



Board of Directors Meeting Public Papers

Thursday 17th November 2022 10:00 –14:00pm



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:

Helen Attwood
Directorate Manager
The Dudley Group NHS Foundation Trust
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Email: helen.attwood3@nhs.net

Helen Board
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321124 ext 1124
email: helen.board@nhs.net

2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. 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

Andy Proctor
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The Dudley Group NHS Foundation Trust
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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.

6 of

Board of Directors
Thursday 17 November 2022 at 10:00am
via MS Teams Video Conference
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	Chairman's welcome and note of apologies	Verbal	D Nicholson	For noting	10:00
2	Declarations of Interest Standing declaration to be reviewed against agenda items.	Enclosure 1	D Nicholson	For noting	10:00
3	Minutes of the previous meeting Thursday 22 September 2022 Action Sheet 22 September 2022	Enclosure 2 Enclosure 3	D Nicholson	For approval	10:00
4	Chief Executive's Overview and Operational Update	Enclosure 4	D Wake/ Executive Directors	For information & assurance	10:05
5	Chair's Update	Verbal	D Nicholson	For information	10:20
6	Public Questions	Enclosure 5	D Nicholson	For information	10:30
7	Patient /Staff Story Continence Services – Pelvic Health	Video	Ruth Hopper Continence Team Leader	For information & assurance	10:35
8	GOVERNANCE				
8.1	Board Assurance Framework	Enclosure 6	H Board	For assurance	10:55
8.2	The Dudley Group Annual Report and Accounts 2021/2022*	Available for download via Trust website Annual Reports - The Dudley Group NHS Foundation Trust (dgft.nhs.uk)			
8.3	Well-led external review action plan	Enclosure 7	D Wake	For decision	11:05
9	FINANCE & PERFORMANCE				
9.1	Finance & Performance Committee Report	Enclosure 8	L Williams	For assurance	11:15

9.2	Integrated Performance Dashboard	Enclosure 9	K Kelly	For assurance	11:35
9.3	Winter Plan update	Enclosure 10	K Kelly	For approval	11:55
9.4	Trust Strategy Updates	Enclosure 11	K Rose	For assurance	12:15
9.5	Charitable Funds Committee Report	Enclosure 12	J Atkins	For assurance	12:25
Comfort Break (10 mins)					
10	QUALITY & SAFETY				
10.1	Quality & Safety Committee Report	Enclosure 13	L Hughes	For assurance	12:40
	St Giles Project ‘one year on’ Speaker: Fiona Slym, West Midlands Community Delivery Manager, St Giles Trust	Verbal	Introduced by J Mullis, Head of Safeguarding		12:50
10.2	Chief Nurse Report	Enclosure 14	M Sexton	For assurance	13.10
10.3	Maternity Report including Neonatal Safety, Quality Dashboard and Ockenden	Enclosure 15	C MacDiarmid / Dr Banerjee	For assurance	13:25
11	WORKFORCE				
11.1	Workforce & Staff Engagement Committee Report	Enclosure 16	J Atkins	For assurance	13:45
11.2	Workforce KPIs	Enclosure 17	A Duffell	For assurance	13:55
12	Any Other Business	Verbal	All	For noting	14:00
13	Date of next Board of Directors meeting Thursday 19 January 2023 (public session)	Verbal			
14	Meeting close				14:00
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. Access to report information as guidance.					

Register of interests 01/04/2022 - 31/03/2023 (report accessed 10/11/22)

The Dudley Group NHS Foundation Trust

Name	Position	Date of interest	Description	Staff Group
Elizabeth Abbiss	Director of Communications	01/09/2022	Nil	Board Member
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services	Board Member
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work	Board Member
Thuvarahan Amuthalingam	Associate Non-Executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy services	Board Member
Julian Atkins	Deputy Chairman	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training	Board Member
Julian Atkins	Deputy Chairman	01/09/2021	Non-Executive Director of an organisation called ENTRUST	Board Member
Gurjit Bhogal	Non-Executive Director	01/10/2015	Aston Villa Football Club, Doctor providing medical care for Aston Villa	Board Member
Gurjit Bhogal	Non-Executive Director	01/05/2021	Mencap Heart of England. Trustee. Charitable Trustee Role	Board Member
Gurjit Bhogal	Non-Executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job	Board Member
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work	Board Member
Gurjit Bhogal	Non-Executive Director	24/08/2021 - 01/12/2021	Co-Chair of the ICC T20 Cricket World Cup Biosecurity Advisory Committee	Board Member
Gurjit Bhogal	Non-Executive Director	02/05/2022	Birmingham 2022 Commonwealth Games Medical Advisory Committee	Board Member
Gurjit Bhogal	Non-Executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board	Board Member
Gary Crowe	Non-Executive Director	01/09/2019	Independent Member, The Human Tissue Authority	Board Member
Gary Crowe	Non-Executive Director	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust	Board Member
Gary Crowe	Non-Executive Director	01/09/2019	Occasional lecturer, Keele University	Board Member
Alan Duffell	Interim Chief People Officer	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.	Board Member
Alan Duffell	Interim Chief People Officer	20/06/2022	Interim CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust	Board Member
Alan Duffell	Interim Chief People Officer	20/06/2022 - 12/09/2022	Workforce SRO for the Black Country ICS/ICB	Board Member
William Hobbs	Medical Director	17/08/2022	Nil	Board Member
Catherine Holland	Senior Independent NED	23/05/2022	Nil	Board Member
Elizabeth Hughes	Non-Executive Director	01/09/2016	Honorary Professor University of Aston	Board Member
Elizabeth Hughes	Non-Executive Director	01/07/2008	Honorary Professor University of Birmingham	Board Member
Elizabeth Hughes	Non-Executive Director	03/09/2012	Medical Director Health Education England	Board Member
Elizabeth Hughes	Non-Executive Director	01/01/2022	Professor of General Practice University of Bolton	Board Member
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust	Board Member
Elizabeth Hughes	Non-Executive Director	01/03/2017	Honorary Professor University of Worcester	Board Member
Elizabeth Hughes	Non-Executive Director	01/06/2022	Non Executive Director Birmingham and Solihull ICB	Board Member
Karen Kelly	Chief Operating Officer	16/08/2022	Nil	Board Member
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust	Board Member
David Nicholson	Chairman	01/09/2022	Non-Executive Director – Lifecycle	Board Member
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College	Board Member
David Nicholson	Chairman	01/09/2022	Sole Director - David Nicholson Healthcare Solutions	Board Member
David Nicholson	Chairman	01/09/2022	Advisor to KPMG Global	Board Member
David Nicholson	Chairman	01/09/2022	Director - The Worcestershire Healthcare Education Co Ltd	Board Member
David Nicholson	Chairman	01/09/2022	Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust	Board Member
Andrew Proctor	Director of Governance	18/08/2022	Nil	Board Member
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA	Board Member
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University	Board Member
Vijith Randeniya	Non-Executive Director	02/06/2014	Vice Chair of Birmingham Women and Children's Hospital	Board Member
Kathleen Rose	Director of Strategy & Transformation	28/10/2022	Nil	Board Member
Mary Sexton	Chief Nurse	17/08/2022	Nil	Board Member
Kevin Stringer	Interim Director of Finance	14/06/2022	Chief Financial Officer and Deputy Chief Executive The Royal Wolverhampton NHS Trust	Board Member
Kevin Stringer	Interim Director of Finance	14/06/2022	Interim IT Director and SIRO Walsall Healthcare NHS Trust	Board Member
Adam Thomas	Chief Information Officer	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	Board Member
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the BC ICB Board	Board Member
Lowell Williams	Non-Executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	Board Member
Lowell Williams	Non-Executive Director	01/12/2019	Lowell Williams Consulting Limited	Board Member

UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)
held on Thursday 22 September 2022 10:00hr
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)
Gary Crowe, Non-executive Director (GC)
Alan Duffell, Interim Chief People Officer (AD)
Julian Hobbs, Medical Director (JHO)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
Karen Kelly, Chief Operating Officer (KK)
Sir David Nicholson (SDN) **Chair**
Kat Rose, Director of Strategy & Partnerships (KR)
Mary Sexton, Chief Nurse (MS)
Kevin Stringer, Interim Director of Finance (KS)
Adam Thomas, Chief Information Officer (AT)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Liz Abbiss, Director of Communications (LA)
Helen Attwood, Executive Officer (Minutes) (HA)
Helen Board, Deputy Trust Secretary (HB)
Karen Brogan, Deputy Chief People Officer (KB)
Gail Parsons, Director of Research & Development (agenda item 14.1)
Shazad Shafquat, Consultant Ophthalmologist (agenda item 7)

Apologies

Andy Proctor, Board Secretary (AP)
Vij Randeniya, Non-executive Director (VR)

Governors and Members of the Public and External attendees

Alex Giles, Public Elected Governor, Stourbridge
Deborah Hardiman, Express & Star
Cllr. Alan Taylor, Appointed Governor, Dudley Metropolitan Borough Council
Andy Tibbs, Acacium

22/49 Note of Apologies and Welcome

The Chair opened the meeting and took a moment to reflect upon the recent passing of Her Royal Highness Her Majesty The Queen. The Chair welcomed Board colleagues, Governors, and members of the public and external attendees. Apologies were listed as given above.

22/50 Declarations of Interest

None to note.

22/51 Minutes of the previous meeting held on 21 July 2022

The minutes of the previous meeting were approved as a correct record.

It was **RESOLVED**

- **The minutes were approved.**

Action Sheet of 21 July 2022

It was noted that actions 21/105.1 and 22/09.1 had been deferred to the next meeting. Action 22/25.5 would be removed from the Board action sheet and addressed at the Workforce and Staff Engagement Committee.

22/52 Chief Executive's Overview and Operational Update

DW welcomed Sir David Nicholson, Chair, to his first Board meeting and thanked the members of the public for joining. The Board noted the following key highlights from the report:

The Trust was performing well against all restoration and recovery requirements, Cancer performance was positive although it was noted that the Trust was challenged by the 52 day cancer target which was being managed locally and recovery plans were in place across the Black Country. The organisation was noted to be the best performing Trust in the Midlands for its Elective recovery and the organisation is working with other trusts to provide mutual aid to deliver the best care for patients within the local system.

The Trust was seeing increased pressure at the front door and was challenged by the unloading of ambulances in a timely manner, although it was noted that all patients were assessed to maintain safe care. There had been a recent increase in activity that was providing an additional challenge. DW commended the hard work, resilience and commitment of staff in dealing with the increased pressures.

The Trust continued to see issues because of the high number of delayed discharges and was working with partners to address this. LW confirmed that he had recently taken the non-executive director lead role for Emergency Care and had attended several meetings with the Emergency Care Teams and wanted to provide assurance on the safe care being delivered. He however agreed that a key issue was working with partners to move medically fit patients into a better care setting. CH reiterated these comments and stressed the importance of system working to achieve patient flow and the need for improved social care funding to relieve pressures. KK confirmed that the focus was on the Discharge to Assess model to get medically fit patients back into community settings. JHO confirmed that there had been a significant reduction in length of stay and several actions had been taken by the Trust to optimise patient flow. It was noted that the Chair had recently visited the Rainbow Unit and that had been well received by staff. DW confirmed that MS and KK would be visiting the North Bristol NHS Trust to look at their process for reducing ambulance handover delays.

The Board noted that the Trust currently had 10 Covid inpatients and 43 staff currently isolating. Revised guidance around PPE had been received and was being communicated across the Trust.

It was welcoming to note that the Trust had been commended for its winter vaccine programme for COVID-19 and flu and had been shortlisted for a HSJ award for its "Queue for You" initiative.

Provider Collaboration in the Black Country had progressed well since it commenced in September 2020. Sir David Nicholson was Chair of the Collaborative Board which was made up of key members of the four Black Country Acute Trusts. The Board had agreed in principle to have a single Chair across the four Acute Trust organisations. The Chair confirmed that the Trust was well positioned to influence the way it works and how it shapes future healthcare across the Black Country.

It was **RESOLVED**

- **That the report be noted**

22/53 Chair's Update

The Chair asked that his sincere thanks be placed on record to the previous Chair, Dame Yve Buckland for her efforts. He highlighted that he had met many members of staff since joining the organisation and their passion and commitment was impressive to note, as was the Trust's commitment to achieving its strategic goals.

22/54 Public Questions

There had been none submitted.

22/55 Staff Presentation – Ophthalmology

The Chair welcomed Shazad Shafquat, Consultant Ophthalmologist, to the meeting. Mr Shafquat gave a presentation on the launch of the novel Intra Vitreal injection. The injection was used for the treatment of illnesses that cause blindness such as age related macular degeneration and diabetic retinopathy. This was a ground-breaking drug and Trust was incredibly proud to be the first organisation in the UK to deliver this injection to its patients.

GC welcomed the presentation and the impact of the new treatment in keeping patients out of hospital and asked if Mr Shafquat had managed to retain the opportunity to undertake research. Mr Shafquat confirmed that he continued to be involved in research and important clinical trials.

JA thanked Mr Shafquat for the presentation and asked about the number of patients that would benefit from the new treatment. Mr Shafquat confirmed that most patients with sight deterioration would benefit and it would have a huge impact on the care, treatment and outcomes for the Trust's Ophthalmology patients.

JHO highlighted that the launch represented another first for the organisation and asked if there was more that could be done in terms of screening and early identification of disease. Mr Shafquat confirmed that the Trust has an excellent Diabetic screening programme.

DW asked about savings from the new treatment and whether this could be rolled out across the Black Country. Mr Shafquat confirmed that the drug was cost neutral and would deliver a direct saving. AD asked about national roll out and Mr Shafquat confirmed that the treatment was being rolled out across the UK.

The Chair thanked Mr Shafquat and welcomed the improved care and treatment for the Trust's patients because of this innovation.

22/56 GOVERNANCE

22/56.1 Board Assurance Framework

HB presented the Board Assurance Framework (BAF). The document highlighted the risks in achieving the organisations key strategic goals. A summary document was included in the paper, including inherent, residual and target risk scores, mitigations and key controls. These had all been considered by the Committees of the Board as part of its risk management process.

The Chair suggested that the Board should challenge itself on whether the risks clearly identified the issues faced by the organisation. DW welcomed the document and suggested that Committee Chairs should reference consideration of the Board Assurance Framework in their upward reports to Board and articulate the rationale for the committee level assurance given.

GC confirmed that the Audit Committee had acknowledged the work of HB and AP on updating the BAF and how it addressed the risk appetite of the organisation. HB confirmed that a risk appetite session had been arranged for November and this would underpin the BAF document. The Board Assurance Framework would be kept under constant review.

It was **RESOLVED**

- **That the report be noted and taken for assurance and was built into the work of the Board Committees and noted the Board session around risk appetite and would be considered and reflected upon in Board agendas going forward.**

22/56.2 Emergency Planning Core Standards (EPRR)

KK presented the EPRR Core Standards, which was an annual requirement for trust Boards to demonstrate that it had in place suitable and sufficient plans and processes linked to EPRR. The Trust is substantially compliant in the main and in relation to the areas of partial compliance a robust workplan was in place to ensure full compliance for all areas within the next six months.

It was noted that the report had been previously scrutinised and approved by the Trust's Quality and Safety Committee.

It was **RESOLVED**

- **That the report be approved and noted that the Trust will be fully compliant with all standards within the next 6 months.**

22/56.3 Audit Committee

GC presented the exception report from the last Audit Committee meeting on 12th September 2022. The Committee had reviewed the annual consideration of the Trust's Standing Financial Instructions SFI and Scheme of Delegation and some small changes had been made. These would be circulated to Board members following the Board meeting for agreement.

The Board noted that for the Trust to progress to a higher level of HIMMS AMAM (data maturity) a significant amount of work was required and this would also require significant investment.

The Committee had seen revisions to the Clinical Effectiveness Report and additional assurance was provided and well received by the Audit Committee.

The Chair asked about the position in relation to Dudley Integrated Healthcare (DIHC). DW confirmed that work was ongoing following the meetings with Cap Gemini. The issues around the procurement process had been recognised in Dudley Place and the Integrated Care Board were reviewing the Dudley position; the Trust's clinicians continued to work on the clinical model. JA confirmed that he had visited Stourbridge Health Centre recently and progress in relation to DIHC was a matter of concern for Community staff.

GC confirmed that the challenge around HIMMS (data maturity) was of key focus on the Digital Trust Committee agenda.

It was **RESOLVED**

- Circulate copy of SFI and Scheme of delegation, highlight minor changes, take online approval and capture to minutes afterwards. **HB Completed.**

Post meeting note: *The copy of SFI and Scheme of delegation was circulated outside of the meeting and approved by Board members.*

22/56.4 Dudley Health and Care Partnership

KR presented the paper which had been discussed at the Dudley Partnership Board in July. An Executive Team had been established and will be meeting for the first time formally the following week.

A Programme Director would be appointed and a request for expressions of interest had been circulated.

GC asked about the work on health inequalities. KR confirmed that progress had been made noting that a focus group was being established and funding from Place identified. Work was being mapped on health inequalities as a System.

DW commented that all work should be collaborative as a System so the impact of funding can be measured to gain assurance that funding was being well spent.

LW agreed and urged caution not to focus solely on structures but also on relationships and behaviours. KR confirmed that the Trust was learning from Sandwell and Walsall on what can be achieved from partnership working.

It was **RESOLVED**

- **That the report be noted and recommendations within the report on the model be endorsed.**

22/57 FINANCE AND PERFORMANCE

22/57.1 Finance and Performance Committee Report

LW summarised the report given as enclosure ten and thanked all contributors to the meeting for allowing clarity around finance and performance. Positive assurance was taken from several clinical areas.

A presentation was received on Community Diagnostic Hubs and a positive report from the Human Tissue Authority. The Committee approved the Hip Contract and Cloud Transition Business Case

for presentation to Board. A return on investment was asked to be considered in the Procurement Report.

The financial position for the system and Trust was noted to be a huge challenge. The Trust was predicting a year end overspend of £15.3m and this reduced the cash position to £3.5m. A system overspend of around £27.2m was forecast. There was £30m of CIP activity underway and the Committee had noted the poor financial health of the System and Trust was not assured and remains a concern both locally and nationally.

The Board noted the potential risk around the Black Country Workforce Bureau hub and holiday pay. There were ongoing discussions with the Trust's PFI provider around the cost of its PFI services and inflation pressures in the economy.

CH confirmed that the Cloud Business Case detail was included on the Private agenda.

KS acknowledged the financial challenges across the System and that concerns were being escalated. Figures would be discussed in full detail during the private Board.

The Chair asked for clarification of the issue concerning holiday pay. AD confirmed that this was a contractual matter and applied to a small number of cases.

It was **RESOLVED**

- **to note the assurances provided by the Committee, the matters for escalation and the decision made.**

22/57.2 Integrated Performance Dashboard

KK summarised the report given as enclosure 11 and highlighted the following key areas:

A number of improvements had been seen for ED triage in majors but there was still further work to do, and the teams were working on a triage model.

DM01 (diagnostics) was improving along with Referral to Treatment (RTT) and 18 weeks where the Trust was third best performing regionally. There were no 104-week breaches, and the Trust was working on its 52 week wait times. Concern was noted around ambulance handover delays and a visit had been arranged to Bristol to look at their "push" model.

The Trust was noted to be in a good position and performing well against its recovery targets.

The Chair asked about 78 week waits. KK confirmed that the Trust was managing its list and offering mutual aid when able, along with managing the case mix to ensure that a "bow wave" effect did not occur.

JA asked about Venous Thromboembolism (VTE) performance. JHO confirmed that the Trust had an electronic system for reminding clinicians to complete VTE assessments. The Surgery Division had introduced a new Theatre checklist to ensure assessments were undertaken before patients had surgery. The Trust was in the upper quartile nationally for readmission with VTE and understood the reasons for fluctuation in numbers noting it was being monitored through the Quality and Safety Committee. LH confirmed that VTE is considered extensively at the Committee but suggested that following the recent change in junior doctors the VTE process should be highlighted to them. JHO confirmed that this was done at induction, but reminders would be of benefit. Co-horting of patients to drive reporting would be a key intervention.

DW confirmed that in relation to 78 weeks the Trust was working with the System to manage the position. The Trust was also providing mutual aid outside of the system and this was a testament to the organisation's strong performance. Mitigations were in place for challenged pathways.

It was **RESOLVED**

- **That the report be noted and taken for assurance.**

22/57.3 Trust Strategy Update

KR provided an update on key developments relating to the Trust's Strategy. It had been one year since the launch of the Strategy and good progress had been made. There was a Board Development session on the Strategy taking place the following week. Improved rates of early detection of cancer had moved from red to amber and feedback from Strategy walkabouts would be shared in the next quarterly report to Board and would be with all Board Committees.

It was **RESOLVED**

- **to note the good progress for assurance.**

22/57.4 Estates Strategy

KS presented the Estates Strategy which was updated on a regular basis. The Strategy was of standard format across the Integrated Care System, a two page summary was included in the report. There had been wide clinical and operational engagement in its production.

Good work was noted in relation to the Theatre upgrade and minor treatment rooms and the Trust were hoping to progress the release of national funding for ED development.

CH welcomed the document and recognised the need to prioritise developments and asked that consideration be given to the development of outpatient consultation rooms and that any unintended consequences of moving services off site were also considered.

DW confirmed that the organisation had outgrown its existing space as the workforce had grown, particularly around Consultant staff and off site working now needed to be considered. The correct support and infrastructure would be provided to staff. The Board noted that there had been a high focus on virtual appointments and it was disappointing to note that these had reduced and the Trust must work at minimising the number of patients on site.

JA enquired about the staff that work at the Health Centre next to Corbett Hospital and who looked after their building. KS confirmed that it was the landlord's responsibility to ensure the building was fit for purpose and confirmed that he would pick up this issue with JA outside of the meeting.

GC asked if the Strategy has been through a sub Committee of the Board. DW confirmed that the Strategy had been presented to the Executive Team and would be considered by the Finance and Performance Committee. The Chair confirmed that the Strategy should be aligned with the Trust Strategy.

