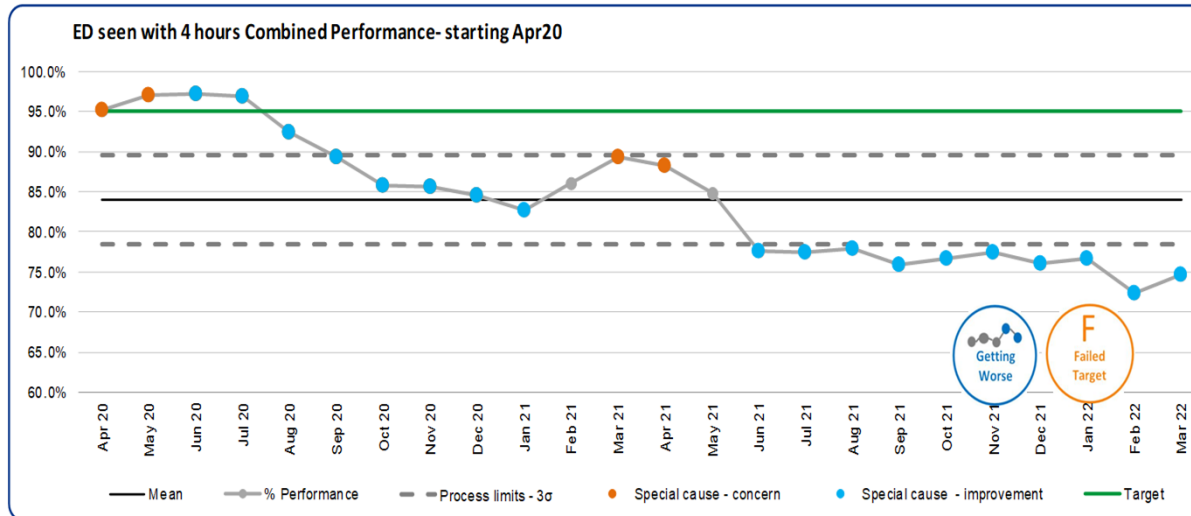


# Constitutional Performance

Constitutional Standard and KPI		Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Feb-22	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	84.9%	77.6%	77.4%	77.9%	75.9%	76.7%	77.4%	76.1%	76.7%	72.3%	74.7%		
Triage	Triage - All	95.0%	92.3%	89.1%	87.4%	87.8%	83.0%	80.9%	86.9%	89.2%	88.2%	86.4%	86.1%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	75.2%	74.6%	74.2%	77.7%	70.8%	56.2%	73.9%	69.3%	69.7%	69.7%	N/A		
	Cancer 31 Day -	96.0%	94.3%	95.6%	92.9%	86.6%	87.8%	91.5%	96.8%	90.0%	89.6%	91.5%	N/A		
	All Cancer 2 Week Waits	93.0%	93.9%	92.7%	93.0%	78.9%	52.3%	53.2%	63.0%	67.4%	64.6%	78.5%	N/A		
Referral to Treatment (RTT)	RTT Incomplete	92%	78.4%	79.4%	78.8%	77.3%	76.1%	75.9%	75.9%	74.9%	73.7%	72.9%	73.6%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	83.8%	84.9%	83.7%	77.0%	80.2%	77.4%	83.0%	78.1%	76.5%	82.8%	82.3%		
VTE	% Assessed on Admission	95%	96.3%	96.3%	95.7%	92.1%	90.9%	89.7%	93.7%	89.5%	89.6%	94.4%	93.5%		



# ED Performance



Latest Month  
74.7%

EAS 4 hour target  
95% for Type 1 &  
3 attendances

Latest Month  
48

DTA 12 hour  
breaches -  
target zero

5th  
For Feb 22

DGFT ranking out  
of 13 West  
Midlands area  
Trusts

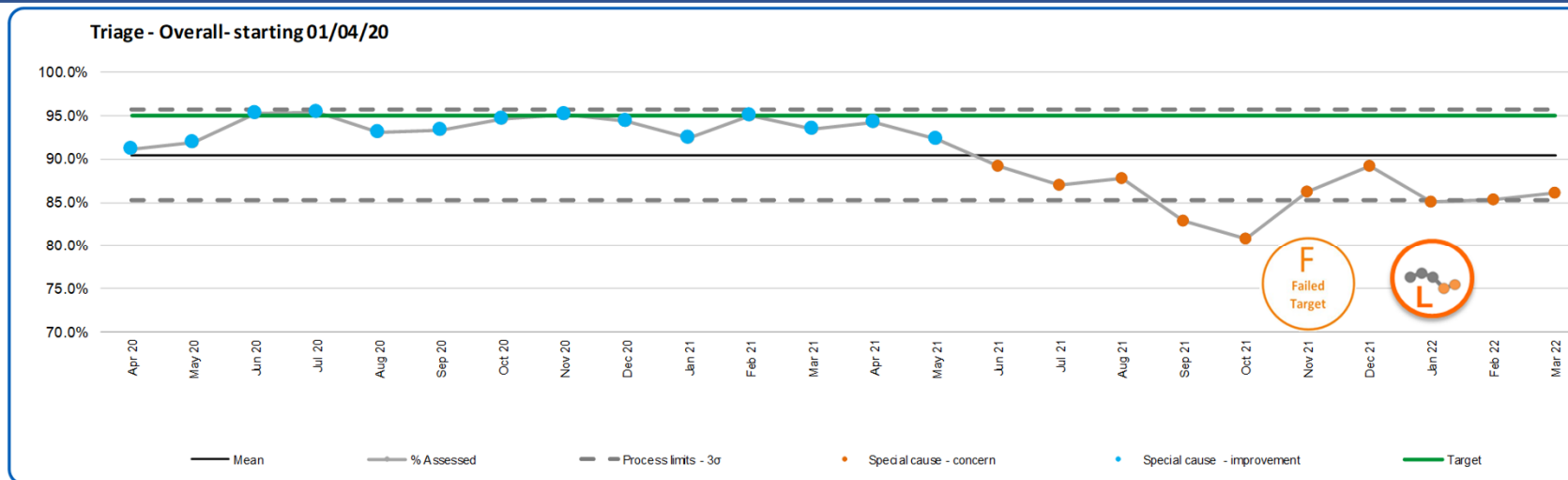
## Performance

- There remains no noticeable change in performance against the ED 4 hour standard
- March 2022 saw a significant increase in attendances compared to previous months with 9800 attendances recorded in March compared to 8400 in previous months (16% increase)
- The new SDEC facilities and modular ward has meant that total time waiting in ED for admitted patients has fallen by around 2 hours (20%) in the last 5 months. Correspondingly high number of attendances were also seen in the UTC (20%)
- There were a significant number of 12 hour breaches, again this was reflective of the significant increase in attendances

## Action

- Continue with Home for Lunch Discharge Project
- Focus activities around the Urgent Care Service Improvement Group
- Improve use of the Clinical Hub to stream patients to correct location

# ED Triage



Latest Month  
**86.1%**

Triage – target 95%

## Performance

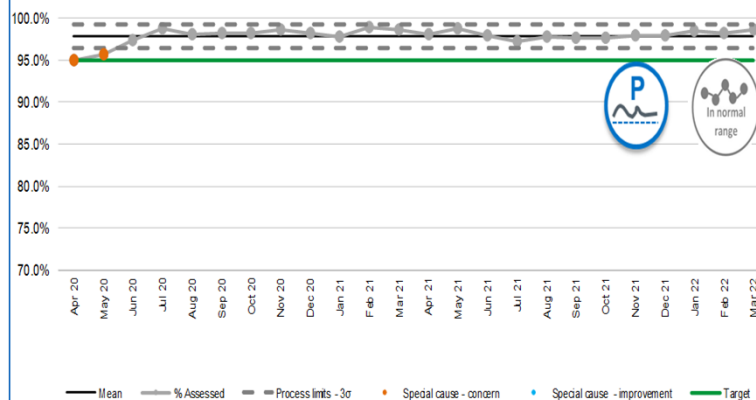
- Overall ED Triage remains static in month, although this masks significant areas of improvement seen day to day
- There was an improvement in Majors but this remains below the target
- Ambulance triage continues to perform well
- Paediatric and See and Treat remained below standard

## Action

- ✓ Continue to deliver agreed actions especially around staffing, work allocation and management of demand and activities using live dashboard

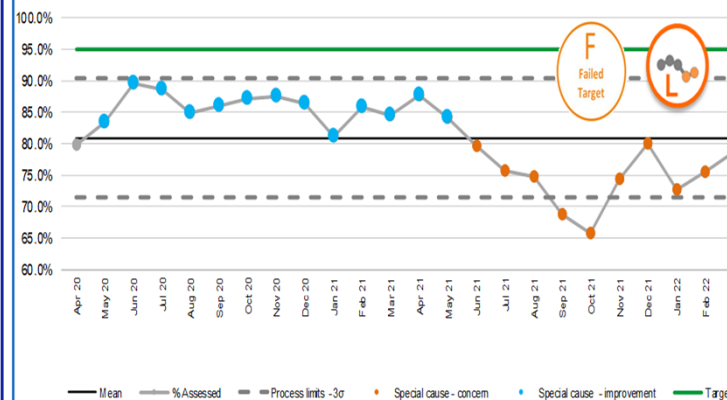
# ED Triage

Triage - Ambulance-starting 01/04/20



Latest  
Month  
98.6%

Triage - Majors-starting 01/04/20



Latest  
Month  
78.7%

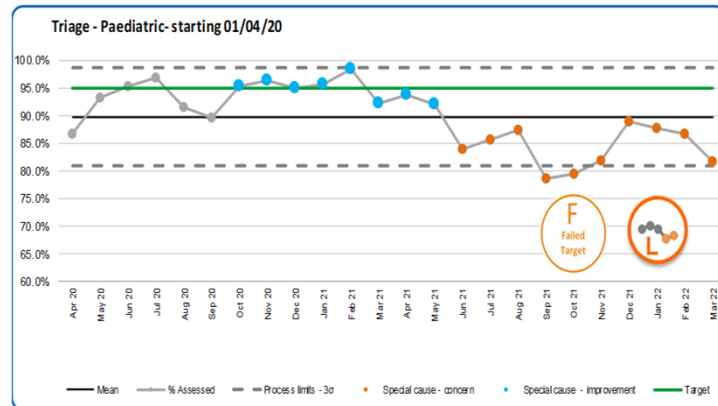
## Performance

- No issues within Ambulance triage, this continues to perform well.
- There was an improvement within Majors triage into March although overall performance remains below the standard.
- The improvement was a result of the changes made to layout of the facility, implemented the live state dashboard and we maintained a dedicated 2<sup>nd</sup> ESI trained nurse (creating 3 ESI trained nurses in ED)
- Factors driving this include 20% increase in attenders, increased band 7 sickness and temporarily increased ambulance cohorts (impacting assessment area space)
- Looking ahead in April performance for Majors is improved

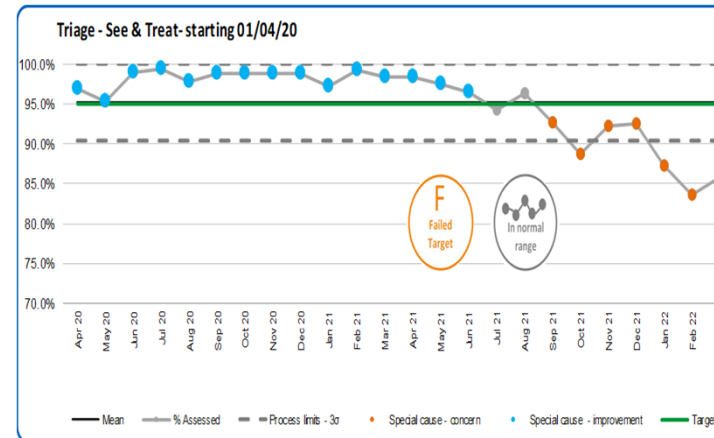
## Action

- Increased assessment space further by relocating medics and therapy
- Continue to monitor performance using the Live data dashboard
- Implement the findings from the TAKT audit and review in May

# ED Triage



Latest Month  
81.7%



Latest Month  
85.7%

## Performance

- Paediatric Triage performed poorly in March, largely as a result of gaps within ESI nurse rota due to staffing shortages in Majors, where paediatric nurses were redeployed.
- See and Treat Triage improved marginally in March but performance was still below the standard
- ENPs work allocation was not corrected towards triage during times of extremis
- Performance for both measures is improving into April

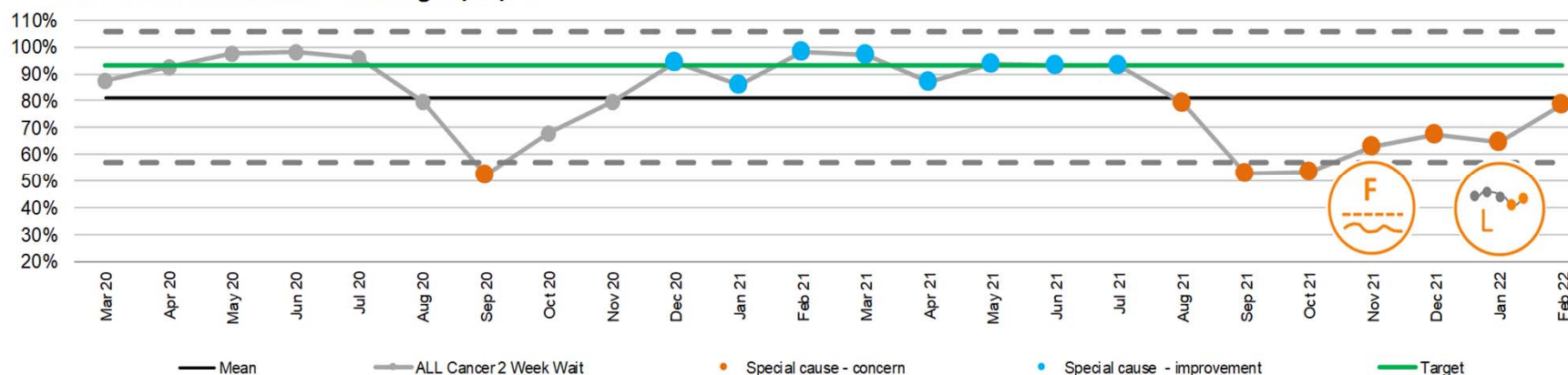
## Action

- Allocate ENPs to triage and away from S&T in times of extremis
- Support by team leaders to allocate staff more effectively
- Manage staffing within Paeds and prevent staff from being moved to other areas



# Cancer Performance – 2 Week Wait

All Cancer 2 Week Waits- starting 01/03/20



Latest Month  
**78.5%**

All cancer 2 week waits – target 93%

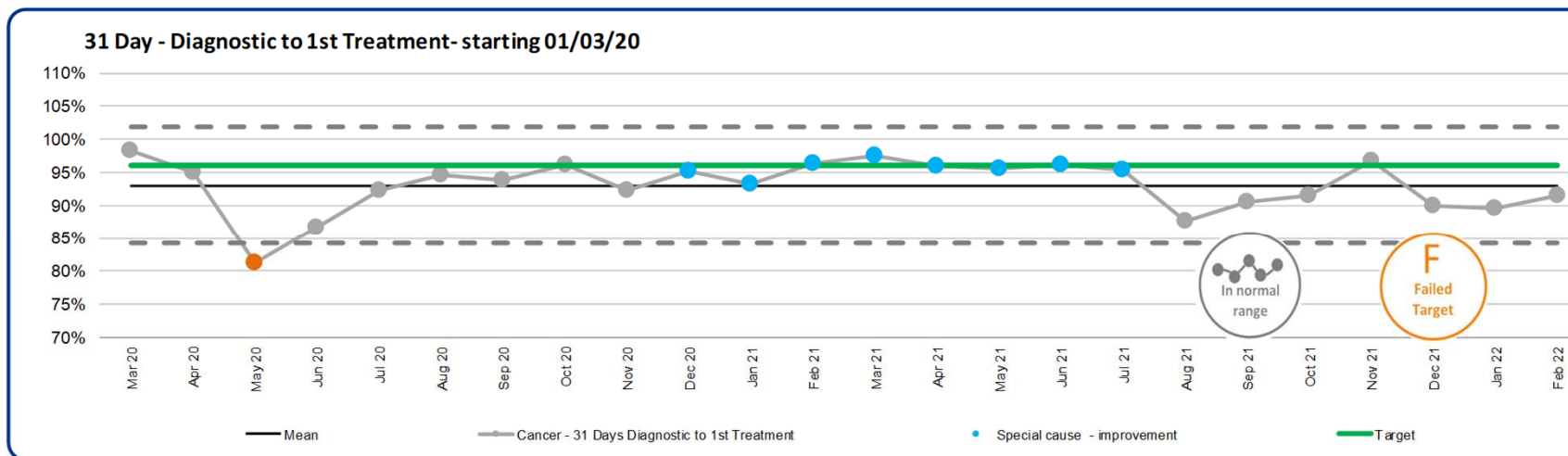
## Performance

- All Cancer Data runs two months behind. Data here is for February 2022
- There was a significant improvement in performance against the 2ww standard into March
- Reductions in IPC and social distancing requirements in OPD has contributed to improved performance
- Of note there was an improvement in performance around Breast and Skin
- Performance has continued to improve into March

## Action

- Continue with additional clinics to clear backlogs
- Continue utilise additional capacity benefits over the coming months from reductions in social distancing in outpatients
- Continue with weekly monitoring of performance
- Over next month undertake a comprehensive refresh of cancer demand for 22/23

# Cancer Performance – 31 Day



Latest Month  
**91.5%**

Target 96%

## Performance

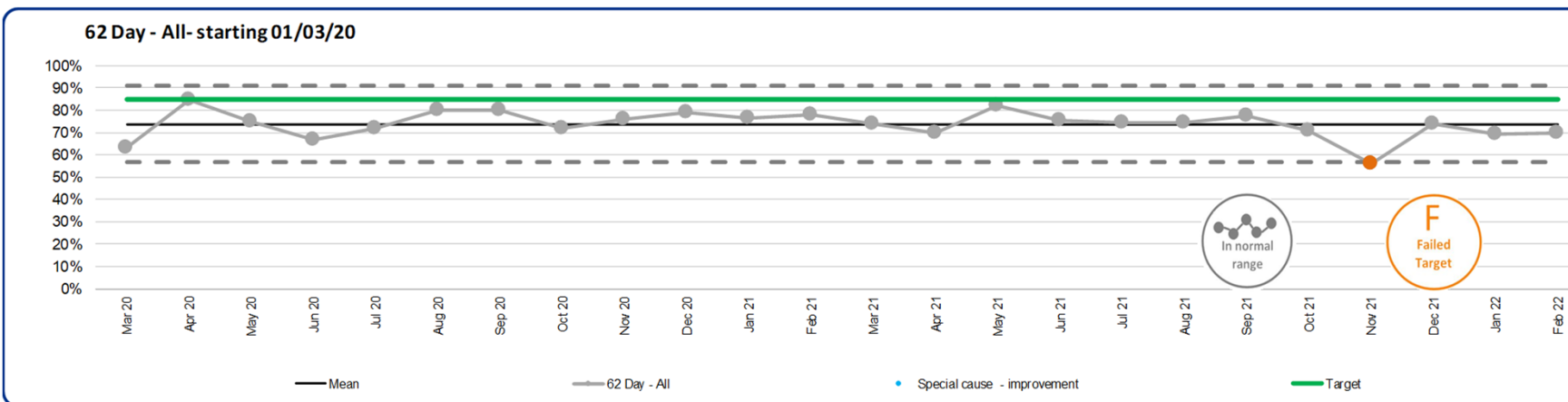
- All Cancer Data runs two months behind. Data here is for February 2022
- 5 of 9 tumour site achieved the 31 day standard (Colorectal, Haematology, H&N, Lung and Upper GI)
- 4 of the 8 tumour sites failed the standard (Breast – marginally, Gynaecology, Skin and Urology)
- For context there were 176 treatments classified as 31 day and 15 patients missed the standard, 91.5%

## Action

- Continue to focus on clearing the 104 day waits as this will create capacity to treat patients on the 31 day pathway
- Diagnostic and particularly pathology turnaround times still need to improve to drive performance
- Maintain cancer PTL
- Continue to ensure patients are escalated effectively at weekly PTL Meeting



# Cancer Performance – 62 Day - All



Latest  
Month  
**69.7%**

Target 85%

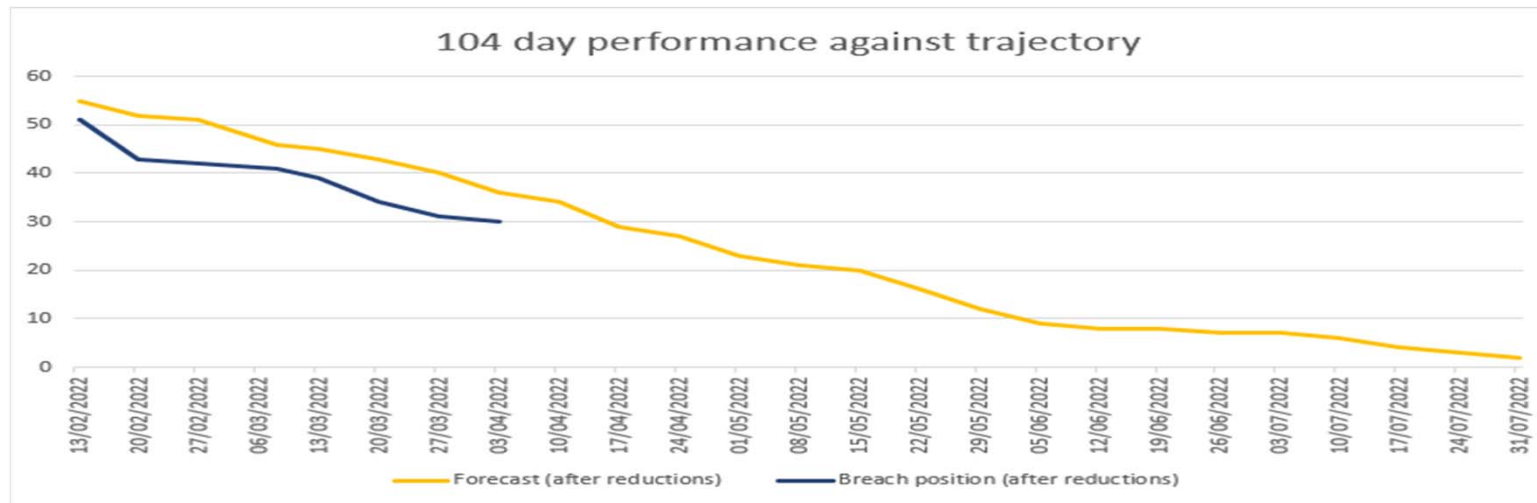
## Performance

- 62 day cancer performance has remained fairly static overall and in Feb no tumour sites met the 62 day standard
- There were improvements in performance in Skin and Upper GI and Breast
- Deteriorations were seen in Urology, Colorectal and Gynaecology
- There were a high number of treatments in February (104) compared to around 80 in previous months, this has meant that there were a correspondingly higher number of breaches
- There were more long waiting patients treated in March
- Performance will not improve against this measure until all long waiting patients have been cleared. The aim is to see 62 day improvements from September onwards

## Action

- Continue to prioritise cancer patients for treatments
- Maintain effective tracking of patients on a weekly basis
- Focus on delivering high volumes of treatments each month to clear long waiters
- Continue to review access to Oncology capacity (oncology is provided by RWH)
- The ambition for Dudley patients is to move faster on this and, along with the aim to clear to all 104+ days waits by the end of July
- we will begin delivering 62 day target for key tumour sites from September and sustainably across all sites from September

# Cancer Performance – 104 Day (Dudley patients only)



Latest  
Week  
(03/04/22)

30

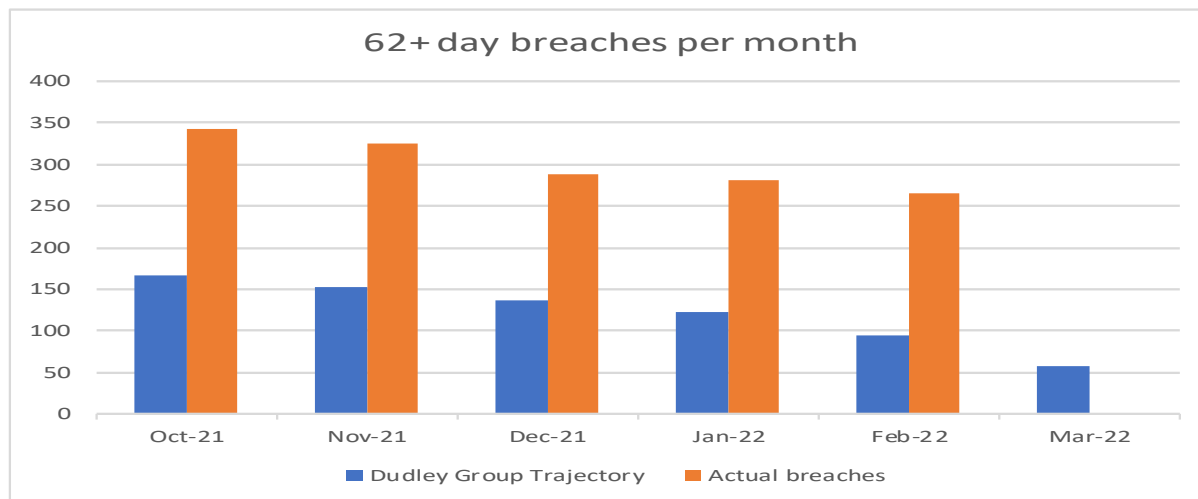
## Performance

- The number of patients over 104 days waiting for treatment at Dudley has continued to improve the against the trajectory
- This only includes patients awaiting treatments at Dudley and not those on the waiting list who are being treated at the tertiary centre
- A continuation of this will eventually help improve the 62 day position

## Action

- Continue to prioritise patients for surgery and treatment via the weekly PTL meeting
- Maintain validation and tracking

# Recovery and Restoration – Cancer 62+ days



## Performance

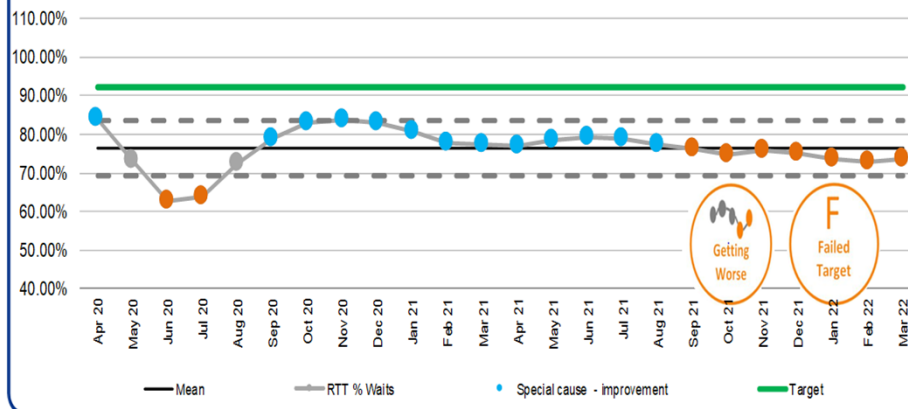
- Clearance of the over 62 day waiters remains slower than planned and this is reflective of the 104 day position
- The national priority to bring the 62 day position back to March 2020 position
- Not all these patients currently over 6 days will have cancer, many will have a negative diagnosis and will be removed
- The quality metric for this is to reduce the number steadily each month and this is happening month on month

## Action

- Continue to reduce total numbers on the Cancer PTL (waiting list)
- Ensure that tracking and validation continues and a steady reduction is maintained month on month reflective of the 104 day reductions
- Assign extra capacity (surgery) to cancer patients as a priority

# RTT Performance

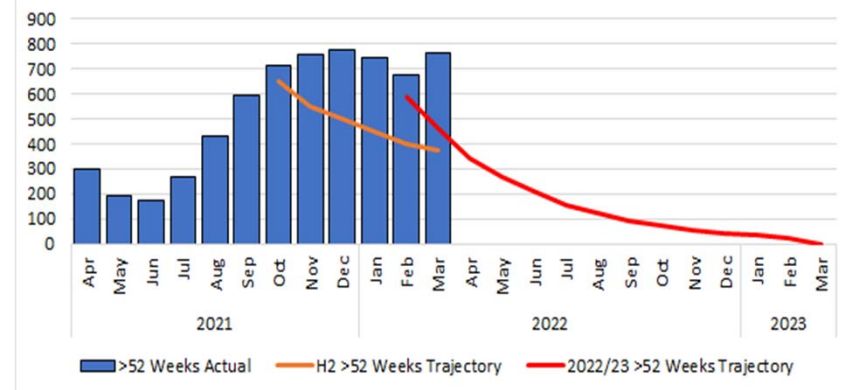
RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/04/20



Latest Month  
73.6%

RTT Incomplete pathways target 92%

>52 Weeks H2 Actual vs. Trajectory



## Performance

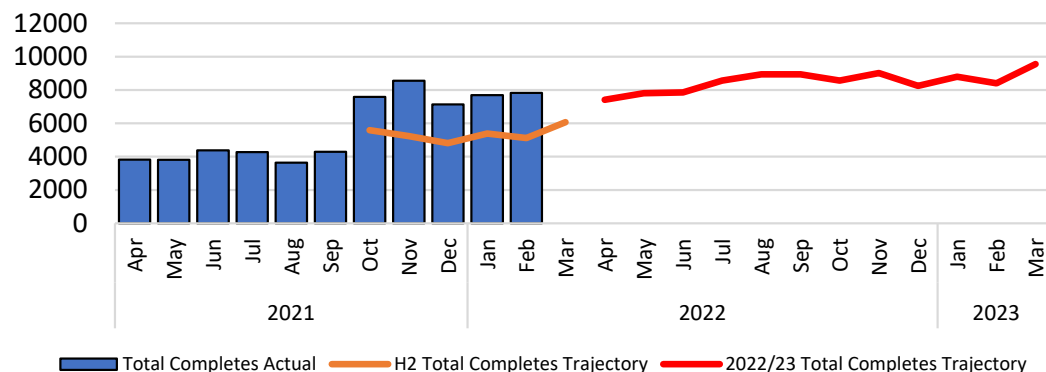
- RTT performance remains static, achieving 73.6% in March
- Following a sustained decrease since December in the number of patients waiting over 104 weeks to commence treatment, this has increased in March. This is partially attributable to Dudley supporting RWH with mutual aid for 104+ week patients and cancellations due to theatre workforce sickness (Covid-19).

## Action

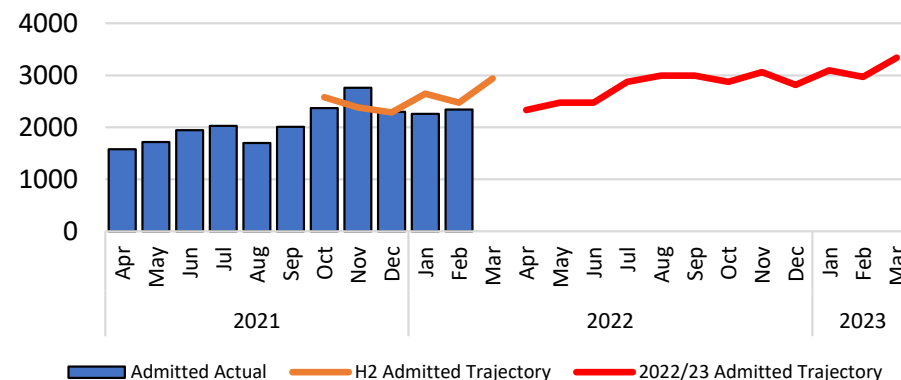
- Validation continues to play a significant part in this positive performance
- Surgery aims to utilise 50% of theatre list capacity for long waiting patients
- Plans continue to be developed to improve High Volume / Low Complexity pathways

# Recovery and Restoration – RTT Completes (Data to February)

Total RTT Completes H2 Actual vs. Trajectory



Admitted RTT Completes H2 Actual vs. Trajectory



## Performance

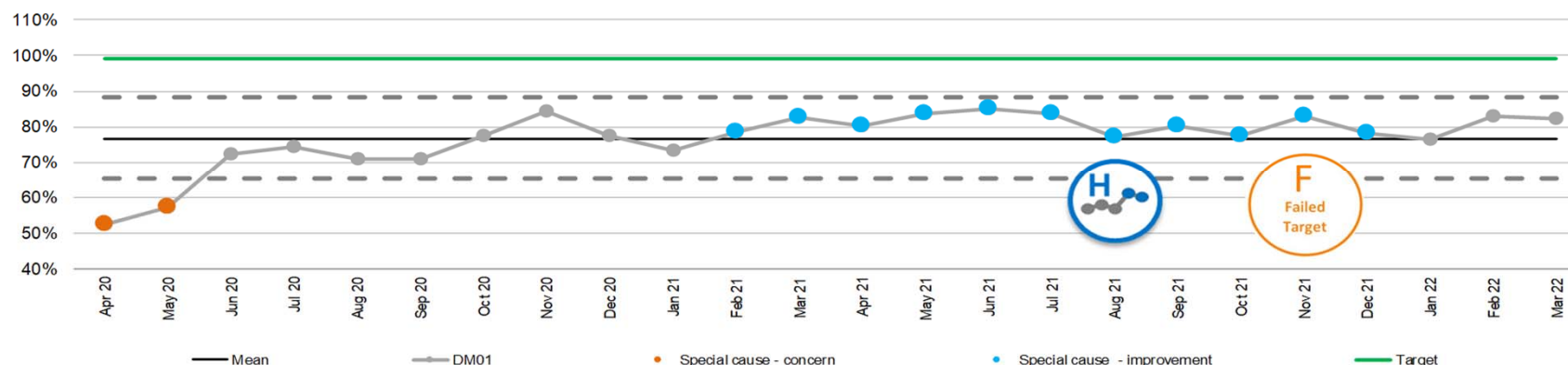
- RTT completes continues to perform ahead of plan in February
- There is a significant increase in planned closures from April onwards
- Validation continues to play a significant part in this positive performance
- There has been a small reduction in closed pathways generated through elective activity, reflective of the some challenges in theatres with staff sickness resulting from Covid in January – March

## Action

- Maintain theatre lists in line with plans
- Validation to continue as major focus for generated closures
- Continue to aim to use 50% of all elective theatre capacity for long waiters
- Develop plans to deliver the High volume / low complexity (HVLC) work as set out in the national 2023 operational planning guidance

# DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/04/20



Latest Month

82.3%

DM01 combining 15 modalities - target 99%

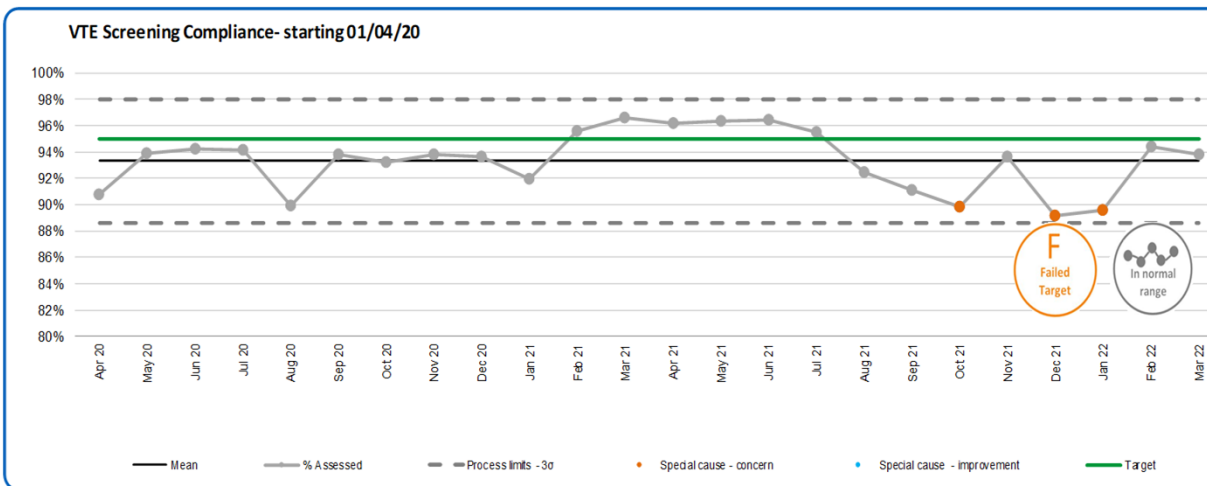
## Performance

- There has been a small improvement in DM01 performance in recent months
- Ultrasound continues to experience challenges
- Sleep Studies additional capacity is now in place and will begin to deliver from April on wards
- Activity levels for Diagnostics remain high, reflective of the additional capacity

## Action

- ✓ Sleep studies improvement to be seen in April on wards
- ✓ Improve performance in Ultrasound
- ✓ Focus additional capacity in support cancer patients
- ✓ DM01 remains on track to deliver 95% within 6 weeks by March 2023 as per national requirements

# VTE Performance



Latest Month	Latest Month	Latest Month
93.5%	93.5%	93.6%
Trust overall Position	Medicine & IC	Surgery, W & C

## Performance

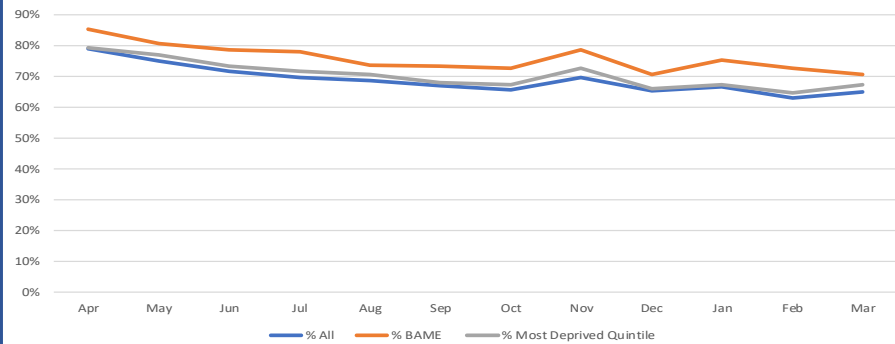
- There has been a significant improvement in compliance against the VTE standards in Surgery
- Both divisions missed the target in March but only marginally
- DQ issues have now been resolved in Surgery, with data now reflective of actual performance

## Action

- ✓ To improve performance in Surgery the Division will
  - ✓ Develop revised admission checklist (currently being signed off by Trust clinical documentation group)
  - ✓ Ward round checklist to include VTE
  - ✓ Emergency Surgical Hub tracker to monitor patients needing assessment
  - ✓ Continued scrutiny via divisional governance meetings

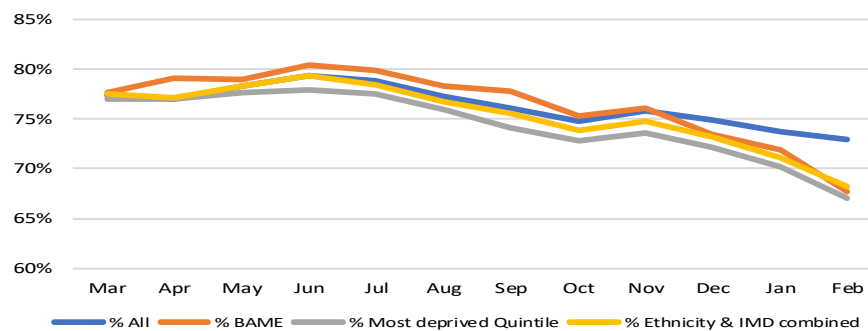
# Health Inequalities

ED 4 hour KPI

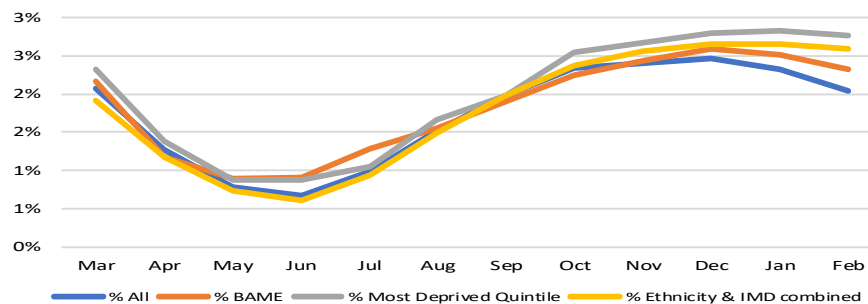


No and % ethnicity is not stated/unknown/not recorded	628	6.83%
No and % IMD postcode is invalid	48	0.49%

RTT Incompletes 0-18%



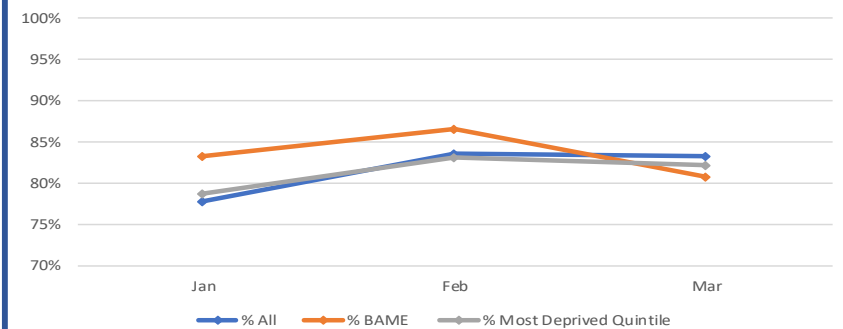
RTT Incompletes >52%



No and % ethnicity is not stated/unknown/not recorded	11905	36.0%
No and % IMD postcode is invalid/missing	7404	22.4%

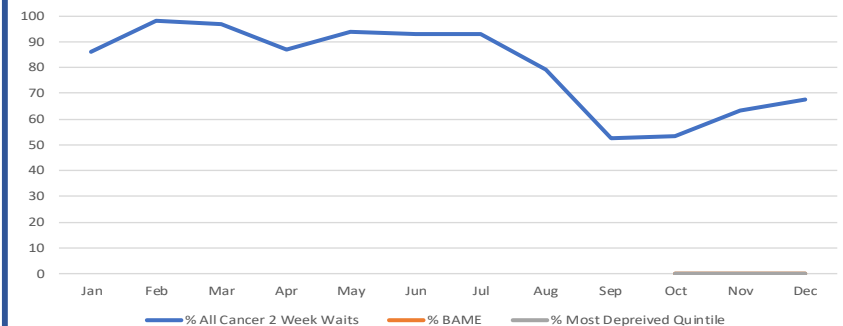
Please note: As a significant number of missing ethnicity & IMD are for patients currently on ASI or RAS, these will be shorter waits excluded from the "BAME" and "IMD 1&2" figures, causing an downward skew of their performance. The yellow line shows performance for only those RTT waits with both a recorded ethnicity and IMD decile, and is therefore more comparative than the blue line of total waiting list figures.

Health Inequalities - DM01 Performance

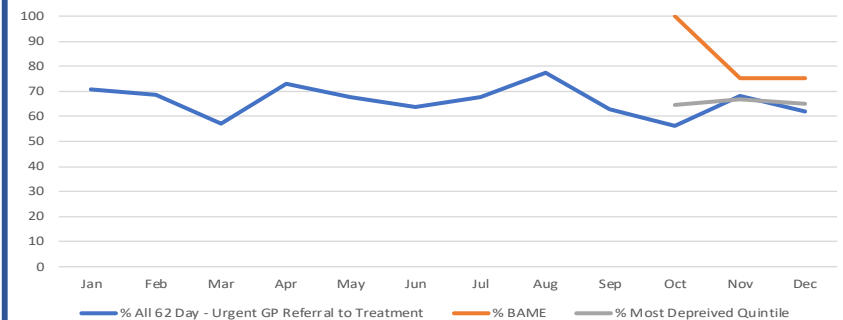


No and % Ethnicity is not stated/unknown/not recorded	1169	14.79%
No and % IDM postcode is invalid	15	0.20%

Health Inequalities  
All Cancer 2 Week Waits



Health Inequalities  
62 Day - Urgent GP Referral to Treatment



No and % ethnicity is not recorded	#REF!	#REF!
No and % deprivation cannot be derived	#REF!	#REF!



## Paper for submission to the Board of Directors on 18<sup>th</sup> May 2022

<b>Title:</b>	Summary of Workforce and Staff Engagement Committee (WSEC) Meeting (Deep-Dive into National Staff Survey Results) on Tuesday 26 <sup>th</sup> April 2022
<b>Author:</b>	James Fleet - Chief People Officer/Julian Atkins - Non-executive Director
<b>Presenter:</b>	Julian Atkins - Non-executive Director

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other Y
<b>Recommendations:</b> <p>The WSEC meeting on 26<sup>th</sup> April 2022 was a Deep-Dive session, which adopts a different format to the standard Committee business meeting programme. On this basis, the Chair's Upward Report from the April meeting of WSEC is presented in a narrative format, as opposed to using the standard Committee reporting template, which is used for the upward reporting of the WSEC business meetings.</p> <p>The Board is asked to note the assurances provided by the Committee following the review of the national staff survey results.</p>			

Summary of Key Issues:
<p>The Workforce and Staff Engagement Committee convened a Deep-Dive session, focusing on the national Staff Survey results for 2021, on 26<sup>th</sup> April.</p> <p><b>Objectives for the session were:</b></p> <ul style="list-style-type: none"> <li>○ Present a summary of the Dudley Group Foundation Trust (DGFT)'s 2021 staff survey results, both comparative to the Trust's previous staff survey scores, also comparative to the Trust's peers (benchmark data).</li> <li>○ Provide an overview of the key areas for improvement highlighted in the 2021 Staff Survey at a locality and People Promise level.</li> <li>○ Identify actions planned to address key areas – with timescales and impact anticipated.</li> <li>○ To identify key measurements expected in the 2022 Staff Survey in order to track improvement over time.</li> </ul> <p><b>Overview:</b></p> <ul style="list-style-type: none"> <li>○ The Deep-Dive session was a well-attended session, with strong engagement and participation from all attendees.</li> <li>○ In addition to the Deep-Dive focused session, the Committee also received an update on the Trust Strategy and upward reports from both the Equality &amp; Inclusion and Wellbeing sub-groups.</li> <li>○ Discussion on the strategy focused on the key metrics of being a brilliant place to thrive with the specific focus on increasing the percentage of staff living locally and working at the Trust – with a challenge around making sure this reflects both short term and longer-term actions to grow capacity from the local community.</li> <li>○ There were positive reports from both the EDI and Wellbeing Steering Groups.</li> <li>○ The format of the session and the materials prompted and facilitated a rich discussion on the Staff Survey results and the necessary areas of improvement. The data that was</li> </ul>

presented explored the comparative position against the Trust's peers (local/regional/national) both at Trust and Divisional level. The format for the Deep-Dive reflected the approach taken for previous topics. This included a review of data/metrics to provide a foundation for discussion and critical review of issues and solutions. The data was provided to enable a comparison of the Trust with a peer benchmark position, historical comparison of the organisation's data over time, and a review of divisional exceptions and areas for improvement.

- Whilst the Committee recognised the national deterioration in staff survey results, directly associated with the experience of staff through the pandemic, there was appropriate challenge from NED members of the Committee regarding the areas of improvement that are within the Trust's control, such as employees feeling valued and recognised for their work by their line managers on a day-to-day basis. Divisional improvement plans were presented, and supported by the Committee, with progress and delivery to be reviewed regularly.

### **Survey Results & Benchmarking:**

- DGFT's 2021 Staff Survey response rate reached 59% (3185 responses), which is a 13% increase on 2020 and the highest response rate in the Trust to date.
- Only 60 of the 2021 questions could be historically compared (due to changes to the format of the 2021 survey). Of those questions, performance was not significantly different in 42 questions, better in two and worse in twelve. This compares to peers favourably, as they have seen a broader decline in performance (39 significantly worse).
- National comparisons for questions highlighted that there have been declines in performance/trends for most themes/questions, however the performance of Dudley group has been at a less significant decline than peers. Although the aspiration remains that we be amongst the best performers, in a year when declined performance was anticipated and where the national trend is a significant decline, Dudley experienced a less marked decline across most questions than peer comparators. This is particularly the case in relation to recommend as a place to work and receive care.
- There are some Trusts that continue to be higher performing and the Committee expressed a wish to learn from those organisations to better understand our activity and planned improvement work; and how this compares to others. There was also a recognition that the work undertaken over the last 12-18 months in relation to EDI, Wellbeing and Development are likely to improve future staff survey results, however the Committee recognises that this important work will take time to embed and shift some of the cultural challenges that exist within the organisation. The Committee heard that there are good examples of local change happening and evidence of this will be captured and reported back prior to the next survey launching in September 2022.
- Across all People Promises, the DGFT scores are equal to benchmarked average. There is only slight variation across all promises – and even at sub-theme level, across all promises there are areas marginally above and below benchmarked average in each sub-theme – creating the average score. This makes it difficult to identify one specific promise or theme that is an outlier in terms of improvement required. The discussion amongst members was the themes or areas that were within the direct control of the organisation – linking to the role of line managers and how supporting improvements here are critical to changes to value and recognition, wellbeing and staff engagement.

- The Committee highlighted the need for line managers to take a prominent role in embedding a more supportive culture for staff, where our people feel valued and recognised. The Committee highlighted the need for a Trust-wide commitment to increasing line manager attainment of the Managers Essentials programme, which has been evaluated positively and comes highly recommended both within and outside of DGFT. Uptake of Managers Essentials across Divisions will be added to the Workforce KPI Report and regularly reported to WSEC for robust governance.

#### **Improvement Areas:**

- The second part of the Deep-Dive provided a focus on the areas identified for improvement earlier in the year as those directorates/departments had less than 20% of green question responses. These eleven specialties – included seven in Surgery (Outpatients, Paediatrics & Neonates, Specialist Surgery, Midwifery, Vascular Surgery, Obstetrics & Midwifery, Theatres divisions), three in Medicine (Cardiology, Specialist Nursing, Nursing Medicine divisions) and one in Corporate (Financial Services division).
- Financial Services presented a clear plan for improvement, which was well received by the Committee. Staff within the Finance Team have faced significant challenges over the last two years with additional work pressure associated with the vaccination programme impacting on the morale and workload of staff within Payroll and Estates in particular. This workload has been consumed without a significant increase in resource. This has resulted in a poor staff survey response for the first time within the division. Richard Price presented a compelling plan for stronger staff engagement, participation, with a set of focused actions during the next twelve months (including; training line managers, reviewing line manager roles and responsibilities and re-energising the appraisal process), which builds on some improvements that have already been made since the survey was undertaken, including receiving Level 1 accreditation in the Future Focused Finance regime. Delivery of this plan, and the wider Divisional plans, will be monitored through regular reporting to WSEC.
- Whilst Clinical Support Services (CSS) have no areas identified as the poorest performers; the Division has identified key areas that require continued focus to ensure they are delivering a positive experience for staff. In addition, they outlined how they will continue to raise engagement and awareness within the division around staff satisfaction and engagement. The actions identified by CSS include; work to enhance leadership and managerial capabilities by committing to ensuring all managers attend Managers essentials within the next twelve months and actively supporting the development of 'Wellbeing champions' and encourage close links with the Inclusion Networks. The OD/DIP/HR teams are also supporting CSS to address key improvement areas.
- Medicine & Integrated Care (MIC) presented a plan for sharing staff survey results and re-launching key improvement activities, including a toolkit to share results with all teams and encourage local ownership and action; re-launching the divisional newsletter and staff engagement forum, with links to Inclusion Networks, as well as continued promotion of the expectation of attendance by line managers on the Managers Essentials programme. Tailored improvement plans are being implemented for the three areas that fall within the eleven poorest performing teams. For the Emergency Department, the focused work will include the Dudley Improvement Practice (DIP) programme of pathway improvement and a separate wellbeing intervention; targeted support and development for leaders (including Managers Essentials and 360 feedback) and implementation of bespoke work around behaviours (Living the Values) and communication skills. In Community Nursing, the focus was highlighted as team working

and wellbeing. The priority actions identified included a focus on wellbeing conversations and targeted wellbeing support; bespoke work around behaviours (Living the Values) beginning with the senior leadership team; and a commitment to embedding effective team practices such as team meetings and 1-1s. For the Respiratory and Cardiology Wards, the focused work was on recognition, reward and the development journey of staff. Targeted improvement actions include; holding stay interviews with staff across both areas to identify what specific changes would help to retain them moving forwards; ensuring that the management team attend the Developing Leaders programme and the band 6 team attend the Managers Essentials courses. Living the Values and Team Building events to be held to improve team effectiveness.

- Surgery, Women & Children (SWC) reported that the response rate for the division was 58% in 2021 which was a significant improvement on last year (41%), however, SWC has scored below the Trust average in all of the People Promises. The Divisional presented an improvement plan which focused on; improving staff highlighting the key role of line managers, accelerating the roll-out of Managers Essentials, Living the Values, and Wellbeing training - with targeted focus on the seven 'areas of concern'; all managers to support individuals with an interest to become 'Wellbeing Champions' and the relaunch of SWC divisional monthly Team Brief in April. They confirmed that the divisional engagement forum had been re-launched in March 2022. The Pulse Survey app is also being rolled-out across the Division to enable real-time responses and action for areas where staff morale is dipping. Given the further deterioration in the Maternity staff survey results, a range of targeted interventions are being taken forward, these include; listening sessions with the CEO, Chief Nurse and NED (Julian Atkins), a planned Value Stream Analysis during March identified key actions, with a five day event planned for June 2022, as well as an independent review of culture which will take place in May (external facilitator) – planning to report back by end of May 2022 with recommendations for action. In addition, the team have already nominated leaders for relevant training e.g. Managers Essentials, are planning a bespoke Wellbeing campaign and are exploring other solutions including debrief training and bespoke training for shift leads.
- The Surgery, Urology and Vascular directorate has actioned further listening work including focus groups taking place in May for groups of staff to discuss specific issues – recognition, development, wellbeing, suggestion boxes rolled out in B3 and a team event to be organised by service leads in B3.

#### **Reviewing Progress & Delivery:**






- The Committee were reassured that there is a strong commitment and ambition from Clinical and Corporate Divisions to address the improvement areas that have been identified through the 2022 staff survey. The Committee are keen to ensure that wider metrics are developed to enable tracking of success in between survey periods, with a commitment to reporting back prior to the 2022 staff survey. There was recognition that Managers Essentials is a core training element for all divisions. The Committee was assured that there is sufficient capacity to meet demand. Members commented on the quality of the information presented and discussions generated and were interested in following progress as part of the regular business of WSEC, especially through case studies or local improvement successes over the course of the year.

The following document was received for information/assurance:

- Corporate & Significant Risk Report

The next Workforce and Staff Engagement Committee Deep-Dive session is planned for 31<sup>st</sup> May 2022 and will focus on Workforce Plans for the Clinical Support Services (CSS) division.

#### Impact on the Strategic Goals

	Deliver right care every time	
	Be a brilliant place to work and thrive	Yes
	Drive sustainability (financial and environmental)	
	Build innovative partnerships in Dudley and beyond	
	Improve health and wellbeing	Yes

#### Implications of the Paper:

Risk		Y	Risk Description: As described in Board Assurance Framework COR1303	
	On Risk Register:	Y	Risk Score: 12	
Compliance and/or Lead Requirements	CQC		Y	Details: Well-led
	NHSE/I		Y	Details: NHS People Plan
	Other		N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group		N	Date:
	Committee		Y	Date: 26/04/2022
	Board of Directors		Y	Date: 18/05/2022
	Other		N	Date:

## Paper for submission to Board of Directors on 18<sup>th</sup> May 2022

<b>Title:</b>	Workforce KPI Report
<b>Author:</b>	Greg Ferris - Senior Information Analyst Karen Brogan - Deputy Chief People Officer
<b>Presenter:</b>	James Fleet - Chief People Officer






Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
<b>Recommendations:</b>			
For the Committee to receive the report and note the contents.			

### Summary of Key Issues:

- Overall Sickness/Absence was 6.55% in March, a slight decrease from 6.62% in February.
- COVID-19 absence tracking continues to be reported on a daily basis. The number of people off for a COVID related reason is currently remaining constant between 70-75 absences per day.
- The total vacancies stand at 702.94 WTE (calculated as the difference between Budgeted WTE and Contracted WTE), this equates to 12%. The number of vacancies has decreased marginally by 8 WTE since February.
- Nursing 18% (340)
- Senior Medics 13% (49)
- AHP's 13% (103)
- Junior Medics 9% (42)
- Admin 9% (98)
- Bank usage has increased from 526.80 in February to 586.98 in March (with a spend of £3,632,241), an increase of 60 WTE. In addition, Agency usage has continued to increase from 232.70 WTE in February to 267.03 WTE in March (with a spend of £2,446,811).
- In March, the average shift fill rate for registered nurses was 88% compared to 76% in February, for unregistered nursing this rose to 66% from 61% in February.
- 10207 registered shifts were requested in March, an increase from 7862 shifts in February, with 1852 remaining unfilled. 5603 unregistered shifts were requested in March, an increase from 4105 in February, with 1879 remaining unfilled.

- Mandatory Training: overall compliance is 87.37% at 07/04/22, this is an increase from 86.91% in February.
- The current caseload is 49, an increase of 6 cases since February 2022. Disciplinary accounts for 45.5% with 21 cases, the highest category, followed by 'Grievance' at 15.9% (8 cases).

#### Impact on the Strategic Goals

	<b>Deliver right care every time</b>	Y
	<b>Be a brilliant place to work and thrive</b>	Y
	<b>Drive sustainability (financial and environmental)</b>	
	<b>Build innovative partnerships in Dudley and beyond</b>	
	<b>Improve health and wellbeing</b>	Y

#### Implications of the Paper:

<b>Risk</b>		Y	Risk Description: <i>Inc risk ref number</i> BAF 4a, 4b COR1537, COR1489, COR1538, COR1789, COR1791	
	On Risk Register:	Y	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC		Y/N	Details:
	NHSE/I		Y/N	Details:
	Other		Y/N	Details:
<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group		Y/N	Date:
	Committee		Y	Date: 26/04/2022
	Board of Directors		N	Date: 18/05/2022
	Other		Y/N	Date:



# Workforce KPI Report

April 2022

James Fleet,

Executive Chief People Officer



The Dudley Group  
NHS Foundation Trust





## Summary

1/2

## Performance

## Action

### Sickness & Absence

- Overall Sickness/Absence was 6.55% in March, a slight decrease from 6.62% in February.
- Medicine and Integrated Care is the division with the highest sickness absence rate at 7.27% in March, a slight decrease compared to 7.44% in February.
- The areas with highest absence are maternity unit (16) and ED (11).
- C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reasons is currently remaining constant between 70-75 absence per day.
- Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (65 people) followed by musculoskeletal (26)

- ✓ Centralised Sickness Absence Reporting has continued for Covid-related absence, this feeds directly into the Staff Testing process to enable staff to return to work as quickly as possible.
- ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately and scheduled returners are managed daily to facilitate a return to work.
- ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence, with the operational HR teams supporting the development of management action plans.
- ✓ The operational HR team convene monthly meetings with managers to support, advise and challenge action that is being taken to manage sickness absence.

### Bank & Agency Usage

- The COVID vaccination Bank and Agency usage is now excluded from the Trust KPI report (DGFT is the lead employer for BCWB).
- Bank usage has increased from 526.80 in February to 586.98 in March (with a spend of £3,632,241), an increase of 60 WTE. In addition Agency usage has continued to increase from 232.70 WTE in February to 267.03 WTE in March (with a spend of £2,446,811).
- Total temporary staffing usage in March is 854, an increase of 94.5 WTE from February. The combined spend of temporary staffing is £6,079,052. This is higher than the total vacancies for February which is 702.94 WTE
  - In March the average shift fill rate for registered nurses was 88% compared to 76% in February, for unregistered nursing this rose to 66% from 61% in February. 10207 registered shifts were requested in March, an increase from 7862 shifts in February, with 1852 remaining unfilled. 5603 unregistered shifts were requested in March, an increase from 4105 in February, with 1879 remaining unfilled.

- ✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses initially, to reduce reliance on agency and bank usage.
- ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage.
- ✓ Embedding the Business Partner model to include monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage.
- ✓ A task and finish group has been established to reduce agency usage.
- ✓ Introduction of NHSP national bank service (planning to mobilise Nov) to support shift fill.

### Turnover & Recruitment

- Contracted WTE staff has increased from 5097.20 in February to 5102.86 in March, an increase of 5.66 WTE.
- The total vacancies stands a 702.94 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to 12%. The number of vacancies has decreased marginally by 8 WTE since February.
- Registered Nursing vacancies are at 339.58, a decrease of 17.25 WTE from February. Unregistered Nursing vacancies are 56.25 WTE, an increase of 12.64 since February.
- Overall staff turnover is at 7.3% (rolling average 12 months this discounts rotational posts).

- ✓ The HR Business Partners will be supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value.
- ✓ A methodology is being developed that will examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews.
- ✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses, including international nurse recruitment.

## Mandatory Training

- Mandatory Training: overall compliance is 87.37% at the 07/04/22, this is an increase from 86.91% in February
- The priority areas continue to be Safeguarding (child and adult), Resus and Manual Handling.
- The most challenged staff group is medical and dental staff.

- ✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance.
- ✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues, staff absence continued to be a factor.
- ✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians and increase overall compliance.

## Equality, Diversity &amp; Inclusion

- BAME staff Trust representation is at 20.6%, an increase of 0.2% since February.
- Disabled staff Trust representation is at 4%.
- LGBTQ+ staff Trust representation is at 1.8%.

- ✓ The Trust has established 4 Inclusion Networks: BAME, LGBTQ+, Disability and Women's Network. These Networks are growing in membership, with regular meetings and events. Each of these networks has both an Executive Director and Non-executive Director sponsor. In addition, the Chairs of the Networks are attending Board meetings.
- ✓ A task group has been established, chaired by Catherine Holland (NED) to address the immediate actions arising from a deep-dive into gender equality.
- ✓ A formal EDI Steering Group is being established, to be chaired by Dr Gurjit Bhogal, to oversee and support the Trust's ambitious EDI strategy for all protected characteristics.
- ✓ A delivery plan for the key elements of the Dudley People Plan and for WDES, WRES, and WSES actions has been developed to ensure there is a key focus on Equality.

## HR Caseload

- The current caseload is 49 an increase of 6 cases since February 2022
- Disciplinary accounts for 45.5% with 21 cases, the highest category, followed by 'Grievance' at 15.9% (8 cases).
- The division with the highest number of open cases is Corporate with 22 cases.
- BAME representation is at 22.63%, with 15 open cases.
- There are currently 5 live suspensions.

- ✓ Employee relations cases continue to be proactively managed and supported by the implementation and maintenance of a case tracker.
- ✓ There is a focus on the Just Culture framework, with shared learning and early resolution where possible.
- ✓ The development of innovative and supportive Employee Relations policies continue to be a focus, with both the 'Helping Resolve Problems' Policy (Grievance Policy) and Disciplinary Policy having been reviewed in line with best practice and are being published w/c 21<sup>st</sup> June 2021.

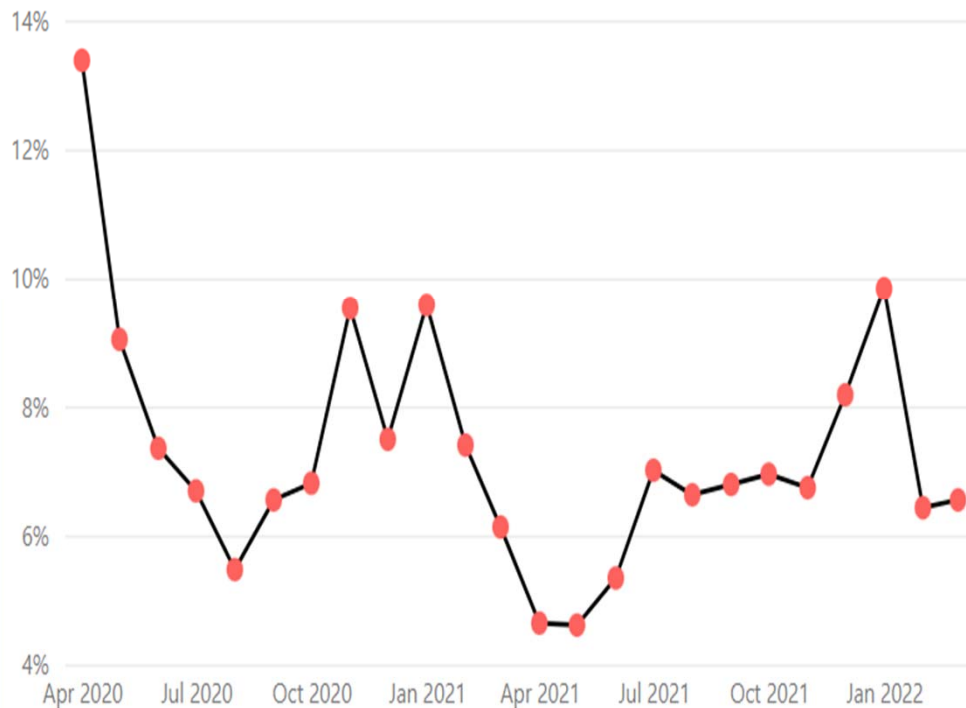
Staff  
Health &  
Wellbeing

- We continue to see the development of wellbeing metrics, which are displayed for information and continued to be developed.
  - BHSF RISE activity for Q1 2022 is yet to be fully, however utilisation of the service for January and February 22 has totalled 24 new contacts, suggesting that the Q1 figures will be higher than Q4 2021 contacts which totalled 22 contacts over the three month period.
  - Black Country Mental Health hub referrals have totalled 16 self-referrals between March 21 – March 22, and we have seen a significant increase in self-referrals in February and March 22, with a total of 7.
  - Via Vita participation for February and March 22 totalled 49 live participants. We have also started recording the number of video views of sessions that are available to watch back and in February and March 22 this has totalled 59 views, which is encouraging to see that staff are accessing at a time to suit them
  - REMPLOY access has totalled 6 self-referrals in February and 2 self-referrals in March.
- ✓ A review of Staff Health & Wellbeing service has been undertaken and we are currently recruiting to the new structure.
  - ✓ A Wellbeing Business Partner has been appointed and is in post and a Wellbeing Steering Group has been established which will report upwards to WSEC.

# Sickness Absence

- Overall Sickness/Absence was 6.55% in March, a slight decrease from 6.62% in February.
- Medicine and Integrated Care is the division with the highest sickness absence rate at 7.27% in March, a slight decrease compared to 7.44% in February.
- The areas with highest absence are maternity unit (16) and ED (11).
- C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reasons is currently remaining constant between 70-75 absence per day.
- Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (65 people) followed by musculoskeletal (26)

## Absence % (FTE) 2 Years rolling



**Trust**  
6.55%

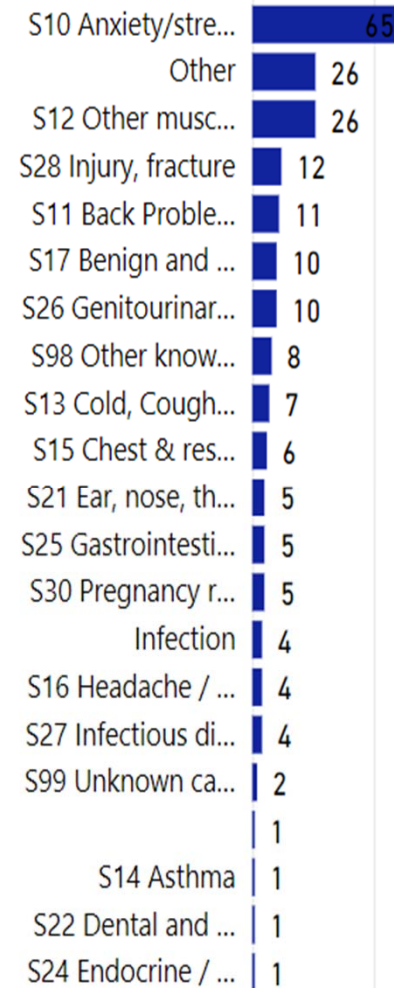
**CS**  
6.43%

**Corporate**  
2.90%

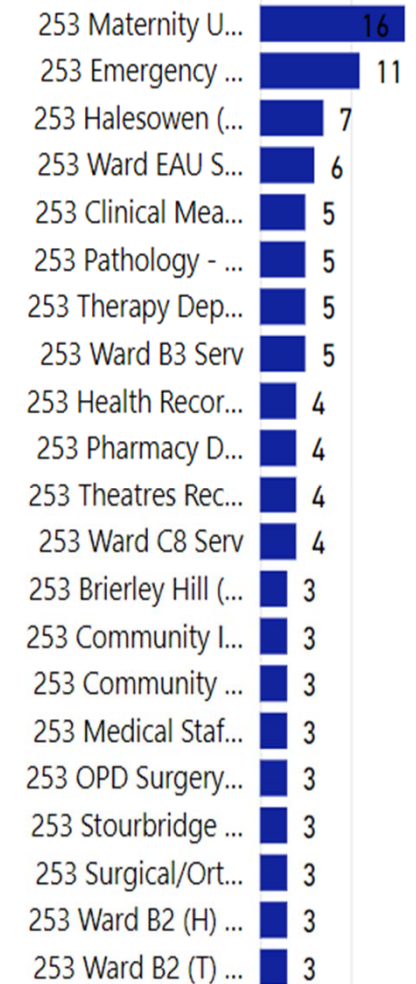
**MIC**  
7.27%

**Surgery**  
6.98%

## Reason (instances)



## Ward/Service (instances)

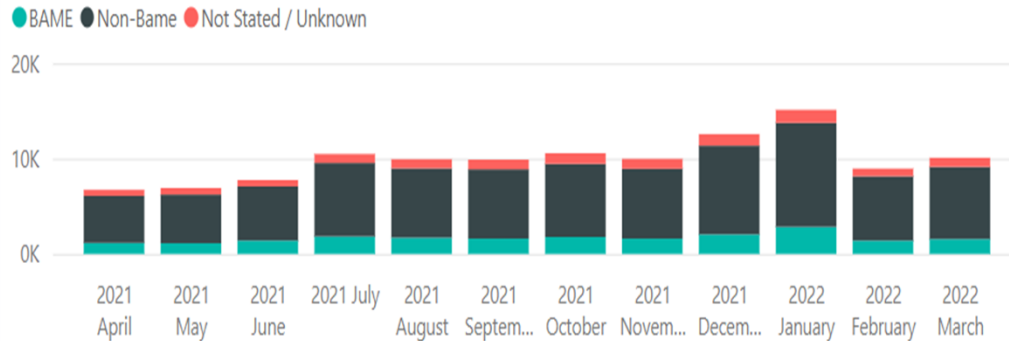


# Sickness Absence - Detail

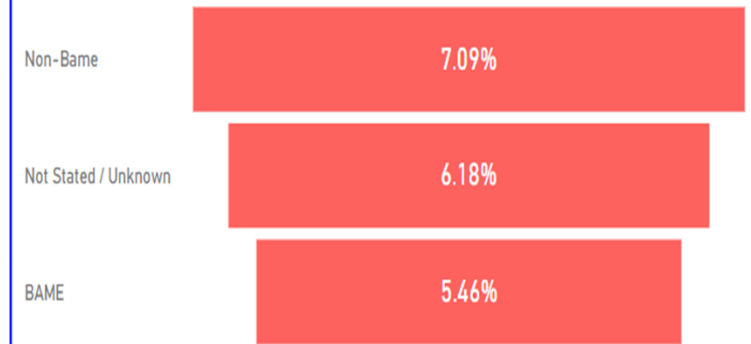
BAME colleagues show absence levels 1.63% lower than non-BAME colleagues.

Colleagues who have declared a disability show absence levels 4.6% higher than colleagues who have declared that they do not have a disability.

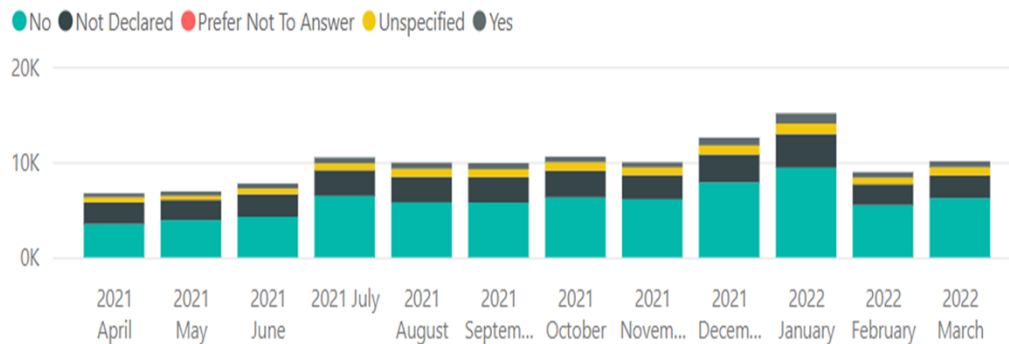
## Bame / Non Bame - Absences (FTE) Trend



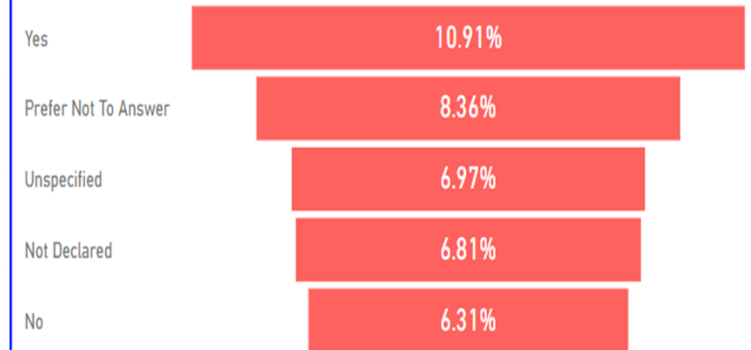
## Bame / Non Bame - Absences % (FTE) 1 Year



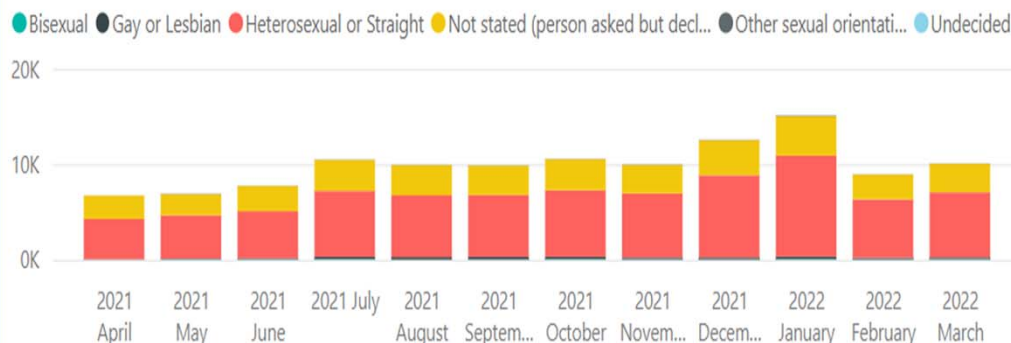
## Disability - Absences (FTE) Trend



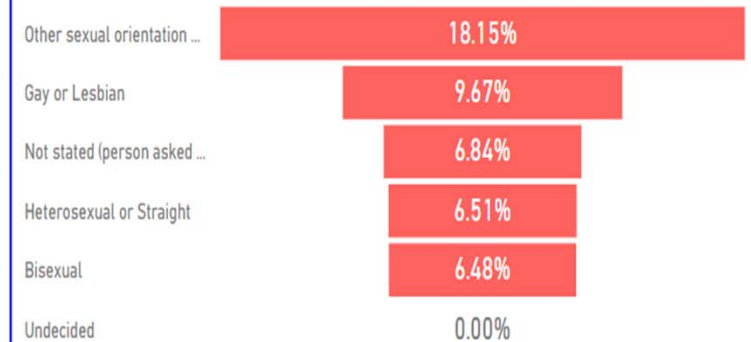
## Disability - Absences % (FTE) 1 Year



## LGBTQ+ - Absences (FTE) Trend



## LGBTQ+ - Absences % (FTE) 1 Year



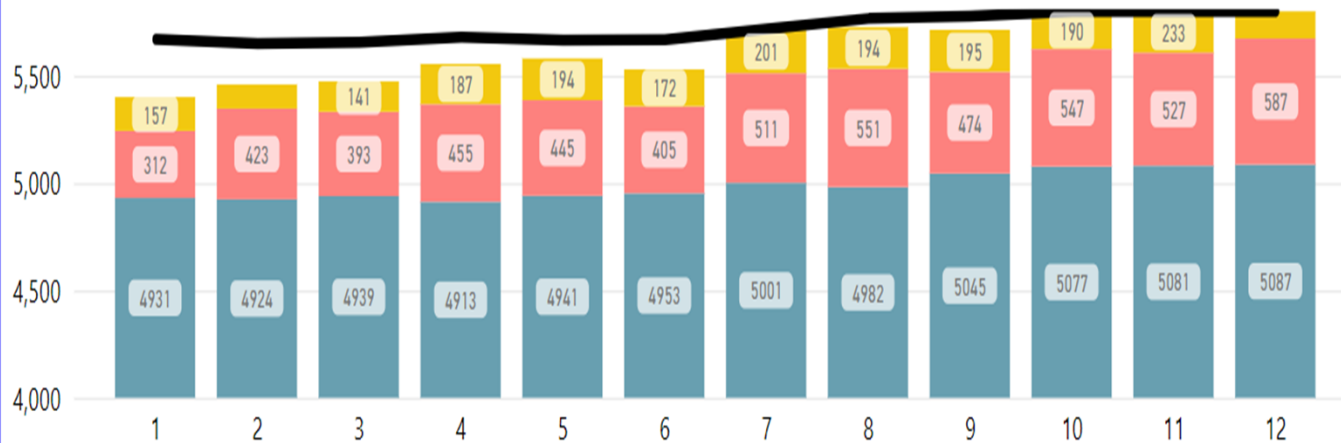
## Bank & Agency – Total Trust

Bank usage has increased from 526.80 in February to 586.98 in March (with a spend of £3,632,241), an increase of 60 WTE. In addition Agency usage has continued to increase from 232.70 WTE in February to 267.03 WTE in March (with a spend of £2,446,811). The combined spend of temporary staffing is £6,079,052

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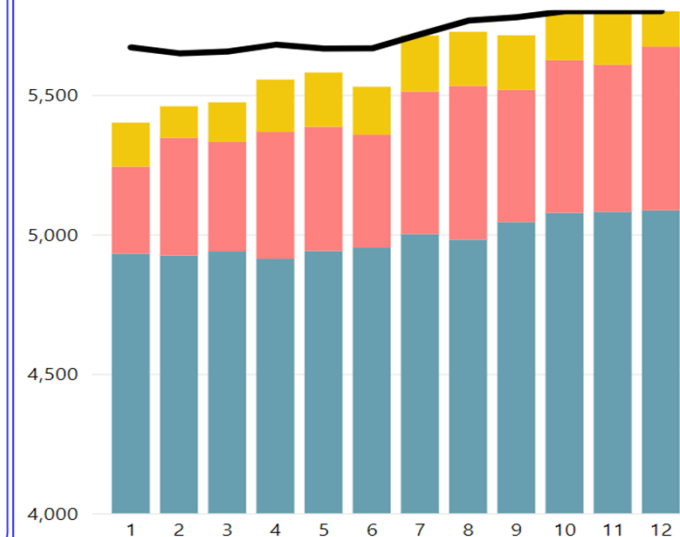
### Contracted Employed, Worked Bank & Agency

Contracted Employed Worked Bank (charts) Worked Agency (chart) Budget WTE (YTD)



### Contracted Employed, Worked Bank & Agency

Contracted ... Worked B... Worked ... Budget ...