It was **RESOLVED**

- **That the report be noted and Strategy approved subject to the caveats given above**

22/58.0 QUALITY AND SAFETY

22/58.1 Quality and Safety Committee Report

LH introduced the report from the July and August 2022 Committee meetings. The meetings had been positive and good progress noted. The positive impact of Recognise Acute Deterioration, Action & ReSPECT (Radar) was particularly pleasing to note and confirmed that the initiative would be rolled out across the Trust.

The Emergency Peer Review by the Black Country ICS was particularly positive and this was welcomed by the Committee given capacity challenges.

The Trust was noted to be high performing in the use of antibiotics and antimicrobials.

Concern remained around ongoing lack of compliance in relation to meeting the internal 30 day response time for complaints and the Committee had requested an improvement plan to be presented to its next meeting noting that it had been placed on the risk register.

Several annual reports were received and terms of reference approved as detailed in the report.

It was **RESOLVED**

- **to note the assurances provided by the Committee, the matters for escalation and the decision made**

22/58.2 Chief Nurse Report

MS summarised the report and highlighted the following key areas:

The COVID-19 booster vaccination for staff had commenced the previous week and 568 staff had been vaccinated. Flu vaccinations for staff were due to arrive the following day and vaccinations would commence from the following Monday.

The Board noted the ongoing reduction of falls and that the Trust remained below the national average.

The Trust had experienced none detentions under the Mental Health Act in the reporting period and it was noted that there was a Service Level Agreement in place with the Mental Health Trust and work was ongoing to strengthen the mental health response for our patients.

Professional development support was in place for new, existing and international staff.

The Chair asked about the flu vaccine and what the average uptake was. MS confirmed that the previous year 76% of staff received the vaccination. The Trust was challenged to achieve 95% of all staff vaccinated.

JA asked about Safer Staffing and in particular Maternity. MS confirmed that the Maternity Team would be joining the meeting to provide assurance on the matter. There was a robust plan in place that would be presented to the Quality and Safety Committee. There was a national shortage of midwives and noted that the organisation had seen several midwives returning to the workforce and the Trust was also looking to bring in 15 to 20 international midwives. The Trust was managing maternity staffing daily to understand risks, capacity and demand on the service.

The Chair asked about Community nursing. MS confirmed that an update on the Community staffing review would be included in the next report. The Chair asked that a focus is given to Community in our Board reports going forward.

The Chair asked about complaints performance. MS confirmed that this was a key area of focus and the position was improving. There was a need to have more direct dialogue with individuals to ensure The Trust was addressing their concerns. Improvement methodology had been used to assist the complaints response process.

It was **RESOLVED**

- **That the report be noted and assurances received and focus is given to Community Services in future Board reports**

22/58.3 Board Assurance Infection Control Framework and Annual Report

MS summarised the report given as enclosure 16 and confirmed that the Trust continued to perform well against the required standards.

The annual report demonstrated significant compliance and the Trust had performed well and was below target for all hospital acquired infections. Revised cleaning standards had been implemented and the Infection Prevention and Control (IPC) team were now at full establishment. Work around decontamination and water hygiene was robust.

The infection control team were noted to have made a huge contribution to the management of COVID-19 at the Trust.

The report had been presented to the Quality and Safety Committee.

GC asked about the Sunrise issues and the recent HSE visit. MS confirmed that the Sunrise issue was being addressed and would be resolved by October. All HSE peer review actions had been reviewed and completed and the HSE were satisfied that arrangements were robust.

GC asked about voluntary lateral flow testing. MS confirmed that guidance had changed and testing had stopped nationally. There was a national issue with the reporting of test results.

The Chair acknowledged the work of the IPC team and asked that the Board's thanks were passed to them.

It was **RESOLVED**

- **That the report and assurances were noted and the Board's thanks passed to the Infection Control Team**

22/58.4 Maternity Report including Neonatal Safety, Quality Dashboard and Ockenden

C McDiarmid and S Ijaz joined the meeting.

The data in the report was noted to be in relation to June and July 2022. There had been one neonatal death in July 2022.

Stillbirth rates remained below the national average and neonatal death rates sit above the national average. One case was open with the Healthcare Safety Investigation Branch (HSIB) and all learning from investigations was shared across the organisation.

There was one serious incident in July and investigation was underway.

The Trust had undertaken the Ockenden self-assessment in July and was fully compliant with assurance. A multidisciplinary approach had been taken and the Trust was awaiting national guidance following publication of the East Kent report.

The Trust was working towards compliance with NHS Resolution.

CNST safety actions relating to neonatal resuscitation training is currently non-compliant but on track to regain compliance by mid-November 2022.

Maternity staffing was a challenge, particularly during night shifts. A report showing peaks in activity was included in the report.

The staffing action plan was attached to the report at Appendix one. There were 25 WTE vacancies and 24 midwives were due to commence in the near future, along with the recruitment of international midwives. The Trust was also increasing the number of students on its midwifery courses. The Trust was unable to fully recruit to vacant medical posts in Obstetrics and a business case was being developed.

GC acknowledged the work and detail included in the report and commented on the gaps in staffing and asked if there was the required traction on making quick decisions to enact plans.

C McDiarmid confirmed that there was good support and plans were robust. GC asked about the work to support staff that are experiencing capacity pressures. It was confirmed that much work had been undertaken to support the health and wellbeing of staff.

LH confirmed that there were monthly Maternity Safety meetings co-chaired by MS and LH and there were regular walkrounds to meet and support staff.

DW welcomed the report and recognised C McDiarmid's work. In relation to recruitment DW confirmed that the Trust now understands the gaps in the workforce and more detail would be included in the report in relation to addressing vacancies and the work being taken around retention.

In relation to medical vacancies it had been agreed that the Obstetrics and Gynaecology posts should be separated and not joint. S Ijaz confirmed that job plans were being revised to ensure that separate Obstetrics and Gynaecology Consultants were appointed.

JA asked about the Friends and Family Test results. C McDiarmid confirmed that they were trying to encourage response rates by adding QR codes and using volunteers to help patients complete the survey.

TA asked about the 20 to 40 week death rate. C McDiarmid confirmed that there had been a change in reporting for babies over 20 weeks gestation and this had caused a spike. Work was ongoing to look at common themes and all mothers expected to give birth under 27 weeks were transferred to a level 3 unit.

JHO confirmed that there was a local case review process in place and regional work undertaken around perinatal mortality and he had asked to see an early copy of the report and expected it would provide the appropriate level of assurance.

The Chair recognised the challenging role as the Head of Midwifery and thanked C McDiarmid for her commitment. LH would oversee the neonatal issue at the Quality Committee and asked that C McDiarmid confirm the date when full staffing would be achieved. He also confirmed that the Trust must ensure it separated the Consultant posts.

It was **RESOLVED**

- **That the report be noted and future work is overseen by the Quality Committee, including the date for full staffing levels to be achieved and confirmation of the separation of Obstetric and Gynaecology Consultant posts**

22/58.5 Health and Safety Annual Report

KK presented the Health and Safety Report which demonstrates compliance against the Health and Safety at Work Act 1994. Actions were noted around the management of needle stick injuries. Key priorities for 2023 were included in the report. Health and Safety training was noted to be fundamental to keeping staff and patients safe. Work was ongoing to improve fire compartments and fire risk assessment criteria.

A new joint Health and Safety and Emergency Preparedness, Resilience and Response (EPRR) lead had been appointed to ensure focus on actions. Work was on track to reduce ligature risks across the organisation.

JA welcomed the comprehensive report and asked that conclusions are included at the end of the report to demonstrate compliance. KK confirmed that this would be included in future reports. There had been no concerns around compliance.

GC raised lone worker devices. KK confirmed that various devices have been piloted but community nurses prefer to use a tracker on their mobile phones. The Trust was looking at how it could support staff using an app on their phones which included the ability to raise an alert. The Chair asked for a speedy solution to ensure we keep our staff safe.

It was **RESOLVED**

To approve the Annual Report in relation to Health and Safety and Fire and find an early solution in relation to lone worker devices

22/59 WORKFORCE

22/59.1 Workforce and Staff Engagement Committee Report

JA summarised the report following Committee meetings in July and August.

The July meeting received a deep dive into the work of Dudley Improvement Practice. An independent assessment into the work had highlighted several areas for improvement. Actions plans were being produced and implemented.

Vacancy rates were an area of concern and retention needed to be an area of focus. Improvement to mandatory training rates was noted.

The Committee would receive a new format of the KPI report at its September meeting.

The Committee approved the Workforce Race Equality and Diversity reports.

At the August meeting there had been a lengthy discussion around the Electronic Staff Record (ESR) and the work required to make it a useful tool for the organisation. The Committee approved the use of specialist resource to look at this. Slow progress was noted around mandatory training compliance.

The Committee received a presentation from Divisional Directors around transformation work in new roles at the Trust.

The Committee also received the Equality, Diversity and Inclusion draft strategy which would be presented to the Executive Team.

The Committee reflected on the sad loss of Andrew Boswell and noted his work on improving compliance rates for mandatory training.

GC raised the positive work on Dudley Improvement Practice, he suggested that there should be a more centralised approach. The way it links to the Trust Strategy should be considered by the Board at its Workshop the following week.

CH asked about the issues in relation to ESR. JA confirmed that the programme had not been fully implemented and the Trust was not seeing the full value of the system. AD confirmed that the Trust used the same tool as other organisations, and needed to make better use of it.

It was **RESOLVED**

- **to note the assurances provided by the Committee, the matters for escalation and the decision made**

22/59.2 Workforce KPIs

AD summarised the report given as enclosure 19 and highlighted the following items:

The Board was asked the note the changed format of the report which will continue to develop going forward. The report detailed the position for July 2022.

COVID-19 related absences had started to stabilise and stood at around 30 members of staff. AD stated that the ability to fill vacancies was vital for the organisation. Internal recruitment was going well and noted the time it took to get international staff working in roles adding that the Trust focus must also remain on retaining staff. Agency rates had started to decrease and should continue to improve as new staff came online. A graph was included in the report that illustrated the number of starters against the number of leavers.

GC welcomed the new format report. He asked how the organisation was ensuring that new international nurses were embedded and supported. AD confirmed that the nurses are spread across the organisation to ensure there are no high numbers in any one area and there was a strong support infrastructure in place. MS agreed that there was a very strong ongoing pastoral/preceptor support programme in place and international staff were cohorted into areas together. The Trust had seen international nurses progressing and developing well within the organisation which was reflective of the support provided.

The Chair suggested arranging a welcome session for international nurses with Board members.

It was **RESOLVED**

- **That the report be noted**

22/60 PATIENT EXPERIENCE

22/60.1 Patient Experience and Complaints Annual Report

MS presented the reports given as enclosure 21 noting that there had been a 10% increase in complaints from the previous year but a decrease from 2020/21.

JA asked about the customer care training programme. MS confirmed that events are open to all staff and patients and relatives have presented on their concerns and this has had a fundamental effect with staff on improving communication.

It was **RESOLVED** to

- **receive the Patient Experience Annual Report and the Annual Learning from Complaints report both taken for assurance**

22/61 DIGITAL

22/61.1 Digital Trust Technology Committee

CH presented the Digital Trust Technology Committee Report.

The Committee would receive an update on CNST at its next meeting. Positive assurance was noted around CareCert performance, data maturity quality index which remained higher than the national average.

Major work was underway around the same sign in solution for passwords which would simplify the login process for staff. BAF risks were under continual review.

The Committee Agreed in principle to approve the strategic outline case for a 3-year digital plan, that will be developed into a full business case through centrally funded resources

AD welcomed single sign on and asked about the timescales for the pilot. AT confirmed that the pilot was underway and would then be rolled out across the Trust. The learning from that would inform on the roll out across the ICB.

It was **RESOLVED**

- **to note the assurances provided by the Committee, the matters for escalation and the decision made**

[G Parsons joined the meeting]

22/62 RESEARCH AND DEVELOPMENT

22/62.1 Research and Development Report

G Parsons, Director of Research and Development presented the Annual Research and Development Report and requested approval of the revised Research and Development Strategy that was included within the report.

COVID-19 had heightened the passion for research across the Trust. The Trust's vision was to achieve University Hospital status and confirmed the Trust's participation in several studies and the strong collaboration with Aston University. A five year plan was being developed that would be shared with the Board when available.

The Chair confirmed that he was on the Board of Birmingham Health Partnership and confirmed that there was a criticism at that meeting that the local research department saw themselves as gatekeepers rather than developers. G Parsons emphasised that the Trust were certainly facilitators and there was a passion from staff to become involved in research. COVID-19 had changed the approach to research and there was now a clear vision for inclusion of research in our practices.

JHO confirmed that our research was aligned to the Trust Strategy and noted that the Trust was clearly aligned to academic partners in the Black Country and wider West Midlands.

LH confirmed that there were real opportunities at Dudley for encouraging research and embedding into everyday practice.

GC thanked GP for bringing new energy to role and the aspiration of University Hospital status and welcomed the need for clearer communications about future plans.

AT asked about opportunities for driving forward research into health analytics and technology. GP confirmed that within Diagnostics they has engaged with new researchers for home grown studies, looking at innovations and embracing ideas. She noted the weakness is capturing all those good ideas within the Trust and was developing a solution to mitigate this. JHO confirmed that evidence of an innovation stream was part of our University application process. There was a need to understand the baseline and was scheduled to meet with the senior clinical leadership across the Trust to look at a five year programme. There would be a summit held later in the year. We will use opportunities to link up with other partners across the West Midlands and would need to ensure that IT were involved.

JA confirmed that University Hospital of Coventry and Warwickshire had an Innovation Centre and asked if innovation was part of our plans. GP confirmed that some of our innovators are part of Coventry and Warwickshire and aspire to share practice. The Chair confirmed that there was an innovation in Kidderminster funded by the pharmaceutical industry.

It was **RESOLVED**

- **to note the report and approve the Research and Development Strategy**

[G Parsons left the meeting]

22/63 WINTER PLAN

22/63.1 Winter Plan

KK presented the draft Winter Plan. The paper illustrated the mitigations for the gaps in the bed base throughout the winter. The plan was a focus of the Urgent Care Services Improvement Group.

Additional external monies would be required to support the virtual ward initiative and this would be used to support additional beds. There were currently 12 funded beds open within the Trust.

Mitigations had been identified to address the risk of gaps in nurse staffing. Working on simple discharges and working differently in ED to maintain flow. Working with the system on Discharge to Assess to reduce delays and mitigate the bed base. Looking at all elements of our care pathways to maximise capacity during the winter including the option of funded beds at Rowley Regis to help with flow at the back door.

She recounted the successful visit to the North Bristol NHS Trust the previous day and would look to implement a similar model for improving patient flow in Dudley.

The Chair asked that the updated Winter Plan be presented to the next Board meeting and to appear early on the agenda to allow sufficient time for further debate. To address the capacity challenges, the requirement demanded a plan across the whole Dudley health system.

DW confirmed that there was a presentation to the Dudley Partnership Board and that a plan would be presented to the A&E Delivery Board to ensure we have a Dudley Winter Plan that all partners are signed up to. It would then be presented to the Board.

JA asked about community staff and how increasing discharges would increase pressure in the community. KK confirmed that discharges should not negatively impact the community teams workload adding that the discharges were those awaiting social care support. DW confirmed that effective use of the clinical hub would be key to plans.

It was **RESOLVED**

- **to note the report and approve the plan**

22/64.0 Any other Business

There was none raised.

22/65.0 Reflections on the meeting

CH commented that it was a good meeting but too long for appropriate decision making. DW confirmed that it was good to see such strong discussion on the public agenda and agreed that a review of the agenda was needed to ensure that discussions at Committees were not repeated at Board.

22/66.0 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 17 November 2022.

22/67 Meeting Close

The Chair declared the meeting closed at 14:13hr.

.....
Sir David Nicholson **Chair**

Date:

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 22 September 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 its place in addressing health inequalities to be covered in more detail at a future meeting	Director of Strategy & Transformation	March May 2022 Sept 22	The role of the Trust as an anchor Institution and its role in addressing health inequalities is part of our Trust Strategy and update on progress against this are provided quarterly to relevant sub committees and Trust Board Complete
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	Quarter 4	To link with SK to build on the outputs from the Black Country Provider Collab. Prov schedule for the new year to also link this to initial outputs from the planning process
22/25.5	Workforce Race Equality Standard summary for 2020/21 reporting year	National survey - review of the diversity reporting and potential linkage to bullying and harassment to be considered at the Workforce Committee	Workforce Committee Chair	October 22	Workforce Inclusion and Culture Lead to prepare as agenda item at October Workforce meeting. Upward report to come to Board November 2022 Complete
22/41.1	Finance & Performance Committee Report	Report on savings attributed to the provider collaboration	Interim Director of Finance	November 2022	

Paper for submission to the Board of Directors on 17 November 2022

Title:	Public Chief Executive's Report
Author:	Diane Wake, Chief Executive
Presenter:	Diane Wake, Chief Executive

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

Summary of Key Issues:
<ul style="list-style-type: none"> • Operational Performance • Covid 19 • Winter vaccines • Charity Update • Glitter Ball • Tesco Community Golden Grant • Healthcare Heroes • Provider Collaborative • Exercise Arctic Willow • Patient Feedback • Visits and Events

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

Implications of the Paper:

Risk	N		Risk Description
	On Risk Register:	N	Risk Score:
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	N	Date:
	Board of Directors	Y	Date: 17 November 2022
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 17 NOVEMBER 2022

Operational Performance

Elective restoration and recovery remains strong; the Trust continues to deliver against the national requirement to ensure zero 104 week+ breaches for patients waiting for routine procedures, placing the Trust joint 1st among the 20 Midlands Trusts. Reducing the 78+ week plus routine backlog by March 2023 remains the focus of the operational divisions, with progress being made; long waits in this category have reduced to a total of 65, placing the Trust 7th of 20 regional acute Trusts, with DGFT's 78 week backlog constituting 0.4% of the total Midland backlog. Ensuring a timely service remains a priority and to this end, the Trust continues to deliver short waiting times of 11 weeks on average, against a Midlands average of 14 weeks. Reducing the number of patients waiting 52-78 weeks remains a challenge, with a small rise in such waits. However, progress is being seen at speciality level, particularly within the large volume speciality of General Surgery which has attained at 20% reduction in long waits in this category within month. Additional, new capacity has come online in September with the opening of 2 new Minor Procedure Room facilities, which is providing additional capacity to meet elective and cancer demand.

Cancer treatment remains a priority for the organisation; the cancer 2 week wait target was achieved for 2 months this summer. While 2 week wait performance fell back slightly last month, this was within the context of an increase in referrals in the high volume tumour sites of Skin and Colorectal. Treating patients waiting over 104 days to commence treatment remains an equal priority and while the total number remains higher than forecast, the backlog is stable and slowly reducing. Urgent and Emergency Care remains under considerable pressure, with ambulance handover delays a significant challenge. However, the Trust has implemented additional off-load and assessment capacity, as well as operational changes within the Emergency Department, which has seen delays over 60 minutes reduce significantly during the latter half of October.

Covid 19

The Dudley COVID-19 community rate has decreased to 48.4 cases per 100,000 Week commencing 12th October was 90.9 per 100,000. In comparison, the Black Country rate is 41.0 per 100,000 and the West Midlands rate is 48.8.

We continue to monitor the community and our staff infection rates for COVID-19 and ensure our guidance is appropriate and proportionate, and in clinical areas we continue to ask people to wear face masks.

Winter Vaccines

During September, we launched our staff winter vaccination programme. Staff have the opportunity to receive their free COVID-19 booster and their flu vaccines on site via our hub or through the roving team. As at 04.11.2022, 2092 (45%) staff had taken up the COVID booster and 40% or 1883 staff had received the flu vaccine.

Charity Update

Superhero Fun Run

Members of the public rallied together dressing up as their favourite superheroes to join Trust staff at Himley Hall on Sunday 2nd of October for a 5k fun run to raise funds for the Dudley Group NHS Charity. Over 50 runners took part in the race and together have managed to raise £3,200 for the Dudley Group NHS Charity's Thank You Appeal.

PureGym's Dudley Port team began the day with a warmup session for all those taking part. HSBC UK Wolverhampton Market were also there to support, alongside Black Country Radio, with its hosts Paul Essom and Christine Edwards in attendance. Well-known local busker Billy Spakemon bought further musical motivation to the day as the runners readied themselves at the start line.

Virtual London Marathon

On Sunday 2nd of October, the superheroes were joined by some of the Trust's virtual London Marathon runners who began their 26.2 miles marathon distance by completing their first 5k at Himley Hall. Connor McManus, founder and head coach at Collective Fitness, and Martin Lopez, head of marketing at Windsor Academy Trust, both started their journey at the Superhero run and finished their marathon at Russells Hall Hospital at around 4.30pm.

In addition, Louise Brookes, who is therapy lead from Midlands Orthopaedic Centre, incorporated the 5k into her total running distance. Our medical director Julian Hobbs and district nurse Matthew Welch both also completed the marathon on the day. Huge congratulations to all the runners they raised almost £2,000 between them for our Trust charity.

The 'Great Pink' charity quiz

For Breast Cancer Awareness Month, the Dudley, Wolverhampton, and Southwest Staffordshire Breast Screening Service organised a brilliant 'Great Pink' charity quiz on Friday night at David Lloyd. The event was well attended by over 120 Trust staff members and their friends and families. There was a brilliant selection of raffle prizes donated as well as a fish and chips dinner for those attending. In total the team managed to raise over an incredible £1,600. A huge thank you to everyone who supported the event, the donations will help the service raise awareness of the importance of breast cancer screening and improve the experience for their patients.

Glitter Ball 2022

The Dudley Group NHS Charity Fundraising Event the **Glitter Ball** will be held on **Thursday 24th November 2022** at the Copthorne Hotel, Merry Hill, Dudley. The event has been fully sponsored by Mitie, Summit Healthcare, How To Find a Care Home, and Dudley Building Society. We also have sold several table packages to companies such as HSBC, Waldrons Solicitors, Ansons Solicitors and Workwear Junction.

The funds raised from this event will go towards the Thank You Appeal - [Dudley Group Thank You Appeal 2022 - JustGiving](#)

Tesco Community Golden Grant

On October 15th, shoppers in 100 large Tesco stores across the UK were given the chance to take part in a lucky dip to find specially created gold versions of its iconic blue voting token worth £1million in grants to local good causes. The £1million donation marks £100 million in community grants being given to more than 50,000 good causes since they were launched in 2016.

The finders were able to choose which of the three local good causes in that store's current vote. The Dudley Group NHS Charity's project to purchase sensory equipment for the children's emergency department was selected as the winner in one of the 100 large Tesco stores and we will receive a golden grant award of £10,000 towards our project which is brilliant news!

Healthcare Heroes

Healthcare Heroes



Julie Smith, C8

Julie always gives 110 per cent on every shift she works. She genuinely cares for the patients and goes above and beyond for them. She never lets her team struggle and interacts well with everyone including patients, relatives, and other healthcare professionals. She has so much compassion for her patients and as well as being an extremely hard worker. Julie always makes sure that she is providing the best quality care

for the patients on every shift that she works.

Imaging



Imaging was nominated for how they have transformed within the last 18 months by working to make significant improvements across the department that have undoubtedly improved patient and staff experience. The management team continues to lift the team's spirits post COVID and makes further improvements on a daily basis. The team plays a vital role within The Dudley Group and is

continuing to meet patient targets across the Imaging Departments at Russells Hall Hospital, and Corbett and Guest sites. Post COVID, Imaging has managed to get the backlog of patients down more than any other hospital within the local area, while the community diagnostic centre is the fourth best performing nationally.

Anita Dhanda, C7



When a patient went into cardiac arrest during a busy day shift, Anita was amazing at supporting all her staff and helped all the team in their efforts to resuscitate the patient. Anita then checked on each staff member individually to ensure they were all okay and that they didn't need time out. If they did, she was happy for them to have one. Anita's care for her colleagues meant a lot to them after a traumatic event and they are so lucky to have such a compassionate sister on C7. She is an extremely kind and caring

member of staff toward not only to her patients but also her colleagues, and these amazing values haven't gone unnoticed

Mortuary

Following feedback from the Human Tissues Authority inspection, our mortuary team had an excellent



outcome. The mortuary team are a very well managed team with brilliant audit and governance practices. The team work extremely hard every day to maintain these standards not only in their department but also across the Trust. They strive to give the best and most respectful service possible. For all their hard work, the team deserved the recognition of being August's team Healthcare Hero.

Provider Collaboration

Due in part to ICB developments and the forthcoming Clinical Summit, Provider Collaborative activities were limited in the month of October with the following a quick summary of activities for public consumption:

1. **COLLABORATIVE EXECUTIVE** (12th October 2022). Key items discussed and decisions for communication are:
 - a. **Case for Change** – deferred to enable the development of the ICB 'Joint Forward Plan', from which a more rounded range of pertinent issues are likely to become evident.

- b. **Monthly Performance Report** – 57 projects across 9 Clinical Networks being progressed. Clinical Leads are being supported to build on their early foundational work and deliver as many of these within this financial year.
- c. **Network Away Days** – Two Clinical Networks (Colorectal and ENT) held away days in September. Both were very well attended and focused on a pertinent range of priorities for discussion. Outputs were very positive with good alignment and agreement across the system.
- d. **Digital as an Enabler of the BCPC Programme** – Positive discussions on a range of digital workstreams including the move towards a common EPR, and the establishment of a system wide PTL. Both issues will support better working across the system and are being progressed as quickly as possible.
- e. **Clinical Leads Group** – Various care pathway work to ‘level up’ are now underway and should be reporting back for implementation in due course.

BCPC Critical Care network has been successful in securing 7 of 15 ACCP trainee placements for the entire Midlands area. These trainees will commence from January 2023, with 3 trainees being allocated to RWT, 2 allocated to DGFT and a further 2 to WHT to complement those already in place. All organisations will urgently need to ensure that business cases are developed to transition these placements into substantive roles after their 3-year placements.

- f. **Communications** – General update provided on communication and engagement activities. Engagement on a ‘Vision statement’ has identified the preferred statement as follows:

“One healthcare system, across multiple sites, working in partnership to provide better, faster, and safer care to the population of the Black Country and beyond”

As part of the active communication and engagement efforts, there is an urgent need to establish a standalone website as a key channel through which to showcase and engage upon our work. It is anticipated that the work of the Clinical Networks, Clinical Summits, and corporate system wide work will be communicated, showcased, and promoted on this website in due course.

g. **Strategic Developments**

i. **Surgical Robotics**

An update was provided to the Collaborative Executive on the BCPC system priority for Surgical Robotics. The SRMIG has been established and is now working its way through an implementation programme, embracing mobilisation, estates, and training workstreams.

External opportunities to secure TIF2 Capital resource are also being pursued which has enabled the option of including an additional Orthopaedic Robot (approved within WHCT internal processes) within this submission, whilst in parallel the procurement process is currently being actively progressed with a ‘direct award’ recommended given our criteria / need.

ii. **Development of BC Cancer Strategy**

A brief paper was shared outlining the process and timelines for the development of a BCPC Cancer Strategy. It is anticipated that a draft of this Cancer Strategy will be shared with the BC Cancer Board sometime before Xmas.

iii. **Update from the ICB**

The ICB COO (Matt Hartland) attended for the first time as the BCPC strengthened its governance arrangements. Some key messages were provided about the development of system wide governance arrangements (‘target operating model’), the process for developing and establishing the Joint Forward Plan (and its subcomponents), in addition

to some general updates on a range of recent topical discussions from key ICB committees.

It is anticipated that communication channels will become more refined with time, with better sharing of key decisions from the diverse range of decision-making committees.

2. CLINICAL SUMMIT (19th October 2022).

This was the sixth Clinical Summit with over 150 delegates in attendance from all four partners at the West Bromwich Albion Football Club.

The day was co-chaired by Sir David Nicholson and Diane Wake with a range of corporate presentations were given providing an update on key successes to date, in addition to a 'stock take' on the Provider Collaborative journey for the first half of the year, positioning the priority and focus for the remainder of the year on delivery.

Key presentations were also given by the Clinical Leads for the Colorectal, ENT, and Ophthalmology leading to invigorating dialogue from the audience.

The afternoon was dedicated to time and space for colleagues to join Clinical Networks on key discussions to improve quality of care through care pathways developments, or ways in which to better manage the waiting times targets with a focus on HVLCs and the 78 week target by March 2023.

3. FORTHCOMING ACTIVITIES IN NOVEMBER / DECEMBER 2022:

- There will be no Collaborative Executive or Clinical Leads Group meetings in November due in part to the recent Clinical Summit and expected Winter Pressures.
- DW will be presenting at the BC ICB Masterclass session on 10th November 2022
- The next Collaborative Executive will be on 5th December 2022
- The next Collaborative Board will be on the 15th December 2022
- The next Clinical Leads Group will be on the 20th December 2022

Exercise Arctic Willow

The NHS is preparing for potential strike action and will take part in a "multi-day exercise" to stress test the health service ahead of a winter of extreme operational pressures and possible strike action. NHS England have set out steps to prepare for possible industrial action, including taking part in "Exercise Arctic Willow" in the week commencing 14 November.

It is described as "a multiday exercise for integrated care boards (working with trusts) which will seek to explore the health and social care response to multiple, concurrent operational and winter pressures, and the interdependencies with local resilience forum (LRF) partners".

Several trade unions have begun industrial action ballots, including the Royal College of Nursing and Unison, and their plans may be announced in the coming weeks. Our task in the NHS is to be prepared for any potential industrial action so there is minimal disruption to patient care and emergency services can continue to operate as normal.

Patient Feedback

B1: Excellent care from admission to discharge and I couldn't have been treated better. Every health professional from orderlies, nurses, surgeons and anaesthetists were kind and caring. The level of cleanliness of ward was also excellent.

C2 (Children's)- the staff have all been extremely helpful and friendly. The rooms are clean and comfortable; staff go above and beyond to help with whatever you require.

C4: The staff were excellent in all areas concerning my stay, friendly, interactive and informative. Communication was good and clear; I have no issues whatsoever and would happily return for more treatment as required.

C6: Amazing staff as I've always found. I am so grateful for the treatment I received and so thankful to all the staff. Thank you.

Accident & Emergency- I had amazing service on my visit. The staff booking me in were pleasant, friendly and caring to my needs. The waiting time was very short from booking in to seeing a nurse then being sent for an X-ray and getting the results. Everything was explained well to me as each step was about to happen. My entire visit only took one hour which I thought was great. A follow up phone call was arranged for the next day which happened and from that an appointment has been made to see a consultant in two weeks' time. Very impressed!

GI Unit- I went into the treatment room promptly and had treatment soon after. The operatives were pleasant and understanding.

Merry Hill Blood Test Centre - My daughter has been to the new Blood Test Centre at Merry Hill and said it was excellent, very easy to book, efficient and made going for a blood test (especially with a toddler in a pram) very easy. There were also no worries about finding a parking space or paying, and the staff were very friendly.

Visits and Events

23 September 2022	Walk-round with Chairman to Renal Unit, Surgical Hub, Ward B1
28 September 2022	Black Country & West Birmingham Elective Diagnostic Strategi Board – Chaired
29 September 2022	Black Country Integrated Care Board
29 September 2022	Board and Council of Governors Strategy Review
30 September 2022	Black Country Ear, Nose and Throat away day
3 October 2022	Integrated Care Board Development Session
7 October 2022	Get It Right First Time (GIRFT) Midlands Urology network virtual event
10 October 2022	Phlebotomy Hub Opening at Merryhill Shopping Centre
12 October 2022	Black Country Provider Collaborate Executive

13 October 2022	NHS Leaders Conference
14 October 2022	Black Country Collaborate Clinical Leads meeting
17 October 2022	Integrated Care System Cancer Board - Chaired
17 October 2022	Midlands Provider Collaborate Workstream
18 October 2022	Consultant Lead Clinician interviews for Black Country Provider Collaboration
18 October 2022	West Midlands Acute Provider meeting
19 October 2022	Black Country Provider Collaborative Clinical Summit
20 October 2022	Private Board of Director meeting
24 October 2022	Healthcare Heroes
25 October 2022	Emergency Department Sunflower Room opening
26 October 2022	Black Country & West Birmingham Diagnostic Strategic Board – Chaired
2 November 2022	Dudley Group Cancer Summit
2 November 2022	Dudley Group Maternity Department away day
4 November 2022	Emergency Department Dudley Improvement Practice report out
10 November 2022	Dudley Health and Care Partnership Board meeting – Chaired
10 November 2022	Black Country Integrated Care System Stakeholder workshop
14 November 2022	Integrated Care Board Development session
15 and 16 November 2022	NHS Providers Annual Conference

**Paper for submission to the Board of Directors
on 22 September 2022**

Title:	Board Assurance Framework Summary October 2022
Author:	Andy Proctor, Director of Governance Helen Board, Board Secretary
Presenter:	Helen Board, Board Secretary

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
The Board is asked to note the unchanged BAF position as set out in the Board Assurance Framework summary and its current development direction.			

Summary of Key Issues:

Background

The Board Assurance Framework (BAF) provides a structure and process to enable the Board to focus on the key risks that might compromise the achievement of the Trust's strategic goals.

The Board of Directors formally approved the refreshed Trust Strategy during 2021 and a subsequent board development session was held on the 29 June 2022. The proposed development suggestions and direction were discussed and considered which provided the direction of the development of the BAF to its current position.

After further development and due consideration at each of the Board committees with assigned BAF oversight, the attached document provides a summary of the current BAF.

Each BAF risk now clearly sets out the inherent risk score, residual risk score and the target risk score. Also key controls, the gaps in those key controls and the mitigating actions for those gaps are clearly articulated now in each BAF risk.

Each committee receives their individual BAF risks scheduled throughout the year tabled by the Executive lead for that risk. The Audit Committee will next receive all of the BAF risks along with the attached summary BAF showing the current position at its December 2022 meeting.

Current position

As agreed at the last Audit Committee the Committees now articulate their assurance levels for each BAF risk for which they have oversight. This approach informs the agenda and regular management information received by the lead committee. Of the eight risks listed, committee assurance ratings have been assigned, see appendix 1:






- Four assigned a 'positive' rating
- Three assigned an 'inconclusive' rating
- One still to be assigned (*Digital Trust Technology Committee to meet 25/11/22*)

In summary, there is no movement on the net risk scores for the eight risks over the reporting period. Whilst a number of actions have been implemented since the last review (August), these have had limited impact on the control environment at this point.

Next steps

A Board Development session is scheduled for 23 November 2022 with all board members invited to attend. Hosted by Professor Andrew Corbett-Nolan chief executive of the Good Governance Institute the session will explore the approach to risk appetite, discuss the BAF risks and assurance levels.

Impact on the Strategic Goals

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

Implications of the Paper:

Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE	Y	Details: Publication approval ref: C1518
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	Y	Date: 08/03/22
	Committee	Y	Date: various dates – Sept/Oct 2022
	Board of Directors	Y	Date: 17/11/22
	Other	N	Date:

Summary Board Assurance Framework (BAF): October 2022

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust’s risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – Inherent, current (residual), and target levels
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board



Risk Scoring Levels					
	1	2	3	4	5
Consequence score	Negligible	Minor	Moderate	Major	Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/ recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Score	Level	Colour
1-4	Low risk	
5-12	Moderate risk	
15-16	High risk	
20-25	Extreme risk	

Risk Scoring =Consequence x Likelihood (C x L)

Risk Appetite		
Appetite	Descriptor	Risk Level
Open	Eager to be innovative and to choose options based on those that offer the highest probability of productive outcomes. Prepared to accept high and even extreme rated risks in pursuit of our objectives in this area to realise potential rewards.	15-25
Moderate	Willing to consider all potential delivery options and choose based on delivery of an acceptable level of reward (and VfM). Prepared to accept that risks are likely to occur in the pursuit of our objectives in this area and that we will need to tolerate risks up to a rating of 'high' to realise potential rewards.	8-12
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may have more limited potential for reward. Willing to expend some time and resource to mitigate risks, but accepting that some risks in this will not, or cannot, be mitigated below a moderate level.	4-6
Averse	Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential. Prepared to expend significant time and resource to mitigate risks in this area to a minimal level.	1-3
Avoid	No appetite, not prepared to tolerate risk above a negligible level.	0

Committee Assurance Level	
Assurance Level	Committee
Positive	The Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity No gaps in assurance or control AND current exposure risk rating = target OR gaps in control and assurance are being addressed
Inconclusive	The Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
Negative	The Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity
This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.	

ID	Area	Risk Description <i>What might happen if the risk materialises</i>	Lead Exec	Lead Committee	Last Reviewed	Inherent Risk score <i>(Consequence x Likelihood)</i>	Current Residual Risk score <i>(Consequence x Likelihood)</i>	Target Risk Score <i>(Consequence x Likelihood)</i>	Risk Appetite	Committee Assurance Rating
1	Patient Outcomes	Systemic failure to deliver safe, effective and high-quality care which will impact on patient outcomes and patient Safety Experience	Chief Nurse & Medical Director	Quality and Safety	Oct 2022	25 (5x5)	16 (4x4)	12 (4x3)	Moderate	Inconclusive
2	Workforce	Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities	Chief People Officer	Workforce & Staff Engagement	Oct 2022	25 (5x5)	20 (5x4)	10 (2 x5)	Moderate	Positive
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	Workforce & Staff Engagement	Oct 2022	15 (3x5)	12 (3x4)	8 (2x4)	Moderate	Inconclusive
4	Finance	Failure to reduce cost to better than England average	Director of Finance	Finance and Performance	Oct 2022	20 (4x5)	20 (4x5)	16 (4x4)	Moderate	Inconclusive
5	Environmental	Failure to achieve carbon reduction emissions in line with trajectory	Director of Finance	Finance and Performance	Oct 2022	16 (4x4)	12 (3x4)	12 (4x3)	Cautious	Positive
6	Partnerships	The Trust fails to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Finance and Performance	Oct 2022	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Performance	Oct 2022	25 (5x5)	20 (5x4)	12 (4x3)	Moderate	Positive
8	IT and Digital Infrastructure	IF DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack	Chief Information Officer (CIO)	Digital and Technology	Aug 2022	25 (5x5)	20 (4x5)	16 (4x4)	Moderate	

**Paper for submission to the Board of Directors
on 17th November 2022**

Title:	Well-Led External Review Report Action Plan update
Author:	Helen Board, Board Secretary
Presenter:	Diane Wake, Chief Executive

Action Required of Committee / Group			
Decision	Approval Y	Discussion Y	Other
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive the updated version of the action plan and approved the extension for completion to quarter 4 of the current financial year • Note that RSM are undertaking a follow up review of the action plan as per scope set out in appendix 2 			

Summary of Key Issues:

Background

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. Findings of the review have been prioritised and an action plan developed that has been regularly monitored by the Board of Directors.

Internal Audit

RSM are following up on a sample of the actions raised as part of the Well-Led review to confirm that the progress reported to the Executive Management Team can be supported by evidence. They will look to review the governance arrangements for the reporting and monitoring of the Well-Led action plan.

Fieldwork was undertaken during the period 31st October – 7th November and included a series of meeting with Executive leads for the selected actions numbered 2,3,6,7,10,13 and 14 - see appendix 1.

Appendix 1: The action plan

Next steps

- The findings of the internal audit review will be considered at the December 2022 meeting of the Audit Committee.
- The board will receive a further update at it January 2023 meeting
- The Board is asked to approve the request to extend completion of the action plan until quarter 4 of the current financial year.

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

Implications of the Paper:			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE	Y	Details: Well-Led Guidance Publication CG32/17
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	Y	Date: April, July, September
	Committee	N	Date:
	Board of Directors	Y	Date: 10/03/22, 18/05/22, 17/11/22
	Other	N	Date:

Well-led External Review

ACTION PLAN

Source of Action Plan	Well-led external review undertaken by DCO Partners Ltd (October 2021 and January 2022)	Oversight Committee	Board of Directors
Action plan prepared and lead by	Diane Wake	Action plan signed off by	Board of Directors
Date presented to Board Meeting	18th May 2022	Anticipated date for completion	September 2022 <i>Submit request to Board to revise completion date Q4 22/23</i>

KEY	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	RSM Evidence Required?
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. Complete 2. Bimonthly GP engagement meetings drawing on a wide base of clinicians with joint presentations and joint agreed work arising. Complete 3. Social events as recommended by Sir Mike Richards. Complete 4. Joint development work regarding collaboration – David Fillingham Complete 5. Cap Gemini work Complete	Complete		No

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status	RSM Evidence Required?
2	Develop/refresh range of external engagement activities to improve the Trust's reputation and change perceptions, raise awareness of innovations – create a new narrative	LA	<ol style="list-style-type: none"> 1. Continue to actively seek national and local media opportunities Complete 2. Develop core narrative and refresh tools for communicating with stakeholders Complete 3. Ensure board papers reflect service developments and are brought to life through appropriate patient and staff stories/ presentations Complete 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 Complete 	Complete Complete Complete Complete Complete		Yes
3	Consider a review of committee voting membership to support improved quoracy, execs to be made non-voting?	Trust Sec	Discussed at March 2022 board of Directors with agreement retain voting executives Minute reference 22/07.1 Well-led External Review Report	Complete March 2022		Yes
4	Undertake a risk appetite exercise to confirm the boards view on how risk should be managed	Trust Sec	<p>Risk appetite session due in June used for BAF development conversation.</p> <p>Risk Appetite session booked to be held on 23 November 2022 delivered by GGI</p>	Complete		No
5	Review Serious Incident (SI) actions process to expedite in a timely manner to support effective board oversight of patterns and trends	DW / MS	<ol style="list-style-type: none"> 1. Review existing report for SI reporting to the Quality and Safety Committee and upward reporting to the Board to include patterns and trends. Update August 2022 Initial work commenced on review of the current SI report to Committee to include serious incident trend monitoring from an incident type and reporting area perspective. Revised paper to be reviewed by Committee in August 2022. Further work planned to build upon reporting of themes in learning from closed reports. 	Sept 2022 Quarter 4 22/23		No

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status	RSM Evidence Required?
			<p>Annual thematic review of serious incidents is underway and data from which is due to be reported to Committee in the Incident Management Annual Report in August.</p> <p>2. Review framework for chasing and escalation of Serious Incident actions not completed in agreed timescales</p> <p>3. Development and implementation of PSIRF in line with national guidance</p>			
6	Link clinical governance and audit processes across the Trust to create an integrated set of governance tools	Director of Governance/ Board Sec	<p>Undertake review in August/September to identify gaps. Following appointment of the new Trust Sec this is being undertaken and a revised due date has been updated</p> <p>Update Nov '22 Update provided to RSM and evidence provided</p>	<p>September 2022</p> <p>Quarter 4 22/23</p>		Yes
7	Develop succession plan for the Board of Directors	DW/CPO	<p>Utilise the NHS Leadership Academy Succession Planning toolkit framework to establish a formal succession plan for the Board of Directors. Complete</p> <p>NEDs skills review undertaken 2020 and appointment of Associate NEDs to support succession plan. Complete</p> <p>360 degree appraisal process for Board members is underway for 2021/22, this will also inform Board succession planning</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>		Yes

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status	RSM Evidence Required?
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	Quality and Safety Committee 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. Complete 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 Complete 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 Update August 2022 Divisional Report, quality report and assurance report templates discussed and agreed at Working Group. This included what the Committee wanted to be included for example scheduled deep dives Committee forward plan reviewed to be discussed and agreed at Working Group. The Divisional report template has been relaunched	Complete		No
		AT	Informatics working to identify specific resource to support information flows to board committees	Complete		
		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. Complete	Complete		
9	Governor training to be enhanced to include 'challenging the board' and seeking assurance on a full	Trust Sec	Current programme of Governor training and development session to be modified to include as part of the July 2022 session. <i>Further session scheduled 23/8/22.</i> Complete	Complete		Yes

Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status	RSM Evidence Required?
	range of issues facing the Trust.					
10	Create repository of information aligned to the Well Led KLOEs that is accessible to all Board members and senior management	Director of Governance / Trust Sec	Commenced with well-led briefing pack drafted Update Nov '22 Met with RSM to discuss document and evidence. Document created to drop evidence for each KLOE now with Board Sec	July 2022 Quarter 3 22/23		Yes
11	Develop balanced clinical leadership for medical and nursing led by CMO and CN.	JHo	<ol style="list-style-type: none"> 1. Agree development needs for medical leadership at MD, CoS, CD and CSL level. Complete 2. Monthly CD development sessions. Complete 3. Kings fund development for CDs. Complete 4. Time in job plans to service delivery and appointment of deputies to aid succession planning and delivery. Complete 5. Clinical summits and development away days to support team development. Complete 6. Personal development plans and coaching for senior medical leadership team. Complete 	Complete		No
		MS	Nursing and AHP <ol style="list-style-type: none"> 1. Agree development needs for nurse/AHP leadership at Deputy and Divisional Leads level Update August 2022 Action underway to identify available learning and development opportunities 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 Update August 2022 Internal Band 8a/b development programme has been devised with the first cohort planned for October 2022. 	Sept 2022 Quarter 4 22/23		No


Action Ref	Action	Exec Lead	Progress / Assurance	Date for Completion	Status	RSM Evidence Required?
			Internal B7 development programme is in infancy stages. Expected launch Spring 2023 5. Professional Leads to have development opportunities and succession planning in place			
12	Review approach to documenting of meetings to accurately capture the level of challenge	Trust Sec	Following appointment of the new Trust Sec this is being applied to minutes going forward to ensure that the level of challenge is captured within the minutes.	Sept 2022		No
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 Complete	Complete		Yes
14	Develop Trust-wide plan for a sustainable workforce	CPO	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 streams of work will be aligned to establish a robust medium-term workforce plan. A recruitment and retention group has been established to oversee programmes of work that support the Trust in recruiting and retaining the right people with the right values, behaviours and skills and to develop a workforce that will meet the current and future need of our services. In progress.	Sep 2022 Quarter 4 22/23		Yes

Paper for submission to the Board of Directors on 17 November 2022

Title:	Exception Report from the Finance and Performance Committee Chair
Author:	Lowell Williams, Non-executive Director
Presenter:	Lowell Williams, Non-executive Director

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

Summary of Key Issues:
Summaries from the Finance and Performance Committee meetings held on 26 September 2022 and 31 October 2022.