Date	Staff Group	Duties Requested	Bank Filled		Agency Filled		Non-Framework		Overall Fill Rate	Unfilled Duties	
			Duties	%	Duties	%	Duties	%		Duties	%
28th Feb - 6th March	Registered	1995	1049	52.58%	625	31.33%	109	5.46%	83.91%	321	16.09%
	Unregistered	1020	711	69.71%	0	0.00%	0	0.00%	69.71%	309	30.29%
7th March - 13th March	Registered	1863	972	52.17%	516	27.69%	105	5.63%	79.87%	342	18.35%
	Unregistered	1062	745	70.15%	6	0.56%	0	0.00%	70.71%	311	29.28%
14th March - 20th March	Registered	2117	1085	51.25%	668	31.55%	137	6.47%	82.81%	364	17.19%
	Unregistered	1178	794	67.40%	7	0.59%	0	0.00%	68.00%	377	32.00%
21st March - 27th March	Registered	2139	1022	47.78%	672	31.42%	132	6.17%	79.20%	445	20.80%
	Unregistered	1199	733	61.13%	12	1.00%	0	0.00%	62.14%	454	37.86%
28th March - 3rd April	Registered	2093	1087	51.94%	623	29.77%	101	4.83%	81.70%	380	18.16%
	Unregistered	1144	706	61.71%	10	0.87%	0	0.00%	62.59%	428	37.41%



# Vacancies – Staff in Post

The total vacancies stands at 702.94 WTE, this equates to 12%.

The number of vacancies has decreased marginally by 8 WTE since February.

Month:

31 March 2022

**Trust**

12%

**CS**

14%

**Corporate**

4%

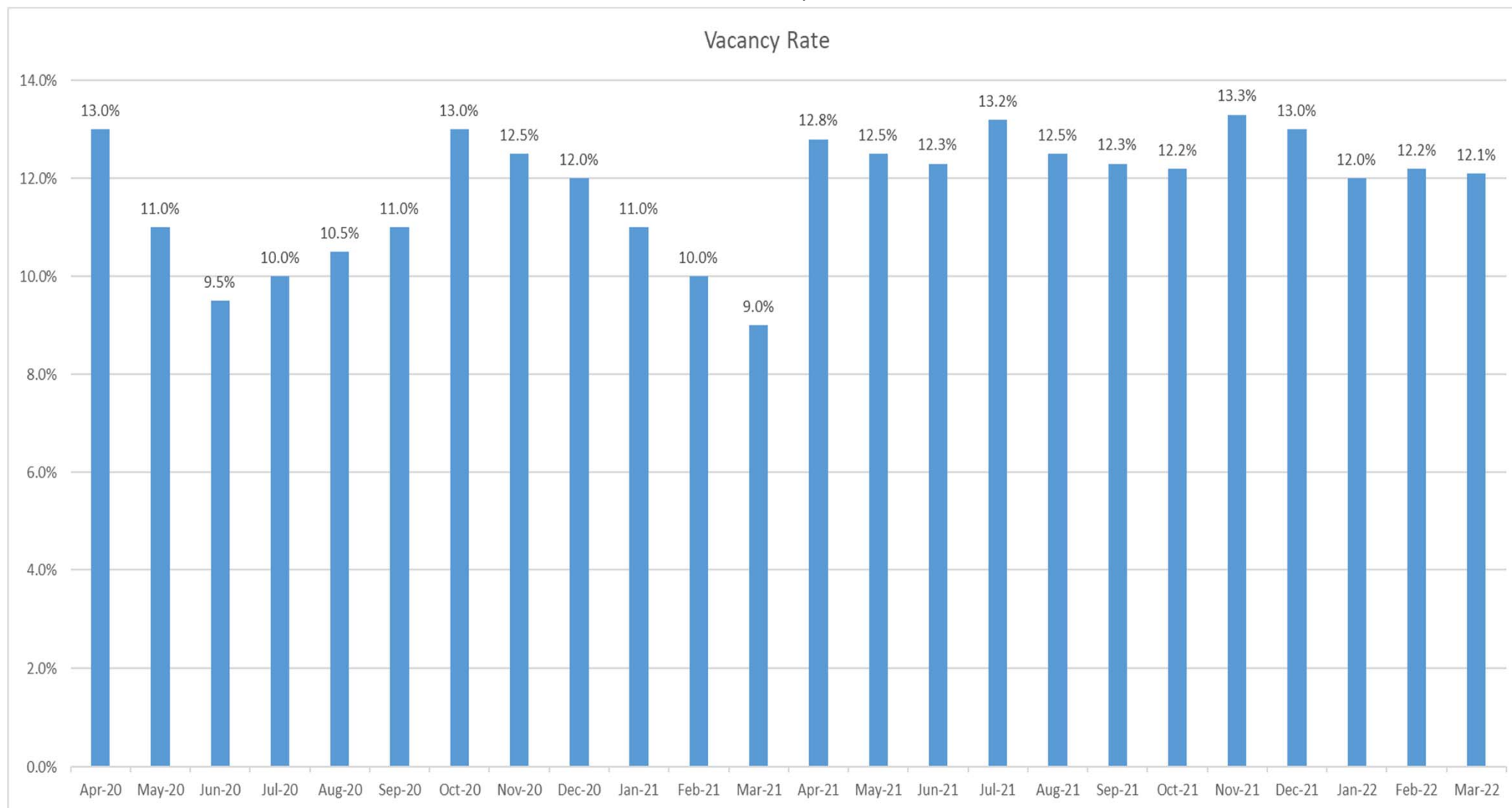
**MIC**

14%

**Surgery**

11%

March 2021/22



## Vacancies – Total Trust + Bank & Agency Spend – detail by division and Monitor pay group

CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Clinical Support	573.51	492.90	80.61	14%	44.85	£214,733	7.99	£81,346	£296,079
Corporate / Mgt	678.01	653.81	24.20	4%	27.40	£508,353	15.45	£89,101	£597,454
Medicine & Integrated Care	2,565.12	2,193.76	371.36	14%	300.38	£1,909,250	120.25	£1,066,507	£2,975,757
Surgery	1,989.16	1,762.39	226.77	11%	214.35	£999,905	123.34	£1,209,857	£2,209,762
<b>Total</b>	<b>5,805.80</b>	<b>5,102.86</b>	<b>702.94</b>	<b>12%</b>	<b>586.98</b>	<b>£3,632,241</b>	<b>267.03</b>	<b>£2,446,811</b>	<b>£6,079,052</b>

StaffGroup	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
⊕ Nursing	1,939.40	1,599.82	339.58	18%	204.00	£1,201,146	219.50	£1,877,194	£3,078,340
⊕ Admin	1,089.20	990.80	98.40	9%	61.94	£151,965	0.00	£0	£151,965
⊕ CSW	946.22	889.97	56.25	6%	190.31	£712,278	0.80	£3,075	£715,353
⊕ Allied Healthcare Professional	802.32	699.33	102.99	13%	42.90	£233,618	19.59	£151,590	£385,208
⊕ Junior Medic	448.32	406.18	42.14	9%	54.03	£726,258	14.75	£200,174	£926,432
⊕ Senior Medic	380.85	331.54	49.31	13%	24.28	£581,039	9.03	£172,724	£753,763
⊕ Prof Tech Scientist	133.65	116.19	17.46	13%	9.03	£23,396	-0.37	£-1,662	£21,734
⊕ Other	31.51	40.09	-8.58	-27%	0.13	£335	0.00	£167	£502
⊕ Senior Manager	24.80	18.64	6.16	25%			3.73	£43,549	£43,549
<b>Total</b>	<b>5,805.80</b>	<b>5,102.86</b>	<b>702.94</b>	<b>12%</b>	<b>586.98</b>	<b>£3,632,241</b>	<b>267.03</b>	<b>£2,446,811</b>	<b>£6,079,052</b>



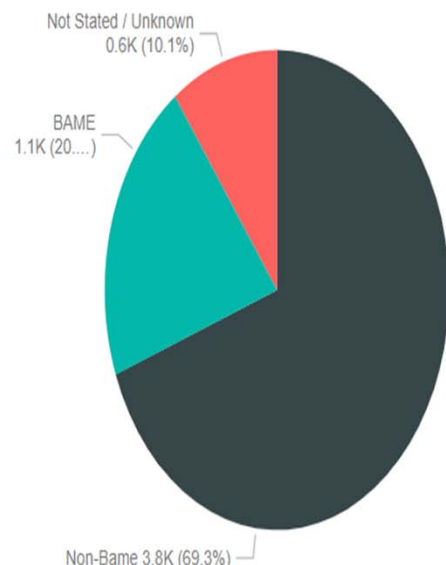
# Workforce Profile - Ethnicity – Representation by Division and Grade

BAME staff Trust representation is at 20.6%, an increase of 0.2% since February.

The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WRES submission to enable monthly tracking.

## Ethnicity Profile

● Non-Bame ● BAME ● Not Stated / Unknown



Values between 1-5 (inclusive) have been masked.  
Data shows head count, primary assignment only

## BAME/Non-BAME by Division

Mapping Org L2	BAME		Non-Bame		Not Stated / Unknown	
	No.	%	No.	%	No.	%
253 Surgery	412	21.7%	1290	67.9%	198	10.4%
253 Medicine & Integrated Care	484	20.3%	1663	69.6%	243	10.2%
253 Corporate / Mgt	81	12.6%	488	75.8%	75	11.6%
253 Clinical Support	155	28.1%	359	65.2%	37	6.7%

## BAME/Non-BAME by Pay Grade (grouped)

Mapping Mapping	BAME		Non-Bame		Not Stated / Unknown	
	No.	%	No.	%	No.	%
Apprentice	9	18.8%	34	70.8%		
Band 2	119	10.0%	952	80.3%	114	9.6%
Band 3	53	12.6%	331	78.8%	36	8.6%
Band 4	54	12.0%	356	79.3%	39	8.7%
Band 5	275	28.0%	596	60.6%	112	11.4%
Band 6	194	19.3%	726	72.4%	83	8.3%
Band 7	64	12.1%	436	82.1%	31	5.8%
Band 8a	43	25.0%	116	67.4%	13	7.6%
Band 8b	7	11.5%	48	78.7%	6	9.8%
Band 8c			18	85.7%		
Band 8d			11	91.7%		
Band 9			6	66.7%		
Consultant	123	49.0%	94	37.5%	34	13.5%
Non-Consultant	181	58.6%	58	18.8%	70	22.7%
Trust contract			12	66.7%		
VSM						

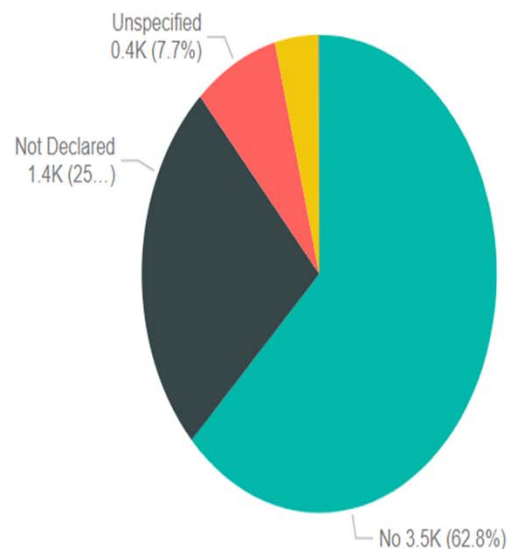
# Workforce Profile - Disability – Representation by Division and Grade

Disabled staff Trust representation is at 4%.

The HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WDES submission to enable monthly tracking.

## Disability

● No ● Not Declared ● Unspecified ● Yes ● Prefer Not To Ans...



Values between 1-5 (inclusive) have been masked.  
Data shows head count, primary assignment only

## Disability by Division

Org L2	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
253 Clinical Support	71.7%	19.2%		5.8%	3.3%
253 Corporate / Mgt	67.8%	20.0%		4.8%	7.1%
253 Medicine & Integrated Care	63.1%	24.8%		7.8%	4.2%
253 Surgery	58.1%	30.1%		9.0%	2.8%
<b>Total</b>	<b>62.8%</b>	<b>25.5%</b>	<b>0.1%</b>	<b>7.7%</b>	<b>4.0%</b>

## Disability by Pay Grade (grouping)

Mapping	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
Apprentice	83.3%				
Band 2	61.9%	24.7%		9.9%	3.3%
Band 3	63.0%	23.9%		7.3%	5.9%
Band 4	71.0%	18.6%		6.7%	3.8%
Band 5	60.1%	25.8%		9.4%	4.7%
Band 6	66.6%	22.5%		6.3%	4.6%
Band 7	65.9%	26.5%		3.2%	4.3%
Band 8a	72.3%	18.5%		4.0%	5.2%
Band 8b	72.1%	19.7%			
Band 8c	76.2%				
Band 8d	75.0%				
Band 9	88.9%				
Consultant	46.0%	45.2%		7.9%	
Non-Consultant	47.3%	40.7%		11.0%	
Trust contract	66.7%				
VSM					
<b>Total</b>	<b>62.8%</b>	<b>25.5%</b>	<b>0.1%</b>	<b>7.7%</b>	<b>4.0%</b>

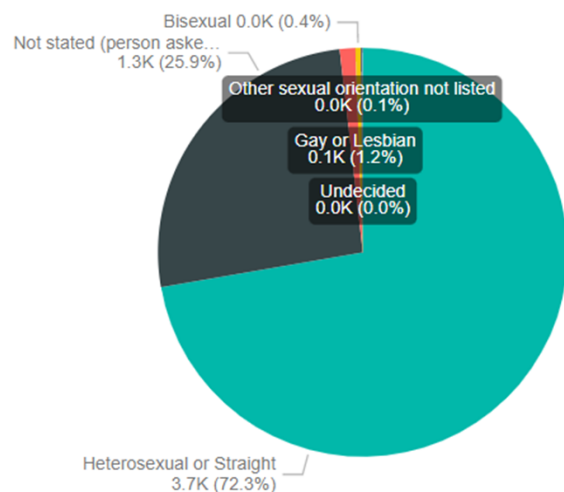
# Workforce Profile – LGBTQ+ – Representation by Division and Grade

LGBTQ+ staff representation is shown as 1.8%

The numbers are shown as a % since absolute numbers are low.

## LGBTQ+

● Heter... ● Not st... ● Gay o... ● Bisex... ● Other ...



Values between 1-5 (inclusive) have been masked.  
Data shows head count, primary assignment only

## LGBTQ+ by Division

Org L2	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
253 Clinical Support			76.7%	21.9%		
253 Corporate / Mgt	1.1%	1.1%	79.7%	18.0%		
253 Medicine & Integrated Care	0.4%	1.7%	72.8%	25.0%		
253 Surgery		1.0%	67.6%	31.0%		
<b>Total</b>	<b>0.4%</b>	<b>1.2%</b>	<b>72.3%</b>	<b>25.9%</b>	<b>0.1%</b>	<b>0.0%</b>

## LGBTQ+ by Pay Grade (grouped)

Mapping	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
Apprentice			85.1%			
Band 2	0.6%	1.7%	72.4%	25.0%		
Band 3		1.5%	74.8%	23.2%		
Band 4			77.3%	21.1%		
Band 5			69.9%	29.3%		
Band 6		1.4%	74.7%	23.5%		
Band 7			73.1%	25.4%		
Band 8a			77.8%	21.6%		
Band 8b			77.6%	19.0%		
Band 8c			78.9%			
Band 8d			75.0%			
Band 9			100.0%			
Consultant			50.4%	48.3%		
Non-Consultant			69.3%	28.3%		
Trust contract			70.6%			
VSM			80.0%			
<b>Total</b>	<b>0.4%</b>	<b>1.2%</b>	<b>72.3%</b>	<b>25.9%</b>	<b>0.1%</b>	<b>0.0%</b>

# Mandatory Training – Performance Trend

Mandatory Training: overall compliance is 87.37% at the 07/04/22, this is an increase from 86.91% in February

7th April 2022

**Trust**  
87.37%

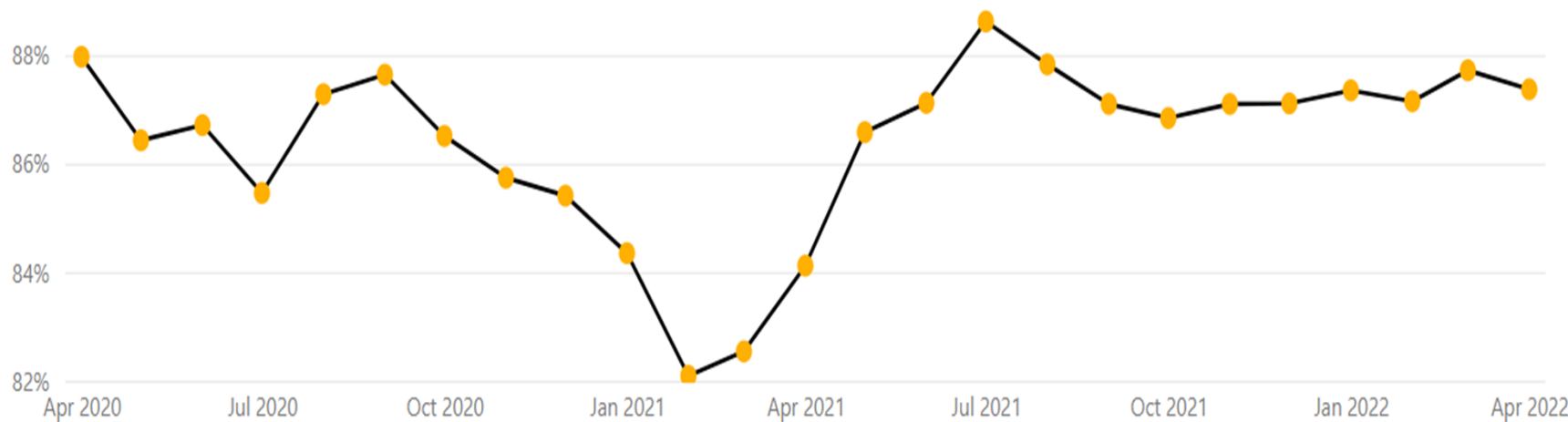
**CS**  
90.25%

**Corporate**  
89.01%

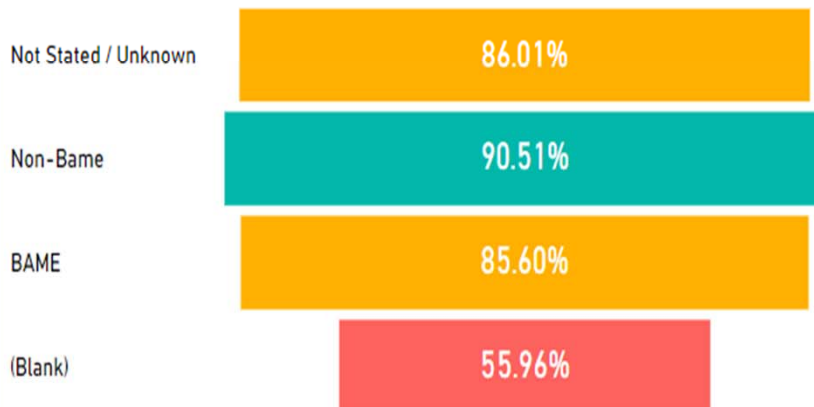
**MIC**  
87.01%

**Surgery**  
86.59%

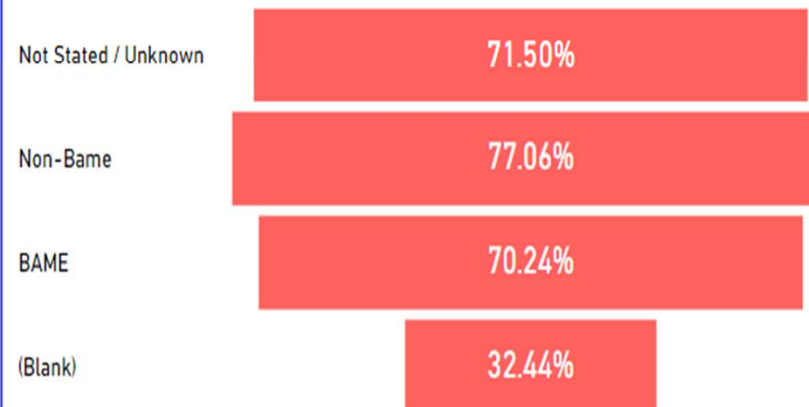
## Mandatory Training (last 2 years rolling)



## Mandatory (priority 1) Compliance



## Non-Mandatory (priority 2 & 3) Compliance



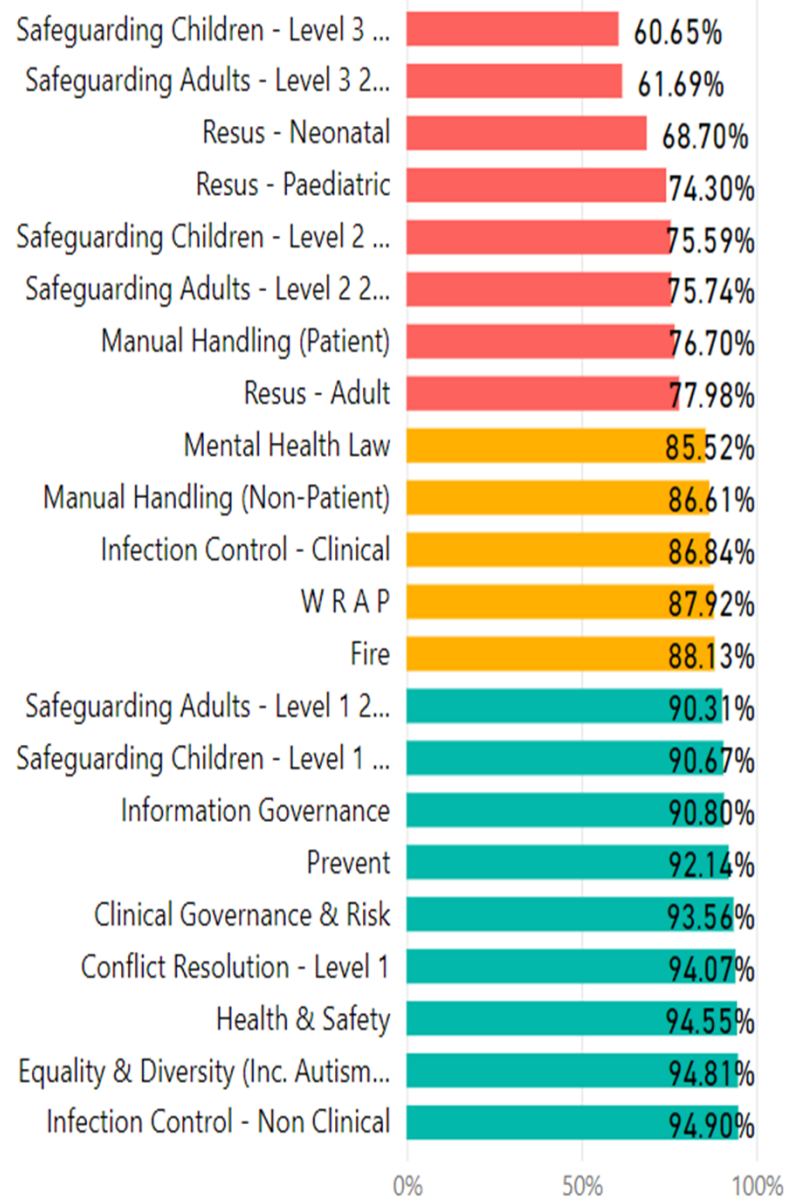


# Mandatory Training – Areas of Focus

The priority areas continue to be:

SAFEGUARDING ADULTS - Level 3  
SAFEGUARDING CHILDREN Level 3  
RESUS PAEDS  
RESUS ADULTS  
MANUAL HANDLING  
SAFEGUARDING CHILDREN - Level 2  
SAFEGUARDING ADULTS - Level 2  
RESUS Neonatal

## Course Compliance (based on selections)



## Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 Emergency Dept Nursing Serv	1,464	202	79.09%
253 Maternity Unit Serv	2,191	162	83.81%
253 Theatres Recovery & Anaesth Serv	436	123	70.20%
253 Medical Staff - EAU Serv	636	120	75.71%
253 General Surgery Medical Staff Serv	402	113	70.27%
253 Theatres Emergency & Other Serv	681	100	78.54%
253 Paediatric Medical Staff Serv	275	90	67.90%
253 Emergency Dept Paeds Nursing Serv	334	84	71.98%
253 Ward CCU Serv	550	77	79.02%
253 Medical Staff (Emergency Med) Serv	736	74	81.77%
253 Brierley Hill (Adult DN) Serv	286	73	71.85%
253 Medical Director Serv	126	70	58.06%
253 Ward B5 Serv	773	70	82.58%
253 Ward B3 Serv	662	61	82.44%
253 Pathology - Phlebotomy Serv	476	57	80.40%
253 Medical Staff - Respiratory Serv	170	56	67.72%
253 Medical Staff Cardiology Serv	136	53	64.76%
253 Discharge Co-ordinator Serv	142	51	66.35%
253 Ward C5 Area A Serv	493	51	81.62%
253 MOC Medical Staff Serv	443	46	81.58%
253 Critical Care Serv	1,191	45	86.74%
253 Clinical Measurement Serv	262	44	80.20%
<b>Total</b>	<b>60,036</b>	<b>1807</b>	<b>87.37%</b>

# HR Caseload

- The current caseload is 49 an increase of 6 cases since February 2022
- Disciplinary accounts for 45.5% with 21 cases, the highest category, followed by 'Grievance' at 15.9% (8 cases).
- The division with the highest number of open cases is Corporate with 22 cases.
- BAME representation is at 22.63%, with 15 open cases.
- There are currently 5 live suspensions.
- In the chart (bottom right) the blue bars show the average days from open to completed for closed cases. The green bars show the running total average days the 'live' cases have been open.
- There were also two separate periods where Employee Relations activity was paused due to COVID

Division	Total
253 Clinical Support	2
253 Corporate / Mgt	22
253 Medicine & Integrated Care	17
253 Surgery	8
Grand Total	49

Division	Capability No UHR	Capability UHR	Disciplinary	Grievance	Grand Total
253 Clinical Support			2		2
253 Corporate / Mgt	1	15	3	3	22
253 Medicine & Integrated Care	1	3	10	3	17
253 Surgery			6	2	8
Grand Total	2	18	21	8	49

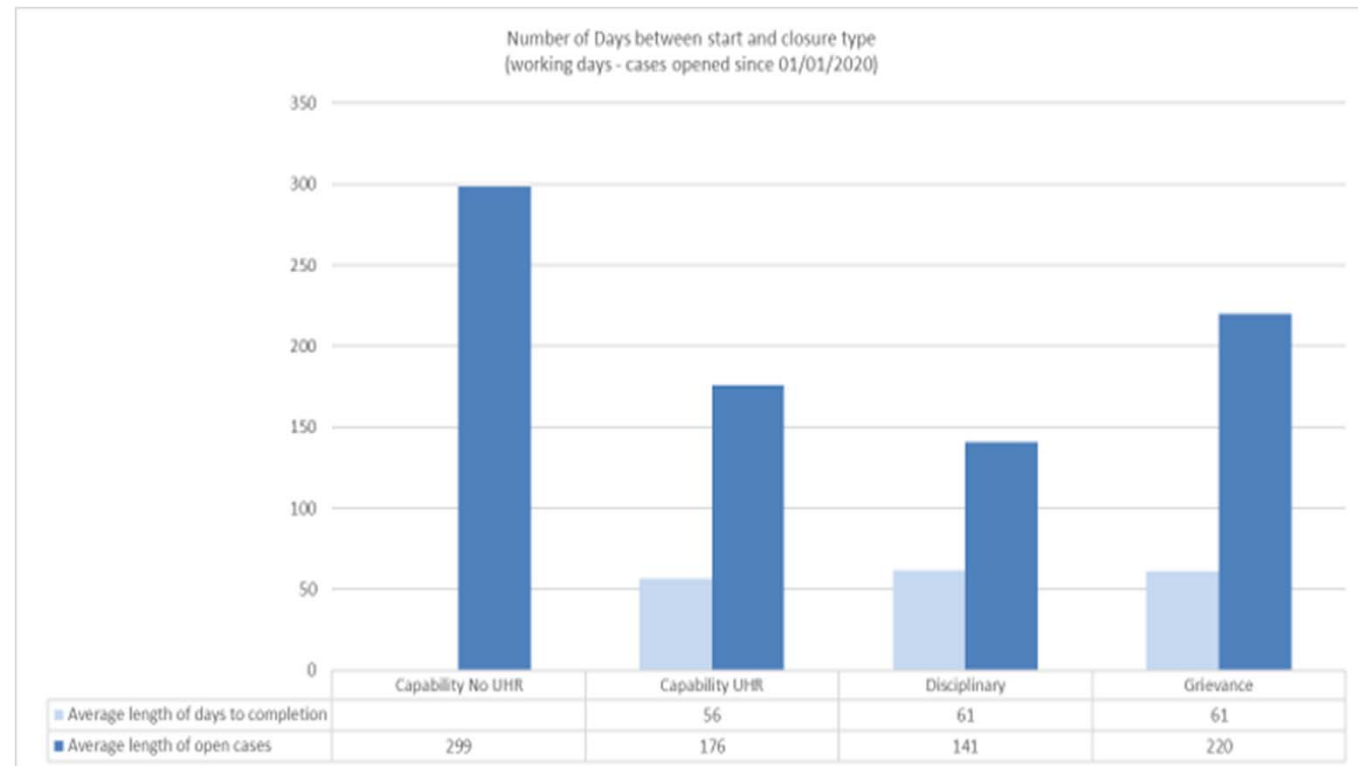
## Caseload By Type

● Capability No UHR ● Capability UHR ● Disciplinary ● Grievance



## Caseload, % BAME/Non-BAME

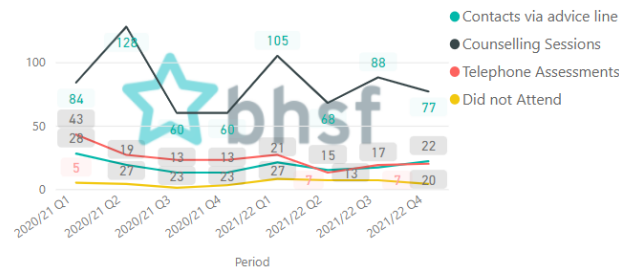
● A White - Bri... ● C White - A... ● CA White ... ● D Mixed - ... ● H Asian or ... ● J Asian or... ● M Black ... ● N Black ... ● Z Not St...



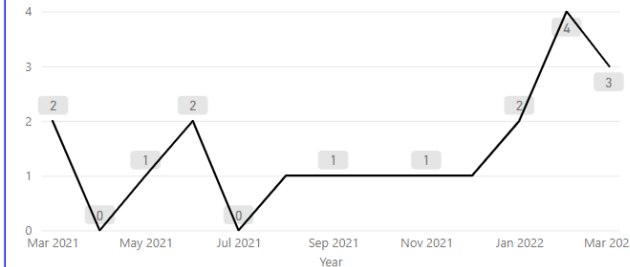
# Accessing Support

- BHSF RISE activity for Q1 2022 is yet to be fully reported on due to the timing of the report, however utilisation of the service for January and February 22 has totalled 24 new contacts, suggesting that the Q1 figures will be higher than Q4 2021 contacts which totalled 22 contacts over the three month period.
- Black Country Mental Health hub referrals have totalled 16 self-referrals between March 21 – March 22, and we have seen a significant increase in self-referrals in February and March 22, with a total of 7.
- Via Vita participation for February and March 22 totalled 49 live participants. We have also started recording the number of video views of sessions that are available to watch back and in February and March 22 this has totalled 59 views, which is encouraging to see that staff are accessing at a time to suit them
- REMPLOY access has totalled 6 self-referrals in February and 2 self-referrals in March.

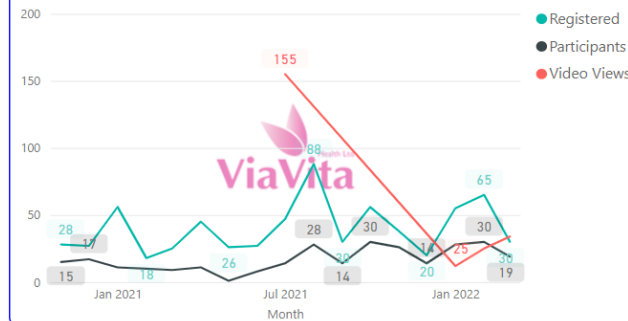
**BHSF Activity**



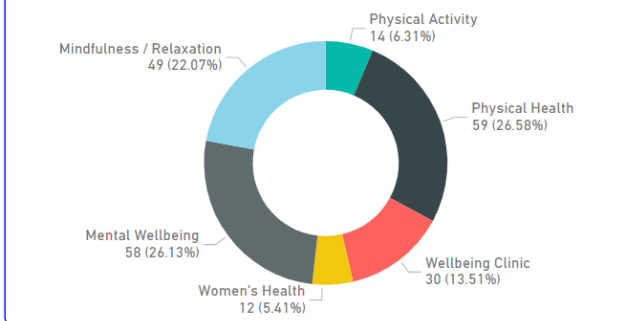
**Black Country Mental Health Hub Self Referrals**



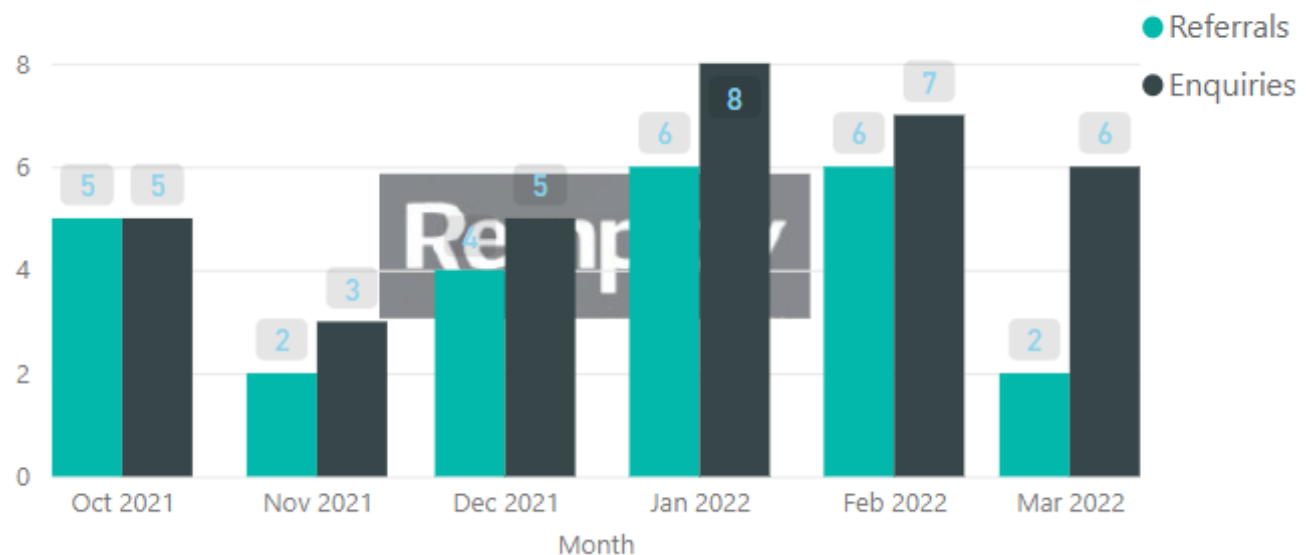
**Via Vita**



**Via Vita Activities**



**Remploy**



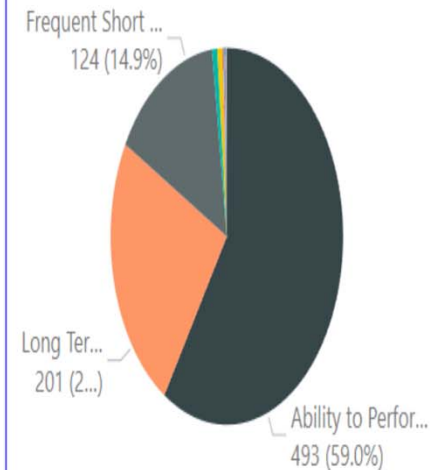
# Accessing Support

- The Staff Health and Wellbeing (SHAW) average referrals by reason show the main reason for referral as being 'Ability to perform duties' (59%), followed by 'Long term sickness absence' (24%), which is in line with the previous steering group reporting.
- The Staff Health and Wellbeing (SHAW) average wait time has decreased from just above 37 days in January 22 to just below 22 days in February 22 for the 1st appointment offer to staff.

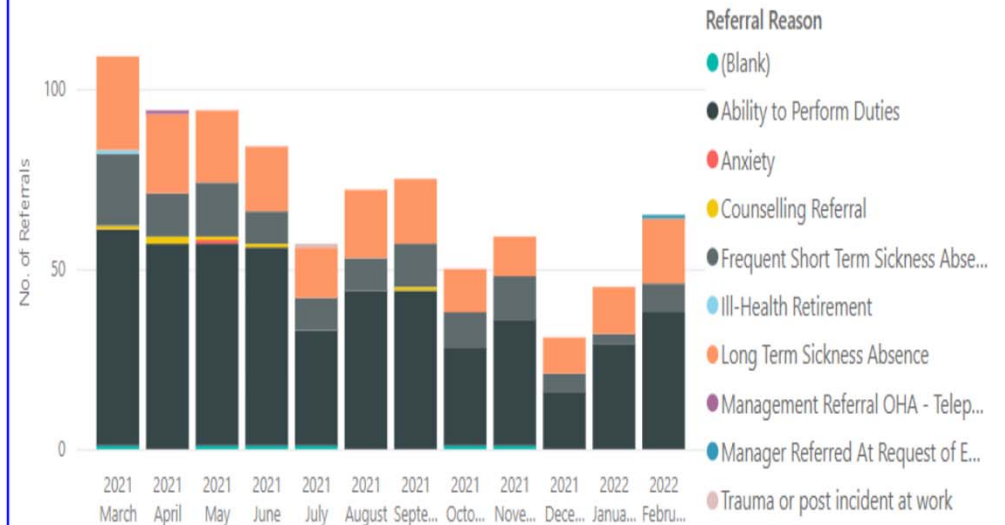
## Accessing Support - Staff Health and Wellbeing (SHAW)

Latest Reporting Period:  
February 2022

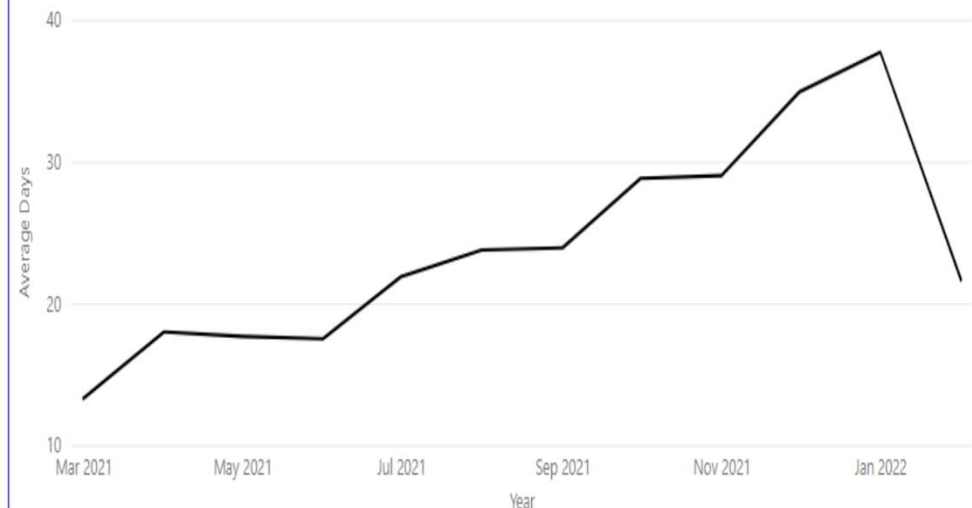
SHAW Referrals by Reason



SHAW Referrals Trended



SHAW - Mean Ave Wait (Weekdays. Referral to 1st Appt Offer)





## Paper for submission to the Board of Directors on 18<sup>th</sup> May 2022

<b>Title:</b>	Staff Survey Report
<b>Author:</b>	James Fleet - Chief People Officer
<b>Presenter:</b>	James Fleet - Chief People Officer

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other Y
<b>Recommendations:</b> The Board is asked to note the summary of the National Staff Survey benchmark results and the actions identified by divisions to address areas for improvement. These will be monitored through the Workforce & Staff Engagement Committee.			