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

Implications of the Paper:			
Risk		N	Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE/I	Y	Details: Achievement of financial and performance targets
	Other	Y	Details: Value for money
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 17/11/22
	Other	N	Date:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 26 September 2022 (previously report to Private Board of Directors in October 2022)

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Under performance against budget in month five. • Potential worsening of the end year forecast in a deficit range of £15m-£23m. • Concern at some lack of grip and control in the management of bank and agency cost. • On-going challenge of meeting emergency access standards. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Executive team to immediately consider an extended cost improvement programme, incorporating a quality, safety, and financial assessment, to be considered by the Board. • Executive team to immediately review divisional grip and control on expenditure with a particular focus on agency and bank expenditure. • Executive team to consider clearer and more accessible presentation of the Trust's underlying financial health and end year forecast, incorporating progress against the cost improvement plan target. • Business case for Medical Enhanced Care Unit to be represented to the committee in the agreed format to allow the committee to make a recommendation prior to the next Board.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Clarity of reporting on progress against emergency access standard. • Falling number of over the hour ambulance waits. • Strong performance against two weeks waits in cancer. • Much improved compliance against mandatory Chemical, Biological, Radiological and Nuclear (CBRN) training. • On-going development and refinement of board assurance framework (BAF) and alignment with corporate risk register. • Continued strong performance of Dudley Clinical Services Ltd. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The committee approved the Annual Report and Financial Statements for the 12 Month Period Ending 31st March 2022 for Dudley Clinical Services Ltd. • At the end of the meeting the Committee discussed the assurance level of 2 of the 4 BAF risks overseen by the committee. Resulting in BAF risk 4 (Failure to reduce cost to better than England average) being considered to be inconclusive assurance and BAF risk 7 (Failure to achieve operational performance) as Positive assurance
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The meeting was characterised by open and honest discussions on the matters presented to the committee. Non-executive directors were well represented in the meeting and there were helpful contributions by executive and non-executive colleagues throughout. There remain opportunities to streamline and focus the papers presented to the committee. Care should be taken to ensure future business cases are presented to the committee in the agreed format.</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 31 October 2022

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Worsening of in-year financial position to a cumulative deficit of £12.4m Revised forecast financial position will be reported to Board of Directions in November for discussion/approval Worsening income and expenditure position will have a negative impact on the cash position in Q4 Financial planning guidance for 2023/24 still awaited, causing delays to mid to long term financial planning Potential further financial pressure if additional capacity opened to assist with increased emergency pressure is not funded from System 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Benefits of International Nurse recruitment is starting to have positive impact and full recruitment should be in place by Spring 2023 Elective performance has improved and 78 week target will be achieved by March 2023 Agency costs have begun to decline from October 2022 Innovated pilot undertaken by Plastics team reducing patients pathway from 21 to 14 days Robust approach being taken to improve Emergency Department performance including 14 extra cubicles opened, elements of North Bristol model implemented and improved use of discharge lounge Still challenging, but Trust received a Tier 3 rating for cancer waits, which is highest that can be received 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Recommended Finance and Performance Committee Terms of Reference to Board of Director for approval (Appendix 1) Recommended revised financial forecast to Board of Directors for approval At the end of the meeting the Committee discussed the assurance level of all of the BAF risks overseen by the Committee. Resulting in BAF risk 4 (failure to reduce costs to better than England average) remaining inconclusive. BAF risk 5 (failure to achieve carbon reduction emissions in line with trajectory) positive assurance. BAF risk 6 (the Trust fails to deliver on it ambition to build innovative partnerships in Dudley and beyond) positive assurance. BAF risk 7 (failure to achieve operational performance requirements and deliver strategic goals) positive assurance.
<p>Chair's comments on the effectiveness of the meeting: Good meeting with clear papers. Well presented to give assurance to the Committee and Board on financial forecast being robust and performance improving for key performance measures. Well Chaired and clear on finance and performance. Good to hear from Divisional colleagues on assurance of Cost Improvement Programme delivery.</p>	

FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1. The Board of Directors has established a Committee of the Board known as the Finance and Performance Committee. The Finance and Performance Committee is required to adhere to the Constitution of The Dudley Group NHS Foundation Trust and the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust, Standing Financial Instructions and Scheme of Delegation shall apply to the conduct of the working of the Committee.

2. Membership

3 Non-executive Directors
Chief Executive Officer
Chief Operating Officer
Director of Finance

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

3. Attendance

- 3.1. The following are required to attend every meeting of the Committee. Deputies are permitted where absence is unavoidable.

Director of Strategy and Partnerships
Director of Operations Medicine and Integrated Care
Director of Operations Surgery and Women & Children
Director of Operations Support Services
Deputy Director of Finance – Financial Reporting
Deputy Director of Finance – Strategy/Performance

- 3.2. Other members of the Board shall be entitled to attend and receive papers to be considered by the Committee.
- 3.3. In addition, other directors/managers/staff will be required to attend meetings depending upon issues under discussion (see paragraph 7.2).
- 3.4. The Board Secretary will ensure that an efficient secretariat service is provided to the Committee.

4. Quorum

- 4.1. A quorum will consist of at least two Non-executive Director members and at least one Executive Director member.

5. Frequency of meetings

- 5.1. The Committee will meet monthly. It is expected that there will be at least 10 meetings a year and members will attend at least 75% of the meetings. The Agenda will be circulated with papers 7 days before the meeting. Late papers will only be accepted following discussion between the Chair of the Committee and the Director of Finance.
- 5.2. Additional meetings may be held at the discretion of the Chairman of the Committee following discussion with the Director of Finance.

6. Authority

- 6.1. The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference and is expected to make recommendations to the full Board. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 6.2. The Committee is authorised by the Board to obtain outside financial, legal or other independent professional advice and to secure the attendance of others from outside the Trust with relevant experience and expertise, if it considers it necessary. This authority will only be used in exceptional circumstances and prior approval of the Board is required.
- 6.3. The Committee is authorised by the Board of Directors to approve the monthly or quarterly monitoring returns and annual return to NHSE.
- 6.4. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

7. Purpose of the Committee

- 7.1. The purpose of the Finance and Performance Committee is to seek assurances on behalf of the Board on finance and performance matters.
- 7.2. The Committee will have a rotating agenda as agreed from time to time by the Chair of the Committee and the Director of Finance and attached as an annex to these terms of reference. Specifically the Committee will:

Strategic and Business Planning

- 7.3. Scrutinise the Trust Annual Plan, Cost Improvement Plan and Budgets before they are submitted to the Board of Directors to assure itself that they are realistic, financially sound and appropriately stretching.
- 7.4. The Chief Executive and Director of Finance to represent the Trust in ICS financial discussions and report into the committee.
- 7.5. The Director of Finance will ensure that concerns re DGFT finances are conveyed into the ICS meetings and formalized.
- 7.6. Consider and provide advice to the Board on regular financial performance reports and forecasts, focusing particularly on risks and assumptions.
- 7.7. Monitor performance compared to the Annual Plan, Cost Improvement Plan and Budgets; investigate variances and seek assurance that appropriate actions are in place to remediate any shortfalls.

- 7.8. Monitor the underlying financial position and oversee multi-year financial plans in conjunction with ICS/ICB partners ensuring fairness and equity across the system.
- 7.9. Oversee the development, management and delivery of the Trust's capital programme.
- 7.10. Consider financial aspects of Business Cases for significant revenue or capital expenditure, ensuring benefits realisation is detailed and appropriate.
- 7.11. Receive benefits realisation reviews for all Business Cases for return on investment/benefits realisation.
- 7.12. Review opportunities for increasing activity/income from market intelligence analyses.

Performance Management

- 7.13. Scrutinise the performance dashboard; review and challenge performance and ensure that any necessary action to mitigate poor performance is appropriate.
- 7.14. Consider performance against external performance targets set by the Care Quality Commission, NHSI and as agreed in legally binding contracts, ensuring appropriate actions are in place to remediate any shortfalls.
- 7.15. Review benchmarking information and procurement performance to challenge whether the Trust is achieving best value for money.
- 7.16. Receive and undertake detailed scrutiny of the PFI contract performance with Summit, specifically receiving updates on performance evaluation of catering, cleaning services, estates, sterile services, security and medical device maintenance.
- 7.17. Maintain ongoing scrutiny of those risks detailed in the Trust's Board Assurance Framework for which the Committee is designated responsible and seek assurance that the risks are being managed appropriately.
- 7.18. To monitor performance against the Trust's Green Plan and the sustainable development agenda.

Legally Binding Contracts with Third Parties

- 7.19. Consider regular reports of Trust and Directorate performance in respect of contracts agreed with third party organisations and require appropriate action to be taken.

Trust Subsidiary Companies

- 7.20. The Committee shall monitor the financial and operational performance of any subsidiary companies wholly or partly owned by the Trust.
- 7.21. The Committee shall receive an annual report on the activities and profitability of such companies, which will provide assurance on business effectiveness and profitability to the Board of Directors.

8. Policies

- 8.1. The Committee will seek assurance from the Governance Team that policies pertaining to finance and performance are in place and up to date.

9. Reporting

- 9.1. The Finance and Performance Committee reports to the Board of Directors. The Committee Chair shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed or where it has significant concerns.
- 9.2. The committee will receive the following reports:
Green Plan Working Group
Finance Improvement Group
ED Redesign Programme Board
- 9.3. The minutes of the meetings of the Committee shall be received by Board members.

10. Review of Effectiveness

- 10.1. The Committee shall carry out a self-assessment in relation to its own performance annually and consider any training relevant for the Committee to improve its overall effectiveness. Results of the self-assessment will be reported to the Board of Directors.
- 10.2. The Terms of reference of the Committee shall be reviewed by the Board of Directors at least annually.

Paper for submission to Board of Directors on
17th November 2022

Title:	IPR Report for September 2022
Author:	Jonathan Boulter, Associate Director of Performance
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other
Recommendations: This report summarises the Trust's performance against national standards and local recovery plans for the month of September 2022 (August 2022 for Cancer). The Committee is asked to note performance and next steps.			

Summary of Key Issues:
<p><u>Summary: Key Areas of Success</u></p> <p>The Trust continues to perform well against elective recovery targets and reported the 5th shortest median wait times across the 20 Midlands acute Trusts, along with 0 patients waiting over 104 weeks. The elective backlog continues to fall; the number of patients waiting over 78 weeks reduced by a further 36% in September compared to August, reducing the overall number of patients waiting in this category to 65. The Trust is well-placed to meet the national requirement of irradicating 78 week breaches by March 2023.</p> <p>Cancer performance largely continues on a steady course. While 2 week wait performance fell back slightly last month, this was within the context of an increase in referrals in the high volume tumour sites of Skin and Colorectal (10% and 15% increases respectively). The number of 2 week wait clock stops within target increased, rising by a further 139, which places the Trust 2nd of the 4 Black Country Trusts. While the number of patients waiting over 104 days to commence treatment at Dudley remains higher than expected due to demand, the backlog is stable and is slowly reducing.</p> <p><u>Summary: Key Areas of Concern</u></p> <p>Overall, EAS standards remain under considerable pressure. Ambulance handover delays of 60 minutes or more saw a week-on-week increase in September. However, September's performance was marginally improved on that seen in August and July. The priority remains on improving timely flow between ED, AMU and base wards to support improved ambulance handover times, with workstreams being overseen by the Urgent Care Improvement Group. The overall ED triage position has again deteriorated, notably in</p>

Majors. However, following a month-on-month decline in performance since the spring, See and Treat reversed this trend in September.

Emergency Access Standards

All EAS standards remained challenged last month. There were 95 patients who waited over the 12 hour DTA standard in September, a small increase on August, with a 4 hour wait time standard of 78%. This performance is broadly consistent with August but was however, the 3rd best in the West Midlands, demonstrating the pressures being experienced across the wider system. Further delivery of the Emergency Department's workforce plan remains key to realising performance improvements, alongside continued improvement in initiatives such as Home for Lunch, which saw several wards met the 30% target of discharges before noon, last month.

Cancer (Data to August 2022)

2 week wait performance fell back slightly in August, mainly as a result of an increase in suspected cancer referrals in some key, high volume specialities. Despite this, the tumour sites did increase the number of patient clock stops during the month, compared to July, realising improved throughput in the 2 week wait clinics. 31 day performance remains steady, although pressure does remain with regards to the 62 day standard and the 104 day backlog. The Trust continues to place priority on treating cancer patients ahead of other waiters, which is reflected in the 104 day backlog not growing in number. Two new Minor Procedure Room facilities opened last month, which will provide an on going increase in capacity for suspected cancer biopsies in skin, and by extension, additional main and Day Case Unit theatre capacity for other cancer specialities. 5 tumour sites are ahead of their 62 day recovery trajectories.

Referral to Treatment (RTT), Clock Stops & 52 Weeks Restoration & Recovery

The Trust's non-cancer focus remains on reducing the elective backlog, with emphasis on delivering the national requirement of irrigating the 78 week backlog by March 2023. The number of patients waiting over 78 weeks reduced further last month, down to a total of 65, which has placed the Trust 7th of 20 Midlands Trusts. While the Trust 78 week backlog constitutes just 0.4% of the wider Midlands region backlog, the number of clock stops remains slightly behind plan, which is largely reflective of the 2 month delay in the new MPR facilities coming online. The number of non-admitted clock stops continues to improve in line with the trajectory and the number of 52 week+ patients remains consistent at circa 1,000.





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	
 Drive sustainability (financial and environmental)	X
 Build innovative partnerships in Dudley and beyond	
 Improve health and wellbeing	

Implications of the Paper:

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

Risk		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	
Compliance and/or Lead Requirements	CQC		Y	Details: Compliance with Quality Standards for safe & effective care
	NHSE/I		Y	Details: Achievement of National Performance and Recovery targets
	Other		N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group		N	Date:
	Committee		Y	Date: F&P 31/10/2022
	Board of Directors		Y	Date: 17/11/2022
	Other		N	Date:

Performance KPIs

October 2022 Report

September 2022 Data, August 2022 Data for Cancer

Karen Kelly, Chief Operating Officer

Constitutional Targets Summary

ED Performance

Cancer Performance

RTT Performance

DM01 Performance

VTE

Restoration & Recovery

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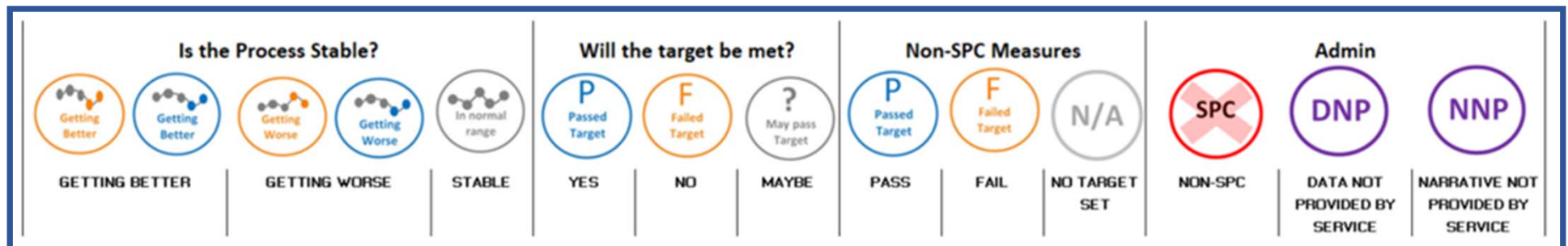
The Dudley Group

NHS Foundation Trust

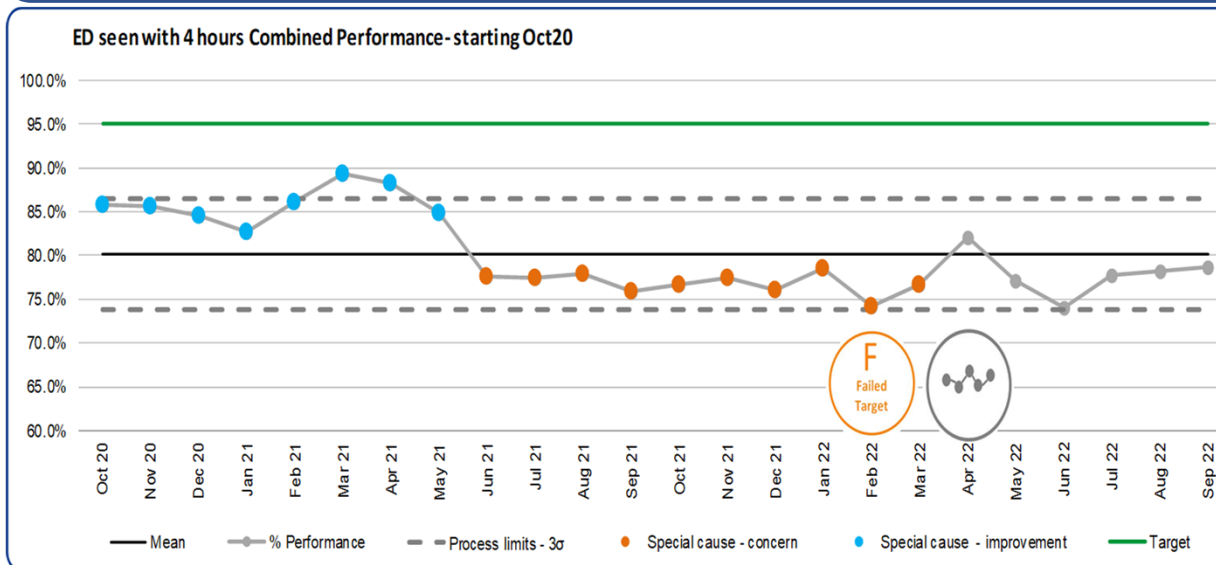


Constitutional Performance

Constitutional Standard and KPI		Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	76.7%	77.4%	76.1%	76.7%	72.3%	74.7%	72.1%	77.1%	74.0%	77.8%	78.2%	78.7%		
Triage	Triage - All	95.0%	80.9%	86.9%	89.2%	88.2%	86.4%	86.1%	90.1%	85.4%	84.8%	86.1%	85.5%	84.3%		
Cancer	Cancer 62 Day - All	85.0%	77.7%	70.8%	56.2%	73.9%	56.2%	73.9%	56.2%	73.9%	69.3%	69.7%	69.7%	N/A		
	Cancer 31 Day -	96.0%	91.5%	96.8%	90.0%	89.6%	91.5%	92.3%	93.0%	92.6%	93.2%	94.8%	90.1%	N/A		
	All Cancer 2 Week Waits	93.0%	53.2%	63.0%	67.4%	64.6%	78.5%	76.0%	86.9%	96.1%	93.1%	92.3%	78.7%	N/A		
Referral to Treatment (RTT)	RTT Incomplete	92%	75.9%	75.9%	74.9%	73.7%	72.9%	73.6%	73.3%	73.6%	71.0%	69.3%	67.7%	65.5%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	77.4%	83.0%	78.1%	76.5%	82.8%	82.3%	78.1%	81.8%	83.1%	84.2%	80.7%	78.1%		
VTE	% Assessed on Admission	95%	89.7%	93.7%	89.5%	89.6%	94.1%	93.7%	93.6%	94.1%	93.7%	93.4%	93.0%	92.5%		