Summary of Key Issues:
<p>The National Staff Survey was held between 27<sup>th</sup> September and 26<sup>th</sup> November 2021. All staff employed on 1<sup>st</sup> September 2021 (5424 staff members) were asked to complete this via an online Survey.</p> <p>The National Staff Survey had a significant re-refresh for 2021 including changes to questions and aligning questions and sub-themes to the seven People Promises.</p> <ul style="list-style-type: none"> <li>○ We are compassionate and inclusive</li> <li>○ We are recognised and rewarded</li> <li>○ We have a voice that counts</li> <li>○ We are safe and healthy</li> <li>○ We are always learning</li> <li>○ We work flexibly</li> <li>○ We are a team</li> </ul> <p>The Dudley Group (DGFT) 2021 Staff Survey response rate reached 59% (3185 responses), which is a 13% increase on 2020 and the highest response rate in the Trust to date.</p> <p>The summary provides an overview of performance compared to benchmark peers (other acute trusts).</p> <p>National comparisons for questions highlighted that there have been declines in performance/trends for most themes/questions, with a significant national decline in survey results overall. Against this background the benchmarking data highlights that DGH's has experienced a less marked decline across most questions than peer comparators. Although the aspiration remains that DGFT is amongst the best staff survey performers and a brilliant place to work and thrive.</p> <p>Several services have been identified as comparative poor performers when reviewed against the organisational benchmark. Supported by the OD/DIP/HR teams, improvement plans have been developed to support which will be monitored through the Workforce &amp; Staff Engagement Committee.</p>

Impact on the Strategic Goals		
	Deliver right care every time	
	Be a brilliant place to work and thrive	Yes
	Drive sustainability (financial and environmental)	
	Build innovative partnerships in Dudley and beyond	
	Improve health and wellbeing	Yes

Implications of the Paper:			
Risk		Y	Risk Description: As described in Board Assurance Framework COR1303
	On Risk Register:	Y	Risk Score: 12
Compliance and/or Lead Requirements	CQC	Y	Details: Well-led
	NHSE/I	Y	Details: NHS People Plan
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 26/04/2022
	Board of Directors	Y	Date: 18/05/2022
	Other	N	Date:

# Staff Survey 2021 Board Update May 2022

**NHS**

**The Dudley Group**  
NHS Foundation Trust



# Survey Background



The Dudley Group  
NHS Foundation Trust

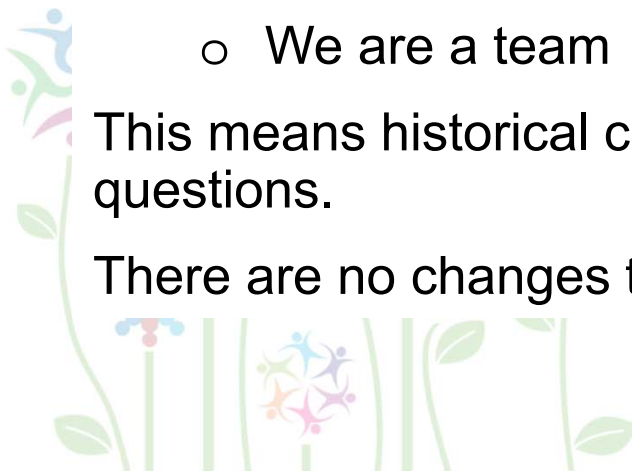
The National Staff Survey was held between 27<sup>th</sup> September and 26<sup>th</sup> November 2021. All staff employed on 1<sup>st</sup> September 2021 (5424 staff members) were asked to complete the Survey via an online survey.

The National Staff Survey had a significant re-refresh for 2021 including changes to questions and aligning questions and sub-themes to the seven People Promises.

- We are compassionate and inclusive
- We are recognised and rewarded
- We have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

This means historical comparisons are not available for themes and some questions.

There are no changes to Staff engagement and morale themes since 2020.

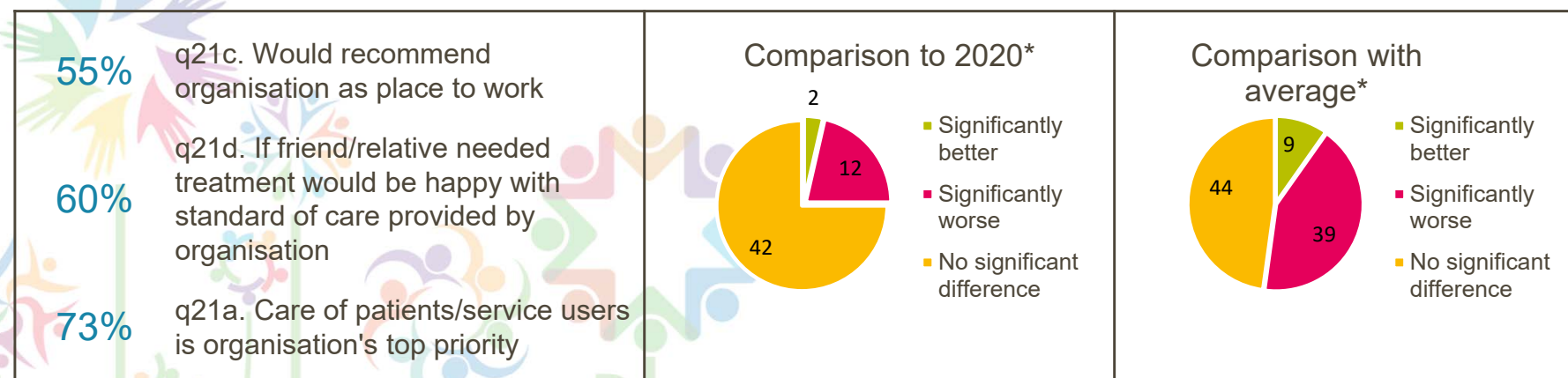


# Summary Position

DGFT's 2021 Staff Survey response rate reached 59% (3185 responses), which is a 13% increase on 2020 and the highest response rate in the Trust to date.

This has outpaced the improvements across all groups including the highest performers which have all increased response rates by 1% in 2021.

A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. The results include every question where Dudley received at least 11 responses (the minimum required).



\*Chart shows the number of questions that are better, worse, or show no significant difference



# Comparisons with Midlands Peers

## Would recommend as a place to work

Although performance in this question (and recommend for care) is lower than 2020, the decline between 2020 and 2021 is far lower than the decline seen for peers across the Midlands.

Trust	2016	2017	2018	2019	2020	2021	Change 2020 to 2021
Sherwood Forest Hospitals NHS Foundation Trust	68%	70%	71%	73%	80%	75%	-5.5
South Warwickshire NHS Foundation Trust	77%	74%	75%	77%	79%	70%	-8.5
Chesterfield Royal Hospital NHS Foundation Trust	54%	58%	64%	69%	74%	70%	-4.8
The Royal Wolverhampton NHS Trust	69%	66%	71%	72%	76%	68%	-7.9
University Hospitals of Derby and Burton NHS Foundation Trust	-	-	70%	68%	71%	64%	-7.0
George Eliot Hospital NHS Trust	60%	65%	62%	59%	62%	61%	-1.1
Wye Valley NHS Trust	56%	55%	60%	65%	70%	61%	-8.6
University Hospitals Coventry and Warwickshire NHS Trust	63%	61%	66%	65%	65%	61%	-4.5
Birmingham Women's and Children's NHS Foundation Trust	-	62%	56%	64%	70%	58%	-11.5
University Hospitals of Leicester NHS Trust	59%	57%	60%	63%	66%	56%	-10.1
The Dudley Group NHS Foundation Trust	63%	60%	50%	51%	59%	55%	-3.5
Northampton General Hospital NHS Trust	61%	63%	62%	59%	66%	55%	-11.4
Worcestershire Acute Hospitals NHS Trust	48%	50%	51%	57%	63%	55%	-8.4
University Hospitals of North Midlands NHS Trust	56%	55%	57%	60%	64%	55%	-9.7
Nottingham University Hospitals NHS Trust	64%	63%	65%	63%	68%	54%	-14.0
Sandwell and West Birmingham Hospitals NHS Trust	49%	50%	55%	57%	60%	54%	-6.1
Kettering General Hospital NHS Foundation Trust	59%	49%	61%	62%	67%	51%	-16.0
University Hospitals Birmingham NHS Foundation Trust	-	-	61%	59%	61%	50%	-11.5
Walsall Healthcare NHS Trust	48%	47%	52%	48%	52%	48%	-4.0
The Shrewsbury and Telford Hospital NHS Trust	56%	54%	48%	49%	48%	41%	-7.7
United Lincolnshire Hospitals NHS Trust	55%	44%	41%	45%	47%	38%	-8.0



# Comparisons with Midlands Peers

## If friend/relative needed treatment would be happy with standard of care

Trust	2017	2018	2019	2020	2021	Change 2020 to 2021
Sherwood Forest Hospital NHS Foundation Trust	77.6	79.4	78.6	85.1	81.7	-3.4
Birmingham Women's and Children's NHS Foundation Trust	83.8	79.9	81.4	84.2	77.9	-6.3
South Warwickshire NHS Foundation Trust	80.6	80.5	85.8	83.5	77.1	-6.4
University of Hospitals of Derby and Burton NHS Foundation Trust	*	78.6	78.7	80.5	74.6	-5.9
Chesterfield Royal Hospital NHS Foundation Trust	66	71.3	72.8	77.4	74	-3.4
The Royal Wolverhampton NHS Trust	73.6	77.4	78.2	80.4	73	-7.4
University of Hospitals Coventry and Warwickshire NHS Trust	72.6	76.3	73.7	76.6	70.6	-6.0
University Hospitals of North Midlands NHS Trust	71	71.5	73.8	76.2	69.7	-6.5
George Elliot Hospital NHS Trust	70.8	65.8	64.7	68.9	65.7	-3.2
Nottingham University Hospitals NHS Trust	76.2	77.2	75.4	78.8	65.6	-13.2
University Hospitals of Leicester NHS Trust	65.3	65.1	67	71.4	62.8	-8.6
Wye Valley NHS Trust	58.6	62.8	66.8	70.8	62.7	-8.1
Northampton General Hospital NHS Trust	70.7	68.7	64.4	71.7	61.6	-10.1
Worcestershire Acute Hospitals NHS Trust	56.7	57.9	63.3	68.6	60.7	-7.9
The Dudley Group NHS Foundation Trust	70.6	56.4	59.3	64.9	60.4	-4.5
University Hospitals Birmingham NHS Foundation Trust	*	71.7	69.2	72.6	60.4	-12.2
Sandwell and West Birmingham Hospitals NHS Trust	58.5	59.9	61.7	62.6	57.6	-5.0
Kettering General Hospital NHS Foundation Trust	54.8	64.3	64.4	69.4	55.4	-14.0
Walsall Heathcare NHS Trust	48.2	49.4	49	53.5	47	-6.5
The Shewsbury and Telford Hospital NHS Trust	58.8	52.5	53.5	51.2	43.7	-7.5
United Lincolnshire Hospitals NHS Trust	50.6	47.4	49.3	49.7	43.6	-6.1



# Overall Theme Results



The Dudley Group  
NHS Foundation Trust

Survey  
Coordination  
Centre

2021 NHS Staff Survey Results > People Promise and theme results > Overview



We are  
compassionate  
and inclusive



We are  
recognised  
and rewarded



We each  
have a voice  
that counts



We are safe  
and healthy



We are always  
learning



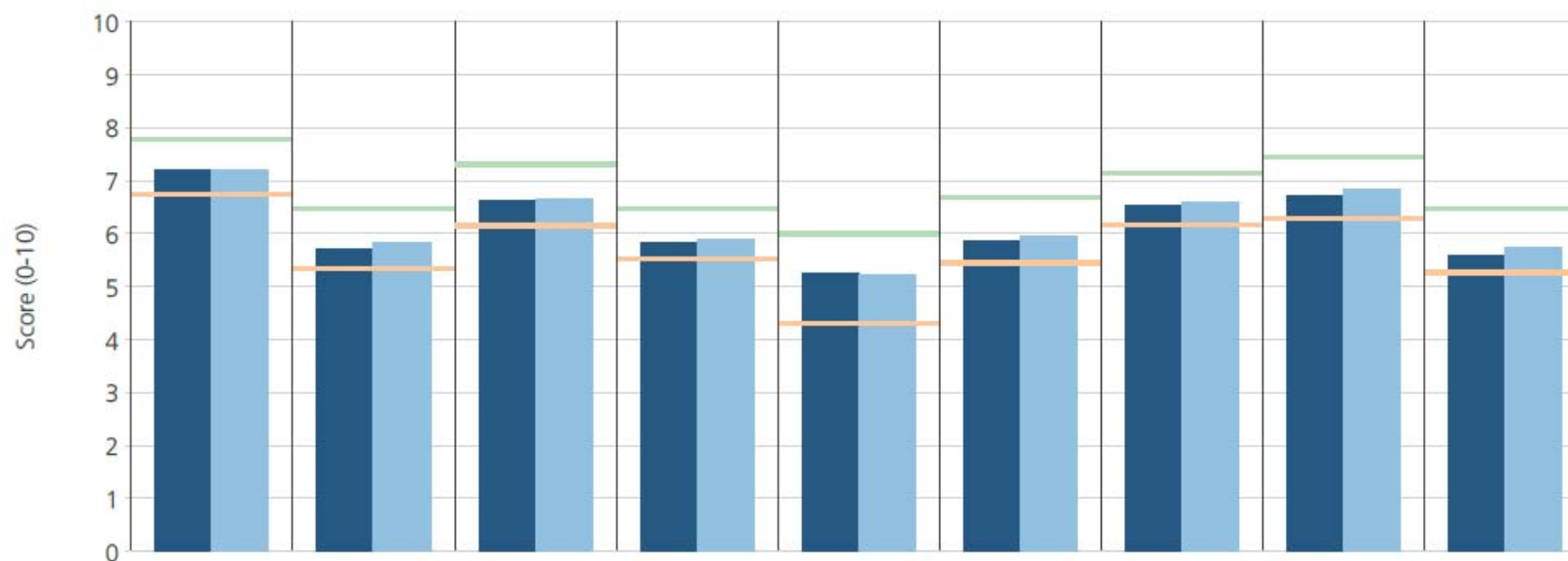
We work flexibly



We are a team

Staff  
Engagement

Morale



Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.2	5.7	6.6	5.8	5.2	5.9	6.5	6.7	5.6
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	3,119	3,155	3,085	3,109	3,011	3,143	3,124	3,159	3,148





# People Promises 2021



The Dudley Group  
NHS Foundation Trust

Across all People Promises, the DGFT scores are equal to benchmarked average.

There is only slight variation across all promises – and even at sub-theme level, across all promises there are areas marginally above and below benchmarked average in each sub-theme – creating the average score.

This makes it difficult to identify one specific promise or theme that is an outlier in terms of improvement required. However, focus for this year will remain on those identified in 2021 as priority areas of work:

- **We are safe and healthy**
- **We are a team**

There are some limited improvements in 2021 in these areas including lower reporting of experiences of stress; and improvements in questions on bullying and harassment. There is still more to do here to reach highest performing trust.

- **Staff Engagement and Morale**

For Staff Engagement, DGFT scored 6.7, versus the benchmarked average of 6.8.

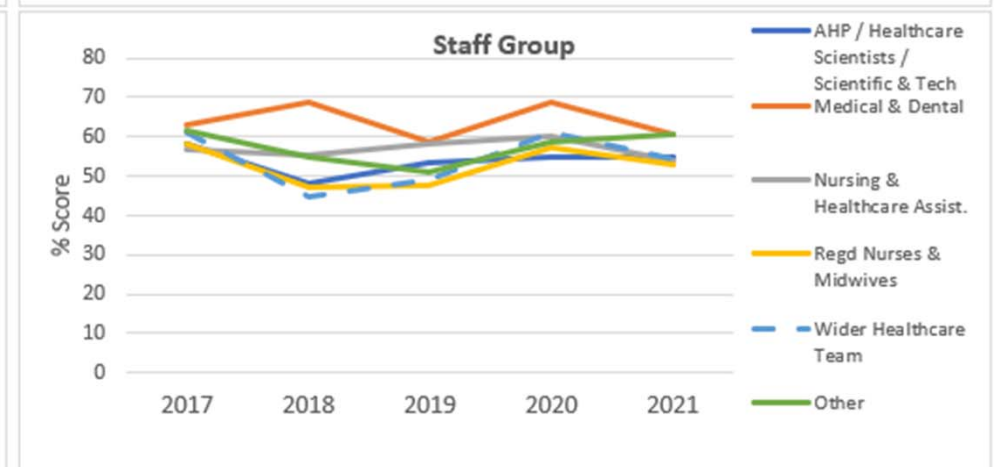
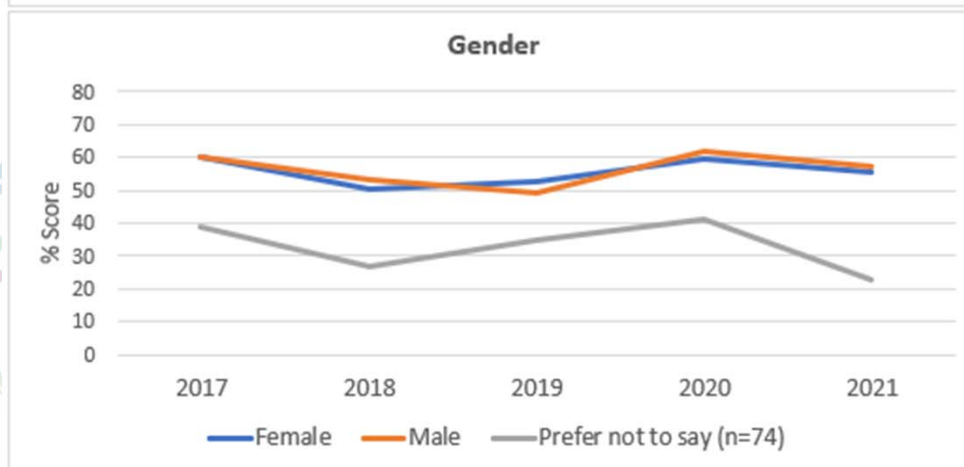
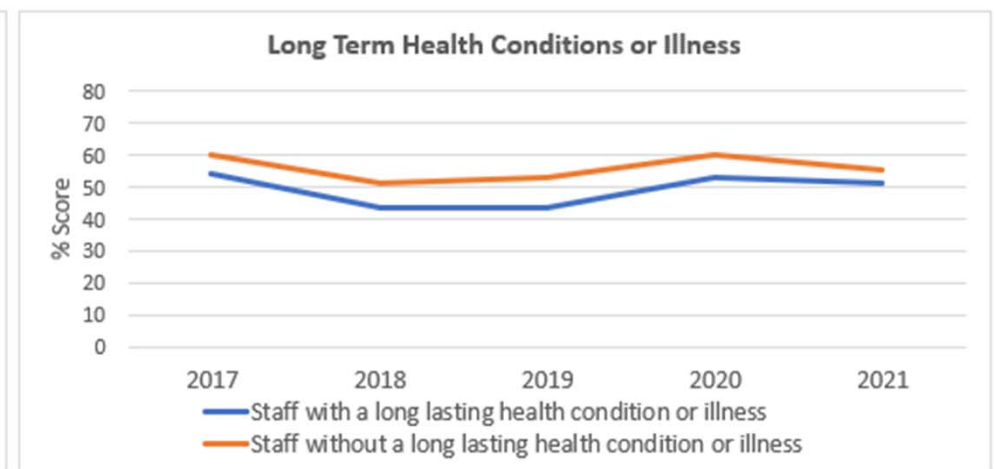
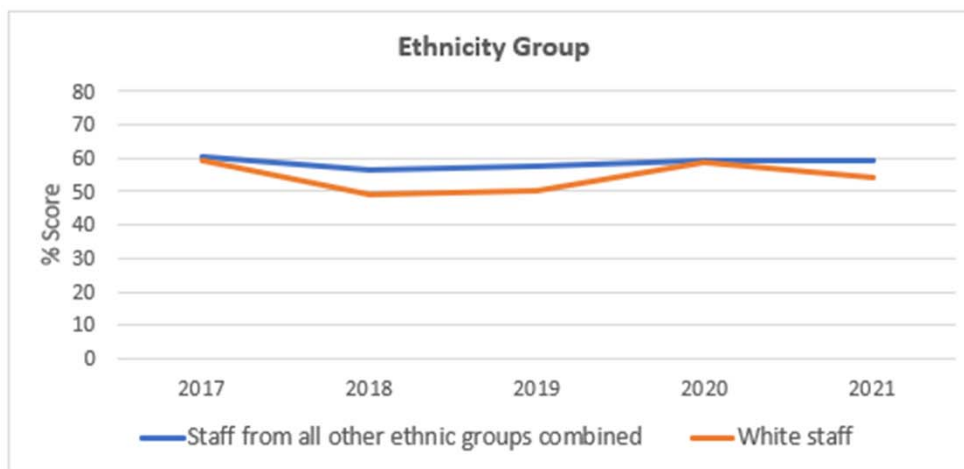
The trend has been fairly static over the last 4 years for both themes, which is a similar trajectory for the benchmark average.



# Engagement – recommend to work

There are differences in experience according to where you work.

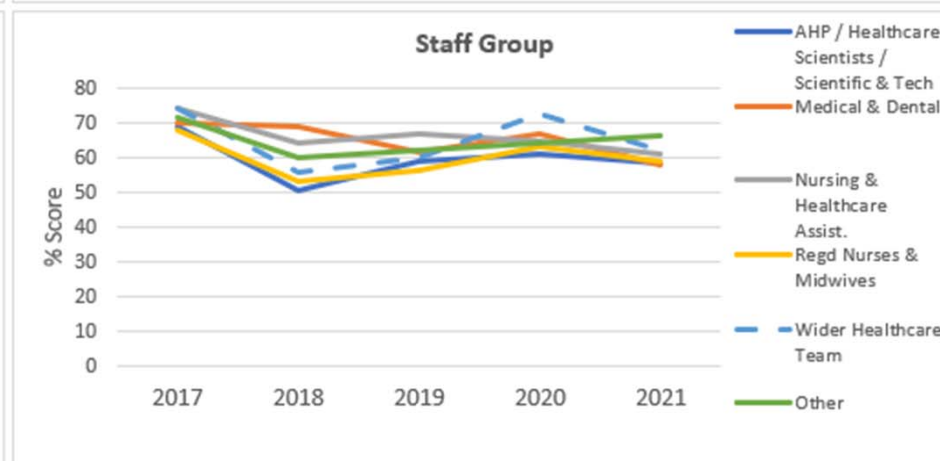
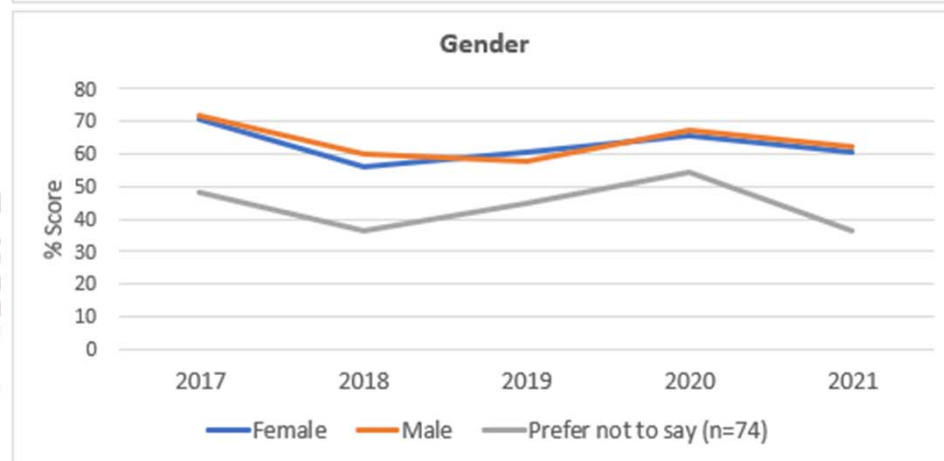
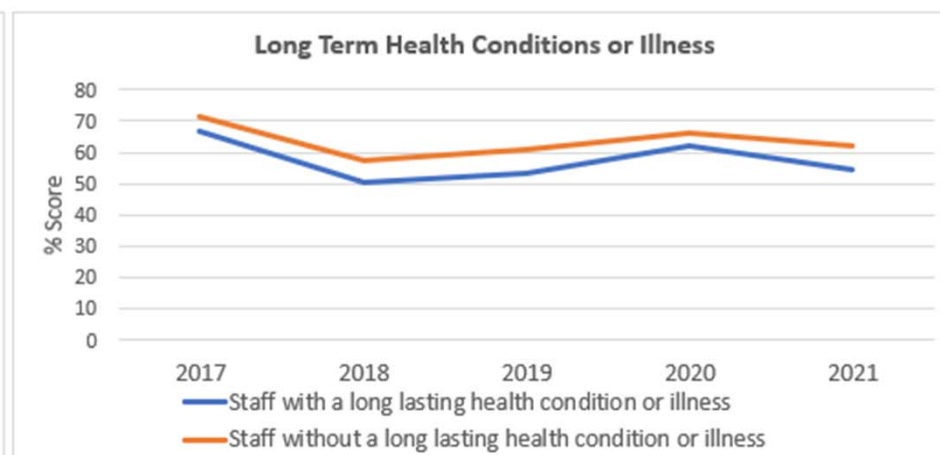
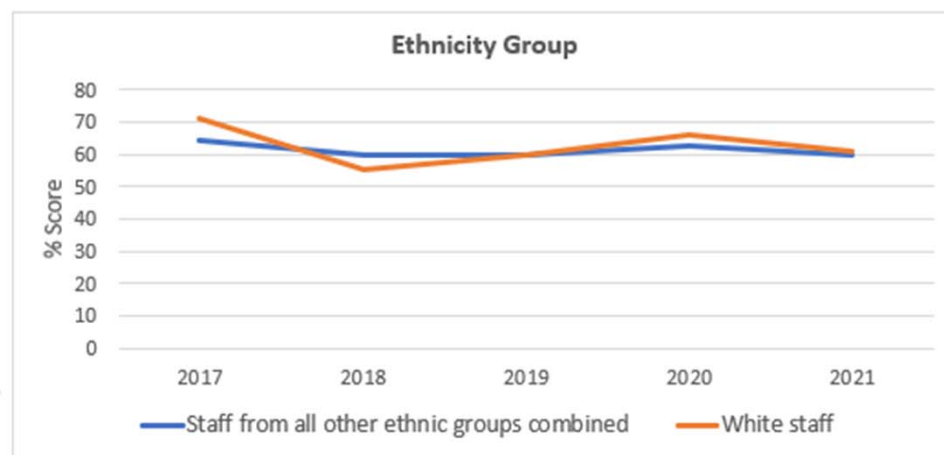
% Agree/Strongly Agree: Corporate (62.9), CSS (56.7), Med (55.8), SWC (49.2)



# Engagement – recommend for care

There are differences in experience according to where you work.

% Agree/Strongly Agree: Corporate (62.7), Med (60.8), SWC (59.3), CSS (57.7)



# Morale

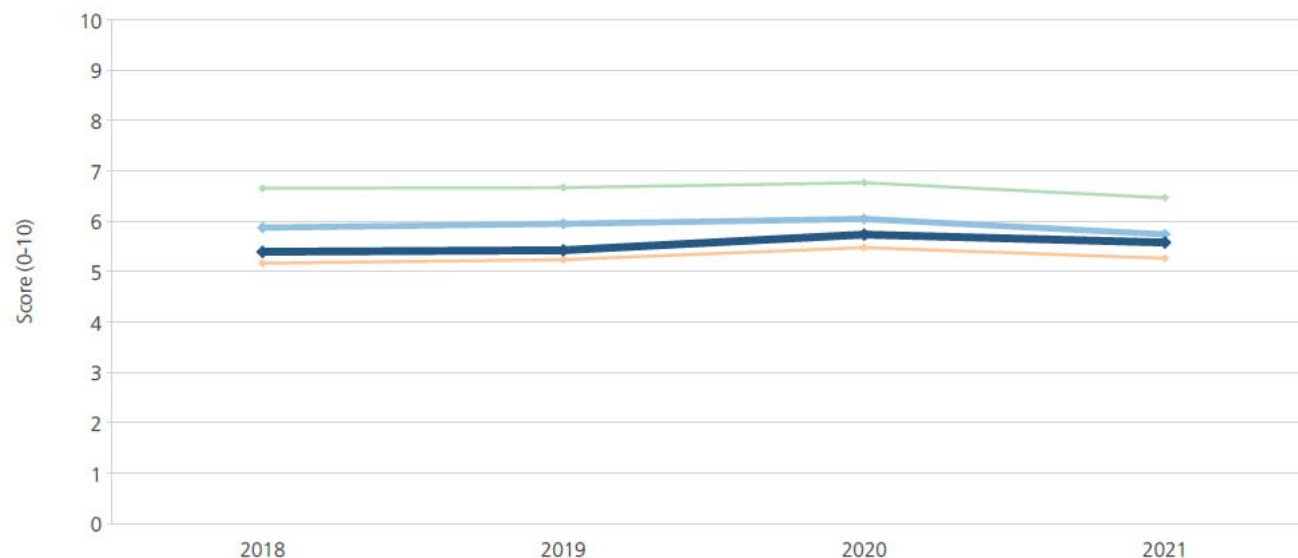
Given the pandemic and subsequent recovery period, it was expected that this is a challenging area in 2021.

DGFT scored 5.6, this is just below the benchmarked average of 5.7

Staff who worked on a Covid-19 ward specific ward or area scored 5.4, this compares to 5.6 for staff that were redeployed, and 5.9 for staff required to work remotely / from home.

Survey  
Coordination  
Centre

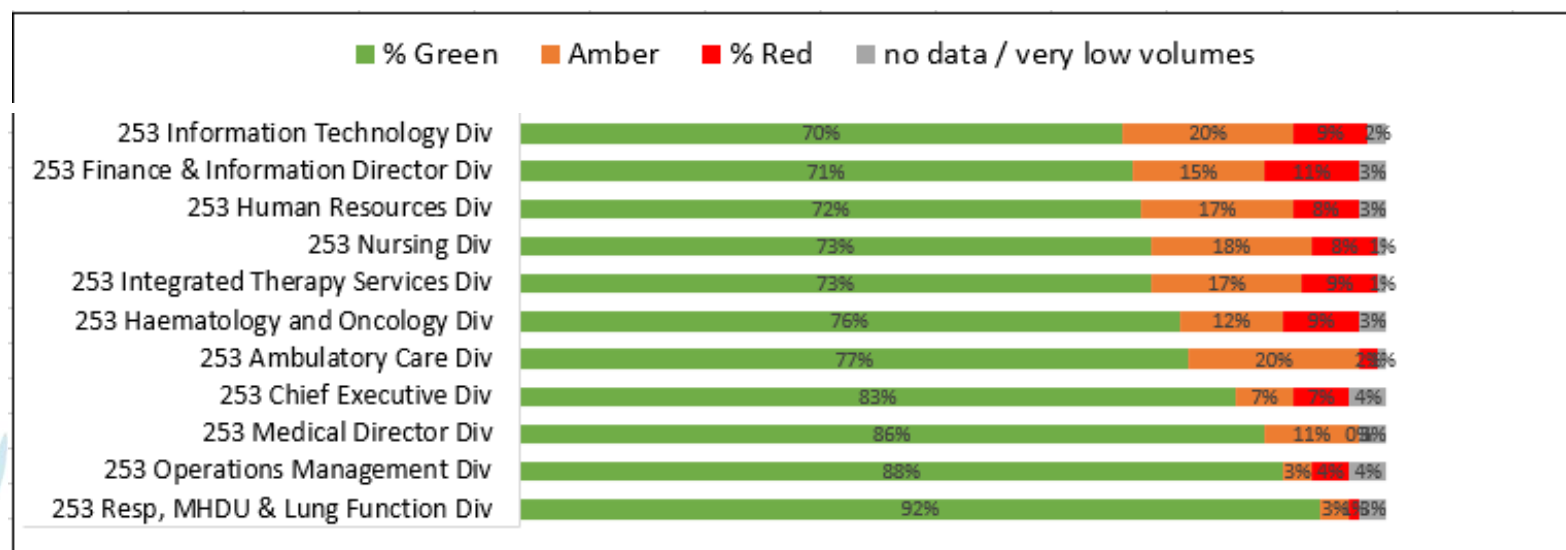
2021 NHS Staff Survey Results > People Promise and theme results > Morale



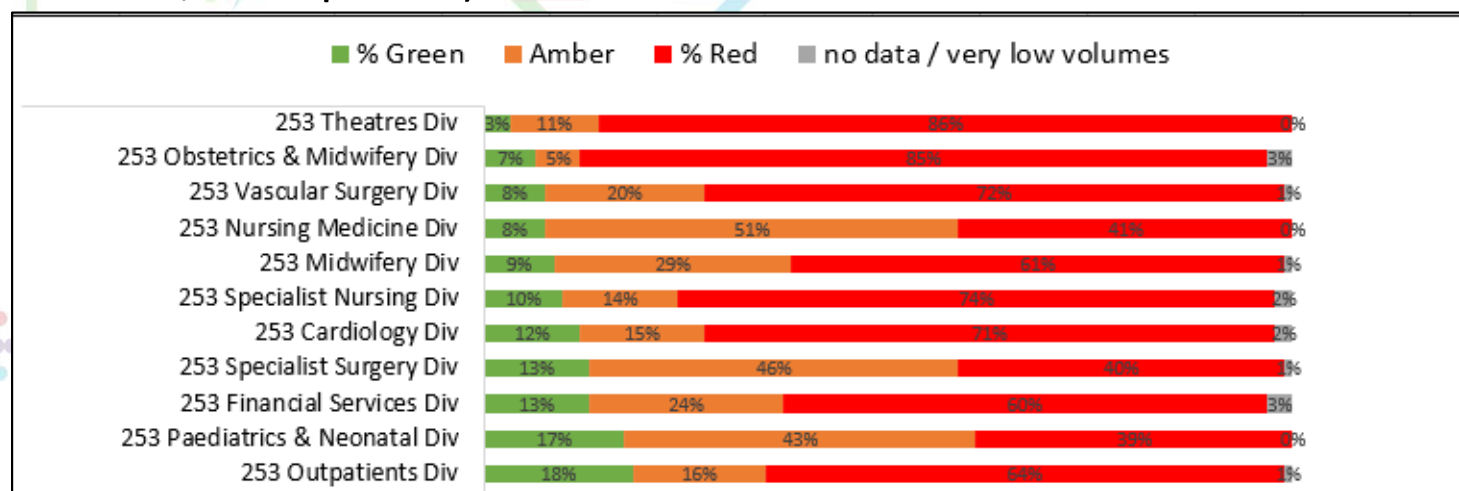
	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	5.4	5.4	5.7	5.6
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	1,649	2,021	2,278	3,148

# Staff Survey – Divisional Summary

- 11 specialties – Green (RAG ratings) account for >70% of answers (7 Corporate, 4 Medicine).



- 11 specialties – Green (RAG ratings) account for <20% of answers (7 Surgery, 3 Medicine, 1 Corporate).



# Divisional Support Plans



The Dudley Group  
NHS Foundation Trust

## Division wide actions

- We will **recognise** the contribution made by introducing monthly Directorate & Divisional Infographics that focus on service achievement.
- Re-launching **engagement forums, divisional team briefs** and enhancing engagement activity
- Enhance leadership and managerial capabilities by committing to ensuring all managers attend **Managers essentials** within the next 12 month period.
- Actively supporting the development of '**Wellbeing champions**' and encourage close links with the **Inclusion Networks**.

## Improvement areas

A range of bespoke action plans have been developed with directorates identified as improvement areas in partnership with **OD/DIP/HR divisional support teams**.

These include:

- Support to deliver quality appraisals and personal development planning
- Application of the Improvement Practice approach in the value stream areas over the next 12 months
- Bespoke wellbeing support
- Bespoke development for teams/groups within teams including 360 feedback and coaching
- Reviewing line manager roles/responsibility, flexible working application and ways of working in teams
- A specific independent review of one team to support a robust action plan





# Actions and Next Steps

Overall, results are in line with the average in the group across all promises/themes. Trends have identified some areas where there are improvements; and continue to identify work to do.

A long term view of improvement planning is needed – alongside continued focus in the areas identified through earlier reports for local support.

Key actions from this report:

1. The Board note the Staff Survey data provided and areas identified for improvement in 2021.
2. The Board note the Divisional Action Plans and arrangements for the Workforce and Staff Engagement Committee will monitor during the year with impact and progress provided through a Divisional Update prior to the launch of the 2022 Staff Survey in September 2022.
3. Further to the plans identified and agreed areas of focus, Board agree that for the 2022 Staff Survey, the focus will be on measurable improvements to the People Promises of: **We are safe and healthy, We are a team, Staff engagement and morale.**







**Paper for submission to the Board of Directors on 18<sup>th</sup> May 2022**

<b>Title:</b>	Gender Pay Gap Report
<b>Author:</b>	Becky Cooke - Workforce Inclusion and Culture Lead
<b>Presenter:</b>	James Fleet - Chief People Officer

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval N</b>	<b>Discussion</b>	<b>Other Y</b>
<b>Recommendations:</b>  The Board is asked to note the 2021/2022 Gender Pay Gap Report that was submitted on 30 <sup>th</sup> March 2022 via the .gov website and published on the Trust's external website in the public domain.			

<b>Summary of Key Issues:</b>  Organisations with 250 or more employees are mandated by the government to report annually on their Gender Pay Gap (GPG). The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures, as detailed in the included report.  Our 2021/2022 snapshot date for the gender pay gap data is 31 <sup>st</sup> March 2021. As of this date the Trust employed 6900 people, 79% women and 21% men. This shows an increase in our male workforce of 2.5% compared to the previous reported year.  The data shows a mean gender pay gap of 35.4% in March 2021, representing a 0.3% increase since March 2020. The Median gender pay gap was 23.3% in March 2021, representing a reduction since March 2020 of 1.1%.  The report outlines several actions that have been implemented to support the organisation to reduce its pay gap and further planned actions for 2022/23.  This report contains the high-level gender pay gap data required for the submission, further analysis including a breakdown of other protected characteristics will be conducted and shared in due course.
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<b>Impact on the Strategic Goals</b>	
 <b>Deliver right care every time</b>	X
 <b>Be a brilliant place to work and thrive</b>	X
 <b>Drive sustainability (financial and environmental)</b>	
 <b>Build innovative partnerships in Dudley and beyond</b>	





Improve health and wellbeing

X

#### Implications of the Paper:

Risk		Y	Risk Description: Ability to develop a diverse workforce at all levels and meet public sector equality duties	
	On Risk Register:	Y	Risk Score: 8	
Compliance and/or Lead Requirements	CQC		Y	Details: Safe, Effective, Caring, Responsive, Well-Led
	NHSE/I		N	Details:
	Other		N	Details:

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC - 29/03/2022
	Board of Directors	Y	Date: 18/05/2022
	Other	N	Date:

# Gender Pay Gap Report 2021/2022

## The Dudley Group NHS Foundation Trust

### (Snapshot of March 2021)

Contact Details:      The Dudley Group NHS Foundation Trust  
Equality, Diversity, and Inclusion Team

## Contents

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2.	What is our gender pay gap?	3
3.	What is our bonus gender pay gap?	3
4.	What is the proportion of men and women in each pay quartile?	3
5.	Addressing the gender pay gap	5
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## 1. Introduction

Organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, are to publish information relating to pay for six specific measures as detailed in this report.

The report is based on the Government's methodology for calculating difference in pay between female and male employees, considering full pay relevant employees of The Dudley Group NHS Foundation Trust (The Dudley Group).

51% of the population of England are Female. As of the 31 March 2021, The Dudley Group NHS Foundation Trust employed 6900 people, 79% women and 21% men. This shows an increase in our Male workforce of 2.5% compared to the previous reported year.

## 2. What is our gender pay gap?

The data shows a mean gender pay gap of 35.4% in March 2021, representing a 0.3 percentage points increase since March 2020. The Median gender pay gap was 23.3% in March 2021, representing a reduction since March 2020 of 1.1 percentage points.

Although some improvement has been made; the data does still present a gender pay gap within our organisation. It is important to highlight the difference in terminology, as this is not the same as saying women and men are paid differently for doing the same work, as this would be an equal pay issue.

The following pages set out the analysis of the pay gap and the drivers for the gender pay gap.

## 3. What is our bonus gender pay gap?

The Dudley Group does not have a bonus gender pay gap. Since its inception, NHS England has had no scope for bonus payments within the Agenda for Change terms and conditions of service.

Within The Dudley Group we follow the national guidance and award local clinical excellence awards (LCEAs). LCEAs recognise and reward NHS consultants in England who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

In light of the ongoing effects of the pandemic, and requirement to focus resources on recovery efforts, NHS employers are required to equally distribute the LCEA funds (among all eligible consultants as agreed with NHS England and NHS Improvement (NHSEI) and the Department for Health and Social Care (DHSC)).

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**1Excludes staff who did not receive full pay, e.g., volunteers.**

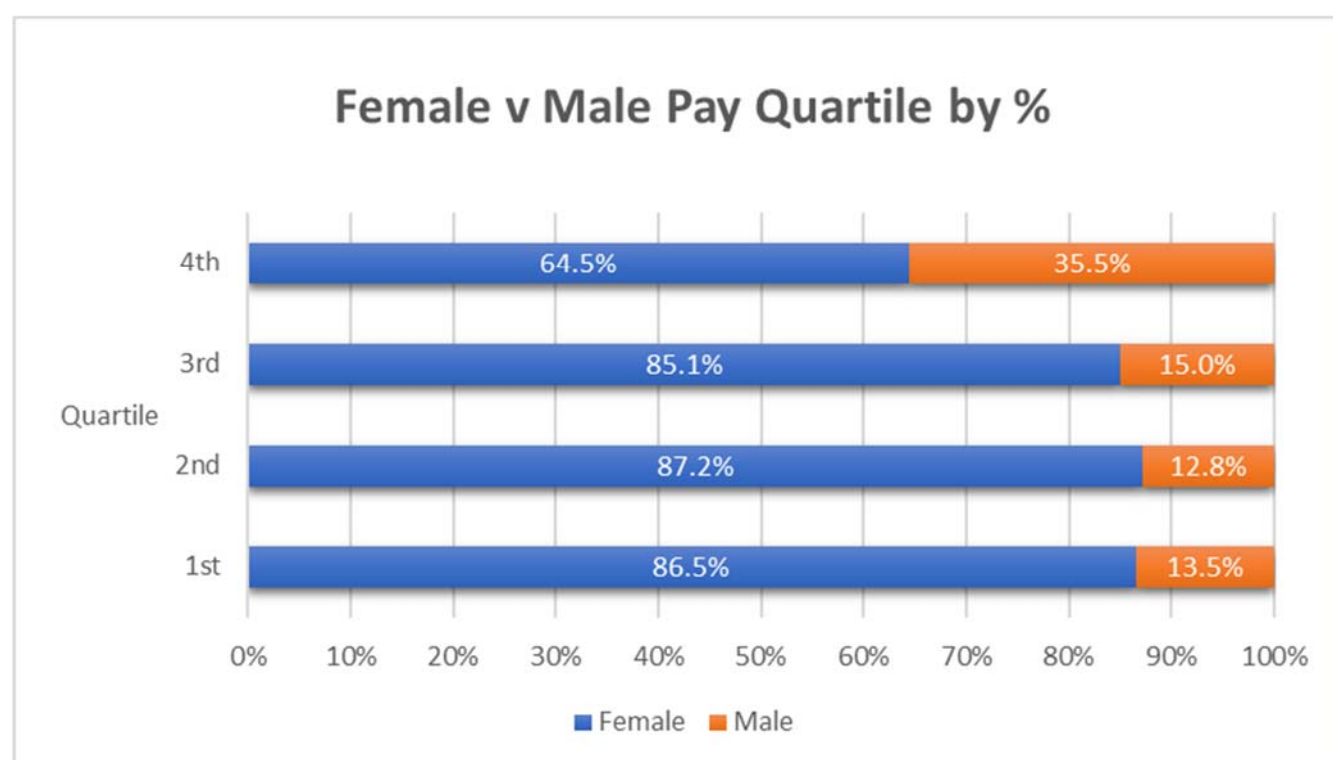
In 2021, 145 Consultants were awarded a LCEA award, 25% of those were women and 75% were men, as the funds were distributed equally there is no mean or median percentages for LCEA Awards for 2021.

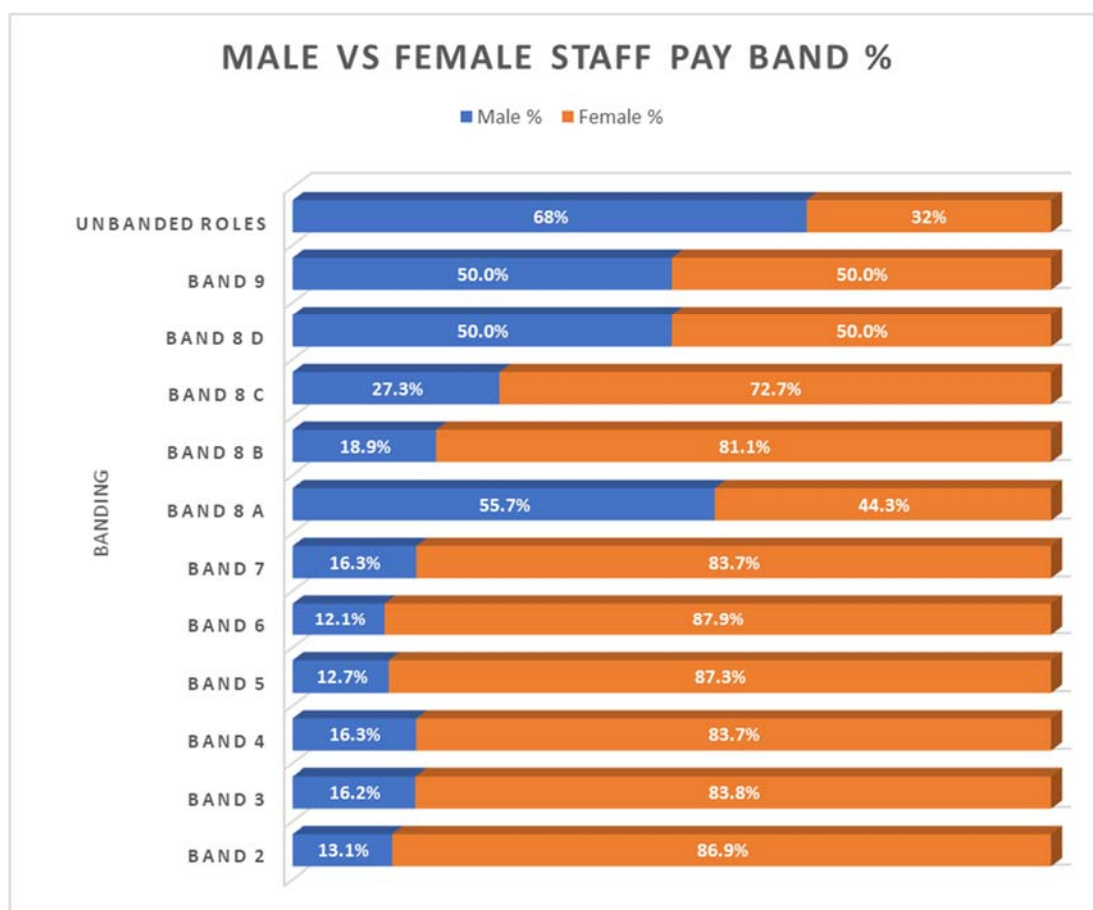
#### 4. What is the proportion of men and women in each pay quartile?

Overall, in The Dudley Group, women occupy 64.5% of the highest paid jobs (upper quartile). However, the majority (86%) of employees in lower quartile (lowest paid) jobs were women meaning men are more highly represented in higher paid jobs. The comparison of these quartiles suggests that the lower proportion of men in lower pay bands relative to their share of the population (13.5%) is a key driver of the gender pay gap in The Dudley Group.

For further context, comparatively speaking only 8% of the female workforce are bands 8a or above, whereas 39% of male colleagues are bands 8a or above, meaning the overwhelming majority of roles under band 8 are occupied by females.

A graphic is also included that illustrates that proportion of males and females in each pay band males are represented in orange and females in blue.





Number of Female to Male Staff by Bands 2-7 and Bands 8a and above

	No. of Female Staff	No. of Male Staff	Female %	Male %
Band 2-7	5255	722	88%	12%
Bands 8a and above	429	470	48%	52%

## 5. Addressing the gender pay gap

Reducing our gender pay gap implies either increasing the proportion of men in lower grades or increasing the proportion of women occupying the more senior roles in The Dudley Group NHS Foundation Trust.

Effective policies for closing the gender pay gap not only seek to address factors and barriers common to all women but they also target the inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.

We have implemented several actions that will support the organisation to reduce our pay gap:

- Expanding our inclusive approaches to our recruitment and talent management and building on existing management training programmes.
- Introducing a Remote Working Policy & Guidance which provides staff with greater flexibility to carry out their role whilst managing their personal commitments at home.

- Promoting and updating our Flexible Working Policy and Shared Parental Leave Policy.
- Introduced and launched a Women's Staff Network to encourage networking and peer support for women in the workplace.
- Targeted career conversations with women from areas where our pay gap has been generated. This has supported us to understand lived experience and implement recommended actions.

We propose to take further action in 2022 and 2023 to reduce our pay gap:

No.	Action	When	Review
1	Continue to grow and strengthen our staff networks to ensure they are providing rich and deep engagement across all protected characteristics, to provide a voice within the organisation of lived experience and insight that will help us to make The Dudley Group more inclusive for every individual person.	Ongoing	Annually
2	Work with leadership teams in areas where the gender pay gap is driven from to improve staff experience and provide opportunities for women to progress.	Ongoing	Annually
3	Develop an Equality, Diversity, and Inclusion strategy underpinned by our action plans ensuring they are robust and stretching to improve staff experiences in the organisation and reflect our local communities.	By June 2022	Annually
4	Work with local Trusts and the Integrated Care System within the Black Country to provide the opportunity to access vacancies and build a sustainable and representative workforce within The Dudley Group.	Ongoing	Quarterly
5	Develop line manager capability in compassionate leadership to support belonging and retention of colleagues.	Ongoing	Quarterly

## 6. Definitions, assumptions, and scope

All employee data contained in this report is extracted from The Dudley Group Electronic Staff Record system (ESR), snapshot as of 31 March 2021. The reporting period covers 2021/2022.

Hourly rate is calculated using base pay, allowances and bonus pay (where applicable).

**Table 1: Definitions**

Pay gap	Difference in the average pay between two groups
Mean gap	Difference between the mean <sup>2</sup> hourly rate for female and male employees
Median gap	Difference between the median <sup>3</sup> hourly rate of pay for female and male employees
Mean bonus gap	Difference between the mean bonus paid to female and male employees
Median bonus gap	Difference between the median bonus pay paid to female and male employees
Bonus proportions	Proportions of female employees who were paid a bonus and the proportion of male employees who were paid a bonus
Quartile pay bands	Proportions of female and male employees in the lower; lower middle; upper middle; and upper quartile <sup>4</sup> pay bands
Equal pay	Being paid equally for the same/similar work

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**2 Mean is the sum of the values divided by the number of values.**

**3 Median is the middle value in a sorted list of values. it is the middle value of the pay distribution, such that 50% of people earn more than this and 50% earn less than the median.**

**4 Quartile is the value that divide a list of numbers into quarters.**



## Paper for submission to Board of Directors on 18<sup>th</sup> May 2022

<b>Title:</b>	Workforce Race Equality Standard 2016-2021
<b>Author:</b>	James Fleet - Chief People Officer
<b>Presenter:</b>	James Fleet - Chief People Officer

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
<b>Recommendations:</b>			
For the Committee to receive the report and note the contents.			

### Summary of Key Issues:

This report provides a summary of workforce race equality standard (WRES) metrics, as captured in the WRES 2016-2021 report by NHSE/I (see Appendix 1), for The Dudley Group NHS Foundation Trust and the action that the Trust is taking to improve performance against these key measures.

#### Workforce Race Equality Standards - Percentile Rank (2021)

Report ranks each Trust from 0% (best in the country) to 100% (worst in the country) on each indicator

Report ranks each Trust from 0% (best in the country) to 100% (worst in the country) on each indicator				Percentile Rank	
Indicator 1: BME representation in the workforce by pay band	Race disparity	Non-Clinical	Lower to middle	61%	Middle 50%
			Middle to upper	39%	Middle 50%
		Ratio	Clinical	Lower to upper	6%
	Lower to middle			10%	Best 5%
	Middle to upper			51%	Middle 50%
			Lower to upper	12%	Best 5%
Indicator 2: likelihood of appointment from shortlisting		likelihood ratio White / BME		84%	Worst 25%
Indicator 3: likelihood of entering formal disciplinary proceedings		likelihood ratio BME / White		10%	Best 5%
Indicator 4: likelihood of undertaking non-mandatory training		likelihood ratio White / BME		25%	Best 25%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months		BME		39%	Middle 50%
		White		55%	Middle 50%
Indicator 6: harassment, bullying or abuse from staff in last 12 months		BME		85%	Worst 10%
		White		76%	Worst 25%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion		BME		72%	Middle 50%
		White		47%	Middle 50%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months		BME		66%	Middle 50%
		White		54%	Middle 50%
Indicator 9: BME representation on the board minus BME representation in the workforce		Overall		67%	Middle 50%
		Voting Members		59%	Middle 50%
		Executive Members		72%	Middle 50%

- **Indicator 1 - BME** (the term BME is used within this paper to align with the narrative within the attached report, see Appendix 1) representation in the workforce
  - Representation
    - Dudley BME representation is 19.5% in March 2021, this compares to 21.6% in the Midlands and 22.4% national.
    - BME staff were represented at 9.9% in all non-clinical Agenda for Change roles.
    - BME staff were represented at 16.5% in all clinical Agenda for Change roles.
    - BME representation was 53.5% in all medical and dental roles.

- Race Disparity Ratio
  - The disparity ratio is a reflection of staff progression in terms of representation through the pay bands, comparing BME with white staff. Lower bands refer to band 5 and below, middle bands 6 and 7, higher bands 8a and above.
  - A ratio of “1.0” reflects parity of progression, and values higher than “1.0” reflect inequality, with a disadvantage for BME staff.
  - At March 2021:
  - Non-Clinical Staff:
    - The Trust’s race disparity ratio for non-clinical staff is flagged as an area of best performance, the Trust is in the best 5% for lower to middle and lower to upper metrics, and middle 50% for middle to upper metric.
  - For clinical staff:
    - The Trust’s race disparity ratio for clinical staff is highlighted as “equity/proportional” for the lower to upper bands ratio, but a “small degree of inequality” for lower to middle ratio and middle to upper ratio.
    - The Trust is ranked in middle 50% for the lower to middle and middle to upper metrics. The Trust is ranked in best 5% for lower to upper metric.
- **Indicator 2** - The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants
  - A relative likelihood ratio of “1.0” means equity between BME and white applicants, a figure above “1.0” indicates that BME staff are less likely than white staff to be appointed from shortlisting.
  - At March 2021 the Trust’s relative likelihood ratio was 1.95, this is higher than “1.0”, this is benchmarked in the report as “inequality to a small degree”.
  - Specifically, 770 out of 3107 white candidates were appointed from shortlisting (24.8% of white candidates) compared to 206 out of 1620 BME candidates (12.7% of BME candidates).
  - The Trust is ranked in lowest 25% for this indicator.
  - However, Board members should note that the March 2021 ratio of 1.95 was an improvement from March 2020’s ratio of 2.58.
- **Indicator 3** - The relative likelihood of BME staff entering the formal disciplinary process compared to white staff
  - At March 2021 the likelihood ratio was 1.11, this is not significantly different from “1.0”.
  - The Trust is ranked in best 5% for this indicator.
  - Specifically, 10 out of 1094 BME staff entered formal disciplinary proceedings (0.91% of the BME workforce) compared to 32 out of 3872 white staff (0.83% of the white workforce).
- **Indicator 4** - The relative likelihood of white staff accessing non-mandatory training and Continuing Professional Development (CPD) compared to BME staff
  - At March 2021 the likelihood ratio was 1.17, this is not significantly different from the desired ratio is “1.0”.
  - The Trust is ranked in best 25% for this indicator.

- Specifically, 62 out of 3872 white staff undertook non-mandatory training (1.6% of the white workforce) compared to 15 out of 1094 BME staff (1.4% of the BME workforce).
- **Indicator 5** - The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
  - Based on 2020 staff survey:
  - The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 27.1%, and for white staff, 25.6%.
  - The Trust is ranked in middle 50% for this indicator.
- **Indicator 6** - The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months
  - Based on 2020 staff survey:
  - The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 32.8%, than for white staff, 25.7%.
  - The Trust is ranked in lowest 10% (BME) and lowest 25% (white staff) for this indicator.
- **Indicator 7** - The percentage of staff who believed that the Trust provided equal opportunities for career progression or promotion
  - Based on 2020 staff survey:
  - The percentage of staff who believed that the Trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 67.3%, than for white staff, 88.3%.
  - The Trust is ranked in middle 50% for this indicator.
- **Indicator 8** - The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues
  - Based on 2020 staff survey:
  - The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 17.5%, than for white staff, 6.0%.
  - The Trust is ranked in middle 50% for this indicator.
- **Indicator 9** - Board membership
  - Overall Board membership
    - A value of "0%" means the percentage of BME members on the Board of Directors is exactly the same as the percentage of BME staff in the workforce.
    - At March 2021, the difference between BME representation on the Board and in the workforce was -14.0%.
    - BME members were underrepresented on the Board by three members in terms of a headcount.
    - The Trust is ranked in middle 50% for this indicator.
    - Since the 2021 workforce equality report, the Trust has increased representation by appointing a further 2 BME Board members, these appointments will be reflected in the 2022 report.
  - Voting Board membership
    - At March 2021, the difference between BME representation on the Board and in the workforce was -12.4% amongst voting members.






- BME members were underrepresented on the Board by two voting members in terms of a headcount.
- The Trust is ranked in middle 50% for this indicator.
- Executive Board membership
  - At March 2021, the difference between BME representation on the Board and in the workforce was -19.5% amongst Executive members.
  - BME members were underrepresented on the Board by one Executive member in terms of a headcount.
  - The Trust is ranked in middle 50% for this indicator.

#### Improvement Action:

- Continued growth of the Trust's EMBRACE Staff Inclusion Network
- Delivery of the Dudley People Plan
- Delivery of the Trust's RACE Code Action Plan
- Continued recruitment of Inclusion Champions, and the sustained roll-out and embedding of the Inclusion Champions programme
- Mentoring for Inclusion programme
- Divisional Staff Engagement Plans
- Launch of DGFT Integrated EDI Strategy

Delivery against the above is reviewed and monitored through the governance of the Trust's Workforce & Staff Engagement Committee.

#### Impact on the Strategic Goals

	<b>Deliver right care every time</b>	Y
	<b>Be a brilliant place to work and thrive</b>	Y
	<b>Drive sustainability (financial and environmental)</b>	
	<b>Build innovative partnerships in Dudley and beyond</b>	
	<b>Improve health and wellbeing</b>	Y

#### Implications of the Paper:

Risk	N		
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 18 <sup>th</sup> May 2022
	Other	N	Date:



# **The Dudley Group NHS Foundation Trust**

**Organisation Code: RNA**

**Region: Midlands**

**Workforce Race Equality Standard  
2016 - 2021**

# The Dudley Group NHS Foundation Trust

## Midlands

### Summary for the 2020/21 reporting year

RNA

Indicator number and description			Trust	Midlands	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band						
BME representation in the workforce overall			19.5%	21.6%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Proportional	Band 4	Band 3	
		Band 5 and over	Proportional	Band 8C	Band 8B	
	Clinical	Band 4 and under	Proportional	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	Medical		Consultant	Consultant	Consultant	
Race disparity ratios	Non-clinical	Lower to middle	0.61	1.02	0.91	61%
		Middle to upper	1.50	1.43	1.39	39%
		Lower to upper	0.92	1.46	1.27	6%
	Clinical	Lower to middle	1.28	1.84	1.59	10%
		Middle to upper	0.61	1.23	1.36	51%
		Lower to upper	0.79	2.27	2.16	12%
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / BME			1.95	1.57	1.61	84%
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio BME / White			1.11	1.09	1.14	10%
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / BME			1.17	1.04	1.14	25%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months						
BME			27.1%	26.8%	28.9%	39%
White			25.6%	25.8%	25.9%	55%
Indicator 6: harassment, bullying or abuse from staff in last 12 months						
BME			32.8%	28.5%	28.8%	85%
White			25.7%	22.8%	23.2%	76%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion						
BME			67.3%	69.5%	69.2%	72%
White			88.3%	87.8%	87.3%	47%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months						
BME			17.5%	16.9%	16.7%	66%
White			6.0%	5.9%	6.2%	54%
Indicator 9: BME representation on the board minus BME representation in the workforce						
Overall			-14.0%.	-7.7%.	-9.8%.	67%
Voting members			-12.4%.	-8.4%.	-10.0%.	59%
Executive members			-19.5%.	-12.1%.	-13.5%.	72%

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

## Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below. Please refer to the user guide in the appendix to this report for more detail.

### **Indicator 1 race disparity ratios and indicators 2 to 4: colour coding for the degree of inequality**

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

### **Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark**

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

### **Indicator 9: colour coding for the degree of inequality**

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

### **Percentile ranks: colour coding**

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

### **A note on interpreting the colour-coding in the summary table:**

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the “Trust” column, but yellow, orange, or red in the “Percentile rank” column (or vice versa). The colour coding in the “Trust” column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the “Percentile rank” column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the “Trust” and “Percentile rank” columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.



## **Introduction**

This report features a summary of workforce race equality standard (WRES) metrics for The Dudley Group NHS Foundation Trust.

This is the first time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust. The NHS standard contract requires Trusts to submit an annual report to the coordinating commissioner on progress in implementing their annual WRES action plan. This report allows each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. It also highlights areas where the Trust is performing well – we hope it is possible in these situations to learn from good practice and share that with other providers. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

The disaggregated metrics also allows accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being ‘diluted’ when numbers are looked at as a whole.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided in the appendix to this report. The user guide includes guidance on interpreting the metrics, the colour coding used in the tables of analysis, and the graphs and charts included in the report. We welcome feedback from you about the report, and of course are keen to work with you in developing action plans for the Trust.

The current reporting year for the purposes of this report is 2021. Data for indicators 1 to 4 are taken from Strategic Data Collection Service WRES form submissions relating to the workforce as at the end of March 2021. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2020.

## **Areas for Improvement**

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

<b>High priority areas for improvement within the Trust (to a maximum of three):</b>
Indicator 6: harassment, bullying or abuse from staff in last 12 months against BME staff
Indicator 2: likelihood of appointment from shortlisting
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst BME staff

## **Areas of Best Performance**

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

<b>Areas of best performance within the Trust (to a maximum of three):</b>
Indicator 1: Career progression in non-clinical roles (lower to upper levels)

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The WRES team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

## Indicator 1

### Non-clinical staff on AfC paybands

BME staff were represented at 9.9% in all non-clinical AfC roles.

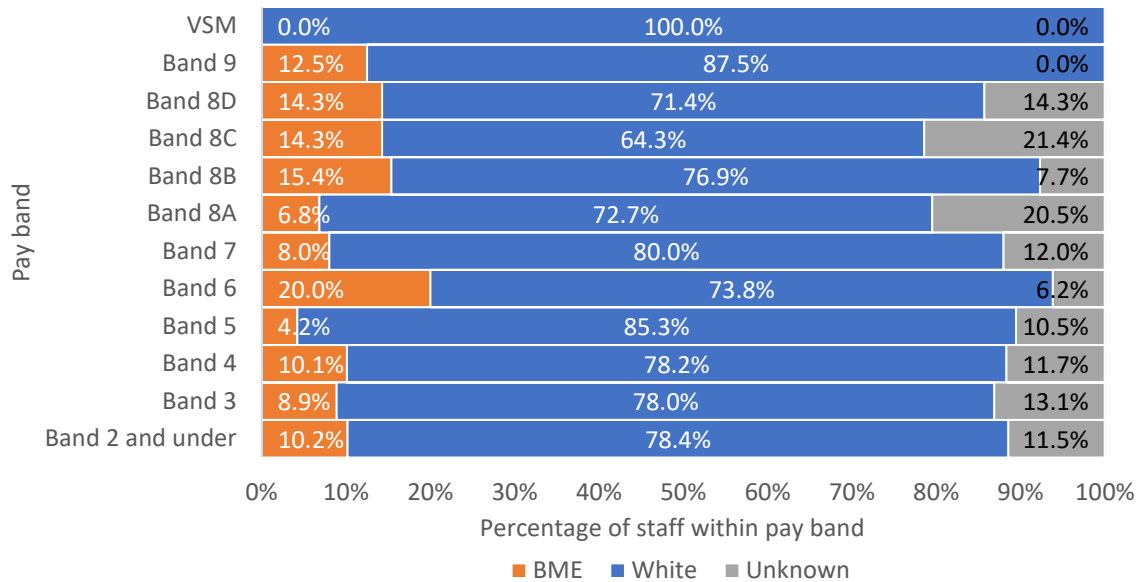
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 9.9%, overall.
- BME staff were proportionately represented by pay band.

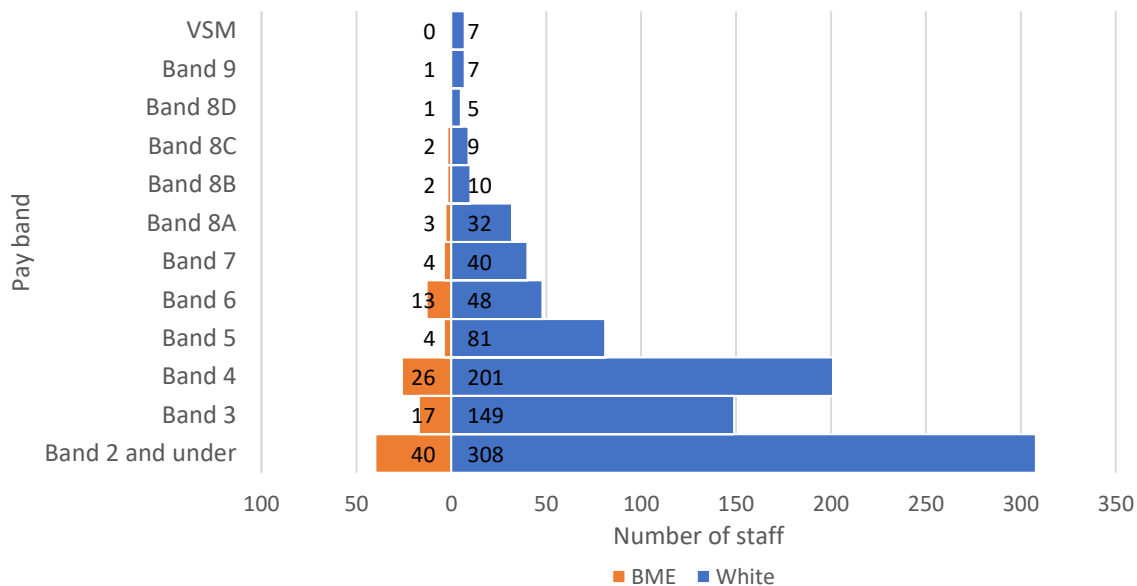
At Band 5 and over (graduate and management level roles):

- BME representation was 9.9%, overall.
- BME staff were proportionately represented by pay band.

AfC bands: non-clinical (percentage representation)



AfC bands: non-clinical (headcount)



## Clinical staff on AfC paybands

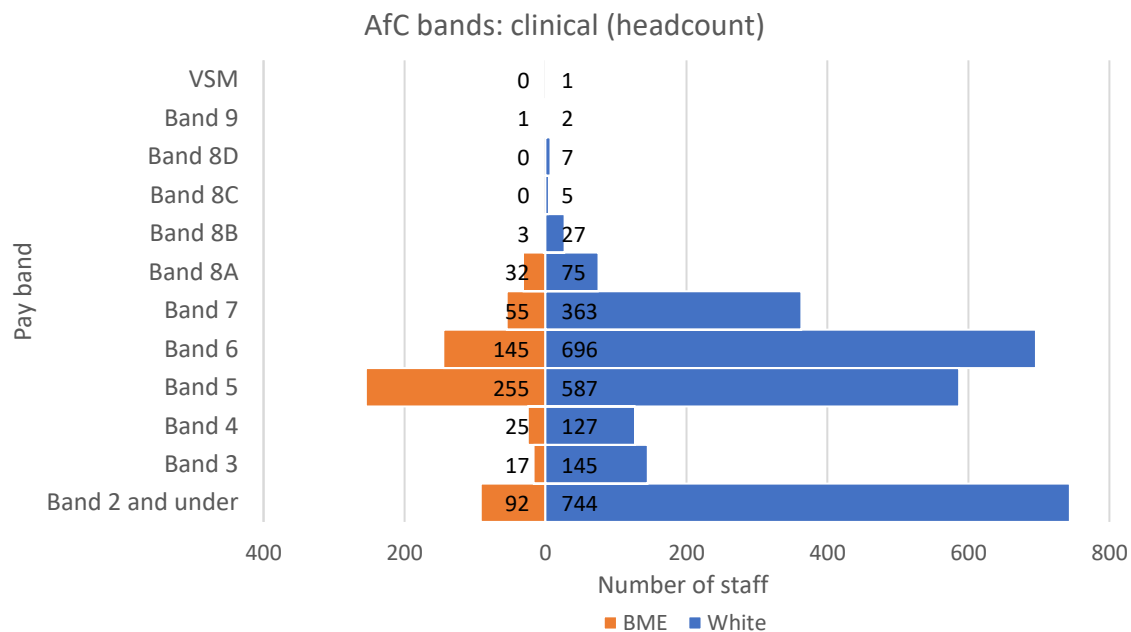
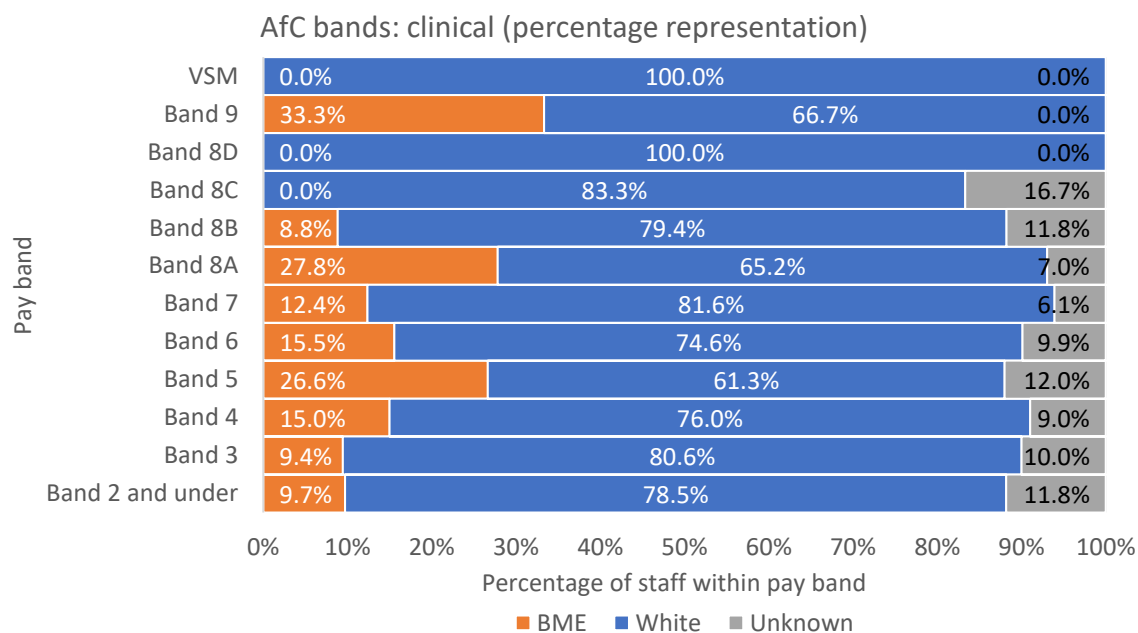
BME staff were represented at 16.5% in all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 10.3%, overall.
- BME staff were proportionately represented by pay band.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 19.6%, overall.
- BME staff were underrepresented at Band 6 and above, 15.3%.

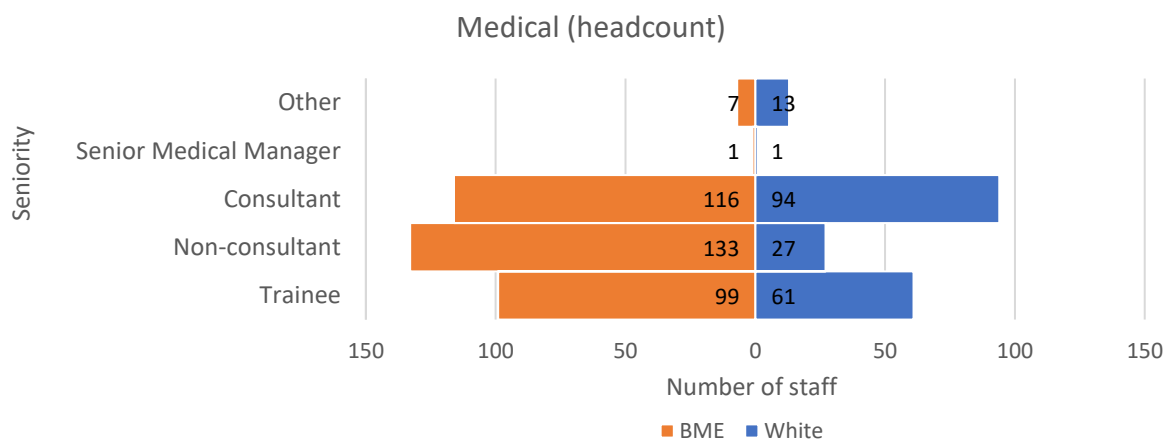
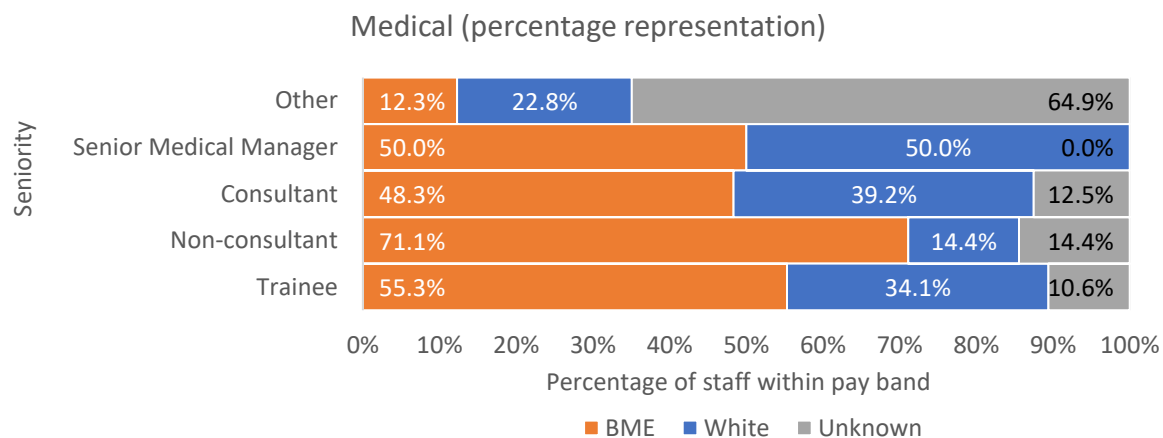


## Medical staff

BME representation was 53.5% in all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 48.3%.



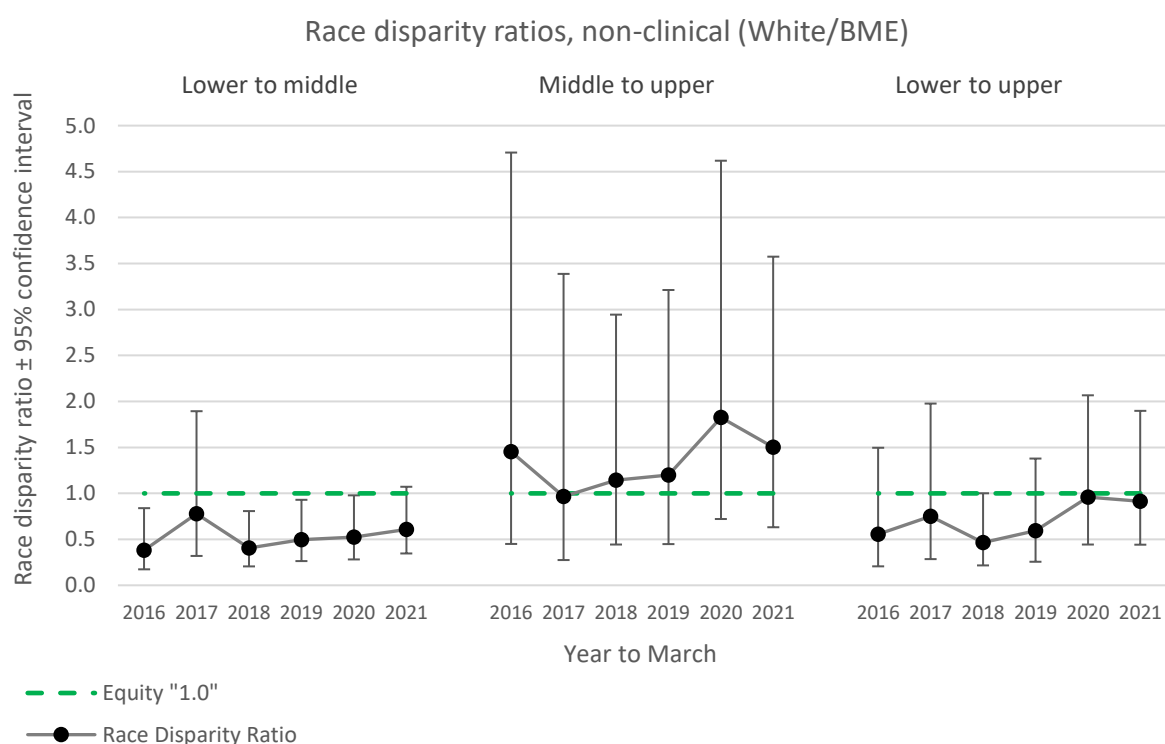
## Race disparity ratios for non-clinical staff on AfC paybands

At March 2021:

Lower to middle: 0.61; not significantly different from "1.0" or equity.  
The Trust performed better than 39% of Trusts and worse than 61% of Trusts.

Middle to upper: 1.50; not significantly different from "1.0" or equity.  
The Trust performed better than 61% of Trusts and worse than 39% of Trusts.

Lower to upper: 0.92; not significantly different from "1.0" or equity.  
The Trust performed better than 94% of Trusts and worse than 6% of Trusts.



Lower: non-clinical bands 5 and under

Middle: non-clinical bands 6 to 7

Upper: non-clinical bands 8a and above

*The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff. Please refer to the user guide for further explanation.*

## Race disparity ratios for clinical staff on AfC paybands

At March 2021:

Lower to middle: 1.28; higher than "1.0" or equity to a small degree.

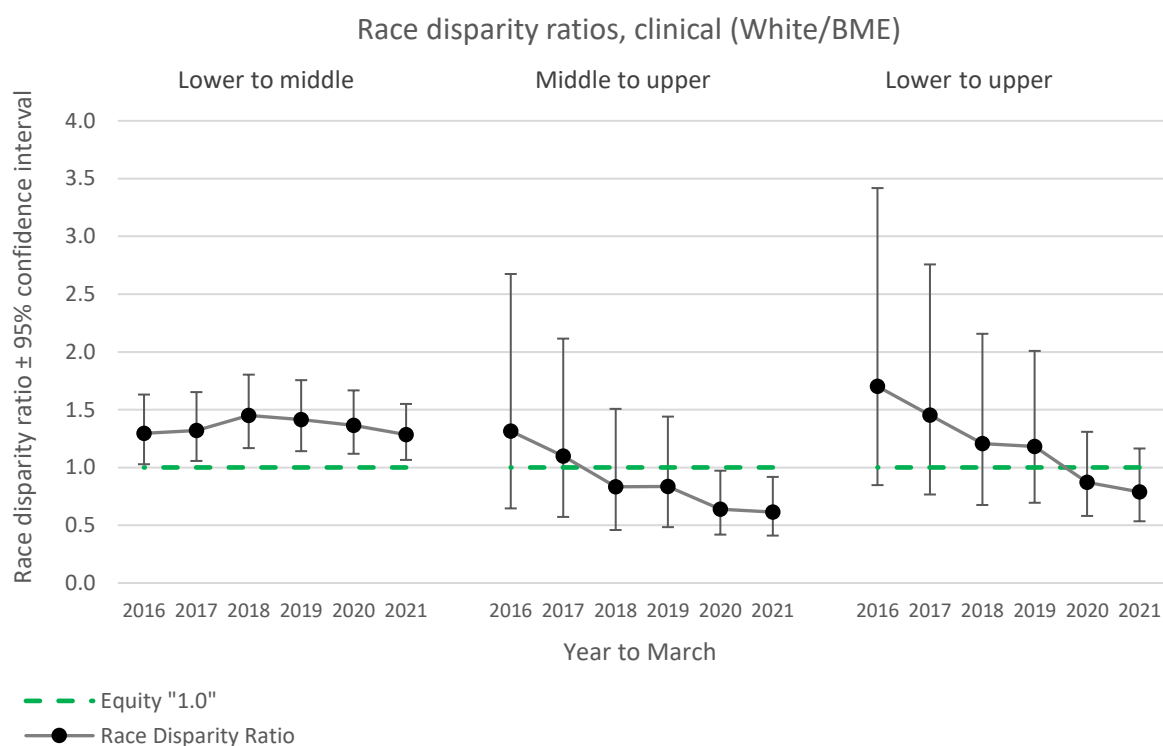
The Trust performed better than 90% of Trusts and worse than 10% of Trusts.