ED Performance



Latest
Month
78.7%

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

Latest
Month
95

DTA 12 hour
breaches -
target zero

3rd
For August 22

DGFT ranking out
of 13 West
Midlands area
Trusts

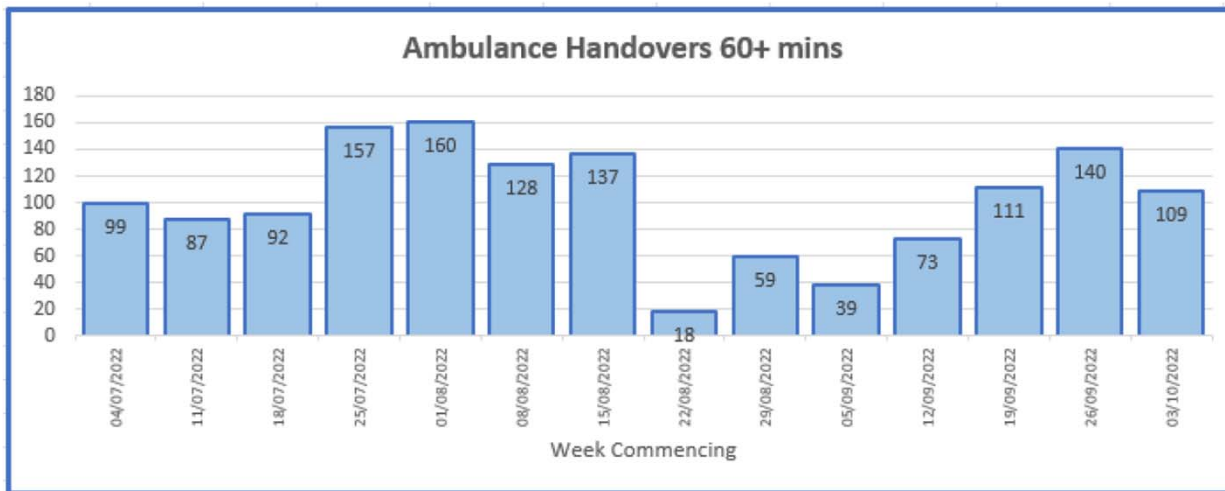
Performance

- Overall, ED 4 hour performance realised a small increase for the 3rd consecutive month, but remains off target
- This performance, places the Trust 3rd of the 13 West Midlands Trusts, equalling September's performance
- Despite the steady 4 hour performance the number of 12 hour DTA breaches increased by 5 in September, up to 95
- Substantive workforce challenges continue to be a contributing factor in performance, although, the ED department's workforce plan has started to realise new recruits, notably international nurses

Action

- Operational focus on attaining improved flow and early discharges continues:
 - During August, 19% of patients were discharged home in time for lunch, as part of the 'Home for Lunch' initiative
 - Several wards met the 30% target of patients discharged before noon
 - September saw an increase in Discharge Lounge usage for the 3rd consecutive month

Ambulance Handovers 60+ Mins



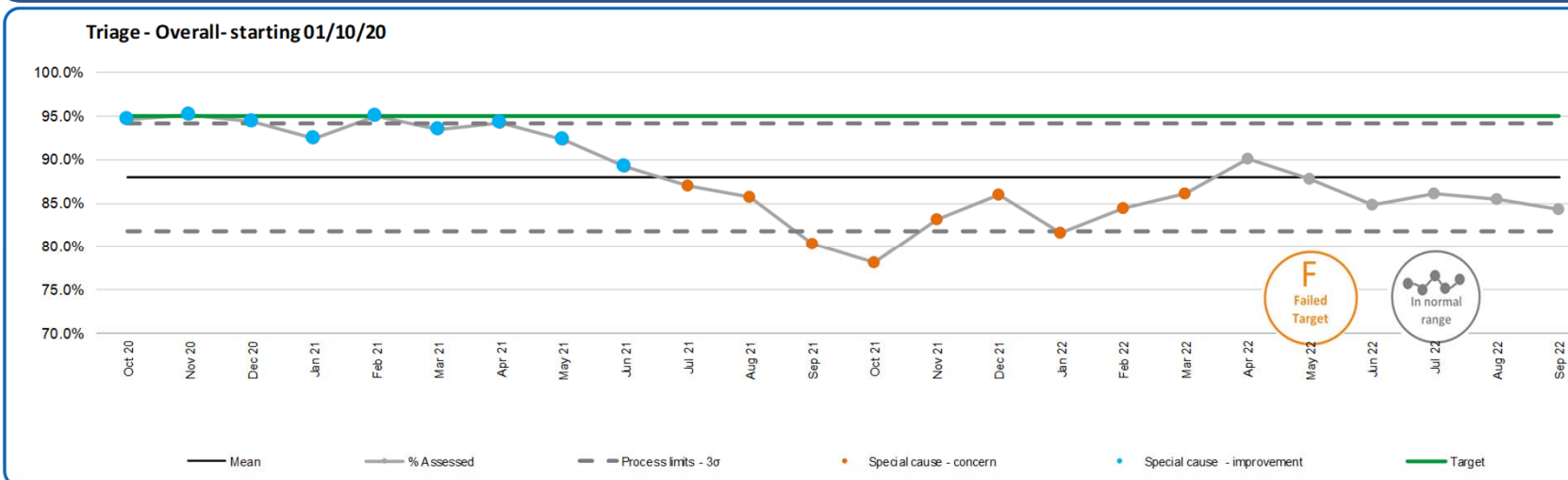
Performance

- Ambulance handover delays of over 60 minutes continues to be a highly challenged area for the Trust
- There was a steady, week on week increase in September in handover delays over 60 minutes
- However, overall, September's performance was marginally better than that realised in August and July
- Reflecting the wider Trust pressures, EMS Level 4 (defined as 'extreme' pressure) was declared on 11 days during September

Action

- Operational focus has been placed on implementing a series of measures aimed at improving flow and the timely movement of patients from ED to AMU and base wards
- In mid-October, the Trust commenced a revised operating model for the Ambulance cohort area with the aim of releasing West Midlands Ambulance crews earlier, reducing reliance on cohorting and improving ambulance handover times. Very early indications show improving performance

ED Triage



Latest Month
84.3%

Triage – target 95%

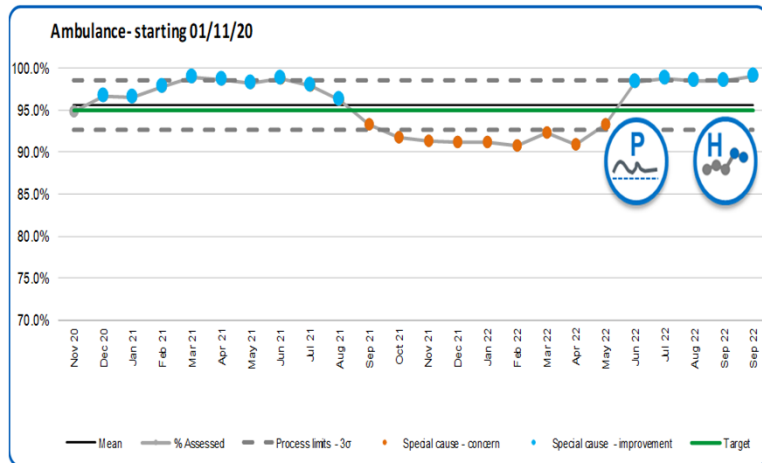
Performance

- Overall ED triage compliance declined in September to 84.3% from 85.5% in August
- Gains realised in August in Peads were broadly maintained and See and Treat, which has previously seen a month on month deterioration in performance, reversed this trend in September
- A worsening picture in Majors is the main contributor in a decline in overall triage performance in month

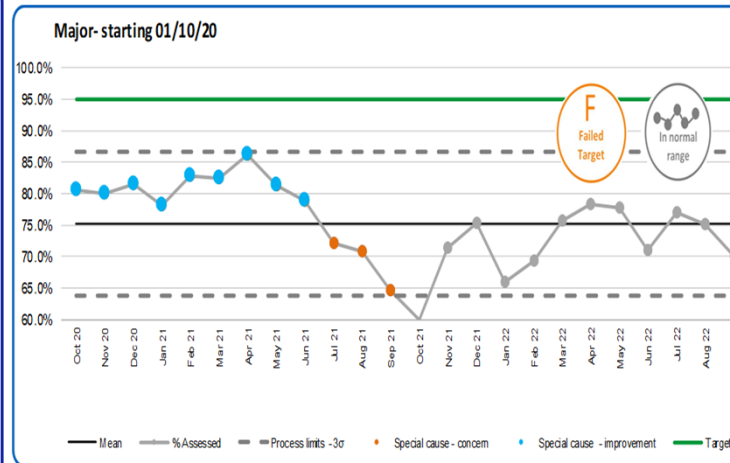
Action

- Overall, to continue to implement workforce plan that seeks to resolve performance and substantive/agency imbalance.
- During September, on average, 53.5% of staff on day shifts were Dudley Group staff, an improvement on August (49.5%) and July. On average, 46.5% on night shifts were DGFT staff, an improvement also on August

ED Triage



Latest Month
99.0%



Latest Month
70.1%

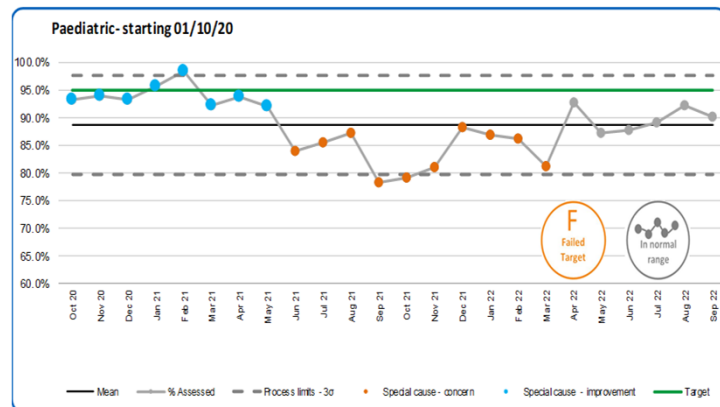
Performance

- Ambulance triage continues to perform well, achieving the standard in August
- Majors triage saw a decrease of 8% in September compared to August, falling back to June's performance levels. However, majors triage performance fluctuated within the month with 2 of 4 weeks attaining over 85%
- Where the majors triage target was missed, 80% of patients were triaged within 16-30 minutes

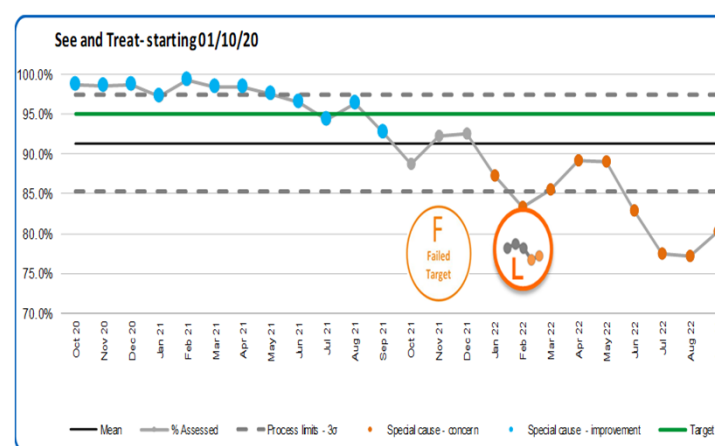
Action

- Continue with ESI training for eligible staff
- Plan for an increase in shifts with x2 ESI trained, to improve performance
- Newly appointed international nurses eligible for ESI after 6 months

ED Triage



Latest Month
90.2%



Latest Month
80.2%

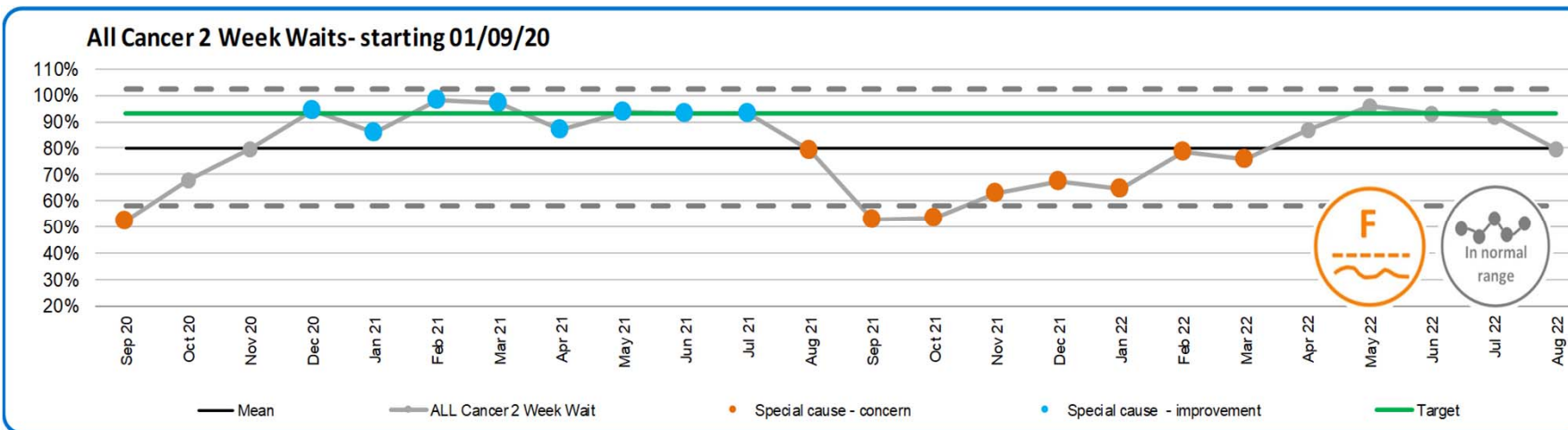
Performance

- Paediatric triage has largely maintained the small gains realised since late spring
- Having seen a significant decline in performance in early summer, See and Treat performance improved during September. Early October data shows indications of continued improvement
- Gains have been driven in part by an improving picture with regards to nurse staffing as a result of international nurse recruitment

Action

- Planned introduction of a Helicopter Band 7 coordination role has now commenced
- Continue with on going workforce strategy to reduce the reliance on nurse agency. In September, on average, night shifts in ED were constituted with just over 53% agency workers

Cancer Performance – 2 Week Wait



Latest Month
79.7%

All cancer 2 week waits – target 93%

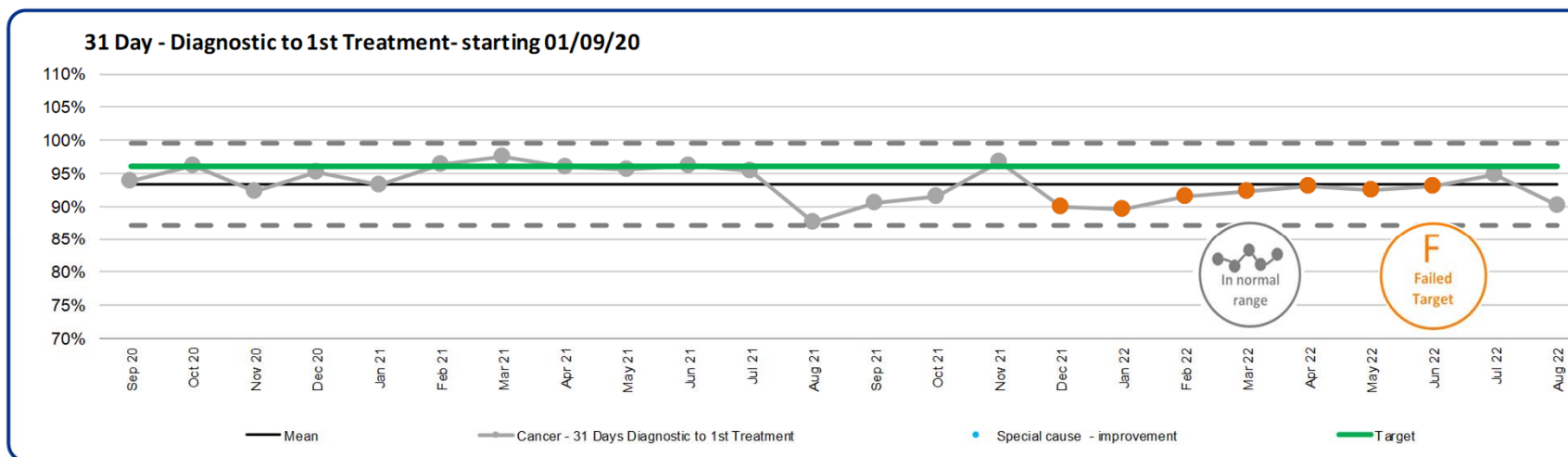
Performance

- All cancer data runs two months behind. Data included within this pack is up to and including August 2022
- The Trust achieved the 2ww standard in May, June and July. August saw performance fall back, largely due to a 16% increase in referrals in month compared to July.
- This position places the Trust 2nd out of the 4 Black Country acute Trusts
- At a tumour site level, the deterioration in performance was largely driven by Skin and Colorectal, where referrals increased by 10% and 15% respectively
- Despite an increase in referrals, throughput in the 2ww clinics increased in August

Action

- Continue with additional capacity to provide sufficient outpatient appointments for 2ww
- To address immediate capacity shortfalls, in the very short term, Skin are prioritising OPA slots for cancer by converting follow up appointment slots to be used for new 2ww appointments
- Virtual triaging software for skin is being launched in the autumn which aims to reduce the 2ww outpatient demand for non-malignant referrals. This should support further delivery of the 2ww standard in view of the high number of referrals received in skin

Cancer Performance – 31 Day



Latest Month
90.1%

Target 96%

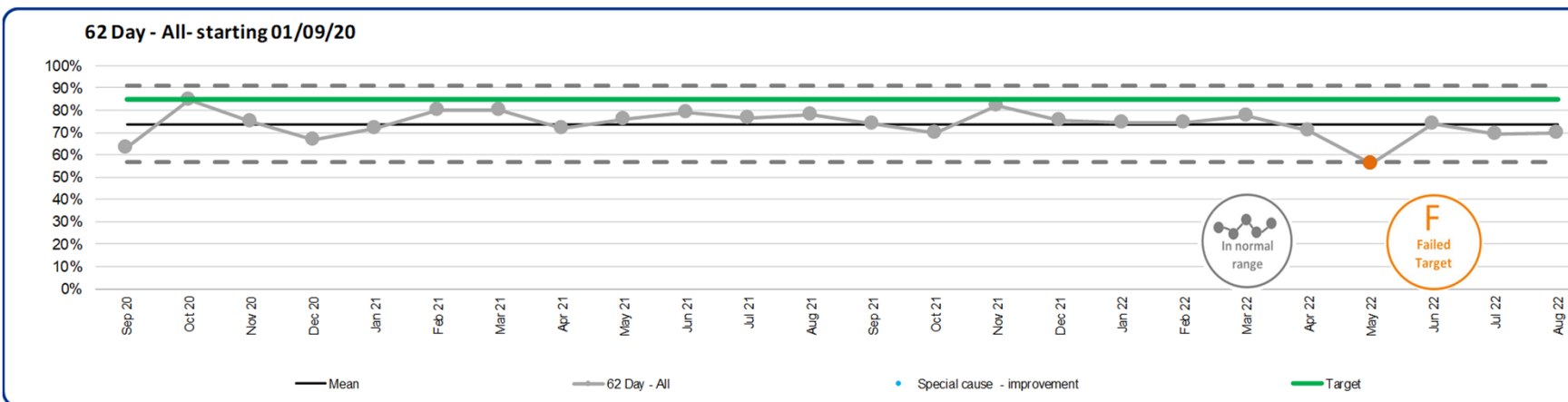
Performance

- August's performance against the 31 day standard saw an decrease on July, falling to 90.1%.
- The total number of treatments in August increased by 19% compared to July
- 5 of 9 tumour sites achieved the 93% standard
- Trust performance of 90.1% place DGFT 2nd of the 4 Black Country acute Trusts.