Middle to upper: 0.61; lower than "1.0" or equity to a small degree.

The Trust performed better than 49% of Trusts and worse than 51% of Trusts.

Lower to upper: 0.79; not significantly different from "1.0" or equity.

The Trust performed better than 88% of Trusts and worse than 12% of Trusts.



Lower: clinical bands 5 and under

Middle: clinical bands 6 to 7

Upper: clinical bands 8a and above

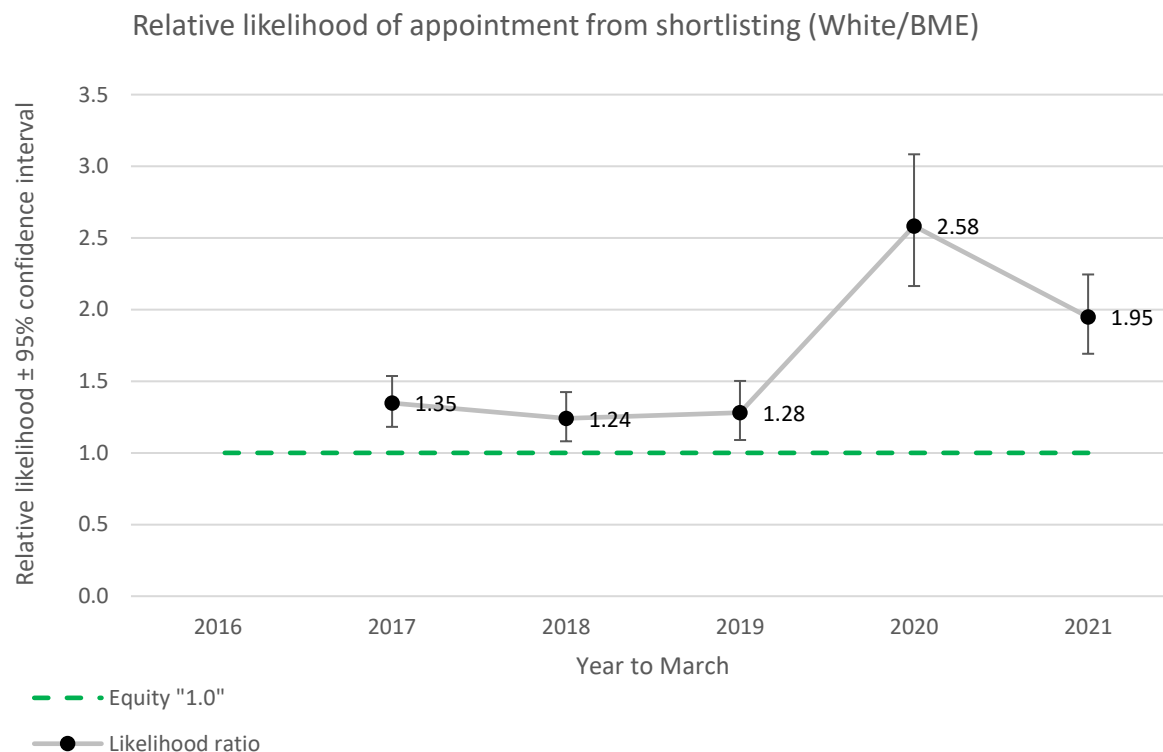


## Indicator 2

### The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

At March 2021 the likelihood ratio was 1.95; higher than "1.0" or equity to a small degree. Specifically, 770 out of 3107 white candidates were appointed from shortlisting (24.8% of white candidates) compared to 206 out of 1620 BME candidates (12.7% of BME candidates).

The Trust performed better than 16% of Trusts and worse than 84% of Trusts.



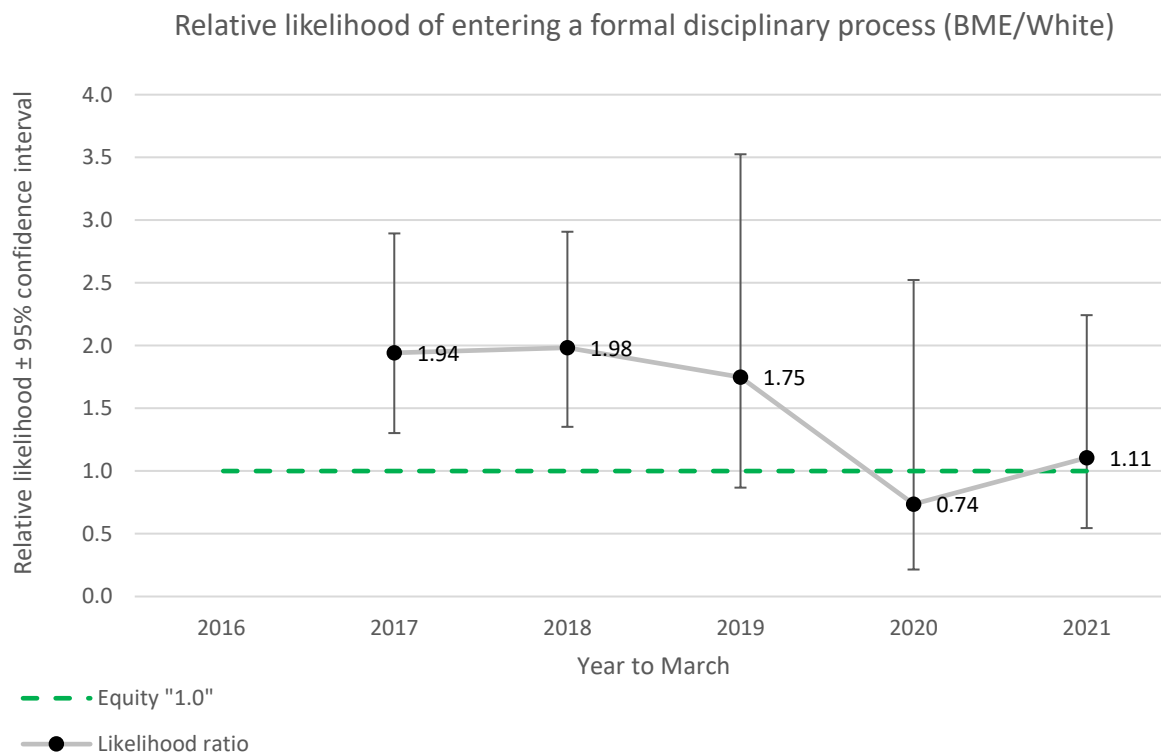
*Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.*

### Indicator 3

#### The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

At March 2021 the likelihood ratio was 1.11; not significantly different from "1.0" or equity. Specifically, 10 out of 1094 BME staff entered formal disciplinary proceedings (0.91% of the BME workforce) compared to 32 out of 3872 white staff (0.83% of the white workforce).

The Trust performed better than 90% of Trusts and worse than 10% of Trusts.



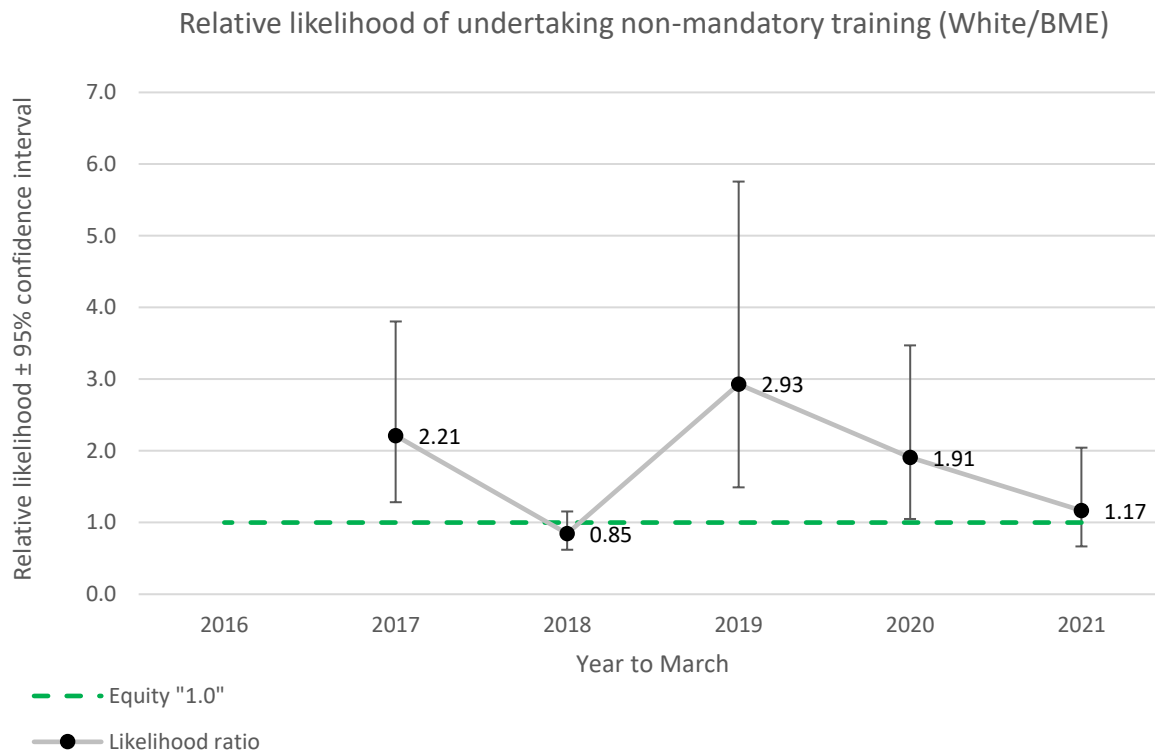
*Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.*

## Indicator 4

### The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff

At March 2021 the likelihood ratio was 1.17; not significantly different from "1.0" or equity. Specifically, 62 out of 3872 white staff undertook non-mandatory training (1.6% of the white workforce) compared to 15 out of 1094 BME staff (1.4% of the BME workforce).

The Trust performed better than 75% of Trusts and worse than 25% of Trusts.



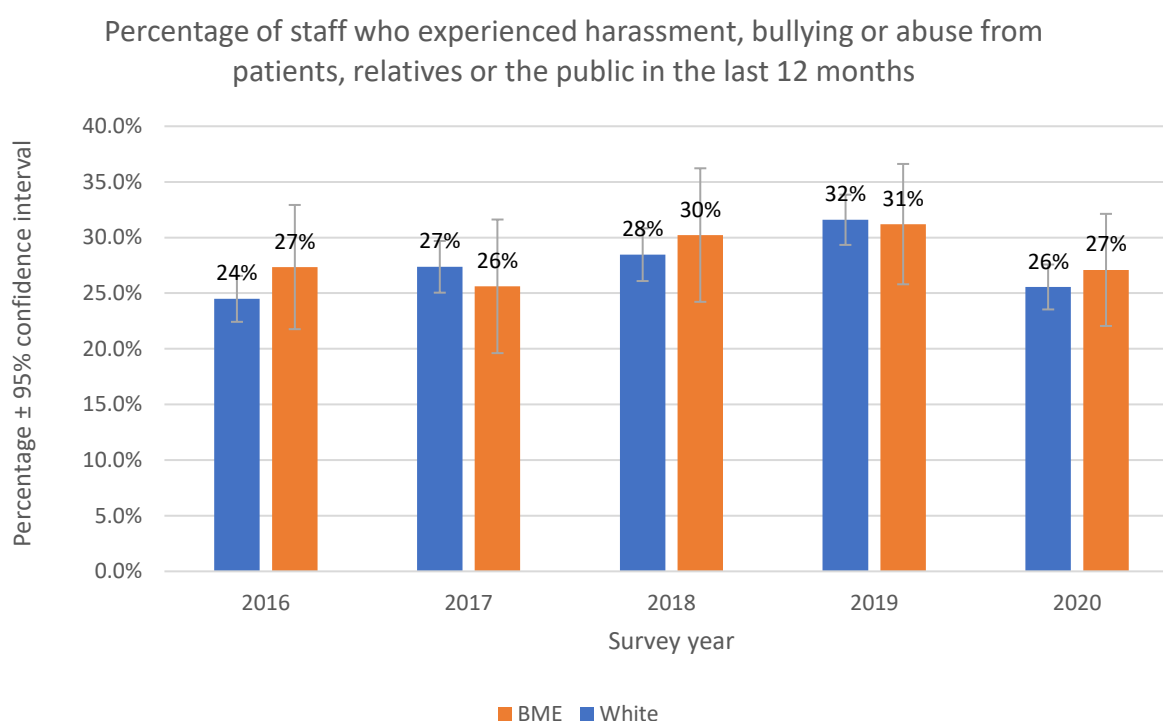
*For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.*

## Indicator 5

### The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 27.1%, and for White staff, 25.6%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 61% of Trusts and worse than 39% of Trusts.



### Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	24%	27%	28%	32%	26%
	BME	27%	26%	30%	31%	27%
Detailed	White British	24%	27%	28%	31%	25%
	White "other"	38%	39%	36%	42%	39%
	Asian	27%	24%	32%	28%	25%
	Black	28%	24%	33%	41%	24%
	Mixed/other	29%	33%	23%	30%	40%

**Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender**

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	25%	27%	29%	32%	26%
White women	25%	28%	29%	32%	26%
BME women	30%	25%	28%	31%	25%
White men	20%	23%	25%	28%	19%
BME men	25%	25%	33%	29%	30%

**Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group**

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	23%	28%	29%	33%	27%
	BME	15%	13%	23%	18%	22%
Medical and dental	White	27%	36%	31%	28%	34%
	BME	24%	34%	40%	34%	33%
Ambulance (operational)	White				SUPP	SUPP
	BME				SUPP	SUPP
Nurses and midwives	White	34%	35%	38%	43%	31%
	BME	42%	32%	41%	51%	40%
Healthcare assistants	White	32%	39%	38%	33%	40%
	BME	SUPP	SUPP	SUPP	47%	36%
Wider healthcare team	White	15%	13%	18%	19%	14%
	BME	17%	15%	11%	7%	3%
General management	White	10%	9%	7%	8%	5%
	BME	SUPP	SUPP	0%	SUPP	SUPP
Other	White	10%	17%	19%	27%	28%
	BME	SUPP	SUPP	14%	SUPP	SUPP

**Heat map colour coding for the degree of poor outcome, relative to the benchmark**

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

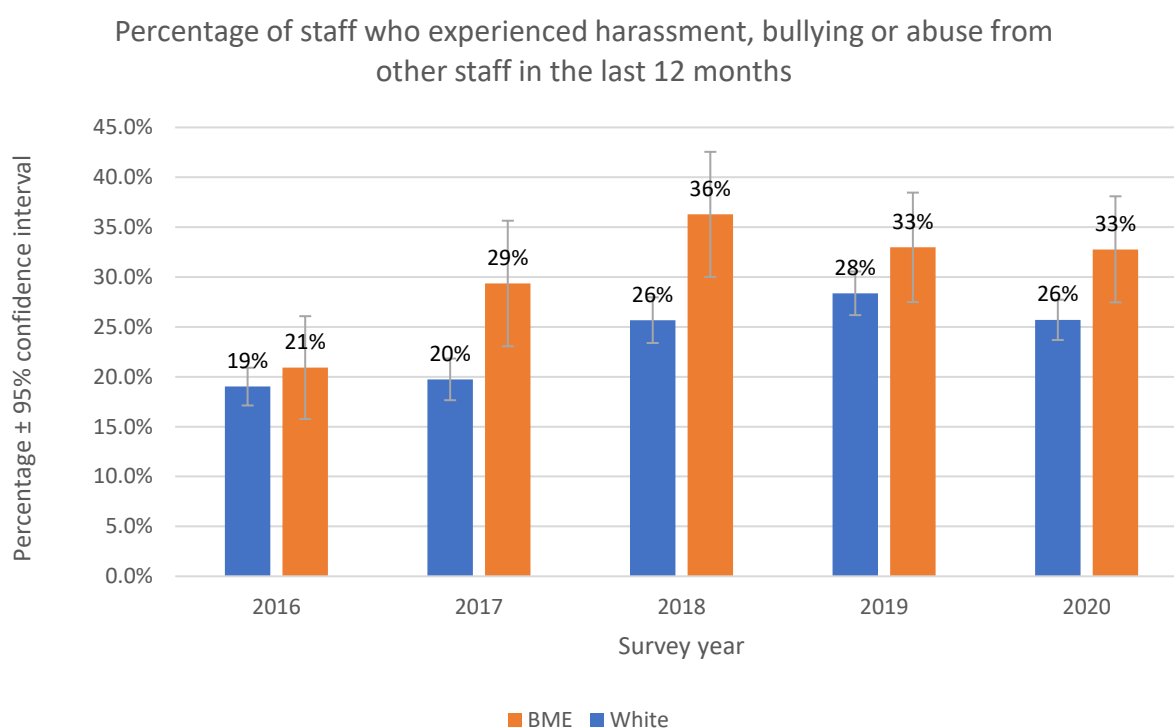
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 6

### The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 32.8%, than for White staff, 25.7%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 15% of Trusts and worse than 85% of Trusts.



### Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	19%	20%	26%	28%	26%
	BME	21%	29%	36%	33%	33%
Detailed	White British	19%	19%	26%	28%	25%
	White "other"	27%	29%	31%	40%	41%
	Asian	23%	30%	36%	33%	31%
	Black	20%	30%	43%	36%	36%
	Mixed/other	13%	25%	30%	30%	38%

**Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and gender**

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	19%	21%	27%	29%	27%
White women	19%	20%	24%	28%	26%
BME women	26%	27%	36%	36%	32%
White men	21%	19%	30%	29%	22%
BME men	14%	31%	35%	25%	32%

**Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and occupational group**

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	20%	21%	20%	27%	24%
	BME	19%	28%	38%	26%	39%
Medical and dental	White	19%	26%	31%	22%	26%
	BME	18%	27%	37%	34%	34%
Ambulance (operational)	White				SUPP	SUPP
	BME				SUPP	SUPP
Nurses and midwives	White	20%	21%	29%	31%	28%
	BME	28%	34%	32%	36%	36%
Healthcare assistants	White	17%	22%	21%	25%	21%
	BME	SUPP	SUPP	SUPP	33%	27%
Wider healthcare team	White	17%	14%	27%	29%	25%
	BME	18%	26%	37%	30%	18%
General management	White	27%	16%	33%	32%	35%
	BME	SUPP	SUPP	80%	SUPP	SUPP
Other	White	24%	33%	25%	20%	27%
	BME	SUPP	SUPP	22%	SUPP	SUPP

**Heat map colour coding for the degree of poor outcome, relative to the benchmark**

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

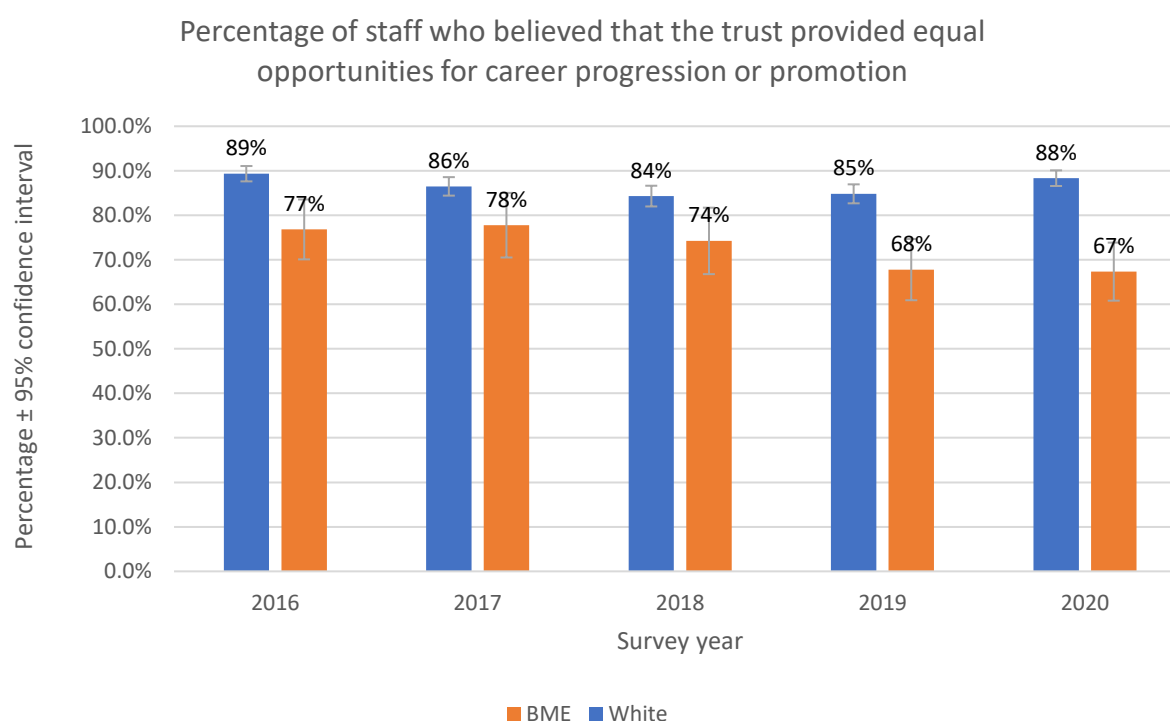


## Indicator 7

### The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 67.3%, than for White staff, 88.3%.

In terms of the percentage of BME staff who believed that the trust provided equal opportunities for career progression or promotion, the Trust performed better than 28% of Trusts and worse than 72% of Trusts.



### Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	89%	86%	84%	85%	88%
	BME	77%	78%	74%	68%	67%
Detailed	White British	90%	87%	84%	85%	89%
	White "other"	85%	86%	90%	83%	76%
	Asian	78%	79%	79%	72%	71%
	Black	74%	60%	60%	37%	44%
	Mixed/other	76%	92%	72%	84%	81%

**Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and gender**

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	88%	85%	83%	82%	85%
White women	90%	87%	85%	86%	89%
BME women	80%	83%	75%	66%	65%
White men	86%	86%	85%	85%	87%
BME men	79%	79%	77%	71%	73%

**Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and occupational group**

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	88%	86%	87%	91%	90%
	BME	80%	88%	82%	58%	56%
Medical and dental	White	96%	96%	91%	96%	90%
	BME	80%	71%	83%	85%	75%
Ambulance (operational)	White				SUPP	SUPP
	BME				SUPP	SUPP
Nurses and midwives	White	91%	87%	85%	79%	86%
	BME	70%	83%	68%	67%	59%
Healthcare assistants	White	86%	89%	85%	91%	87%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Wider healthcare team	White	88%	86%	86%	84%	90%
	BME	82%	77%	70%	56%	81%
General management	White	91%	73%	75%	88%	88%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	92%	85%	74%	86%	79%
	BME	SUPP	SUPP	88%	SUPP	SUPP

**Heat map colour coding for the degree of poor outcome, relative to the benchmark**

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

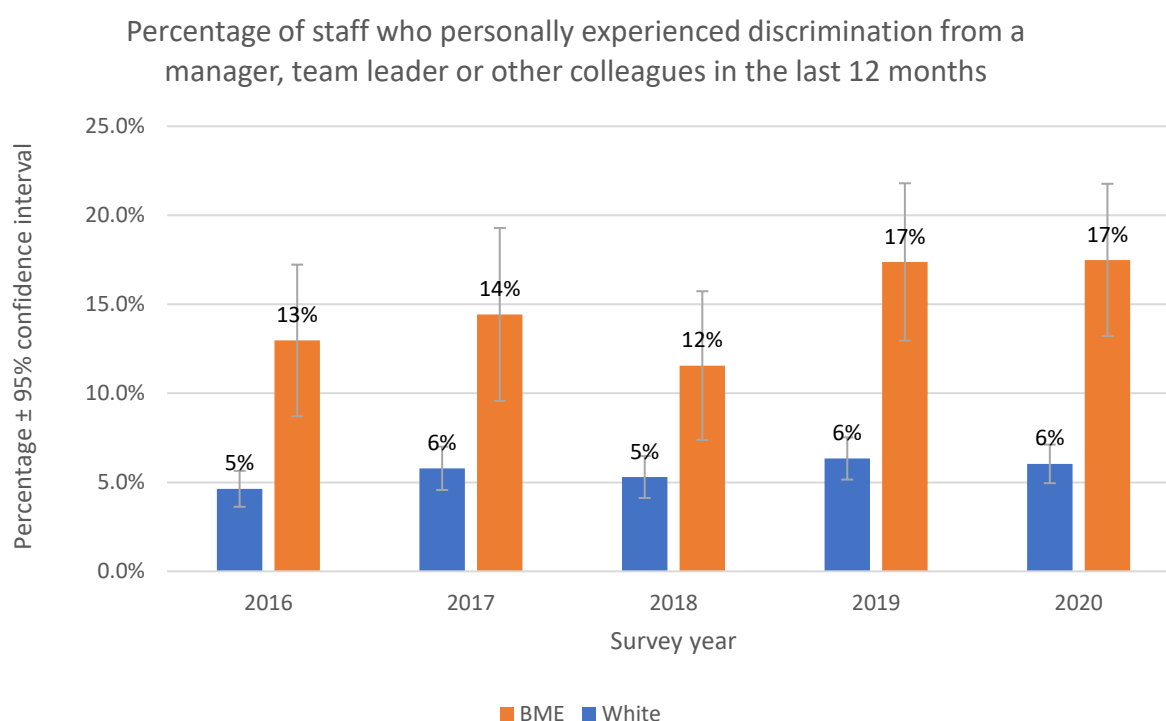
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 8

### The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 17.5%, than for White staff, 6.0%.

In terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 34% of Trusts and worse than 66% of Trusts.



### **Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity**

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	5%	6%	5%	6%	6%
	BME	13%	14%	12%	17%	17%
Detailed	White British	5%	6%	5%	6%	6%
	White "other"	8%	10%	13%	13%	16%
	Asian	17%	15%	10%	15%	16%
	Black	2%	15%	19%	25%	22%
	Mixed/other	6%	11%	7%	20%	19%

**Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and gender**

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	6%	7%	6%	8%	8%
White women	4%	6%	5%	6%	6%
BME women	11%	13%	13%	17%	20%
White men	6%	7%	9%	9%	5%
BME men	15%	15%	10%	14%	13%

**Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and occupational group**

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	6%	7%	7%	5%	4%
	BME	15%	13%	8%	16%	20%
Medical and dental	White	6%	6%	5%	10%	8%
	BME	17%	20%	14%	13%	12%
Ambulance (operational)	White				SUPP	SUPP
	BME				SUPP	SUPP
Nurses and midwives	White	3%	6%	5%	7%	8%
	BME	10%	12%	10%	20%	25%
Healthcare assistants	White	6%	3%	3%	5%	7%
	BME	SUPP	SUPP	SUPP	20%	9%
Wider healthcare team	White	3%	3%	7%	7%	4%
	BME	9%	0%	22%	27%	13%
General management	White	7%	3%	5%	5%	3%
	BME	SUPP	SUPP	0%	SUPP	SUPP
Other	White	10%	27%	5%	4%	11%
	BME	SUPP	SUPP	4%	SUPP	SUPP

**Heat map colour coding for the degree of poor outcome, relative to the benchmark**

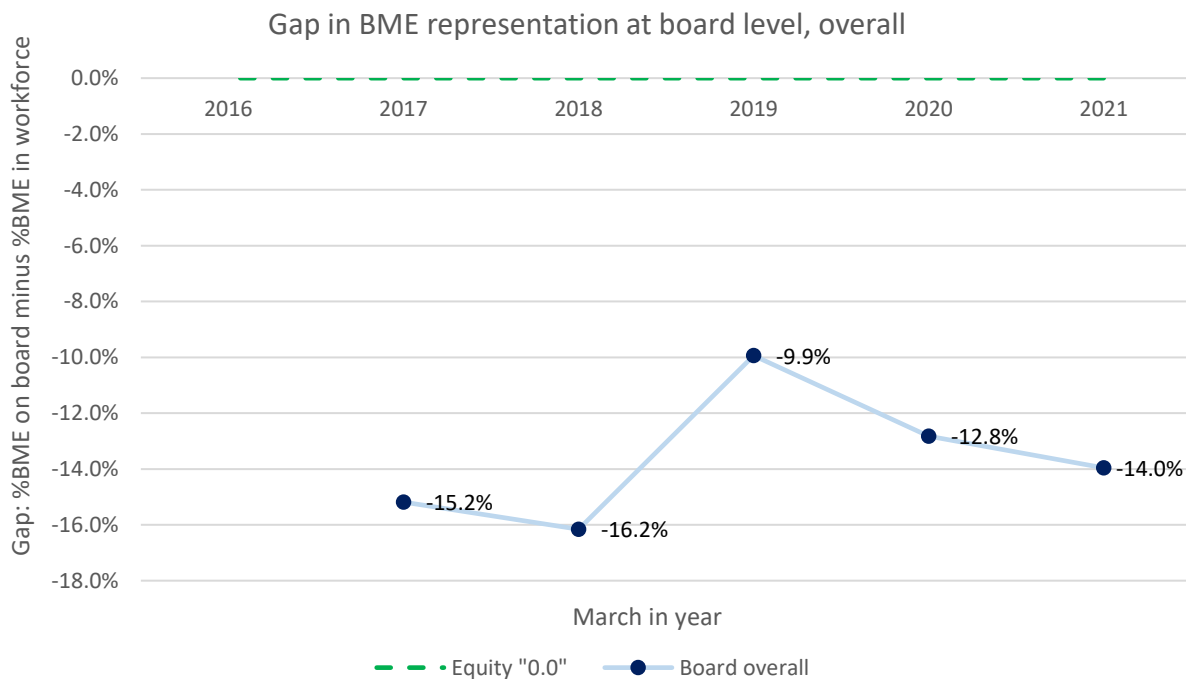
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 9

### Overall board membership

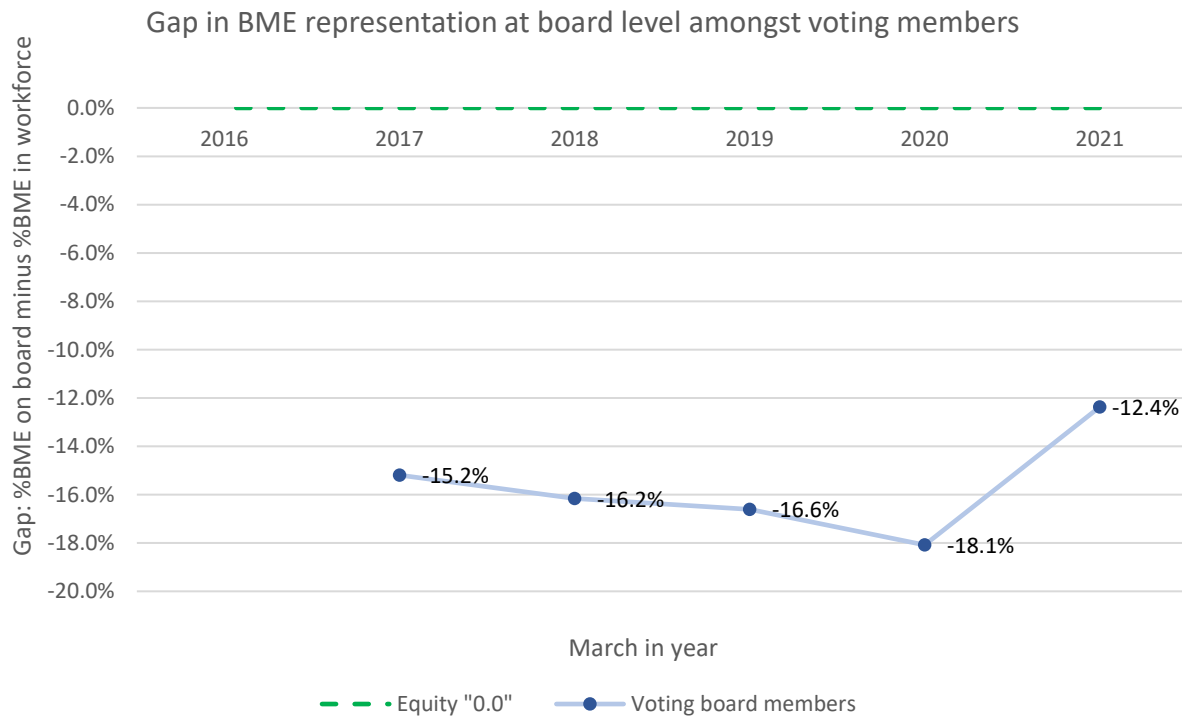
At March 2021, the difference between BME representation on the board and in the workforce was -14.0%. BME members were underrepresented on the board by three members in terms of a headcount. The Trust performed better than 33% of Trusts and worse than 67% of Trusts.



*The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce. These calculations are made for all board members considered together, as well as for voting members and executive members considered separately.*

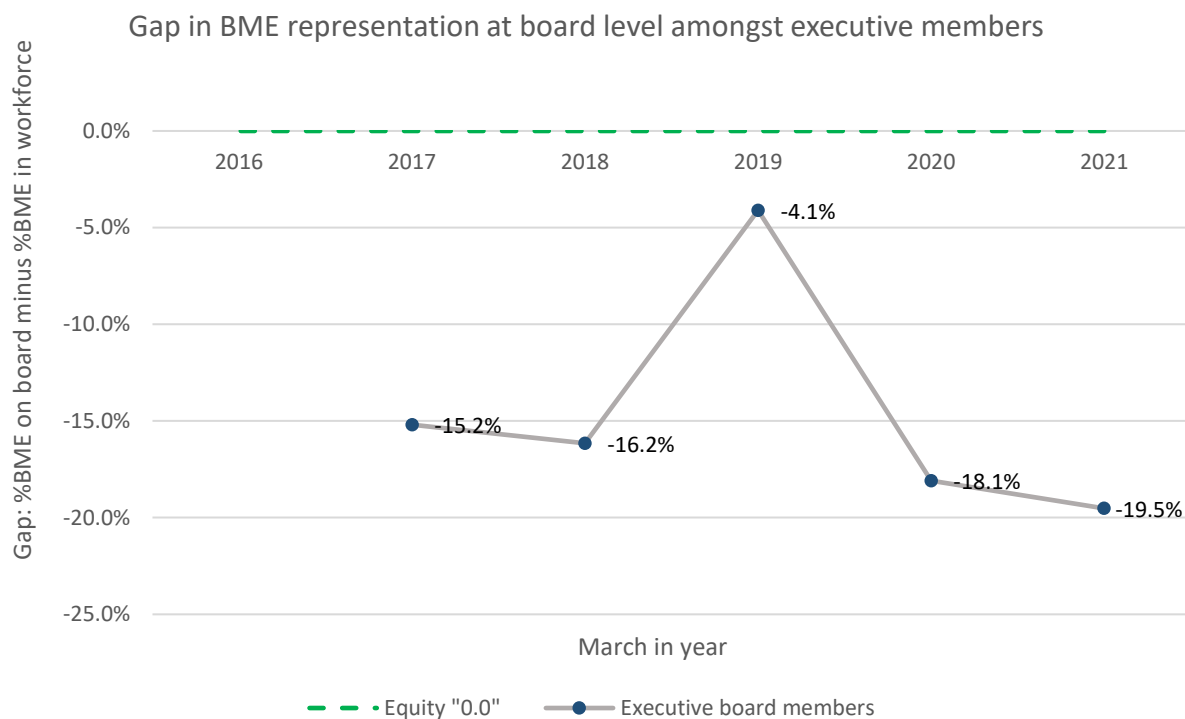
## Voting board membership

At March 2021, the difference between BME representation on the board and in the workforce was -12.4% amongst voting members. BME members were underrepresented on the board by two voting members in terms of a headcount. The Trust performed better than 41% of Trusts and worse than 59% of Trusts.



## Executive board membership

At March 2021, the difference between BME representation on the board and in the workforce was -19.5% amongst executive members. BME members were underrepresented on the board by one executive member in terms of a headcount. The Trust performed better than 28% of Trusts and worse than 72% of Trusts.





## **Appendix: User guide**

This section provides guidance on how to interpret and use the information in this report.

The purpose of the report is to provide detailed information at the individual organisation level to assist Trusts in identifying areas for improvement. The information will also serve to highlight areas where a Trust's performance excels and where good practice can be shared.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences.

### **Summary table**

A summary table of the latest organisational WRES performance is given on page 2 of this report. Headline values for the Trust's performance on each WRES indicator are given in the "Trust" column, alongside regional and national values.

The percentile ranks indicate how the Trust performed on each indicator, relative to other trusts nationally, from 0% (best in the country) to 100% (worst in the country).

For the indicator 1 - race disparity ratios, indicators 2 to 4, and indicator 9, the ranking is based on how far the indicator is from equity. Thus, the best performing Trusts in the country will have ratios closest to "1.0" for the indicator 1 race disparity ratios and the likelihood ratios of indicators 2 to 4, and gaps closest to "0.0" for indicator 9. (The degree of difference from equity is standardised as an effect size to allow race disparity and likelihood ratios above and below equity to be ranked on the same scale.)

For indicators 5 to 8, the ranking is based on the raw percentage of respondents who experienced a poor outcome. The ranks in the summary table of organisational WRES performance are colour coded for quick reference:

#### **Percentile ranks: colour coding**

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

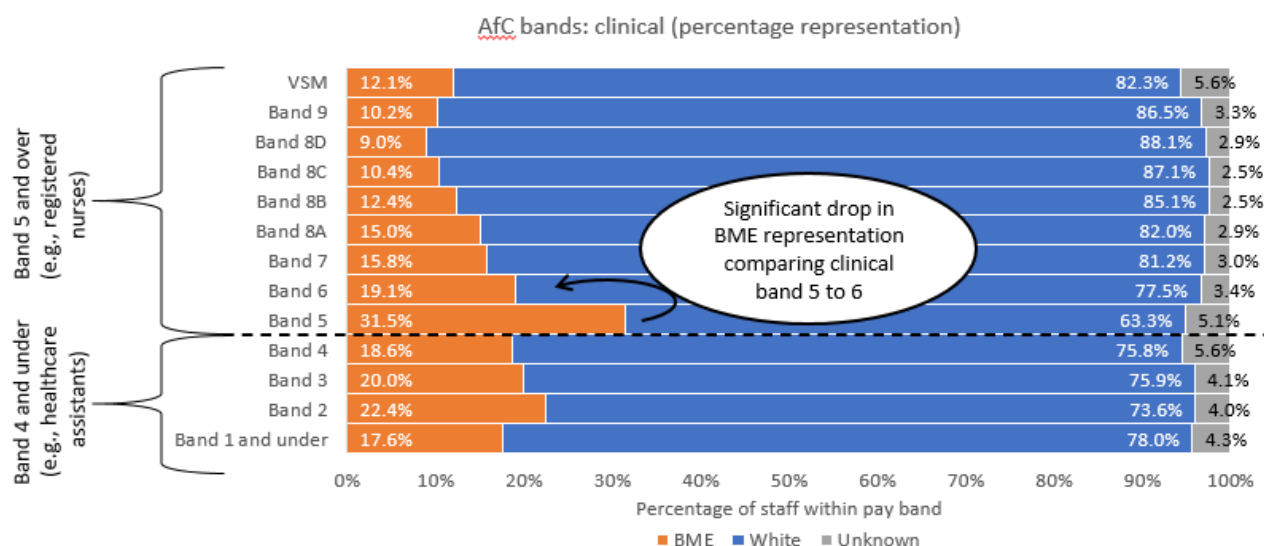
## Indicator 1

Indicator 1 examines the degree of BME representation by pay band to determine if BME employees are underrepresented at higher levels, and if so, at what level BME underrepresentation becomes statistically significant.

This is done separately for five sections of the workforce to capture career progression within different occupational groups:

- non-clinical staff at band 4 and under (e.g., administrative support, security and estates officers)
- non-clinical staff at band 5 and over (e.g., roles requiring a degree or equivalent experience, managers, project leads)
- clinical staff at band 4 and under (e.g., healthcare assistants and support workers)
- clinical staff at band 5 and over (e.g., clinical roles outside of medicine requiring professional registration, such as nursing)
- medical staff

### Example chart for indicator 1 based on percentage representation by ethnicity within each pay band

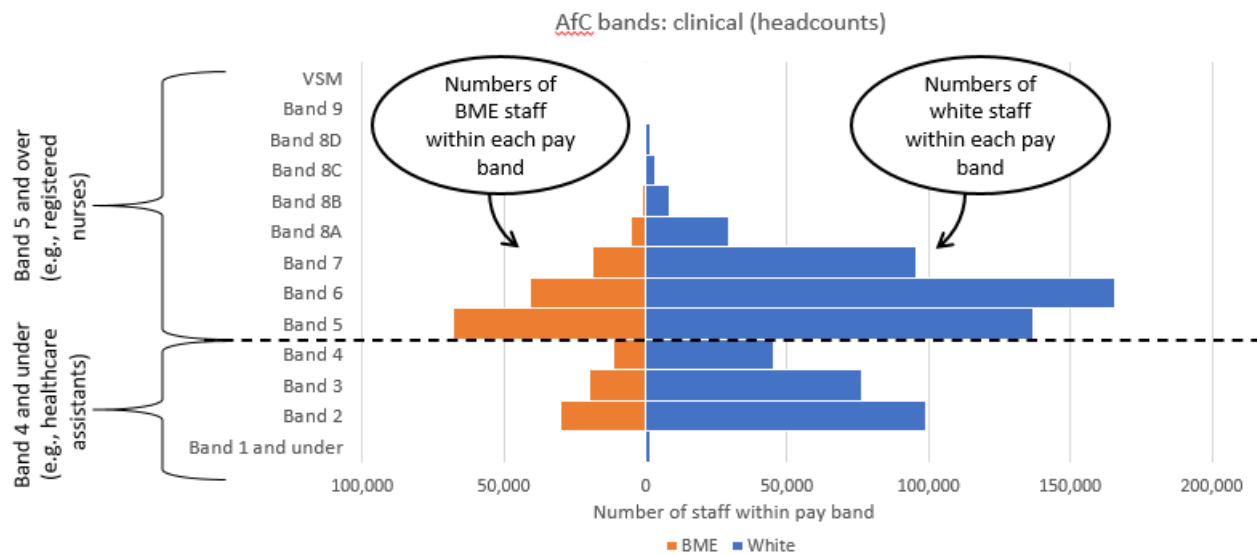


Using the above example, clinical band 6 would be flagged as the level at which BME underrepresentation first becomes evident to a statistically significant degree. When no significant drop in BME representation is evident within a given section of the workforce, BME representation is described as “proportional”.

It is hoped that Trusts will be able to use these analyses to focus their efforts on making career progression more equitable for BME employees in specific roles and pay bands where significant disparities exist. These "key" pay bands are also highlighted in the organisational WRES performance summary table.

The percentage representation by ethnicity chart is complimented by the number of BME and white staff within each pay band. These graphs are intended to provide an indication of the number of employees of each ethnicity who are affected by any disparities in representation across pay bands.

### Example chart for indicator 1 based on headcounts by ethnicity within each pay band

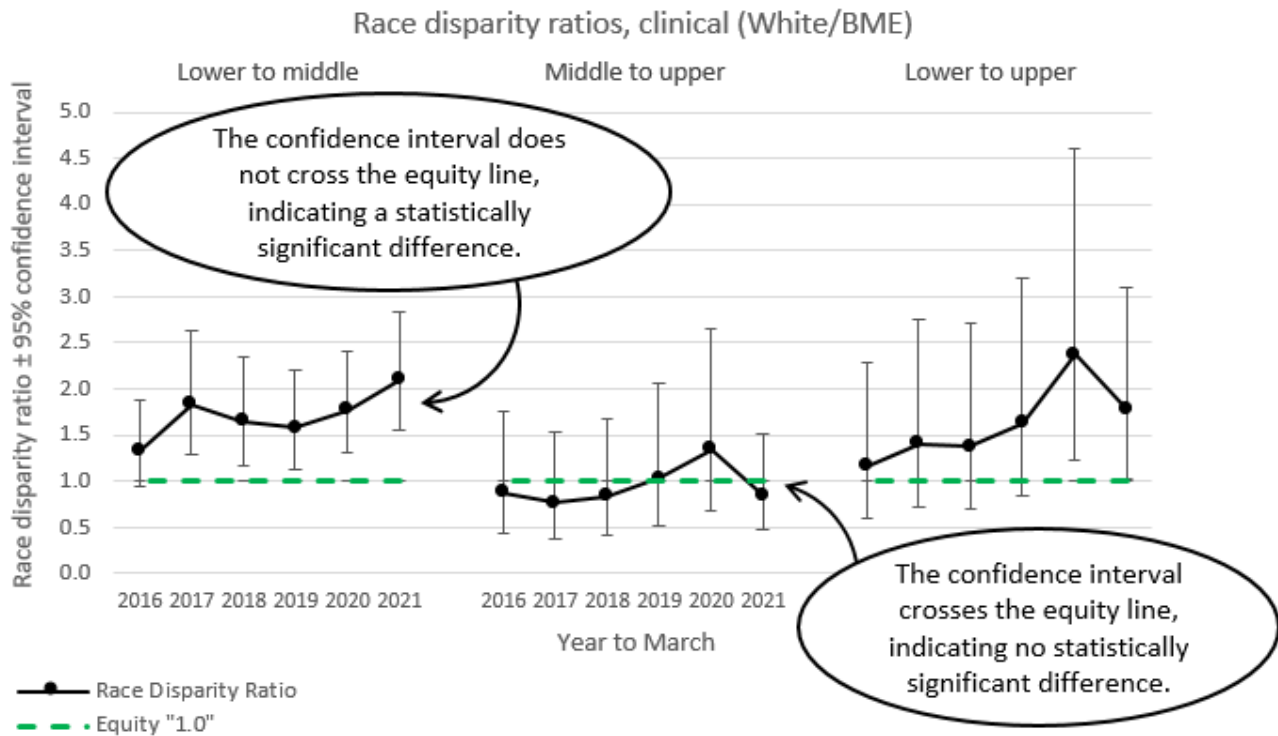


### Race disparity ratios

An example chart is given overleaf. Each race disparity ratio compares the progression ratio for white staff with the progression ratio for BME staff, across specified groups of pay bands. The lower to middle race disparity ratio compares bands 5 and under to bands 6 and 7, whilst the middle to upper race disparity ratio compares bands 6 and 7 to bands 8a and over, and the lower to upper race disparity ratio compares bands 5 and under to bands 8a and over. The green dashed line marks the value “1.0” which indicates that white and BME progression ratios from lower to higher pay bands are similar.

Each dot reflects the value of each race disparity ratio at a given year. The whiskers extending above and below each dot give the 95% confidence interval for each race disparity ratio. If the confidence interval whiskers cross over the dashed, green equity line, either from above or below, then the value of the indicator is not significantly different from “1.0” and neither group, white or BME, is disadvantaged. (When the likelihood ratio is based on a small number of observations, as is often the case for race disparity ratios involving higher pay bands, the confidence interval can be very wide.) If the confidence interval whiskers do not cross over the dashed, green equity line, then the value of the indicator is significantly different from “1.0” such that if the value is above “1.0” then the progression ratio for white staff is higher than for BME staff (white staff are overrepresented at the higher level), whilst if the value is below “1.0” then the progression ratio for white staff is lower than for BME staff (BME staff are overrepresented at the higher level).

## Example chart for the race disparity ratios



The degree of inequality represented by each race disparity ratio is conveyed by the colour coding in the summary table of organisational WRES performance.

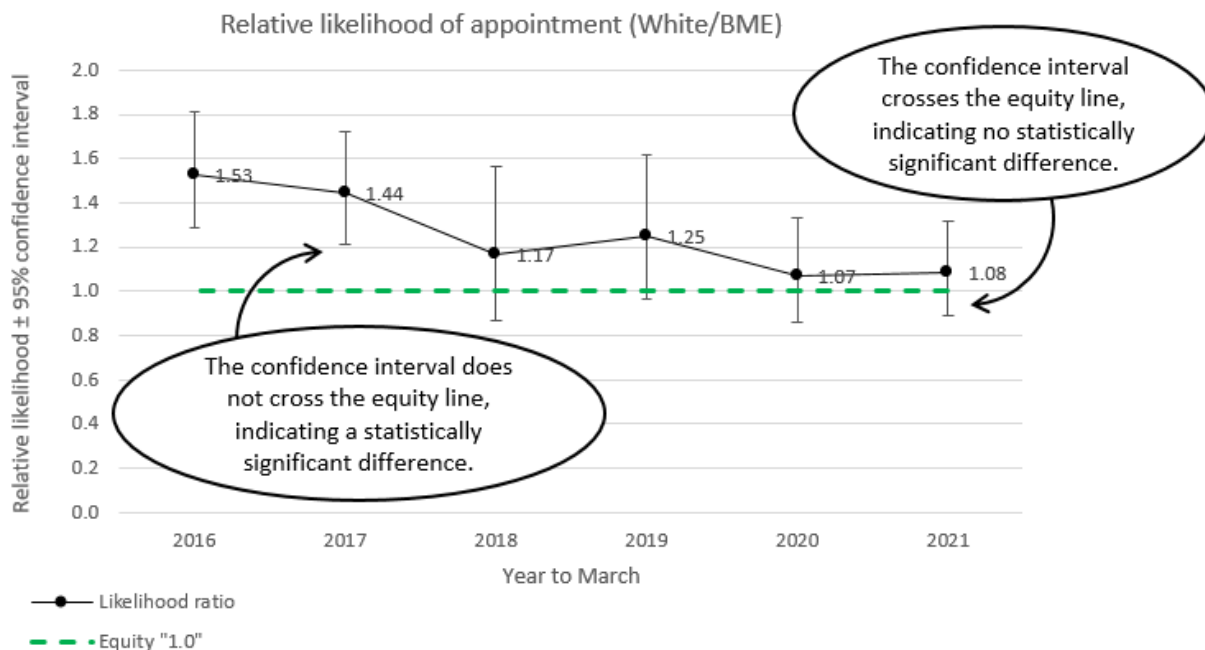
### Race disparity ratios: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

## Indicators 2 to 4

The green dashed line marks the value “1.0” which indicates an equal likelihood of the outcome of interest for BME and white staff (i.e., an equal likelihood of appointment from shortlisting in the example below), whilst each dot reflects the value of the indicator at a given year.

### Example chart for indicators 2 to 4



### Indicators 2 to 4: Colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

## Indicators 5 to 8

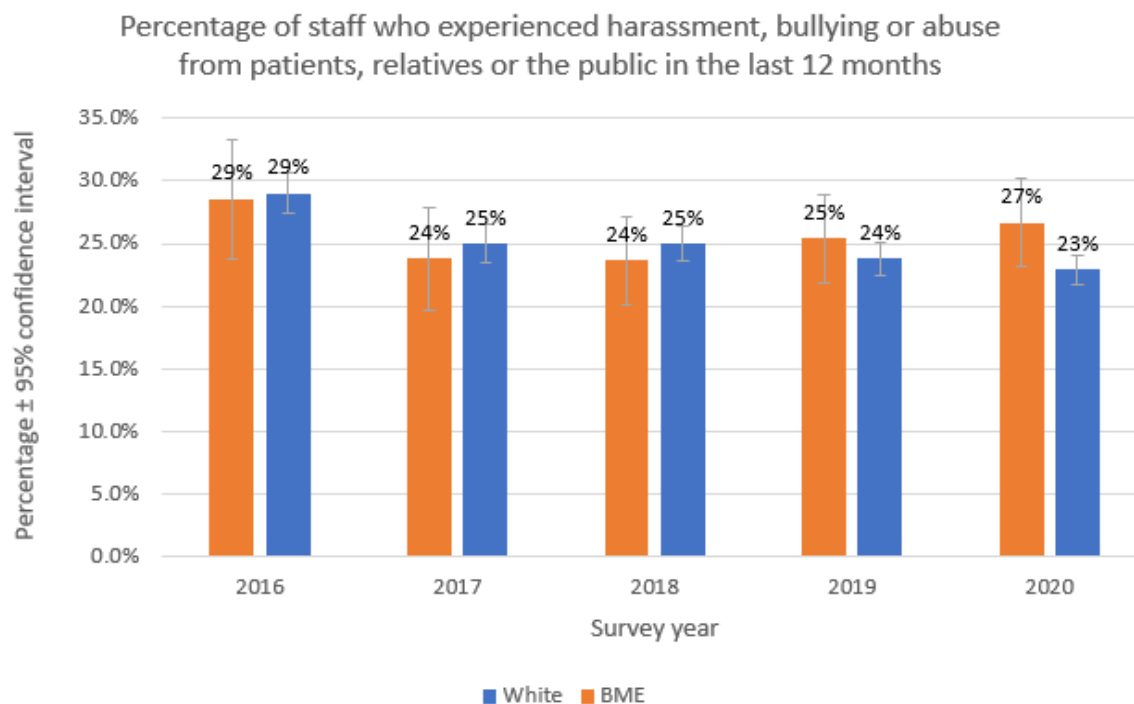
For indicators 5 to 8, the outcomes of the statistical tests are presented in subsequent tables, colour coded in a “heat map” style to convey the degree of poor outcome for a given group relative to the benchmark. These tables compare BME and white respondents within each survey year, as well as giving more detailed breakdowns by ethnicity, ethnicity and gender, and analyses compartmentalised by occupational group.

Where a percentage is based on 10 or fewer respondents, the value is suppressed, indicated by the term "SUPP" in a cell within the table.

### Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark figure

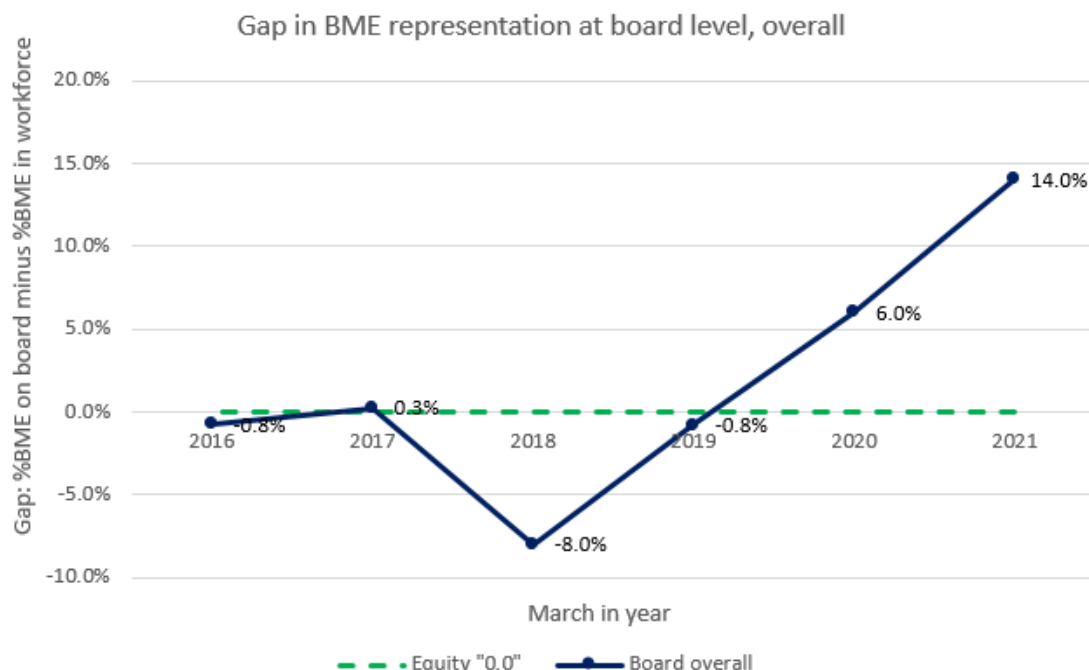
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

### Example chart for indicators 5 to 8



## Indicator 9

### Example chart for indicator 9








The green dashed line marks the value "0.0" which indicates that there is no difference between the levels of BME representation on the board and in the workforce. A value above "0.0" indicates that BME representation on the board is greater than in the workforce, whilst a value below "0.0" indicates that BME representation on the board is less than in the workforce. Standard statistical testing is not applied to this indicator as the number of people on the board is typically very small. Instead, the degree of difference in representation is converted to a headcount and rounded to the nearest whole number as the basis for colour coding in the "Trust" column of the summary table of organisational WRES performance.

#### Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

## Paper for Submission to the Board of Directors 20<sup>th</sup> April 2022

<b>Title:</b>	Quality and Safety Committee 22 <sup>nd</sup> March 2022		
<b>Author:</b>	Jo Wakeman – Deputy Chief Nurse		
<b>Presenter:</b>	Liz Hughes – Non Executive Director		
<b>Action Required of Committee / Group</b>			
<b>Decision</b> N	<b>Approval</b>	Y	<b>Discussion</b> Y
<b>Other</b> N			
<b>Recommendations:</b>			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
<b>Summary of Key Issues:</b>			
The key issues are identified in the attached report.			
<b>Impact on the Strategic Goals</b> (indicate which of the Trust's strategic goals are impacted by this report)			
	<b>Deliver right care every time</b>	YES	
	<b>Be a brilliant place to work and thrive</b>	YES	
	<b>Drive sustainability (financial and environmental)</b>		
	<b>Build innovative partnerships in Dudley and beyond</b>	YES	
	<b>Improve health and wellbeing</b>	YES	
<b>Implications of the Paper:</b> (complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)			
<b>Risk</b>	Y	Risk Description: Inc risk ref number	
	On Risk Register: Y	Risk Score: Numerous across the BAF, CRR and divisional risk registers	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: All Domains
	NHSE/I	Y	Details: Governance Framework
	Other	N	Details:
<b>Report Journey/ Destination (if</b>	Working / Exec Group	N	Date:
	Committee	Y	Date: 22/03/22 Q & S Committee
	Board of Directors	N	Date:
	Other	N	Date:



<i>applicable)</i>			
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# CHAIRS LOG

## UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 22<sup>nd</sup> March 2022

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>• Closure of serious incident /risk actions within surgery division slow to progress. Reported that when staff move or leave incidents are recorded against the wrong staff.</li><li>• Transoceanic Clinics on hold pending Consultant recruitment.</li><li>• SALT assessment for our stroke patients is limited to Monday to Friday.</li><li>• Health and safety reported 30% of incidents pertain to a needle stick injury.</li></ul>	<b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b> <ul style="list-style-type: none"><li>• none</li></ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"><li>• SSNAP data performance achieved level B for quarter 3</li><li>• Noted Medicine and Integrated Care performance against closing actions against risks/serious incidents.</li><li>• Noted CSS assurance report demonstrating the improvements and oversight of issues.</li><li>• Noted improvement in the VTE performance.</li></ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>• Ratification of Patient safety voice volunteers and patient safety partners framework and policy.</li><li>• Requested further work to be considered for the Patient Safety Strategy and to be submitted in April 2022.</li></ul>

**Paper for submission to the Board of Directors on  
Wednesday 18<sup>th</sup> May 2022**






<b>Title:</b>	Chief Nurse Report
<b>Author:</b>	Helen Bromage - Deputy Chief Nurse
<b>Presenter:</b>	Mary Sexton - Chief Nurse

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
<b>Recommendations:</b>  For the board to note and discuss the excellent work of the Chief Nurses' Office with a particular focus on the Youth Charter work which is underway.				

Summary of Key Issues:
<p><b>Work continues with the vaccination programme.</b></p> <p>Continued focused work continues with the Deprivation of Liberty Standards and the mental act compliance. A continued significant increase has been seen with the introduction of new roles.</p> <p>Reduction in falls is evident in this month's data and we continue to be below the national average.</p> <p>Workforce challenges remain with mitigations and incentives in place to support. The 2021 International Recruitment programme has come to an end with recruits now being entered onto the NMC register. The 2022 recruitment programme has commenced with the first cohort being welcomed into the Trust in March.</p>

## Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	<b>Deliver right care every time</b>	✓
	<b>Be a brilliant place to work and thrive</b>	✓
	<b>Drive sustainability (financial and environmental)</b>	✓
	<b>Build innovative partnerships in Dudley and beyond</b>	✓
	<b>Improve health and wellbeing</b>	✓

## Implications of the Paper:

<b>Risk</b>	Y	Risk Description: Various as detailed	
	On Risk Register: Y	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: All
	NHSE/I	N	Details:
	Other	Y	Details: Mental Health Act
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 18 <sup>th</sup> May 2022
	Other	Y/N	Date:

# Chief Nurse Public Trust Board Report

Wednesday 18<sup>th</sup> May 2022

**Mary Sexton – Chief Nurse**

**NHS**

**The Dudley Group**  
NHS Foundation Trust

Care  
Compassion  
Competence  
Commitment

Page 2  
Page 7  
Page 8  
Page 9



## Vaccination Work

- Since opening on 29 December 2021 the team at SVC have delivered Covid-19 vaccine to 9587 people aged 5 years upwards. The average journey time through the centre is 14 minutes with very good experience reported by service users of all ages.
- The centre has experienced one reportable incident relating to underdosing of 6 service users with national advice obtained and duty of candour completed.
- SVC working with the midwifery team at RHH provide the opportunity to receive a vaccine during their attendance at maternity outpatient's clinic.
- Currently SVC are with partners developing systems, processes and communications to deliver vaccine to eligible inpatients at RHH and to the local community housebound population. Both initiatives are due to go live in May 2022.
- In addition staff are training to build their confidence to Make Every Contact Count so that we can take this opportunity to guide those seeking support for issues outside of vaccination.



# Care

## Deliver safe and caring services



The Dudley Group  
NHS Foundation Trust

### Deprivation of Liberty Safeguards (DoLS)

There is a significant increase in DoLS applications which is directly attributed to the introduction of the dedicated Mental Health Team. The team are working daily to support the ward teams in recognising restrictive practice and supporting with further education. This increase is expected and reflects the work being undertaken by our new mental health lead. When compared with organisations of a similar size the average number of applications was 130 monthly.

	No DoLS applications
Q1	27
Q2	23
Q3	20
Q4	102
Total 21/22	172

### Mental health Act

There were 4 detentions under the mental health act with one patient requesting an appeal to the tribunal service. The patient was subsequently transferred to another hospital and outcome of appeal is unknown.





# Care

## Deliver safe and caring services



The Dudley Group  
NHS Foundation Trust

### Safeguarding

Deliver right care every time

New registered mental health nurse has started in the Mental Health Team. The team is now up to full capacity with an increased presence on wards and departments giving support to staff to ensure patients with mental health conditions are receiving the high-quality care.

We have successfully recruited to the Domestic Abuse Co-ordinator role. This role will ensure the effective implementation of the Trust Domestic Abuse Strategy and aims to improve our identification and response to patients experiencing domestic abuse

Identification of possible case of fabricated and induced illness by an ED consultant led to a co-ordinated and comprehensive response with partner agencies to ensure the safety of the young vulnerable adult. This was a highly complex and challenging case which required professional challenge around upholding the rights of a young vulnerable adult where capacity for making decisions was potentially being undermined by coercive control within their family. This case demonstrated the commitment of our doctors in ED and the safeguarding and complex vulnerabilities team.

Feb & Mar	No Referrals
Adult	127
Child & Young Person	361
Section 42	11





# Care

## Deliver safe and caring services

### Tissue Viability

A thematic review of all incidents prior to 1<sup>st</sup> March 2022 has been agreed by the Clinical Commissioning Group (CCG) to support the closing of the remaining historical incidents. Work is underway to ensure the future process prevents a 'back log' of incidents for review.

A trial of Hybrid mattresses which commenced on ward B3 on 1<sup>st</sup> March 2022 to look at impact of pressure ulcer prevention in one of the high risk areas has been extended to allow further evaluation. If this trial is successful we will then move to a full procurement exercise with multiple tenders.

The wound care dressing direct supply project (ONPOS) is being rolled out further to include Leg ulcer clinics, podiatry clinics and a roll out to GP practices is being explored. The product list is in line with the wound formulary. It is anticipated that products available to in patient areas will also be in line with the formulary. The aim is to ensure practice is evidence based, standardise care, avoid delays in treatment of wounds, ensure practice is evidence based and cost efficient.



# Care

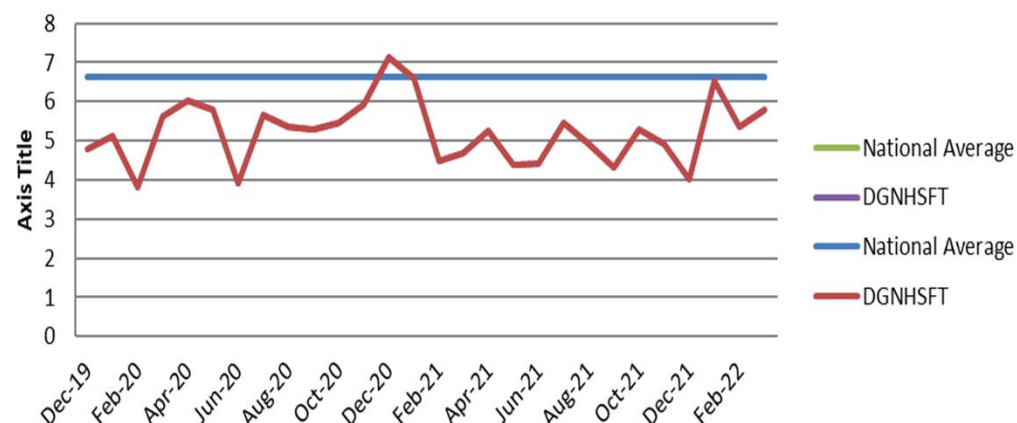
## Deliver safe and caring services

There continues to be fluctuation in the number of falls however the Trust remains below the national average target. In March there were zero falls categorised as severe harm however 3 as moderate and 29 as low harm. 80 falls were classed as no harm

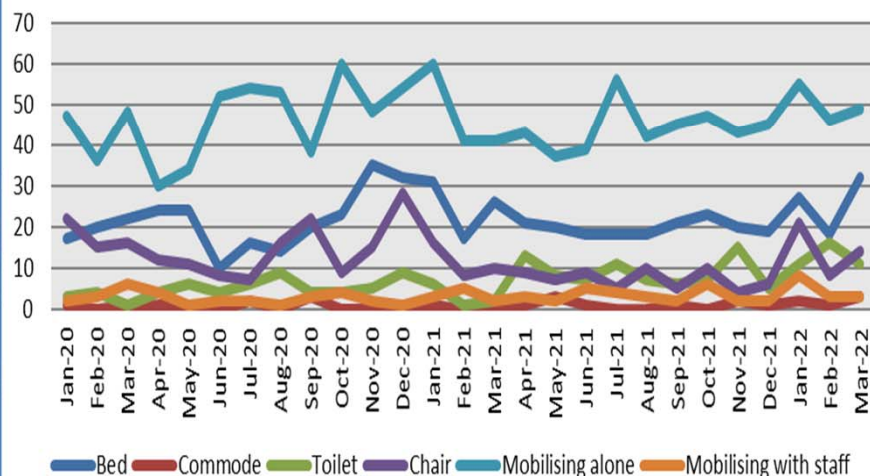
Collaborative working is ongoing with the digital team to create additional recording functionality for lying and standing Blood Pressures.

Prevention strategies continue to be an area of focus across the trust with ED having focused support regarding falls assessments.

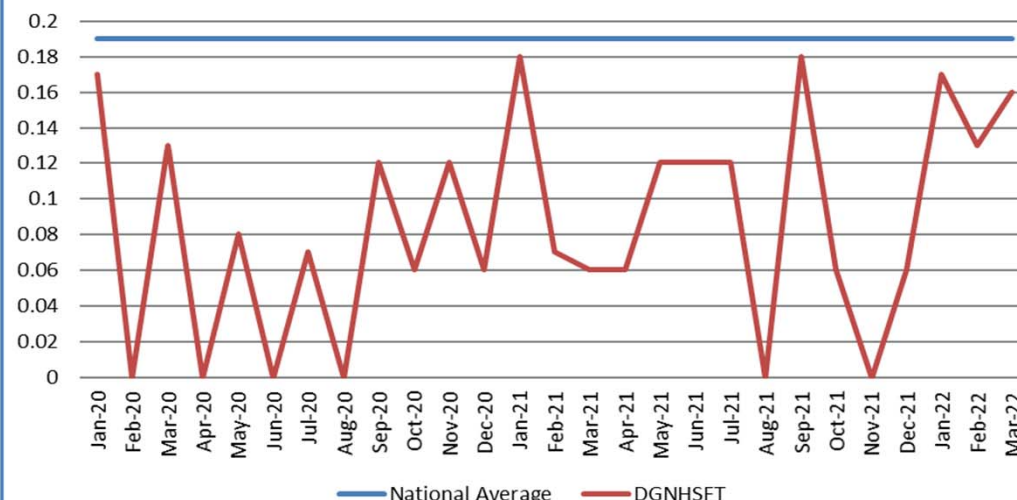
### Falls per 1000 bed days



### Falls Categories



### Falls with harm (per 1000 bed days)



# Compassion

## Deliver a great patient experience



The Dudley Group  
NHS Foundation Trust

### PALS

PALS received 339 concerns, 15 comments and 63 signposting contacts (signposting includes letters/emails/telephone calls/face-to-face enquiries) totalling 417 in March 2022 compared to 364 in February 2022. The main concerns are regarding appointment delays and cancelations.

### Friends and Family Test

A total of 4293 responses were received in March 2022 in comparison to 3775 in February 2022. Overall, 82% of respondents have rated their experience of Trust services as 'very good/good' in March 2022. A total of 7% of patients rated their experience of Trust services as 'very poor/poor' which has been consistent since January 2022.

In March 2022, A&E received the lowest amount of positive scores overall, however 70% of the score was verygood/good, which is a 5% increase on the February data. The percentage very poor/poor scores for A&E remain the highest of all departments at 16%, although this score has improved since February 2022 (21%). Community received the highest positive ratings at 88%. There were no patients who rated their overall experience as 'very poor/poor' for the Maternity Department

### Compliments

The number of compliments received has decreased in March 2022. The Trust received **188** compliments in March 2022

These are shared with the matron/lead nurses and promoted via our 'What Matters to You' campaign.



# Competence

## Drive service improvement, innovation and transformation

**The Paediatric Virtual Ward** is an innovative response to changing ways of delivering care to children and young people. Moving away from traditional models of admission to the children's ward, the virtual ward model allows children to be safely cared for in their home environment whilst being supported by specialist paediatric nurses and doctors. The project is ensuring that children are cared for in the right place at the right time. The project has been developed in collaboration with Black Country and West Birmingham CCG who have provided state of the art kit which is issued to parents and carers for use in the home. Carers are fully trained in the use of the kit prior to discharge to virtual ward. The clinical team identified key questions to be answered virtually by parents and carers. The question schedules are agreed and submitted via a Tablet to a clinical database which is monitored by our virtual ward team. The system also generates alerts for readings that are outside of agreed parameters. The Virtual ward team have regular telephone contact, can make community visits to offer support.

The development of Paediatric Virtual Ward has allowed children to be cared for in their own home when previously they would be in an acute hospital bed. On average there is a reduced length of stay of 3 days per child. The provision of the team around the virtual ward has ensured that parents and carers feel fully supported when caring for a sick child at home as they have direct access to children's specialist nurses and doctors. This reduces the requirement for repeated GP appointments and unplanned presentation in ambulatory emergency pathways. Feedback from carers has described their relief at being able to stay in their own homes but be confident that they are supported. The carers also feel empowered as they undertake the vital signs observation recordings developing confidence at caring for their sick child. For future illness the carers may show increased resilience when caring for their sick child.

This innovation is also supporting the development of autonomous nursing practice as it has facilitated the development of specific competencies to expand the nurse role. In addition the skills of the nurses is being expanded as children are subject to nurse led discharge from the virtual ward subject to a plan agreed at ward discharge. The Virtual Ward has demonstrated that the team can facilitate a reduced length of stay in an acute hospital bed. This in turn means there is improved patient flow from GP's / Urgent Treatment Centres and Paediatric Emergency Departments. This will be crucial in the winter months. The model will be expanded to include admission avoidance intervention.





# Commitment

## Be the place that people choose to work

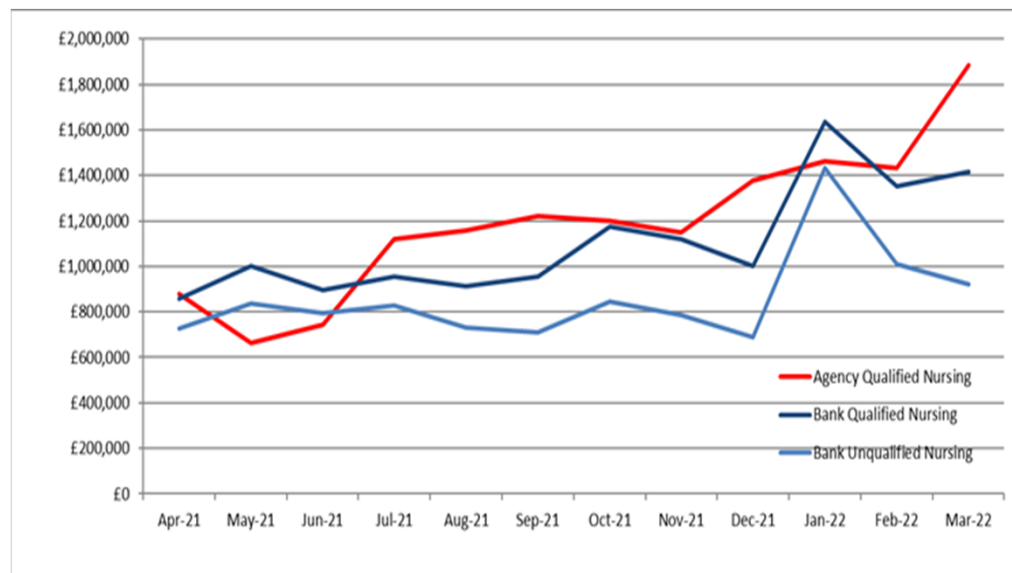


The Dudley Group  
NHS Foundation Trust

We continue to face challenges with the registered nurse workforce vacancies. The current vacancy rates have a direct impact on the use of temporary staffing across the trust.

There continues to be a significant amount of unfilled shifts. This deficit is routinely being reviewed by the senior nursing leadership for the area and mitigations enacted upon where possible to maintain patient safety and staff support.

The 2022 International recruitment programme is underway in earnest with over 100 recruited to join before the Summer months.



Area	Vacancy %	Agency Qualified Nursing	Bank Qualified Nursing	Bank Unqualified Nursing	Grand Total
I.T.U.	4%	£391,322	£60,232	£13,933	£465,487
Emergency Department Nursing	20%	£343,060	£48,899	£31,690	£423,648
Acute Med Unit (EAU)	24%	£68,133	£66,737	£41,888	£176,758
Ward B3	13%	£115,663	£23,534	£16,207	£155,404
Ward C8	18%	£54,063	£31,957	£19,611	£105,631
Ward CCU	22%	£77,424	£23,987	£4,149	£105,559
Ward B5	7%	£59,297	£23,974	£18,241	£101,512
Ward A2	45%	£32,632	£38,678	£27,498	£98,807
Ward C7	8%	£23,502	£19,472	£37,572	£80,546
Ward B1	-3%	£40,845	£18,953	£15,400	£75,199



# Commitment

## Be the place that people choose to work



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Through February and March we have continued to have had a fluctuating position with regards to our safer staffing return. On average it is recognised that we have overall seen an improvement with 89% (up 3%) of the qualified nurse requirements being met for a night shift and 78% (up 2%) for the day requirements.

It is recognised that dynamic risk assessments are undertaken by the ward leadership team and mitigations are put in place however some of those mitigations are not clearly evident in the data sets.

Safer Staffing Summary		Mar		Days in Month				31										
		Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
										UnQual		UnQual		Sum	Average			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	24:00 Occ	Occupancy	Registered	Care staff	Total	
A2	98	137	161	77	99	152	133	119	139%	48%	153%	90%	774	96%	4.38	3.04	7.43	
B1	155	105	101	76	93	86	91	63	68%	75%	92%	69%	502	62%	4.36	3.17	7.53	
B2(H)	124	113	198	166	94	92	159	142	91%	84%	98%	89%	731	79%	3.37	4.94	8.31	
B2(T)	122	95	136	114	95	90	110	91	78%	84%	95%	83%	722	97%	3.07	3.41	6.48	
B3	226	182	188	122	168	160	158	119	81%	65%	95%	75%	1,111	85%	3.61	2.60	6.20	
B4	268	209	249	237	170	156	228	204	78%	95%	92%	90%	1,279	86%	3.34	4.14	7.48	
B5	217	183	157	136	246	197	124	100	84%	87%	80%	80%	584	78%	7.97	4.73	12.71	
C1	253	199	292	249	189	185	230	173	79%	85%	98%	75%	1,449	97%	3.11	3.50	6.61	
C2	294	229	77	78	255	200	74	73	78%	101%	78%	99%	614	66%	8.19	2.89	11.08	
C3	216	203	385	376	188	180	369	329	94%	98%	96%	89%	1,569	97%	2.93	5.27	8.20	
C4	210	170	68	69	123	92	62	71	81%	101%	74%	115%	614	90%	4.97	2.62	7.59	
C5	335	239	267	215	282	247	208	170	72%	81%	88%	82%	1,437	97%	4.11	3.21	7.32	
C6	107	96	105	72	95	90	86	68	90%	68%	95%	79%	499	80%	4.38	3.35	7.74	
C7	196	163	206	157	159	148	205	166	84%	76%	93%	81%	1,088	97%	3.36	3.57	6.93	
C8	291	228	217	143	250	229	185	136	78%	66%	92%	73%	1,301	95%	4.13	2.57	6.70	
CCU_PCCU	279	219	67	65	249	240	39	24	75%	97%	96%	62%	745	92%	7.25	1.43	8.68	
Critical Care	605	479	147	115	596	451			79%	78%	76%		434	88%	25.72	3.18	28.90	
EAU AMU 1	718	528	637	489	442	453	460	385	73%	77%	103%	84%	2,140	84%	5.37	4.90	10.27	
Maternity	926	624	333	182	536	374	168	137	67%	55%	70%	82%	963	71%	9.85	3.88	13.73	
MHDU	160	136	71	37	155	141	65	16	85%	51%	91%	25%	193	62%	17.19	3.09	20.28	
NNU	161	129			150	140			80%		93%		335	60%	9.64	0.00	9.64	
TOTAL	5,958	4,666	4,062	3,172	4,634	4,103	3,155	2,587	78%	78%	89%	82%	19,084	89%	5.32	3.59	8.91	



# Commitment

## Be the place that people choose to work



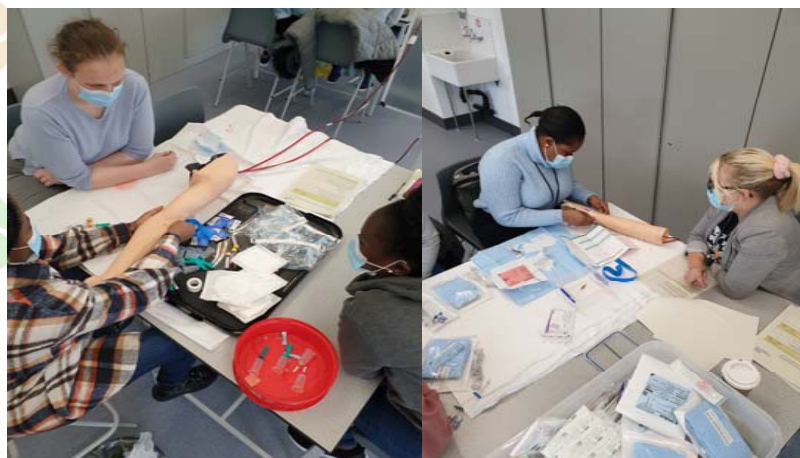
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**Clinical Support Worker (CSW)** Recruitment continues in line with the vacancies across the trust at the present time. We have recently had 17 new CSWs start in trust on 28th March who are settling into their clinical areas well. The next cohort is planned for June and with our apprenticeship programme starting in September. This will be run in partnership with Walsall College for candidates that are new to care and looking for a new challenge or a career change. We are hopeful to recruit candidates from the care leaver covenant for some of these roles. The team continue to support our CSWs in practice to aid them to achieve competencies and theory work required to achieve the Care Certificate.