Action

- Focus remains on reducing the backlog of 104 day waits further, in order to release treatment capacity for 31 days

Cancer Performance – 62 Day - All



Latest
Month
69.7%

Target 85%

Performance

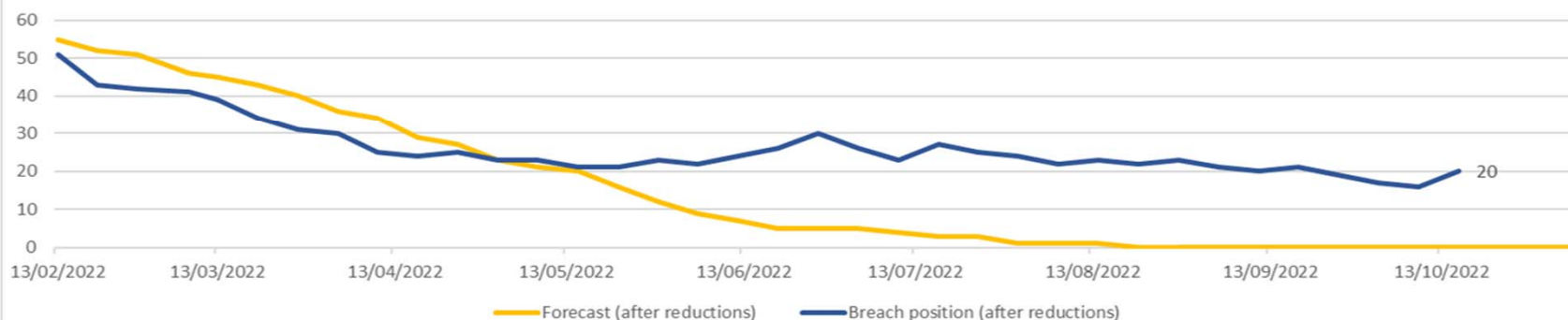
- August's performance for the 62 day standard for first definitive treatment matched that of July. However, of note, the total number of treatments delivered by the operational divisions increased
- At a tumour site level, 5 specialties are performing ahead of their 62 day recovery trajectories

Action

- New MPR facilities opened during September, providing additional capacity for skin biopsies and main theatre capacity for other surgical specialities
- An initial small trial of a one-stop skin cancer clinic, that combines initial outpatient appointment and biopsy into a single, first attendance (rather than multiple appointments), commenced in September. The tumour site aim to shorten the time from referral to diagnosis to support an improved patient experience and operational performance
- Initial data for the trial shows that 6% of patients referred during the trial period underwent biopsies on the same day as first OPA, shortening their cancer pathways by up to 14 days
- A review of the initial small scale pilot is being undertaken within the Division with a view to expanding the trial further

Cancer Performance – 104 Day

104 day performance against trajectory



Latest
Week
(10/10/22)

20

Performance

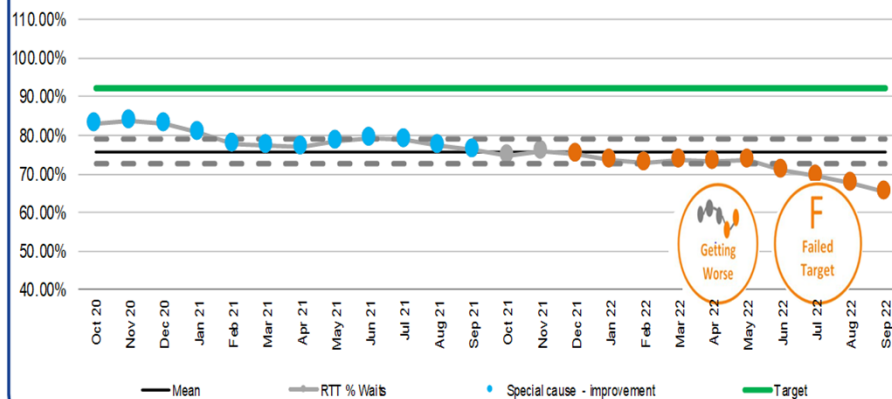
- Data for 104 day performance runs until mid-October
- Following a peak in June, the backlog continues to steadily reduce, falling to 16, before experiencing a small rise to 20
- Colorectal, Gynae and Skin are the most challenged tumour sites

Action

- Continue with additional, temporary capacity in tumour site such as Colorectal
- Skin now have access to additional new MPR facilities that opened in September, providing them with additional capacity

RTT Performance

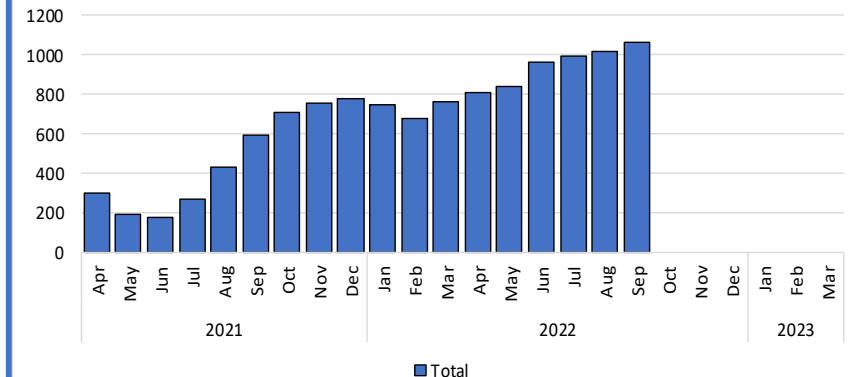
RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/10/20



Latest Month
65.5%

RTT Incomplete pathways target 92%

>52 Weeks



Performance

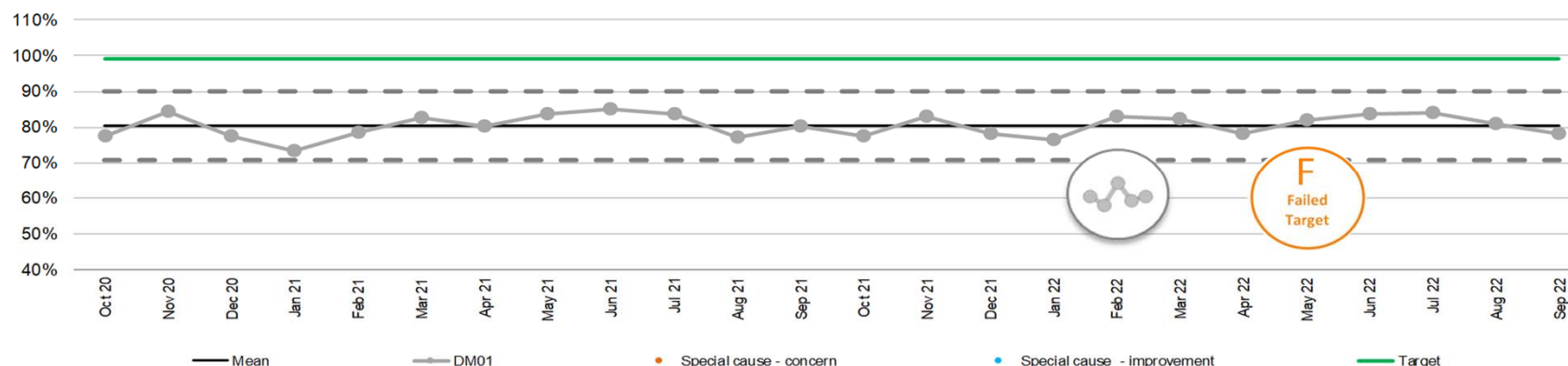
- RTT performance declined in September by 2%, as the Trust focuses on clearing the backlog of patients waiting 78 weeks for treatment. The national requirement is to have zero patients waiting over 78 weeks by March 2023
- While the number of patients waiting over 52 weeks to commence routine treatment has seen a small uptick in September, there has been a continued reduction the most longest waiting patients: 78-104 week waits are down 36% on August
- The Trust is placed joint 1st of 20 Midlands acute Trusts for the number of 104 week breaches (0 for September). There were 675 104 week breaches across the 20 Midlands organisations in August

Action

- The most challenged specialties are being prioritised for additional weekend theatre lists
- Productivity deep dives are being undertaken to realise pathway efficiency gains

DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/10/20



Latest Month

78.1%

DM01 combining 15 modalities - target 99%

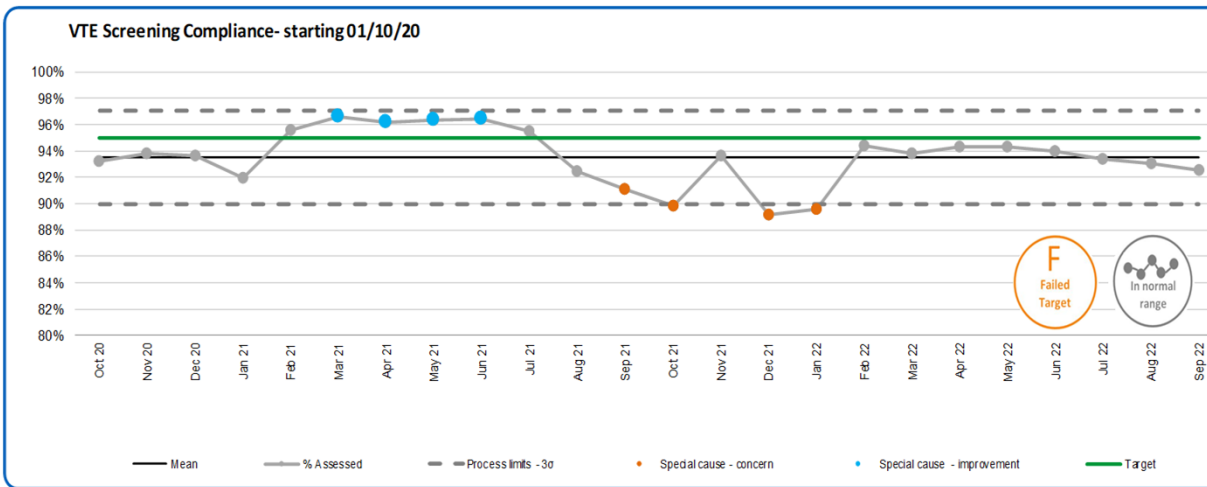
Performance

- Following several months of steady improvement, DM01 performance fell back slightly in September to 78.1% in September.
- At a modality level, there has been some improvement in CT and Cystoscopy
- 5 of 8 modalities are performing ahead of their recovery trajectories

Action

- MSK recovery plan devised – a new MSK radiographer commenced in post in October to focus on reducing associated backlog
- System level conversations are to be undertaken to discuss system-wide solutions in Cardiology

VTE Performance



Latest Month
92.5%

Latest Month
93.2%

Latest Month
91.7%

Trust overall Position

Medicine & IC

Surgery, W & C

Performance

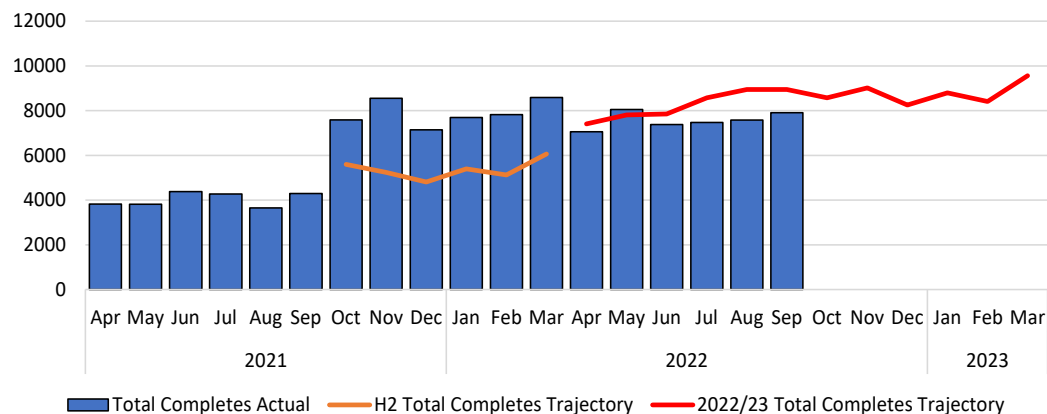
- VTE performance remains fairly consistent across both operational divisions
- Overall Trust performance remains just short of the required standard

Action

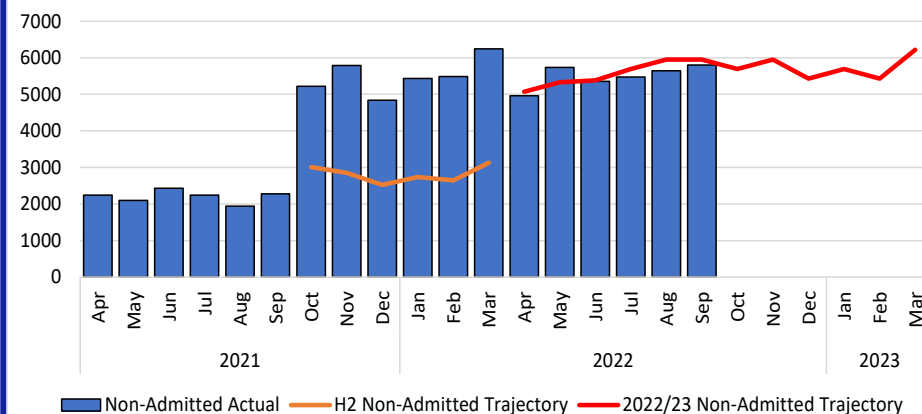
- Revised training with junior doctors is being undertaken as part of inductions, with a particular focus on VTE assessments and compliance

Recovery and Restoration – RTT Completes

Total RTT Completes H2 Actual vs. Trajectory



Non-Admitted RTT Completes H2 Actual vs. Trajectory



Performance

- The Trust is making good progress in reducing the backlog of patients awaiting routine procedures or treatment
- The Trust continues to have 0 104 week breaches and continues to reduce the number of patients waiting over 78 weeks: there was a 36% reduction in patients waiting 78-104 weeks in September, compared to August, reducing the overall figure to 65 patients in total
- The high volume speciality of General Surgery has seen the largest reduction in patients waiting over 78 weeks; their backlog has reduced by 71% in September compared to July
- The Trust has the 7th fewest number of 78 week plus breaches, compared to the 20 Midlands acute Trusts, which equates to 0.4% of the total breaches for the 20 Trusts in the Region
- DGFT has the joint 5th shortest median waiting time of the 20 Midlands acute Trusts

Action

- Additional theatre and pre-op provision continues to be allocated to specialties with the highest number of patients over 78 weeks
- The Trust remains on course to have zero 78 week breaches by March 2023

RTT Restoration and Recovery – Trust Comparisons

0-18 Week RTT Performance (Midlands Region): 5th

August 2022

Region Code	Provider Code	Provider Name	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks
Y60	RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	29,741	21,607	72.7%
Y60	RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	31,823	23,004	72.3%
Y60	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	13,877	9,928	71.5%
Y60	RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	45,887	32,147	70.1%
Y60	RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	41,421	28,037	67.7%
Y60	RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	27,298	18,374	67.3%
Y60	RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	66,445	41,369	62.3%
Y60	RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	69,918	43,138	61.7%
Y60	RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	71,518	44,046	61.6%
Y60	RLQ	WYE VALLEY NHS TRUST	19,665	12,021	61.1%
Y60	RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	24,712	15,105	61.1%
Y60	RBK	WALSALL HEALTHCARE NHS TRUST	33,543	20,311	60.6%
Y60	RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	103,644	59,180	57.1%
Y60	RXW	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	37,901	20,566	54.3%
Y60	RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	63,876	34,245	53.6%
Y60	RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	76,697	41,043	53.5%
Y60	RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	71,266	35,279	49.5%
Y60	RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	65,208	32,113	49.2%
Y60	RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	127,592	60,108	47.1%
Y60	RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	160,108	63,733	39.8%

RTT Restoration and Recovery – Trust Comparisons

Number of Patients Waiting 78+ Weeks for Routine Treatment (Midlands Region): 7th

August 2022

Region Code	Provider Code	Provider Name	Total 78 plus weeks
Y60	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	2
Y60	RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	10
Y60	RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	17
Y60	RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	29
Y60	RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	46
Y60	RLQ	WYE VALLEY NHS TRUST	72
Y60	RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	75
Y60	RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	92
Y60	RBK	WALSALL HEALTHCARE NHS TRUST	128
Y60	RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	140
Y60	RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	163
Y60	RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	273
Y60	RXW	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	277
Y60	RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	399
Y60	RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	726
Y60	RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	816
Y60	RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	821
Y60	RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	1,092
Y60	RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	3,493
Y60	RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	8,357

RTT Restoration and Recovery – Trust Comparisons

Number of 104 Week Breaches (Midlands Region): =1st

August 2022

Region Code	Provider Code	Provider Name	104 plus
Y60	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	-
Y60	RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	-
Y60	RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	-
Y60	RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	-
Y60	RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	-
Y60	RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	-
Y60	RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	1
Y60	RLQ	WYE VALLEY NHS TRUST	1
Y60	RBK	WALSALL HEALTHCARE NHS TRUST	1
Y60	RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	3
Y60	RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3
Y60	RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	5
Y60	RXW	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	6
Y60	RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	11
Y60	RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	12
Y60	RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	29
Y60	RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	64
Y60	RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	81
Y60	RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	193
Y60	RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	265

RTT Restoration and Recovery – Trust Comparisons

Median Waiting Time (Midlands Region): =5th shortest

August 2022

Region Code	Provider Code	Provider Name	Average (median) waiting time (in weeks)
Y60	RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	10.6
Y60	RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	10.7
Y60	RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	10.8
Y60	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	11.2
Y60	RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	11.9
Y60	RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	11.9
Y60	RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	13.5
Y60	RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	13.5
Y60	RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	13.6
Y60	RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	13.7
Y60	RBK	WALSALL HEALTHCARE NHS TRUST	13.9
Y60	RLQ	WYE VALLEY NHS TRUST	14.0
Y60	RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	15.1
Y60	RXW	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	15.8
Y60	RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	16.2
Y60	RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	16.3
Y60	RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18.2
Y60	RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	18.4
Y60	RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	19.9
Y60	RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	24.3

Cancer Restoration and Recovery – Trust Comparisons

2 Week Wait: 2nd ICS

August 2022

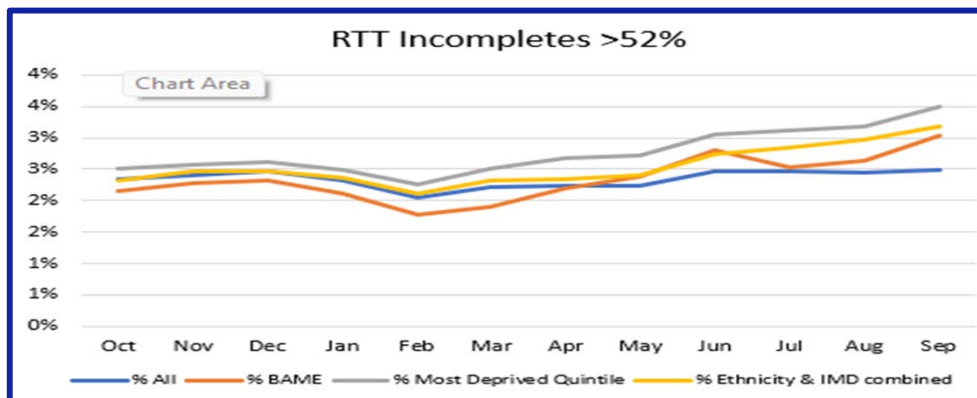
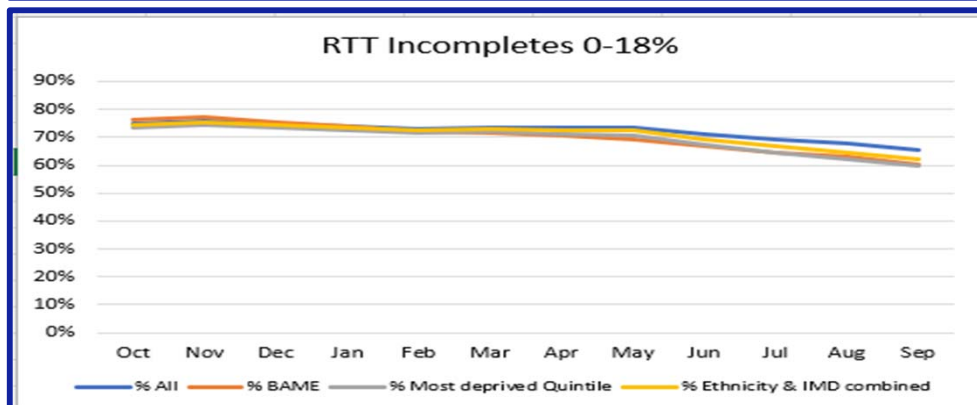
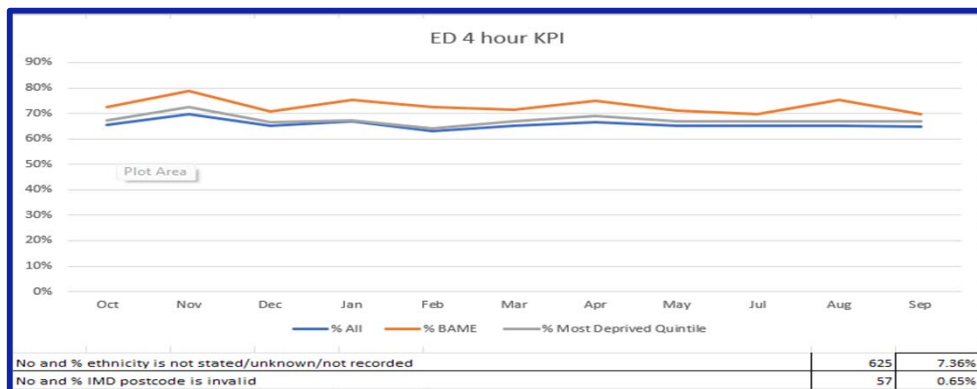
ACCOUNTABLE PROVIDER	PERCENTAGE SEEN WITHIN
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	96.23%
THE DUDLEY GROUP NHS FOUNDATION TRUST	79.70%
THE ROYAL WOLVERHAMPTON NHS TRUST	79.21%
WALSALL HEALTHCARE NHS TRUST	79.18%

31 Day 2st Treatment: 2nd ICS

August 2022

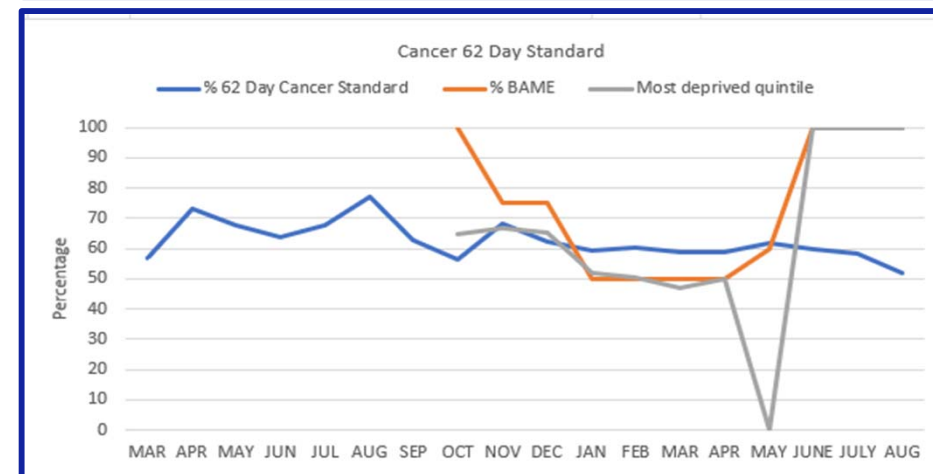
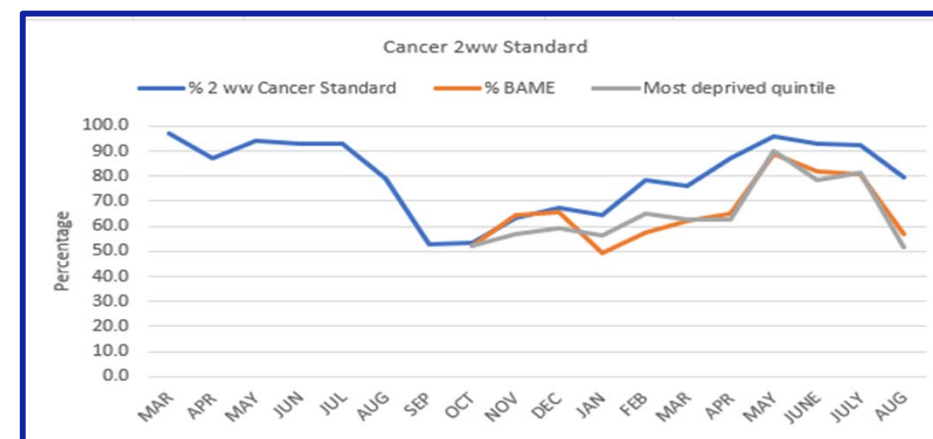
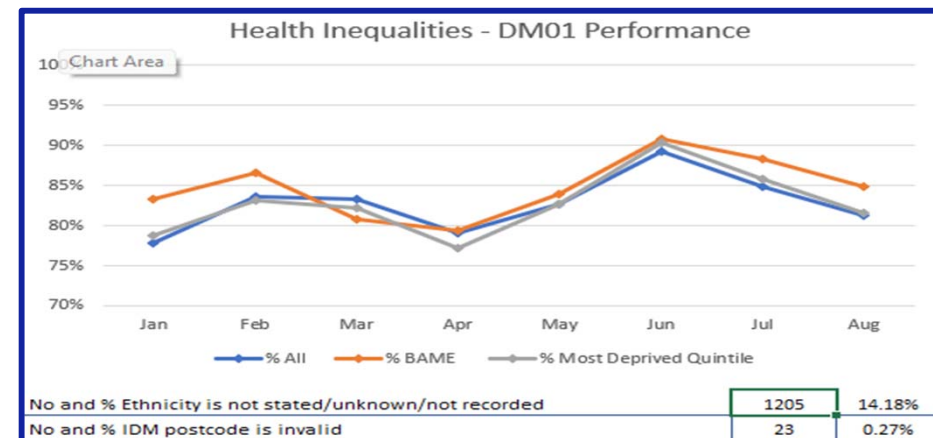
ACCOUNTABLE PROVIDER	TREATED WITH PERCENTAGE
WALSALL HEALTHCARE NHS TRUST	95.05%
THE DUDLEY GROUP NHS FOUNDATION TRUST	90.10%
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	90.07%
THE ROYAL WOLVERHAMPTON NHS TRUST	74.58%

Health Inequalities



No and % ethnicity is not stated/unknown/not recorded	16873	39.3%
No and % IMD postcode is invalid/missing	11736	27.3%

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.