**Nursing Associate Apprentices (NAA)** Cohort 10 commenced in the trust on Monday 7th March We had 14 new TNAs start in post and they are being supported by the team in relation to pastoral support, practical guidance and theory support in collaboration with the University. Cohort 11 will be starting in trust and in post in September 2022. This cohort of students will be completing the course with Wolverhampton University.

**Pre-registration Team** Collaborative Learning in Practice (CLiP) rollout continues, and some areas are embracing the change of this new model enhance placement expansion. Leadership placements for our Nursing and AHP students has been very well received and is having a positive impact on increasing student capacity. Health Education England are supporting a placement on the next leadership programme, so this will be a valued experience for the students.

**Post Registration team** On 28th March we welcomed and inducted 21 IR nurses, who are now at Bootcamp. The team have now been able to train the existing international cohorts with their clinical skills at a new venue Dudley College of Technology. This venue is going to be utilised for other programmes to make training more effective than previous virtual training the team have had to provide.





## Paper for submission to the Board of Directors on the 18<sup>th</sup> May 2022

<b>Title:</b>	<b>Learning Disabilities and DNA CPR decisions – Safeguarding Assurance Report</b>
<b>Author:</b>	Julie Mullis – Head of Safeguarding Mary Sexton – Chief Nurse
<b>Presenter:</b>	Mary Sexton – Chief Nurse

Action Required of Committee / Group							
Decision	N	Approval	N	Discussion	N	Other	Y
Recommendations:							
The Board is asked to note the completion of internal and external reviews into the do not attempt cardiopulmonary resuscitation (DNA CPR) decisions of patients with Learning Disabilities during wave one of the SARS-CoV-2 pandemic and to note the action taken and assurances in place							
The Board is asked to discuss the report.							
The report will also be shared with the Dudley Safeguarding People Partnership Board (DSPPB).							

Summary of Key Issues:
<p>Concerns were raised by the Trust's Lead Nurse for Learning Disabilities which led to the commission of an internal review on all deaths of patients with a learning disability during March and April 2020.</p> <p>Our internal review identified seven deaths where a DNA CPR decision had been recorded citing factors such as "learning disability" as being instrumental in the decision-making process.</p> <p>The Trust then commissioned a further independent external review of the seven cases and identified two where an internal investigation was required as part of a Root Cause Analysis (RCA). The two internal RCA investigations concluded that the decision to instigate a DNA CPR for both patients was based on the clinical findings and that ceiling of care decisions were based on complex and extensive consultation with multiple clinicians.</p> <p>The reviews identified that practitioners did not always correctly implement the Mental Capacity Act 2005 all cases.</p>








As a result of these reviews, the following actions have been fully implemented:

- interviews with the consultants involved in documenting non-physiological factors as being instrumental in the decision-making process to advise of the correct process and undertake reflective conversations.
- Dissemination of NHSE/I guidance to all consultants.
- The development of a video entitled “DNACPR decision making for people with a learning disability, or people with impaired mental capacity”. This was shared Trust wide.
- A patient safety bulletin on mental capacity assessments in relation to DNA CPR has been distributed across the Trust.
- The Learning disability team introduced a 7-day week rota during the pandemic to promote additional support to clinical teams.
- A review of the mental capacity act training was undertaken, to support practitioners in completing assessments and recording of decisions made

The identified learning and actions from the reviews has led to the development and implementation of robust systems to review all deaths of patients with Learning Disabilities and recognise, share, and act upon learning. This is overseen by the Trust’s mortality lead with input from the Lead for Learning Disability and is fully embedded in our process.

### Impact on the Strategic Goals

(indicate which of the Trust’s strategic goals are impacted by this report)

 <b>Deliver right care every time</b>	<b>X</b>
 <b>Be a brilliant place to work and thrive</b>	
 <b>Drive sustainability (financial and environmental)</b>	
 <b>Build innovative partnerships in Dudley and beyond</b>	
 <b>Improve health and wellbeing</b>	<b>X</b>

### Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	N		Risk Description: <i>Inc risk ref number</i>
	On Risk Register:	N	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details:
	NHSE/I	Y	Details: NHSE/I guidance to all consultants

	Other	Y	Details: Mental Capacity Act 2005
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<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	N	Date:
	Committee	Y	Date: 25 <sup>th</sup> January 2022
	Board of Directors	Y	Date: 18 <sup>th</sup> May 2022
	Other: DSPPB	Y	Date:

**Title: Learning Disabilities and DNA CPR decisions – Safeguarding Assurance Report**

**Author: Julie Mullis – Head of Safeguarding and Mary Sexton – Chief Nurse**

**Presenter: Mary Sexton – Chief Nurse**

**Date: 14.5.21**

### **1.0 Purpose of the paper**

To provide assurance to the Board of Directors, and the Dudley Safeguarding Adult Partnership Board and partner agencies, that The Dudley Group NHS Foundation Trust has:-

1. Completed comprehensive internal and external reviews of mortality of patients with Learning Disability during the first wave of the SARS-COV-2 pandemic in March and April 2020. To include:
  - Investigation of whether DNAR CPR decisions were based on sound clinical judgement without discriminatory intent
  - Application of the Mental Capacity Act 2005 including involvement of the patient and carer (or where indicated an IMCA) in discussions around suitability for resuscitation
  - Documentation of decision making
2. Identified learning from these reviews and undertaken action to share the learning with staff.
3. Ensured there are robust systems in place to review all deaths of patients with Learning Disabilities, to identify, share and act upon learning identified.

### **2.0 Background**

In May 2019 the National NHS Medical Director, Professor Stephen Powis, wrote with regard to Learning disability, death certification and DNAR CPR orders, emphasising that:

*“The terms “learning disability” and “Down’s syndrome” should never be a reason for issuing a DNACPR order or be used to describe the underlying, or only, cause of death ... Learning disabilities are not fatal conditions.”*

*Furthermore NHSE/I wrote to all Trusts on 3<sup>rd</sup> April 2020 to ensure that there was clarity in relation to the use of the Clinical Frailty Scale (CFS) and the use of do not attempt cardiopulmonary resuscitation (DNACPR) with younger patients, those with a stable long term physical need, learning disability or autism.*

This stressed that:

*“The CFS should not be used in younger people, people with stable long-term disabilities (for example, cerebral palsy), learning disability or autism. An individualised assessment is recommended in all cases where the CFS is not appropriate.”*

During the early stages of the SARS-COV-2 pandemic during March and April 2020, the Trust Lead Nurse for Learning Disabilities, raised concerns that this guidance was not being followed and following an internal review by the Learning Disability Team, on all deaths of patients with a learning disability during this time, 7 deaths were identified where DNA CPR decisions had been recorded citing non-physiological factors, such as learning disability, as being instrumental in the decision making process. The cases were reviewed by the Structured Judgement Review (SJR) process and by the learning disability team, and further advice was sought from the Trust solicitors. Independent Reviewers were instructed to examine to what extent, if at all, the DNA CPR decision was incorrectly reached and the closely related question of whether this affected the outcome for the patient.

The Trust established an Ethics Committee at the start of the SARS-COV-2 pandemic as it was recognised that challenging clinical decisions regarding ceiling of care would require ethical oversight. The Committee is chaired by a non-executive Director of the Trust Board.

### **3.0 External and Internal Reviews**

Following review of the 7 cases, the independent review suggested that 2 of these cases would need further internal reviews to investigate whether these patients should have been considered for full escalation and transferred to Intensive Care. These 2 cases were investigated internally as part of a Root Cause Analysis (RCA) process.

### **4.0 Learning**

#### **Was there evidence of discriminatory intent or practice?**

The Trust firmly recognises that unintentional discrimination can occur. There is accepted evidence that people with a learning disability may have poorer outcomes generally when accessing healthcare. Unintentional discrimination can have a significant impact and often comes through in the use of certain language and through the use of 'shortcuts' in record keeping.

The Chiefs of Service were involved in the investigation of the incidents and noted that the patient's notes showed exemplary care of these patients, that conversations were recorded in the notes, and staff were providing adjustments to provide extremely good care for these patients. It was noted that the failings were in the filling out of the forms and were not identified quickly, this has been addressed with the individuals involved.

The Trust has considered this in the reviews that have occurred and, in the learning, identified with individual practitioners.

The concluding opinion of the external expert reviewers were 'generally reassuring, in the sense that the decision not to offer CPR was reasonable, irrespective of the illegitimacy of some of the reasons cited on the DNA CPR form, and the outcome would have been the same in any event'. The reports all demonstrate some learning points for the clinicians involved in this process.

The two internal RCA investigations concluded that the decision to instigate a DNA CPR for both patients was based on the clinical findings and ceiling of care decisions were based on complex and extensive consultation with multiple clinicians involved in the care and treatment of these individuals.

In conclusion the both the internal and external investigations found no evidence of discriminatory intent in the documented clinical reasons for DNA CPR and that the documentation did not reflect the decision making process within the medical notes. There was evidence that there was use of discriminatory terms documented on the DNACPR form which was not in adherence with the Trust Resuscitation and Escalation Plan.

## **Was there appropriate use of the Mental Capacity Act 2005?**

The Root Cause Analysis and Structured Judgement Reviews identified that in some cases practitioners did not correctly implement the Mental Capacity Act 2005. There was not always evidence of practitioners assessing the patient's capacity to be involved in discussions around CPR, or that they had attempted to seek the patient's wishes and feelings either directly from the patient or from carer/family. In one case where the patient lacked capacity and had no one available to represent his views, an IMCA was not appointed as set out in the legislation.

### **5.0 Actions**

- All consultants involved in documenting non-physiological factors as being instrumental in the decision making process, have been interviewed and provided with supervision to enable reflection on their practice.
- The NHSE/I guidance was disseminated to clinicians across the Trust during the SARS-COV-2 outbreak and this was reiterated to all staff.
- A video has been developed by the palliative care team and learning disability leads entitled "DNACPR decision making for people with a learning disability, or people with impaired mental capacity". This includes the documentation requirements for DNA CPR, use of the Mental Capacity Assessments and the role of the IMCA and has been communicated via training and Trust communications and is available on the Trust hub pages
- Patient safety bulletin on mental capacity assessments in relation to DNA CPR has been distributed across the Trust
- The Learning disability team introduced a 7 day week rota during the pandemic to support safe practice for patients with learning disabilities and give guidance to clinical colleagues.
- A review of the mental capacity act training was undertaken, to support practitioners in completing assessments

### **6.0 Assurance**

- The learning disability team are notified of all individuals admitted to services and provide expert advice and support to the patient, family, carers and clinical staff.
- The learning disability team reviews all cases of learning disability that come through the Trust and highlights any deaths for formal review by Structured Judgement Reviews, the Mortality Surveillance Group and subsequent referral through the LeDeR process.
- Structured Judgement Reviews scrutinise quality of care including any cases of neglect, acts of omission or discriminatory intent or practice.
- External reports have reviewed Trust processes in relation to the cited cases.
- Review of the DNA CPR documentation has been incorporated into the Structured Judgement Reviews of all deaths and is bench marked against a national template.
- Audit of DNA CPR is included in the annual audit programme, to include impact on patient's with learning disabilities.
- Ethics Committee received a detailed report on the cases and action taken to address learning.
- The delegated Trust Board Committee; The Quality and Safety Committee, received full reports and has oversight of all mortality data and information, including those involving people with learning disabilities.
- The Trust's Internal Safeguarding Board (ISB) has a standing agenda item relating to learning disabilities which is received at each meeting
- The Quality and Safety Board level Committee received upward assurance from the ISB. Additionally, it receives information relating to any death involving a person with a learning disability as well as an annual learning disability report. This will include significant assurance relating to the work ongoing in the Trust to support people who have a learning disability.

## Paper for submission to the Board of Directors 18<sup>th</sup> May 2022






<b>Title:</b>	Maternity and Neonatal Safety and Quality Dashboard
<b>Author:</b>	Claire Macdiarmid – Head of Midwifery
<b>Presenter:</b>	Mary Sexton – Chief Nurse

Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Y
<b>Recommendations:</b>  The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements and Ockenden recommendations			

Summary of Key Issues:
<p>There were two still births during March 2022, none were reported during February 2022, and one early and one late Neonatal death in February 2022. No Neonatal deaths were reported in March 2022.</p> <p>In March 2022, there were two serious incidents reported within Maternity, one occurred during September 2021, and the other occurred during January 2021.</p> <p>Continuity of Carer has been paused at Dudley Group since November 2021. An action plan is in development which outlines the Trust's current position, this is to be presented to The Board at the next meeting.</p> <p>Following the pausing of the CNST Maternity Incentive scheme year 3 in January 2022, revised standards were published on the 6<sup>th</sup> May 2022 with declarations to be submitted by the 5<sup>th</sup> January 2023.</p> <p>An insight visit to The Dudley Group services took place on the 20<sup>th</sup> April 2022 to provide assurance against the seven Immediate and Essential Actions from the Ockenden Report. There were several points of celebration and some recommendations made by the visiting team.</p> <p>Midwifery staffing continues to be a risk and remains on the risk register. Significant improvement is required in order to be able to comply with the continuity of carer requirements. Ongoing midwifery recruitment, including international recruitment, is in progress.</p>

### Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	X
	Be a brilliant place to work and thrive	X
	Drive sustainability (financial and environmental)	
	Build innovative partnerships in Dudley and beyond	X
	Improve health and wellbeing	X

### Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	Y		Risk Description:	
	On Risk Register:	Y	Risk Score:	
Compliance and/or Lead Requirements	CQC		Y	Details: All Areas
	NHSE/I		Y	Details: CNST standards
	Other		Y	Details: Ockenden Recommendations
Report Journey/ Destination (if applicable)	Working / Exec Group		N	Date:
	Committee		N	Date:
	Board of Directors		Y	Date: 18 <sup>th</sup> May 2022
	Other		N	Date:

## REPORT FOR ASSURANCE

### Maternity and Neonatal Safety and Quality Dashboard

Report to Trust Board 18<sup>th</sup> May 2022

## 1 EXECUTIVE SUMMARY

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHSEI document “Implementing a revised perinatal quality surveillance model” (December 2020). The purpose of the report is to inform Trust board and LMNS board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report will reflect actions in line with Ockendon and progress made in response to any identified concerns at provider level.

1.2 In line with the perinatal surveillance model, we are required to report the information outlined in the data measures proforma monthly to the trust board. Data contained within this report is for February and March 2022, unless otherwise specified throughout.

## 2 BACKGROUND INFORMATION

### 2.1 Perinatal Mortality.

Stillbirths -There has been 0 still births during February 2022 and 2 during March 2022.

Early Neonatal Deaths – There have been 1 early neonatal death during the month of February 2022 and 0 during March 2022.

Late Neonatal deaths -There have been 1 late neonatal death in February and 0 during March 2022.

All stillbirths and neonatal deaths are reviewed using the National Perinatal Mortality Review Tool (NPMRT) which includes parent’s perspectives and questions as part of the review. The system allows for a report to be produced covering all aspects required as part of the CNST Safety Action 1.

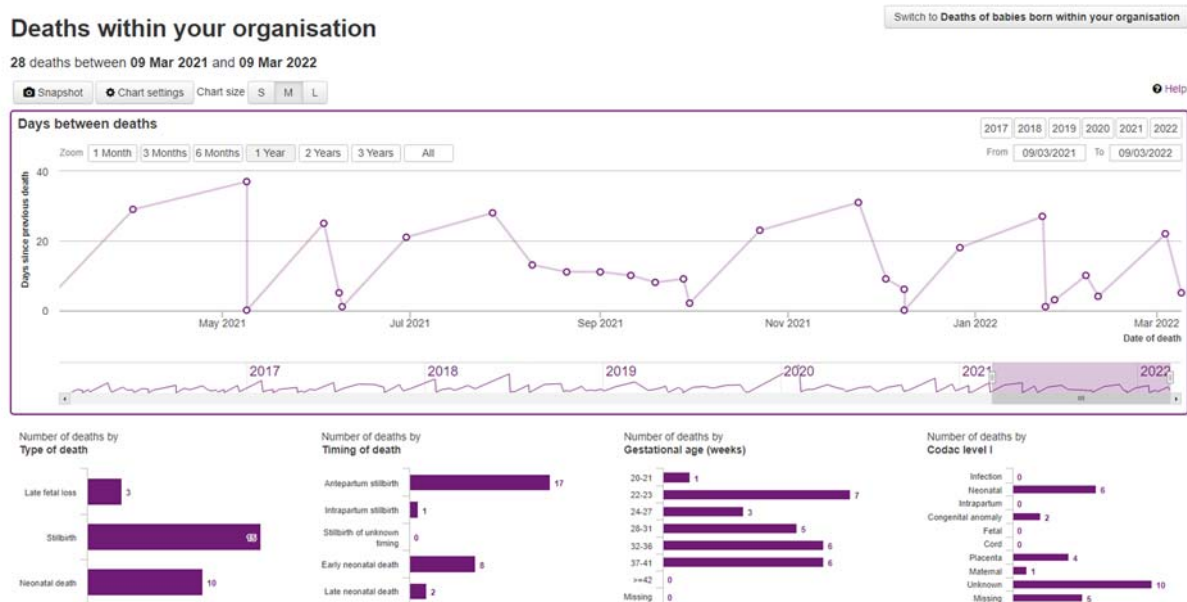
In addition to the NPMRT database we are required as a Trust to report the following to MBRRACE

- **Late fetal losses** – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred

- **Stillbirths** – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Early neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- **Late neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth.

A national report is produced by MBRRACE annually highlighting themes of good practice and recommendations for changes in practice. Additionally, MBRRACE carry out confidential enquiries based on identified themes from their main reports.

## 2.1.2 PMRT real time data monitoring tool



## Mortality rates

### 2.1.3

2022	February	March
Crude Stillbirth rate	3.14	3.61
Adjusted Stillbirth rate	2.66	2.89
Crude neonatal death rate (early)	2.43	1.93
Adjusted Neonatal death rate (early)	0.97	0.72

\*Rate is per 1000 births

### 2.1.4 Learning from PMRT reviews

In March 2022 at the Mortality Surveillance group, it was identified that the Trust were not going to meet the Safety Action 1 of the NHS resolution Maternity incentive scheme. In evidencing at least 50% of all deaths of babies (suitable for review using the PMRT) who



were born and died in your Trust, including home births, from 8 August 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. The Trust are required by NHS resolution by the 30<sup>th</sup> June 2022. The outstanding cases were identified as neonatal deaths and Sudden Infant Deaths (SUDIC).

### **2.1.5 Neonatal Mortality Rates**

#### **PMRT Process**

In response, the Women and Children's service arranged extraordinary multidisciplinary meetings to enable the cases to be reviewed within the designated timescale. An action plan was developed to ensure that the PMRT process was embedded to ensure timely review of all perinatal cases and to identify learning.

A Consultant Neonatologist and Consultant Obstetrician have been identified to lead PMRT. A neonatal Nurse is in post and a PMRT Midwife has been seconded to support the PMRT process. Monthly PMRT meetings will be held to enable all cases to be reviewed within timescale and the meeting will include a Multidisciplinary team (MDT), and external reviewers are being recruited to enable a robust review. Learning identified within the meeting will be captured and assigned to the appropriate lead to implement. This learning will be added to the incident reporting system to allow the actions to be monitored and to gain assurance.

The PMRT Standard Operating Procedure is being rewritten to reflect these changes.

All learning continues to be shared across the Black Country and West Birmingham LMNS on a monthly basis via the quality and safety workstream.

### **2.2 Healthcare Safety Investigation Branch HSIB and Maternity Serious Incidents SIs**

Since April 2018, the Healthcare Safety Investigation Branch HSIB has been responsible for the investigations into specific maternity incidents. These include:

- Intrapartum stillbirth
- Early neonatal deaths
- Potential severe brain injury
- Maternal deaths

#### **2.2.2 Investigation progress update**

DGFT executive summary from HSIB up to 31/3/22.

<b>Cases to date</b>	
Total referrals	20
Referrals / cases rejected	3 (duplicate entries)
Total investigations to date	17
Total investigations completed	14
Current active cases	3

Exception reporting	Nil
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Each of these are treated as RCA investigations in respect of Trust reporting and following receipt of the HSIB report and production of our local action plan the reporting through appropriate governance processes is carried out.

### **2.3 Coroner Ref 28 made directly to the Trust**

There were 2 Coroner ref 28 made directly to the Trust in respect of perinatal or maternal deaths in February or March 2022.

### **2.4 Maternity Serious Incidents**

There were 0 serious incidents reported in Maternity during February 2022.

There have been 2 serious incidents reported within maternity during March 2022. One occurred during September of 2021, and one occurred in January 2022.

### **2.5 Continuity of Care**

Continuity of carer (CoC) has been paused at Dudley Group, as has been the position since November of 2021. An action plan is in development which outlines the trusts current position, and the building blocks in place to allow CoC to be able to develop to full scale in the future. This will be presented to the next board meeting prior to submission to NHSE in July 2022.

The Ockenden final report was published on the 31<sup>st</sup> March 2022. This clearly outlined the requirement for all trusts to risk assess their ability to safely continue to deliver continuity of carer. We are aware that staffing and workforce are the biggest blocker to us commencing CoC at full scale at the current time, and local, regional and national work is underway to rectify this position.

### **2.6 Training related to core competency framework**

2.6.1 A suite of role specific mandatory training is planned for the next year to address the requirements of Maternity Incentive scheme CNST and the requirements of the Ockenden recommendations.

These include:

- Multidisciplinary skills drills training to include obstetric, midwifery, theatre and anaesthetic staff along with the neonatal team.
- GAP/GROW training online to address the fetal growth restriction domain of Saving Babies Lives.
- A new session delivered by the specialist midwife that addresses all the domains of the SBLCBv2
- Fetal monitoring competencies are going to be assessed in a couple of ways. This will include face to face teaching followed by a short test of competency and via the online learning and competency assessment from K2 CTG training. Regular sessions are due to commence on delivery suite, hosted by the fetal wellbeing team. These have been delayed due to staff absence and high activity within the department.

## **2.7 Saving Babies Lives V2**

2.7.1 The saving babies lives care bundle version 2 (SBLCBv2) continues to make excellent progress towards full implementation. Safety action six of the clinical negligence scheme for trusts is focused on full compliance with each of the five domains of the care bundle.

Improvement in detection rates of babies that are growth restricted continues due to collaborative working between the digital midwife, SBLV2 specialist Midwife and the obstetric sonography team in their efforts to ensure full and accurate data is being produced and calculated within the EPR. Work is ongoing with the Perinatal Institute to further improve detection rates. Introduction of the digital maternity growth charts should further improve these rates. This went live on May 9<sup>th</sup>, 2022.

## **2.8 NHS Resolution Maternity Incentive Scheme CNST**

2.8.1 NHS Resolution released the year 4 standards for the CNST Maternity Incentive scheme on 9<sup>th</sup> August 2021. In January 2022 it was announced that the scheme would be paused for 3 months due to the ongoing efforts of the current wave of the COVID-19 pandemic. There was a reported revision of guidance in October 2021 related to several the safety actions In November has been a further revision of the guidance related to safety action 2 which is the MSDS compliance. This brings the safety action in line with NHS Digital requirements and timescales. The revised standards were published on May 6<sup>th</sup>, 2022. Board declarations must be submitted by 5<sup>th</sup> January 2023 to be eligible for payment under the scheme. An update on progress against the new standards will follow.

2.8.2 The Trust successfully achieved year 3 of the scheme, this was announced in March 2022.

## **2.9 Safe Maternity Staffing**

Organisational requirements for safe midwifery staffing for maternity settings NICE (2017) states that Trusts develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to always provide safe care to women and babies in all settings. Midwifery staffing is reported biannually to Trust board. NICE (2017) recommend that a Birth rate plus assessment is carried out every three years. An assessment has been commissioned and results have been received, there will be a paper presented to the July board once full analysis of the data is undertaken.

### **2.9.1 Midwifery Staffing**

The crude birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the rolling annual delivery rate, it is included on the maternity dashboard. The most recent calculation was a ratio of 1:31 although this was calculated against establishment in post and did not take into account maternity leave and COVID absence. The recommended ratio based on the previous Birth Rate Plus assessment should be 1:27 this is unlikely to alter significantly during reassessment.

2.9.2 Quarter 4 Report for acuity within the Maternity department taken from Birthrate plus acuity tool.

## Compliance & acuity percentages Q4

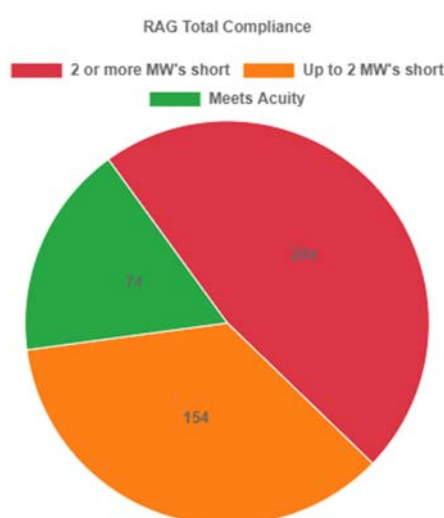
Area	Compliance	Red	Amber	Green
Delivery Suite/MLU	80 %	47 %	36%	18%
Maternity ward	16%	11%	53%	36%

### Delivery Suite

Compliance for Delivery suite/MLU is below the suggested Birthrate Plus® compliance factor of 85% during Q4. A higher compliance may provide more representative data.

Jan 80% %, Feb 75%, and March showing an improvement at 84%. This suggests that compliance needs to increase to improve overall confidence with the data reported.

### **Acuity 13-week period:**



During this time period the staffing met acuity 17% of time. This is below the suggested target of 85%. When there are high levels of negative acuity it is important to understand what may be causing this.

- High levels of absence or vacancy, not being at recommended budgeted establishment and roster template
- Increasing births and / or acuity /casemix of women
- Inaccurate data entries

Please note this 13-week report is taken from 02/01/22- 27/03/22 period.

February and March 2022 have seen challenging staffing levels for all areas of Maternity. This has again been due to covid absence, high maternity leave rate (12.5% of qualified midwives) as well as non-covid sickness absence. All staffing shortfalls have been reported via the datix system, and each patient assessed as to whether any harm was caused as a result of these staffing shortfalls. 0 incidents were reported as harm caused due to delays caused by staffing shortages. 1:1 care in labour was also reported as 100% throughout.

The regional Midwifery sitrep is completed Monday to Friday, which allows declaration of OPAL status to the region. It collects data relating to workload and any delays associated. It collates some data relating to acuity of the department and links to birth-rate plus acuity

scores. It also allows quick reference of neighbouring units with the capacity and ability to support as required.

The draft of the maternity workforce review (Birthrate) has been received in trust; however, amendments have been requested to reflect the recent increases to staff training requirements. Currently maternity has a vacancy of 24WTE midwives across the service as well as maternity leave rate of 12.5%. Recruitment is ongoing and 18WTE newly qualified midwives have been recruited to commence September/October 2022. Seconded nurse roles have been advertised to provide backfill until September/October 2022. An enhance Band 3 Midwifery support worker role has now launched which allows support staff to undertake an enhanced role. This role is also to be launched in the community setting in June 2022 3.6 WTE. A newly created 'Retention Midwife' has recently commenced within maternity. The purpose of this role is to support early career midwives (Band 5) to support them to remain within the trust and profession. Progress with this role will follow.

### **2.9.2 Deep dive into Maternity culture**

Staff survey results have shown a downward trend for the last two years. As this has been a continuing theme, a deep dive into the culture of the whole maternity workforce has been commissioned, and is commencing on the 9th May 2022. This work will be undertaken over one full week by way of group and 1:1 sessions with all staff groups from all areas by an external company that specialise in culture and coaching approaches. Feedback and an action plan will be collated following these sessions.

### **2.9.3 Obstetric staffing**

We currently have 13.6WTE substantive consultants in post, and 16.0 WTE in budget. The demand capacity model has shown requirement for 20.32 WTE consultants. A further locum post has been recently readvertised as the successful candidate withdrew. 2.0WTE posts with specialist interests to be advertised.

Monthly medical workforce meetings to plan ahead. Gaps in the rota are currently being filled with a combination of bank and agency staff. The newly agreed job plans and consultant rota is to commence on 16<sup>th</sup> May. Essential lead roles to aid progress towards the Ockenden essential actions are included in these job plans, however there are additional roles currently unfilled that will be allocated to vacant post holders. There is currently no long-term sickness, however 2.0 WTE consultants are on a phased return to work/amended duties.

## **2.10 Maternity Service Improvement Plans**

2.10.1 An Insight visit to Dudley Group NHS Foundation Trust services was completed on the 20<sup>th</sup> April 2022.

The purpose of the visits was to provide assurance against the 7 immediate and essential actions from the Ockenden report. The Insight Visit Team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the senior leadership team and many front line staff ranging in job roles. Emerging themes from conversations were organised under the immediate and essential actions headings

- 1.Enhanced Safety
- 2.Listening to Women & Families
- 3.Staff Training and Working Together
- 4.Managing Complex Pregnancy
- 5.Risk Assessment Throughout Pregnancy
- 6.Monitoring Fetal Well-Being
- 7.Informed Consent
- 8.Workforce Planning and Guidelines

### **2.10.2 Points for Celebration**

Despite the sustained pressures in the maternity system the midwives obstetricians are clearly working well together and have good relationships

Progress towards full implementation of the twice daily ward rounds is progressing well with a clear trajectory and plan with ongoing recruitment of additional obstetric consultants

Excellent leadership and clinical expertise are seen in the matrons and specialist midwives

Health Care in Service Practitioners are an innovative example of utilising staff to give wrap around public healthcare advise

The Dudley Improvement Team are working well with the maternity team on QI specific projects to improve pathways of care

Antenatal risk assessment is carried out at every contact

### **2.10.3 Points for Recommendation:**

- The Non-Executive Director for maternity services should consider how to be more visible to staff, women and their families.
- Staff and women should be supported to understand the role and the personnel holding safety champion roles.
- The Governance Lead role is pivotal as part of the senior midwifery leadership team. These are usually 8A roles. Consideration should be given to a review of the Job description and job matching to an 8A banding of the midwife currently occupying this role.
- The Midwifery Governance team should be released from clinical duties as soon as possible to support the Governance Lead in her role.
- Consider a review of the workforce plan including senior midwifery leadership to enable succession planning.
- The Trust continue to develop the maternity section on their single EPR in line with their digital strategy. There will be further national funding released over the course of this year which the Trust could bid for which would support further development. Consider creating a business case in readiness for that funding release. One area

that the Trust may like to consider further development around is the accessibility and interaction that the women can have with their records.

**2.10.4** Elements of the feedback received have been challenged by the Chief Nurse and Head of Midwifery due to a lack of clarity where the data was taken from. Amendments to wording within the report has also been requested. This will be shared once a final report is received.

**2.10.5** Monthly Ockenden assurance meetings continue to be held in Maternity, attended by the multidisciplinary team, each with allocated responsibility for providing assurance of progress on each IEA.

## **2.11 Staff feedback from frontline champions and walk about.**

A safety walkaround was undertaken on the 7<sup>th</sup> April 2022. The main actions identified are below. A full action log is completed during each walkaround.

Concerns	Actions
Improvements required to staff facilities in all areas including shower facilities and rest rooms.	Ongoing work to Maternity unit staff wellbeing room. Due to be completed by 5 <sup>th</sup> June 2022. Theatre staff changing areas- issues now resolved.
Procurement challenges in orders being cancelled of urgent pieces of equipment	Meeting arranged to discuss challenges and timings of order

A safety champion meeting also occurred on the 27<sup>th</sup> April 2022 attended by all safety champions for both maternity and neonatal.

## **2.12 Local Maternity and Neonatal Systems Buddying partnership arrangements**

The LMNS is required by NHSE to join partnership buddying arrangements and this has been agreed in principal between the following neighbouring Local Maternity and Neonatal Systems (LMNS) - Staffordshire and Stoke-on-Trent LMNS, Shropshire, Telford and Wrekin LMNS and Derbyshire LMNS.

The purpose of this arrangement which is to improve health outcomes and improve the quality and safety of maternity and neonatal services through shared learning. It is believed that the transformational change needed across the maternity and neonatal services will be delivered more effectively through effective cooperation and collaboration of LMNSs. The intention will be to share best practice and learning in the implementation of Savings Babies Lives Care Bundle (SBLCB), strengthening and increasing partnerships between Trusts and within the LMNSs and develop a Peer Review Framework.

## **2.13 Service user feedback**

I am pleased to be writing to offer a compliment to Julie Whitehouse from healthy pregnancy. She has simply been amazing throughout my entire pregnancy and continues to be so now I'm postpartum! I successfully quit smoking thanks to her and she continues to go above and beyond in her job! She has been the only source of constant support and has gone above and beyond to help. She has researched and offered help on topics beyond her care and even popped in to see Harrison in the hospital after he was born. She made the pregnancy much easier. Many thanks to Jules. She has been a shining star thought our pregnancy and postpartum and a valuable asset to the healthy pregnancy team!

Midwife Sophie and nurse Gemma was amazing, made me feel safe and guided throughout my labour. Forever grateful.

Everyone was friendly, kept me calm and kept me up to date with everything that was happening.

Midwives Deb and Lucy made a scary and stressful time as good as was possible.

Sometimes the waiting time for the clinic can be very long.

More information on options earlier on.

The consultant is always different and seeing the same consultant would be better.

Sonographers were friendly and reassuring.

How many women can say that they had a very pleasant birth? I can! The care I received from start to finish with the birth of my first child during COVID was second to none. From receptionist, nurses, midwives and consultants, thank you do much, and I am overjoyed to be back again for my second pregnancy.

### **3 RISKS AND MITIGATIONS**

3.2 Midwifery staffing continues to be a risk and remains on the risk register. Significant improvement is required in order to be able to comply with the continuity of carer requirements. Ongoing midwifery recruitment including international recruitment is in progress.

3.2 The requirements for evidence of assurance are very specific, and significant in its amount. The Trust Board is required to receive and minute detailed information particularly in relation to serious incidents, perinatal mortality and safety champion engagement.

### **4. RECOMMENDATION(S)**

4.1 The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements and Ockenden recommendations.

Name of Author: Claire Macdiarmid  
Title of Author Head of Midwifery  
Date report prepared 8<sup>th</sup> May 2022



**Paper for submission to the Board of Directors  
on 18 May 2022**

<b>Title:</b>	<b>Exception Report from Audit Committee Chair</b>
<b>Author:</b>	Alison Fisher, Executive Assistant
<b>Presenter:</b>	Gary Crowe, Audit Committee Chair

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b> Y
<b>Recommendations:</b>  The Board is asked to note the issues discussed at the Audit Committee on 21 March 2022.			

<b>Summary of Key Issues:</b>
Good assurance received in matters discussed.

<b>Impact on the Strategic Goals</b> <i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 <b>Deliver right care every time</b>	<b>Y</b>
 <b>Be a brilliant place to work and thrive</b>	<b>Y</b>
 <b>Drive sustainability (financial and environmental)</b>	<b>Y</b>
 <b>Build innovative partnerships in Dudley and beyond</b>	
 <b>Improve health and wellbeing</b>	<b>Y</b>

**Implications of the Paper:**

*(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*

<b>Risk</b>		N	Risk Description:	
	On Risk Register:	N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC		Y	Details: Well Led
	NHSE/I		Y	Details: Achievement of financial and performance targets
	Other		Y	Details: Value for money
<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group		N	Date:
	Committee		N	Date:
	Board of Directors		Y	Date: 18/05/22
	Other		N	Date:






## EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 21 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> <li>• none</li> </ul>	<ul style="list-style-type: none"> <li>• none</li> </ul>
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> <li>• All 2021/22 clinical effectiveness reviews will be closed by end of April</li> <li>• 94% of consultant job plans completed and plans underway to complete remaining areas</li> <li>• Good implementation of internal audit actions</li> <li>• Five internal audit reviews completed, with three receiving positive assurance and two negative assurance</li> <li>• Positive Head of Internal Audit Opinion expected</li> <li>• LCFS work undertaken, especially in raising awareness of the high level of mandate fraud</li> <li>• Received and noted the External Audit 2021/22 plan</li> <li>• Positive approach taken by External Audit in assessing key risks</li> <li>• Whilst progress has been elongated, development of the revised BAF is well underway and Q4 will be presented to Committees and Board</li> <li>• Draft Annual Governance Statement is well progressed</li> <li>• Supported declarations contained in the NHS Provider Licence self-certification</li> <li>• Small amount of losses and special payments made during Q3</li> </ul>	<ul style="list-style-type: none"> <li>• Approved extension to target dates for three internal audit actions</li> <li>• Approved the Internal Audit Plan and Strategy 2022/23</li> <li>• Approved the Local Counter Fraud Specialist Workplan 2022/23</li> <li>• Recommended to Board two changes to the Audit Committee Terms of Reference</li> <li>• Approved the Accounting Policies 2021/22</li> <li>• Approved the Financial Reporting – Segmental Analysis 2021/22</li> </ul>
<b>Chair's comments on the effectiveness of the meeting:</b> Good assurance received on matters discussed. Limited Executive Director attendance and relevant attendance requested for future meetings	

**Paper for submission to the Board of Directors on 18 May 2022**

<b>Title:</b>	Charitable Funds Committee Summary Report
<b>Author:</b>	Julian Atkins, Charitable Funds Committee Chair
<b>Presenter:</b>	Julian Atkins, Charitable Funds Committee Chair

Action Required of Committee / Group			
Decision	Approval	Discussion	Other Y
<b>Recommendations:</b>			
The Board is asked to note the contents of the report.			
<b>Summary of Key Issues:</b>			
Summary of key issues discussed and approved by the Charitable Funds Committee on 28 March 2022			
<b>Impact on the Strategic Goals</b> (indicate which of the Trust's strategic goals are impacted by this report)			
	Deliver right care every time		Y
	Be a brilliant place to work and thrive		Y
	Drive sustainability (financial and environmental)		
	Build innovative partnerships in Dudley and beyond		
	Improve health and wellbeing		Y
<b>Implications of the Paper:</b>			
<b>Risk</b>	N	Risk Description:	
	On Risk Register: N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE/I	N	Details:
	Other	Y	Details: Charity Commission
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 18/05/22
	Other	N	Date:

## UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 28 March 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>There were no matters of concern or key risks to escalate.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The money secured for the volunteering service has helped recruit and train ten volunteer mentors. These will now support the recruitment and training of a further one hundred and fifty new young volunteers. A volunteer services administrator and clinical support worker will also be appointed to help run the project until March 2023.</li> <li>The 'Will Fortnight' will take place in May supported again by Waldrons Solicitors.</li> <li>A plan for a Rainbow sculpture has been approved. The sculpture will mark the sacrifice and dedication made by staff and for those who lost their lives during Covid.</li> <li>Plans are being developed to set up a £1m appeal over two years.</li> <li>Several areas are being considered for the appeal.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Ms Kotecha advised the Committee that the Charity has been successful in securing £97,047 from NHS Charities Together towards our Trust's volunteering service.</li> <li>Mrs Taylor reported that since 1 April 2021, the Charity has received income of just under £677k while expenditure has been just over £524k. Total fund balances had increased to £2.6m.</li> <li>The review of Committee effectiveness was positive with only one amber rated response. This was based on three out of a possible five responses.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>One bid was received – for an ultrasound portable machine with iPad for use with Dudley stroke patients at a cost of £6,740. This was approved subject to the service using its own fund and the patient and staff welfare fund providing the remainder.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> The meeting was quorate and effective. Members reflected positively on the fundraising actions being undertaken.</p>	