0 = no BAME patients identified in this months data

Paper for submission to Trust Board






Title:	Winter Plan – Bed Gap
Author:	Simon Illingworth, Deputy Chief Operating Officer
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion X	Other
Recommendations: Note plans to deliver acute inpatient capacity during winter			

Summary of Key Issues:
<ol style="list-style-type: none"> 1. Predicted peak demand for inpatient capacity at Dudley Group this winter is expected to be in the region of 650 inpatient beds. This is around 63 beds above normal operating baseline (587) and is similar to the expected shortfall in beds identified in previous years. 2. The ICB has funded 14 extra beds during winter and the Trust has opened a further 22 beds to support ambulance offloads. These 22 beds have not been funded. 3. This leaves a new winter baseline capacity of 623 (601 funded) and a gap of 28 further beds 4. With additional capacity created through use of Virtual Ward (9) SDEC (3) and MOFD reduction (8) there remains a gap in capacity of 8 beds. 5. Further capacity of 12 beds made available at Rowley Regis (Community) and increases in D2A discharges each day (5) provides an additional 17 beds and ensures that there are +9 beds surplus within the plan 6. The biggest risk to delivery is around social care reducing MOFD numbers by the required amount (at least 30%) and freeing up the equivalent of 8 beds 7. To support the delivery of the winter plan and ensure actions set out in this paper are delivered, a supporting action plan has been developed between DGFT and system partners (Appendix 4) with clear actions and leads and this will be monitored via the Urgent Care Operational Group (UCOG) and report into A&E delivery board

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	
	Drive sustainability (financial and environmental)	
	Build innovative partnerships in Dudley and beyond	
	Improve health and wellbeing	

Implications of the Paper:

Risk		Y	Risk Description: BAF 7 failure to achieve operation performance requirements and deliver strategic goals <i>COR1733 COR1465 COR1578</i>
	On Risk Register:	Y	Risk Score: 20
Compliance and/or Lead Requirements	CQC	Y	Details: all domains
	NHSE	Y	Details:
	Other	Y/N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 17/11/22
	Other	N	Date:

Winter Plan – closing the inpatient bed gap

Background

Predicted peak demand for inpatient capacity at Dudley Group this winter is expected to be in the region of 651 inpatient beds in Mid-January. This is around 63 beds above normal operating baseline (587) and is similar to the expected shortfall in beds identified in previous years, notwithstanding the uncertainties surrounding COVID.

The Trust and wider system have already taken action to close the bed gap through funding 14 extra beds for winter. In addition, the Trust has opened an additional 22 beds across the UEC footprint to support better ambulance offload times. Details of this are set out in appendix 1-3.

In addition, a comprehensive action plan has been produced (Appendix 4) and signed off by partners across the Dudley health economy which aims to deliver robust actions in support of winter.

Current situation

The Trust, under normal circumstances, has baseline bed base of around 587 G&A beds. This baseline excludes ITU, Day Case or Paeds or flexible use to bed the Discharge Lounge for example.

Following investment across the system to close the predicted bed gap the winter baseline now includes 14 extra beds (additionally funded by ICB) plus an additional 22 beds / spaces created within the UEC footprint to support ambulance offloads. The 22 extra beds have not been funded centrally by the ICB and are in place as cost pressure. Following these changes physical winter baseline capacity is now 623. This is a shortfall of 28 beds.

Progress

As part of the Trusts winter plan mitigations were developed which set out how the remaining 28 bed gap could be closed, using a mixture of both physical beds, virtual capacity and reductions in patients with Medically Fit (MOFD) status. To close the gap of 28 beds the following actions have already been implemented

1. The Trust is adopting virtual wards and while there is more that can be done, we have assumed a benefit in terms of additional capacity of 9 beds
2. Further SDEC and UEC savings from improved pathways has been assumed as generating an additional 3 beds
3. MOFD reduction (there was a system requirement for ICB and LA partners to reduce MOFD volumes in Acute Trusts by 30%) is predicted to save 8 beds

With these actions the bed gap is reduced to a -8 position. A set of further opportunities exist to reduce the gap further and these are set out below

1. Additional investment has been provided by ICB for Discharge to Assess with increasing levels of capacity provided between November to February. This requires Local Authority to develop D2A Capacity. This has been predicted to deliver 5 beds

2. There are additional community spaces, located at Rowley Regis within Sandwell Borough, which have been funded and identified as available to DGFT to place Sandwell patients who are awaiting a TOC. There are a total of 12 beds available.

These actions will ensure that the bed gap is closed with a +9 position by February and, at the time of expected Peak demand (mid-January) capacity of +7

The detail of these schemes and impact on bed numbers is set out in [Appendix 2](#)

Timescales, risks and delivery risks are set out in [Appendix 3](#)

Risks

The main risk to delivery is the reduction in MOFD numbers and the ability of social care to reduce numbers in the Trust by 30%. This reduction must be in addition to the the D2A savings set out in this paper.

MOFD: The number of beds saved through 30% MOFD reduction is highly uncertain and will be dependent on LA and ICB partners increasing capacity and reducing the length of time it takes to discharge a patient from the point of becoming medically fit to actual discharge. To mitigate this, we will continue to have daily meetings with LA to ensure the correct patients are identified, that we use spot purchasing where necessary and that we develop the discharge dashboard to identify patients correctly. Maintaining pressure on the system and good data quality will be key.

SDEC: There is a small risk around the delivery of more bed day savings being made as a result of SDEC changes. This scheme is largely within the gift of GDFT to deliver so is a much lower risk than MOFD reduction. Significant pathway changes have already been made to SDEC, but further benefits can still be realised such as reducing demand for follow up. WMAS can also support by increasing the use of the clinical hub. Actions to deliver this are set out in the supporting action plan.

Conclusions

Dudley place has a robust winter plan, owned by all system partners. The plans in place to close to bed gap are robust and while some risks to delivery exist, mitigations and oversight systems are well embedded.

The plans aim deliver a total of 660 inpatient beds by February against a peak demand of 651, nine more than predicted, although peak capacity is not achieved until February

The supporting action plan sets out system partner responsibilities and actions. Oversight of the action plan will be via UCOG and then upwards into A&E delivery board to ensure robust oversight and early warning should plans stall.

Simon Illingworth
Deputy Chief Operating Officer

November 2022

Appendix 1 – G&A Wards

Baseline G&A Ward	Beds
AMU A4 (Winter Funded)	14
AMU Assessment (old ED specialty area)	22
AMU1	30
AMU2	30
West B4B	19
West C5B	24
FMNU (Forget me not ward)	16
C1B	24
West C8 HASU	12
West C8 - ASU	12
B6 Frailty Short Stay	16
West C8 Stroke Rehab	20
East B2 Hip - Station 3	12
East B2 Hip - Station 4	12
East B2 Trauma - Station 2	12
East B2 Trauma - Station 1	12
Emergency Surgical Hub Area 2	12
Emergency Surgery Hub Area 3	12
East C3	36
West C4 Georgina Unit	22
East B1	26
C1A	24
West C7	36
Post CCU	16
CCU	8
West B4A	24
West C5A	24
East C2	31
West C6	19
East B3	32
Total	609
Does not include beds or spaces on	
ITU	24
MECU	8
POCU	4
Paeds C2	27
PAU	-
SDEC Areas	-
ESH Area 1	-
Day Surgery	-
Medical Day Case	-

Appendix 2 – Schemes to close the bed gap (to February 2023)

Predicted Peak Demand	651
Baseline	587
ICB Funded on DGFT site	14
Virtual Ward	9
SDEC/UTC	3
MOFD Reductions	8
Additional AMU Beds (unfunded)	22
D2A	5
Rowley Regis Community	12
Total	660
Gap	9

Appendix 3 – Schemes and impact on G&A capacity





Schemes create a total of 660 beds by February 2023

Acute G&A Capacity	September	October	November	December	January	February	March	Lead Organisation	Risk Delivery Level
Baseline Beds	587								
Virtual Ward				9 Beds (596)				DGFT	Low
ICB Funded Beds				14 Beds (610)				ICB	Low
SDEC Improvements				3 Beds (613)				DGFT	Medium
Additional AMU Beds				22 Beds (635)				DGFT	Low
MOFD Reduction				8 Beds (643)				Social Care	High
D2A 3 pts 7/7				3 Beds (646)				Social Care	Low
D2A 5 pts 7/7						+2 Beds (648)		Social Care	Low
** Rowley Community				12 Beds (660)				ICB	Low
Peak Bed Demand						651			

Appendix 4: 2022/2023 Dudley Place Winter Plan

Progress Action Plan: Version 7.3

Area 1: Admission Prevention

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
1.1	Care Co-ordinator attendance at AMU and SDEC board rounds twice weekly and weekly LOS meetings to facilitate discharge plans back to community.	Part of the Trust's UCSIG group action to improve discharges from AMU and reduce LOS on the short stay unit	Pilot Commenced September 2022	Dudley Group: Bianca Mascarenhas & Paul Hudson	Pilot ongoing for 2 weeks now – evaluation of pilot w/c 31/10 to determine if effective.		Increased discharges each day from AMU Reduce LOS on AMU	None	None
1.2	Deteriorating patients across community services to be managed by daily escalation plans to prevent unnecessary conveyances to hospital.	Reduction in conveyances for patients from Care Homes	September	Dudley Group: Bianca Mascarenhas	EMS levels being used by all teams to declare capacity. Daily capacity huddle to manage capacity with pathways in place to step up/down patients using the Dudley Clinical HUB.		Increased used of the Clinical Hub for Care Home Referrals	Reduced capacity across all services including the Dudley Clinical HUB.	Daily capacity meetings. Community Deteriorating Patient group.
1.3	Worst 21 care homes to be proactively visited by the Enhanced Care Home team to identify and manage deteriorating patients at home.	Reduction in conveyances for patients from Care Homes	September	Dudley Group: Bianca Mascarenhas DIHC: William Overfield	Enhanced care home teams working with care home staff to educate on deteriorating patients, nutrition/hydration etc		Increased used of the Clinical Hub for Care Home Referrals	Reduced capacity in the team	Clinical HUB Transformation group
1.4	Care Co-ordinator in the HUB to contact patients on LTC caseload pro-actively to identify early deterioration.	Reduce number of patients brought to ED who could be safely managed in their own home	December 2022	Dudley Group: Bianca Mascarenhas	New care co-ordinator in place and induction underway.		Reduce numbers of patients admitted	None	None






Progress Key



Positive progress/ going in right direction



No more positive / no further forward

1.5	Clinical Hub - Increased use of Single Point of Access and UCR deployment, Care Homes	Expansion of clinical hub to take more calls each day and avoid conveyances to Hospital	Ongoing	Dudley Group: Bianca Mascarenhas DIHC: William Overfield	DES weekly ward rounds being delivered by the HUB. Working with WMAS to utilise the HUB for care home calls outs.		Reduced attendance at ED More patients streamed through SDEC or appropriate portal	Reduced capacity within the HUB. WMAS not referring to the HUB	Clinical HUB Transformation group
1.6	Clinical HUB – Increased use of Single point of access and UCR deployment for Surgical SDEC	Increase calls via the Clinical Hub to support Surgical SDEC	December 2022	Dudley Group: Bianca Mascarenhas	Medical Lead for the DCH and Clinical Lead for Surgery meeting in a couple of weeks to determine clinical criteria and pathways.		Reduce admissions and stream away from ED	Capacity within the UCR team to support the new pathway/work	Urgent Care Service Improvement Group
1.7	New IV pathways to be established with the IV service and SDEC to reduce conveyances to SDEC/ED	Reduce volume of patients attending ED or any emergency portal	December / January 2023	Dudley Group: Bianca Mascarenhas	Clinic space secured for soft launch. SOP completed and shared for final comments 25.10.22 Sign off at Governance – Nov 22.		Reduce hospital attendances	Capacity within the IV team to support this new pathway.	Urgent Care Service Improvement Group
1.8	WMAS usage of clinical hub increase	Increased use of the clinical hub by WMAS to ensure patients are streaming early on to the correct location. Particular focus on patient conveyances from care homes	Improvement by January 2023	WMAS	Daily engagement with WMAS Monitor number of calls Report via UCSIG		Reduce conveyances from Care Homes and stream to appropriate area	WMAS compliance	Urgent Care Service Improvement Group
1.9	Ensure the use of ARRs (Additional Reimbursement Schemes) monies to ensure it is maximised for this financial year and explore the opportunities to use ARRs posts at scale over the winter period to support flow. Specific areas to be explored further are therapy support and	Over the winter period we will ensure full coverage of ARRS staff including holidays/sickness/recruitment	Complete & Ongoing review	DIHC: Jo Taylor	Conversations commenced between DIHC and Primary Care to establish if there are any opportunities		Ensure we have no gaps in service provision, this was previously not provided	Capacity and Estates	Primary Care / DIHC

Progress Key




Positive progress/ going in right direction







No more positive / no further forward

	pharmacy support to support flow.								
1.10	Enhanced access DES (additional primary care capacity out of hours and weekends) commencing on October 1st and provision associated with this.	Additional 60 mins per 1000 per week providing cover 6.30 – 8pm Monday – Friday and Saturday 9am – 5pm	Complete Commenced October 1st	Primary Care through a contracted DES Jo Tomlinson	Complete	→	Additional Primary Care appointment capacity	None	ICB Primary Care
1.11	Primary care looking to optimise opportunities of using support/signposting services rather than trying to increase capacity.	Maximise the use of personalised care roles including linking into Integrated care teams	Ongoing	ICB: Jo Taylor	Ongoing	→	Intent is to reduce the demand on GP consultations, so patients are appropriately signposted elsewhere, leaving the GP consultations for those in most need.	None	ICB Primary Care
1.12	Vaccination for Flu / Covid initiatives / intentions. Phase 5 of the vaccination service underway with the expectation this will be completed by Christmas. 5/6 of PCNs undertaking vaccinations, with Saltwells supporting the 6th. Priority groups are first to be vaccinated (older people, care homes and housebound), with a roll out to other groups.	Vaccination of priority groups (50 plus and clinically at-risk groups) by start of December 2022	December 2022	DIHC: Duncan Jenkins	On target	↑	Reduction in admissions due to respiratory infection.	None	Primary Care/Medicines management (DIHC)

Progress Key	
↑	Positive progress/ going in right direction
→	No more positive / no further forward

1.13	Access Hub: combined adults and Children ARI Hub	<p>The Access Hub provides additional capacity for primary care and pathways from the urgent Treatment centre and 111</p> <p>Impact on front door activity – potential to avoid complex admissions of 2 total beds over the winter period.</p> <p>Further exploration and links between ARI Hub and ARI VW. Possible redirection from ED</p>	1 st October – 31 st March 2023	DIHC Jo Taylor	Confirmed & On target		Additional GP appts including redirection from UTC and 111.	None	DIHC governance/IC B Primary care
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Area 2: Internal flow

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
2.1	ICB funded capacity will provide 14 extra at DGFT site	Extra 14 G&A beds funded for winter to close bed gap	Complete	ICB	Complete In place and 14 beds open Oct		Extra capacity	Financial impact to DGFT and the system	None
2.2	Additional Ambulance handover space within ED and AMU which includes 14 additional beds	Reduce ambulance off load delays	Complete	Dudley Group: Jane Dale	Complete In place, spaces opened 19 Oct 2022		Reduced ambulance off load delays	Reduced COVID red capacity as a result	None
2.3	Expansion of Virtual Wards (equivalent of 9 beds saved)	Use of virtual wards across medicine and Paeds	Ongoing	Dudley Group: Paul Hudson	In place / expansion into additional services		Equivalent of 9 extra beds across the Trust in support of winter capacity	None if funding provided	Medicine Division / Quality and safety
2.4	Unfunded bed capacity opened	Additional G&A capacity available but not funded. Would be run as a cost pressure to the Acute Trust and impact on Forecast	October 2022	Dudley Group: Karen Kelly / Simon Illingworth	Locations identified to include discharge lounge or extra beds on A2 Opened 8 additional beds on 19 Oct		Extra capacity	Funding / staffing Financial risk to DGFT and system	F&P Committee



Progress Key




Positive progress/ going in right direction



No more positive / no further forward

					Reconfigured 6 additional beds in ED (Ambulance Triage area)				
2.5	Revising triggers, escalations and actions and will link in with RCMT re automated emails for triggers.	All organisation have reviewed triggers and escalations so there is a clear and agreed process for when the system becomes pressured.	Complete	BCHC	Complete Impact of revised triggers to be updated			None	BCHC
2.6	Re-visiting and reviewing escalation process with DGFT for mental health patients within the ED department.	DGFT are clear on the process to follow when a complex mental health patient presents to ED	Complete	BCHC	Complete Process in place.			Patients can have prolonged ED stays over 12 hours when awaiting placements- safety risk	BCHC

Area 3: Discharge

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
3.1	Discharge to Assess (D2A) for Pathway 1	<p>To create flow within the supported discharge pathway.</p> <p>Generate adequate capacity within the hospital setting for patients requiring acute care and domiciliary care for people at home with care and support needs</p> <p>Allow people with care and support needs to be discharge home</p>	28 Nov 2022	Local Authority: Joanne Vaughan	<p>D2A Pilot in place, there is a need to get a trajectory for improvement from social care</p> <p>Market... block contracts given to 5 providers across the borough to support Pathway 1 discharge to result in increase of discharges by 3 per day, 7 days per week.</p> <p>Services starts on: Monday 28th November for 3 discharges per day</p>		<p>Will create capacity with the acute setting to utilise for inpatient treatment.</p> <p>People with identified care and support needs have a greater opportunity for timely discharge home</p> <p>People with care and support needs can be supported appropriately outside of the</p>	<p>Social Care Funding</p> <p>Staffing</p> <p>Availability of residential care placements</p> <p>System Funding for D2A Pilot</p>	Discharge Improvement Group





Progress Key



Positive progress/ going in right direction



No more positive / no further forward

							acute setting awaiting domiciliary care.		
3.2	Bridging beds	Increase the bridging bed capacity to allow people awaiting domiciliary care to be transferred out of the acute setting	Beds commissioned and available from 24 October 2022.	Local Authority: Joanne Vaughan	Bridging beds increased from 9 to 17 with flexible use of Tiled House unit and 2 block commissioned private nursing home beds. This will create a further 1-2 discharges a day if patients consent.		Use of Bridging beds when there is a delay on provision of domiciliary pathway 1 care	Local Authority	Discharge Improvement Group
3.3	Local authority to agree a trajectory to improve DTA numbers	Block contracts given to home care providers to increase the level of domiciliary care hours that can be provided across the Borough. Expectation of 3 extra discharges per day, 7 days per week for Pathway 1 from the 28 th November	28 th November	Local Authority: Joanne Vaughan	Block contracts given to 5 providers across the borough to support Pathway 1 discharge to result in increase of discharges by 3 per day, 7 days per week.		Will create capacity with the acute setting to utilise for in patient treatment. People with identified care and support needs have a greater opportunity for timely discharge home People with care and support needs can be supported appropriately outside of the acute setting awaiting domiciliary care.	Social Care and Funding	Discharge Improvement Group / Winter Plan
3.4	Discharge on Admission (project to deliver 100 day discharge challenge, inc. planning discharge on day of admission / EDD)	Focus on improving the practice of early discharge planning. Key early measures including all patients with an assigned pathway, EDD in use and review of admission process	From November to March 2023	Dudley Group: Amandeep Tung-Nahal	Audit of existing progress complete, high levels of variation at ward. Surgery to be piloted first for EDD Pathway assigned by Therapists		Improved early discharge HFL rates up Improved used of Discharge Lounge	Time and project resource Engagement in EDD	Discharge Improvement Group
3.5	Perfect Discharge Lounge (30 pts per day through lounge)	Supporting Home for Lunch early discharge campaign, at least 30	Ongoing	Dudley Group Rita Rai	Significant improvement in numbers through lounge, 25+ over recent weeks. Focus on surgery use		Improved flow from ED on a morning	None Identified	Home for Lunch Group

Progress Key



Positive progress/ going in right direction



No more positive / no further forward

		patients discharged via lounge each day							
3.6	Perfect Discharge Team (30 discharges per day)	At least 30 complex discharges made by Dudley Discharge Team each day	Commenced August 2022 Ongoing	Dudley Group: Bianca Mascarenhas	Average of 29 patients being discharged from complex data base Monday to Friday	↑	Reduction in MOFD patients	Weekend Discharges are significantly lower impacting on capacity Sunday/ Monday	Discharge Improvement Group
3.7	Home for Lunch (30% before noon)	30% of all patients in G&A beds discharged by 12 noon	24 Oct 2022	Dudley Group: Anita Cupper	Numerous wards now delivering 20+ with several wards now achieving 25-20%. Some wards as high as 30%+	↑	Improved flow from ED early on a morning	Sustainability month on month Staffing	Discharge Improvement Group
3.8	Physical presence with DGFT to support discharge planning	Additional staff from LA on site to support staff and TOCs	Complete Commenced 2 nd Sept	Local Authority: Jo Vaughan	Complete	↑	Reduce numbers of MOFD in Trust	None	None
3.9	Additional social work assessment capacity (X1 WTE) into community beds to improve flow.	Additional social work capacity to undertake assessments in the community. SW capacity with focus on the people supported by the additional block contracted hours to dom care providers.	1 st December 2022	DIHC: Jenny Cale Dudley Local Authority: Joanne Vaughan	Funding agreed 20 th October, need to appoint into post Assessment completed for the extra block contracted care. Supporting people off short term care support Ensuring the 3 extra discharges per day continue to flow DIHC – 2 social workers appointed – 1 commencing 1 November 22 and the second on the 14 th November.	↑	Maintain flow of the extra P1 discharge capacity	Lack of social work resource	LA governance mechanism
3.10	TOC support for DGFT from DIHC/LA	Internal delays are often high due to lack of workforce to complete the transfer of care documentation. This will support timely and accurate completion to support reduction of ward delays. Potential bed days saved 14 bed days a week	Amandeep developing a TOC model, to utilise the ageing well investment. Awaiting update on timeline. Support from Partners until	Amandeep Tung Nahal:DGFT	Scoping work completed. 3-4 assessors needed daily. DIHC supporting currently while substantive planned developed by Amandeep in next 2 weeks. LA looking at providing Trusted assessor to support with package of Care TOCs by mid Nov	→	Increase number of TOCS completed	Staff availability	Discharge Improvement Group






Progress Key



Positive progress/ going in right direction



No more positive / no further forward

			staff can be recruited						
3.11	Allocated amount of money to support specific challenges such as house cleaning, moving home equipment etc	Fund made available to all partners to ensure no discharges are delayed due to 'handyman' type issues/house cleaning. Potential bed days saved 7 bed days a week	This is available now through the ICB, from 20 th October DGFT need to invoice for work	Sarah Knight	Funding agreed on 20 th October and available immediately.		Reduce number of bed day delays due to household issues to discharge can go ahead.	No risks	UCOG
3.12	Enhanced social work capacity	Patients in the community awaiting discharge from community hospitals is growing due to lack of social work capacity. Potential bed days saved 14 bed days a week	Complete	Jen Cale	DIHC – 2 social workers appointed – 1 commencing 1 November 22 and the second on the 14th November. LA currently recruiting to posts as well.		Increase numbers of assessments completed in community beds and subsequent reduction in DTOCs	Availability of social work capacity	ICE
3.13	Single handed equipment	Investment in both equipment and training to support single handed equipment to reduce demand on domiciliary care provision to support capacity in pathway 1 Potential bed days saved 14 bed days a week	December 2022	Bianca Mascarenhas	Equipment to be purchased and Ward staff to be trained		Acute staff will use the same equipment as community staff	Accelerate discharge	
3.14	Training for single handed equipment	To train domiciliary care providers to use the Single handed equipment	Training Programme developed and rolled out with internal staff and external agencies to be funded by DCIH	Joanne Vaughan and Marie Spittle Dudley Local Authority	All internal local authority staff are trained and their competencies checked and continued ongoing and also an additional Training Programme for Train the trainer on SHC to be developed and delivered so commissioned agencies are in a position to support the person with PW 1 discharges ongoing to ensure this ethos is continued		Create domiciliary care capacity by reducing the need for 2 carers at each visit to 1 carer combined with assessed SHC equipment.	SHC equipment to be delivered to the persons home address at the time of discharge in preparation for the first care visit	Integrated care Executive (ICE)
3.15	Access Hub: gap in funding for complete winter coverage	This is funded in part from primary Care underspend monies. In order to provide full winter coverage additional funding is required.	Complete	Sarah knight – ICB Joe Taylor - DIHC	Funding in place until March 2023, capacity to be used flexibly including bank holiday cover over Christmas period		Additional primary care capacity	None identified	DIHC governance/IC B Primary care




Progress Key



Positive progress/ going in right direction



No more positive / no further forward

3.16	System Discharge post	Post to work across the system supporting all discharges to reduce wasted bed days. Priority given to complex discharges both in Dudley and out of area Potential bed days saved 28 bed days a week	Post currently out to recruitment (October 2022).	Simon Illingworth	Post out to recruitment, interviews November 2022. Appointment depending on successful applicant's contract.		System support for discharge issues to expedite issues and resolutions.	Lack of applicants	A & E delivery board
3.17	Discharge to Assess/Reablement /TOCs	Joint funded programme between DIHC and LA to directly appoint HCA level (band 2 &3) to develop and integrated reablement team to increase capacity in pathway 1. Further support to DGFT to support with transfer of Care completion. Potential bed days saved 28 bed days a week	February 2023	Local Authority Joanne Vaughan DIHC Jenny Cale	Enhance Supported discharge pathway implemented to create 5 pathway 1 discharges per day, 7 days per week. Introduction of social care led prescriptions for pathway 1 requirements Introduction of a P1/P2 Hub Health and social care support worker, with the skills of a trusted assessor to maximise people's independence for daily living at home. Working with Own Bed Instead therapy support to create an enablement culture with the short-term assessment period		Generate capacity within acute setting for inpatient treatment Provide an integrated model for discharge on Pathway 1 Greater opportunity to support people to maximise their independence and maintain their choice to live at home Creation of a support worker to attract people into work in social care which promotes progression within the two organisations	System funding Staffing	Discharge improvement group
3.18	Increase pathway 2 intermediate care capacity	Enhance capacity over winter months to enable continued flow	By 14 November 2022	Jenny Cale	11 extra intermediate care beds (10%) of total capacity will be commissioned to accommodate any surge in demand over the winter months for pathway 2. In addition, a block contract for domiciliary care needed		Increase flow through pathway 2 – additional 2-3 discharges a week	Beds become blocked with DTOCs or are closed due to infection outbreak.	UCOG

Progress Key




Positive progress/ going in right direction



No more positive / no further forward

					on discharge from Pathway 2 beds has been established with a local provider. This will deliver 48hrs worth of care in 1 day building to a total of 336hrs per week. This will reduce delays in pathway 2 beds and further improve capacity to support discharges from the acute trust. This will be in place by 14 November.				
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Area 4: System Management

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
4.1	Weekly touch base to review previous weeks actions and any changes required to escalation	All key providers to attend and provide key information to aid discussion	In place and commenced	ICB	In place		Ensure robust communication All partners sighted on issues within the system	Key partners do not attend to present information	Through ICB/UCOG
4.2	All partners have reviewed escalation plans and triggers with Regional Capacity Team	Every organisation has reviewed escalation plans and triggers	Completed, in place and being used	Each organisation responsible for updating each trigger. RCMT leading organisation	In place		All partners agree triggers and escalation to understand opportunities when the system becomes pressurised.	That escalation plans are not put in place.	
4.3	Monthly UCOG will review winter plan and progress/issues. An additional meeting will be diarised monthly specifically to discuss any issues with winter plan.	Issues with the winter plan that require further discussion with colleagues to be brought to this meeting, so they are formally recorded and monitored.	November 18 th 2022	DGFT	To be established for November 2022		To ensure that all actions are delivered against the winter plan	That key milestones are not achieved, and the impact of actions is reduced	UCOG – any escalations to A & E delivery Board

Progress Key



Positive progress/ going in right direction



No more positive / no further forward





Action Plan Sign Off

Organisation	Name	Signature
The Dudley Group NHS FT	SIMON ILLINGWORTH	<i>Simon Illingworth</i>
Dudley Integrated Health and Care Trust	JENNY CALE	<i>Jenny Cale</i>
Dudley Adult Social Care/ Dudley Council...	JO VAUGHAN	<i>Joanne Vaughan</i>
Black Country ICB	NEIL BUCKTIN	<i>Neil Bucktin</i>
...		
...		

Appendix 4: 2022/2023 Dudley Place Winter Plan

Progress Action Plan: Version 7.3

Area 1: Admission Prevention

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
1.1	Care Co-ordinator attendance at AMU and SDEC board rounds twice weekly and weekly LOS meetings to facilitate discharge plans back to community.	Part of the Trust's UCSIG group action to improve discharges from AMU and reduce LOS on the short stay unit	Pilot Commenced September 2022	Dudley Group: Bianca Mascarenhas & Paul Hudson	Pilot ongoing for 2 weeks now – evaluation of pilot w/c 31/10 to determine if effective.		Increased discharges each day from AMU Reduce LOS on AMU	None	None
1.2	Deteriorating patients across community services to be managed by daily escalation plans to prevent unnecessary conveyances to hospital.	Reduction in conveyances for patients from Care Homes	September	Dudley Group: Bianca Mascarenhas	EMS levels being used by all teams to declare capacity. Daily capacity huddle to manage capacity with pathways in place to step up/down patients using the Dudley Clinical HUB.		Increased used of the Clinical Hub for Care Home Referrals	Reduced capacity across all services including the Dudley Clinical HUB.	Daily capacity meetings. Community Deteriorating Patient group.
1.3	Worst 21 care homes to be proactively visited by the Enhanced Care Home team to identify and manage deteriorating patients at home.	Reduction in conveyances for patients from Care Homes	September	Dudley Group: Bianca Mascarenhas DIHC: William Overfield	Enhanced care home teams working with care home staff to educate on deteriorating patients, nutrition/hydration etc		Increased used of the Clinical Hub for Care Home Referrals	Reduced capacity in the team	Clinical HUB Transformation group
1.4	Care Co-ordinator in the HUB to contact patients on LTC caseload pro-actively to identify early deterioration.	Reduce number of patients brought to ED who could be safely managed in their own home	December 2022	Dudley Group: Bianca Mascarenhas	New care co-ordinator in place and induction underway.		Reduce numbers of patients admitted	None	None






Progress Key



Positive progress/ going in right direction



No more positive / no further forward

1.5	Clinical Hub - Increased use of Single Point of Access and UCR deployment, Care Homes	Expansion of clinical hub to take more calls each day and avoid conveyances to Hospital	Ongoing	Dudley Group: Bianca Mascarenhas DIHC: William Overfield	DES weekly ward rounds being delivered by the HUB. Working with WMAS to utilise the HUB for care home calls outs.		Reduced attendance at ED More patients streamed through SDEC or appropriate portal	Reduced capacity within the HUB. WMAS not referring to the HUB	Clinical HUB Transformation group
1.6	Clinical HUB – Increased use of Single point of access and UCR deployment for Surgical SDEC	Increase calls via the Clinical Hub to support Surgical SDEC	December 2022	Dudley Group: Bianca Mascarenhas	Medical Lead for the DCH and Clinical Lead for Surgery meeting in a couple of weeks to determine clinical criteria and pathways.		Reduce admissions and stream away from ED	Capacity within the UCR team to support the new pathway/work	Urgent Care Service Improvement Group
1.7	New IV pathways to be established with the IV service and SDEC to reduce conveyances to SDEC/ED	Reduce volume of patients attending ED or any emergency portal	December / January 2023	Dudley Group: Bianca Mascarenhas	Clinic space secured for soft launch. SOP completed and shared for final comments 25.10.22 Sign off at Governance – Nov 22.		Reduce hospital attendances	Capacity within the IV team to support this new pathway.	Urgent Care Service Improvement Group
1.8	WMAS usage of clinical hub increase	Increased use of the clinical hub by WMAS to ensure patients are streaming early on to the correct location. Particular focus on patient conveyances from care homes	Improvement by January 2023	WMAS	Daily engagement with WMAS Monitor number of calls Report via UCSIG		Reduce conveyances from Care Homes and stream to appropriate area	WMAS compliance	Urgent Care Service Improvement Group
1.9	Ensure the use of ARRs (Additional Reimbursement Schemes) monies to ensure it is maximised for this financial year and explore the opportunities to use ARRs posts at scale over the winter period to support flow. Specific areas to be explored further are therapy support and	Over the winter period we will ensure full coverage of ARRS staff including holidays/sickness/recruitment	Complete & Ongoing review	DIHC: Jo Taylor	Conversations commenced between DIHC and Primary Care to establish if there are any opportunities		Ensure we have no gaps in service provision, this was previously not provided	Capacity and Estates	Primary Care / DIHC

Progress Key




Positive progress/ going in right direction







No more positive / no further forward

	pharmacy support to support flow.								
1.10	Enhanced access DES (additional primary care capacity out of hours and weekends) commencing on October 1st and provision associated with this.	Additional 60 mins per 1000 per week providing cover 6.30 – 8pm Monday – Friday and Saturday 9am – 5pm	Complete Commenced October 1st	Primary Care through a contracted DES Jo Tomlinson	Complete	→	Additional Primary Care appointment capacity	None	ICB Primary Care
1.11	Primary care looking to optimise opportunities of using support/signposting services rather than trying to increase capacity.	Maximise the use of personalised care roles including linking into Integrated care teams	Ongoing	ICB: Jo Taylor	Ongoing	→	Intent is to reduce the demand on GP consultations, so patients are appropriately signposted elsewhere, leaving the GP consultations for those in most need.	None	ICB Primary Care
1.12	Vaccination for Flu / Covid initiatives / intentions. Phase 5 of the vaccination service underway with the expectation this will be completed by Christmas. 5/6 of PCNs undertaking vaccinations, with Saltwells supporting the 6th. Priority groups are first to be vaccinated (older people, care homes and housebound), with a roll out to other groups.	Vaccination of priority groups (50 plus and clinically at-risk groups) by start of December 2022	December 2022	DIHC: Duncan Jenkins	On target	↑	Reduction in admissions due to respiratory infection.	None	Primary Care/Medicines management (DIHC)

Progress Key	
↑	Positive progress/ going in right direction
→	No more positive / no further forward

1.13	Access Hub: combined adults and Children ARI Hub	<p>The Access Hub provides additional capacity for primary care and pathways from the urgent Treatment centre and 111</p> <p>Impact on front door activity – potential to avoid complex admissions of 2 total beds over the winter period.</p> <p>Further exploration and links between ARI Hub and ARI VW. Possible redirection from ED</p>	1 st October – 31 st March 2023	DIHC Jo Taylor	Confirmed & On target		Additional GP appts including redirection from UTC and 111.	None	DIHC governance/IC B Primary care
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Area 2: Internal flow

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
2.1	ICB funded capacity will provide 14 extra at DGFT site	Extra 14 G&A beds funded for winter to close bed gap	Complete	ICB	Complete In place and 14 beds open Oct		Extra capacity	Financial impact to DGFT and the system	None
2.2	Additional Ambulance handover space within ED and AMU which includes 14 additional beds	Reduce ambulance off load delays	Complete	Dudley Group: Jane Dale	Complete In place, spaces opened 19 Oct 2022		Reduced ambulance off load delays	Reduced COVID red capacity as a result	None
2.3	Expansion of Virtual Wards (equivalent of 9 beds saved)	Use of virtual wards across medicine and Paeds	Ongoing	Dudley Group: Paul Hudson	In place / expansion into additional services		Equivalent of 9 extra beds across the Trust in support of winter capacity	None if funding provided	Medicine Division / Quality and safety
2.4	Unfunded bed capacity opened	Additional G&A capacity available but not funded. Would be run as a cost pressure to the Acute Trust and impact on Forecast	October 2022	Dudley Group: Karen Kelly / Simon Illingworth	Locations identified to include discharge lounge or extra beds on A2 Opened 8 additional beds on 19 Oct		Extra capacity	Funding / staffing Financial risk to DGFT and system	F&P Committee



Progress Key




Positive progress/ going in right direction



No more positive / no further forward

					Reconfigured 6 additional beds in ED (Ambulance Triage area)				
2.5	Revising triggers, escalations and actions and will link in with RCMT re automated emails for triggers.	All organisation have reviewed triggers and escalations so there is a clear and agreed process for when the system becomes pressured.	Complete	BCHC	Complete Impact of revised triggers to be updated			None	BCHC
2.6	Re-visiting and reviewing escalation process with DGFT for mental health patients within the ED department.	DGFT are clear on the process to follow when a complex mental health patient presents to ED	Complete	BCHC	Complete Process in place.			Patients can have prolonged ED stays over 12 hours when awaiting placements- safety risk	BCHC

Area 3: Discharge

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
3.1	Discharge to Assess (D2A) for Pathway 1	<p>To create flow within the supported discharge pathway.</p> <p>Generate adequate capacity within the hospital setting for patients requiring acute care and domiciliary care for people at home with care and support needs</p> <p>Allow people with care and support needs to be discharge home</p>	28 Nov 2022	Local Authority: Joanne Vaughan	<p>D2A Pilot in place, there is a need to get a trajectory for improvement from social care</p> <p>Market... block contracts given to 5 providers across the borough to support Pathway 1 discharge to result in increase of discharges by 3 per day, 7 days per week.</p> <p>Services starts on: Monday 28th November for 3 discharges per day</p>		<p>Will create capacity with the acute setting to utilise for inpatient treatment.</p> <p>People with identified care and support needs have a greater opportunity for timely discharge home</p> <p>People with care and support needs can be supported appropriately outside of the</p>	<p>Social Care Funding</p> <p>Staffing</p> <p>Availability of residential care placements</p> <p>System Funding for D2A Pilot</p>	Discharge Improvement Group





Progress Key



Positive progress/ going in right direction



No more positive / no further forward

							acute setting awaiting domiciliary care.		
3.2	Bridging beds	Increase the bridging bed capacity to allow people awaiting domiciliary care to be transferred out of the acute setting	Beds commissioned and available from 24 October 2022.	Local Authority: Joanne Vaughan	Bridging beds increased from 9 to 17 with flexible use of Tiled House unit and 2 block commissioned private nursing home beds. This will create a further 1-2 discharges a day if patients consent.		Use of Bridging beds when there is a delay on provision of domiciliary pathway 1 care	Local Authority	Discharge Improvement Group
3.3	Local authority to agree a trajectory to improve DTA numbers	Block contracts given to home care providers to increase the level of domiciliary care hours that can be provided across the Borough. Expectation of 3 extra discharges per day, 7 days per week for Pathway 1 from the 28 th November	28 th November	Local Authority: Joanne Vaughan	Block contracts given to 5 providers across the borough to support Pathway 1 discharge to result in increase of discharges by 3 per day, 7 days per week.		Will create capacity with the acute setting to utilise for in patient treatment. People with identified care and support needs have a greater opportunity for timely discharge home People with care and support needs can be supported appropriately outside of the acute setting awaiting domiciliary care.	Social Care and Funding	Discharge Improvement Group / Winter Plan
3.4	Discharge on Admission (project to deliver 100 day discharge challenge, inc. planning discharge on day of admission / EDD)	Focus on improving the practice of early discharge planning. Key early measures including all patients with an assigned pathway, EDD in use and review of admission process	From November to March 2023	Dudley Group: Amandeep Tung-Nahal	Audit of existing progress complete, high levels of variation at ward. Surgery to be piloted first for EDD Pathway assigned by Therapists		Improved early discharge HFL rates up Improved used of Discharge Lounge	Time and project resource Engagement in EDD	Discharge Improvement Group
3.5	Perfect Discharge Lounge (30 pts per day through lounge)	Supporting Home for Lunch early discharge campaign, at least 30	Ongoing	Dudley Group Rita Rai	Significant improvement in numbers through lounge, 25+ over recent weeks. Focus on surgery use		Improved flow from ED on a morning	None Identified	Home for Lunch Group

Progress Key



Positive progress/ going in right direction



No more positive / no further forward

		patients discharged via lounge each day							
3.6	Perfect Discharge Team (30 discharges per day)	At least 30 complex discharges made by Dudley Discharge Team each day	Commenced August 2022 Ongoing	Dudley Group: Bianca Mascarenhas	Average of 29 patients being discharged from complex data base Monday to Friday	↑	Reduction in MOFD patients	Weekend Discharges are significantly lower impacting on capacity Sunday/ Monday	Discharge Improvement Group
3.7	Home for Lunch (30% before noon)	30% of all patients in G&A beds discharged by 12 noon	24 Oct 2022	Dudley Group: Anita Cupper	Numerous wards now delivering 20+ with several wards now achieving 25-20%. Some wards as high as 30%+	↑	Improved flow from ED early on a morning	Sustainability month on month Staffing	Discharge Improvement Group
3.8	Physical presence with DGFT to support discharge planning	Additional staff from LA on site to support staff and TOCs	Complete Commenced 2 nd Sept	Local Authority: Jo Vaughan	Complete	↑	Reduce numbers of MOFD in Trust	None	None
3.9	Additional social work assessment capacity (X1 WTE) into community beds to improve flow.	Additional social work capacity to undertake assessments in the community. SW capacity with focus on the people supported by the additional block contracted hours to dom care providers.	1 st December 2022	DIHC: Jenny Cale Dudley Local Authority: Joanne Vaughan	Funding agreed 20 th October, need to appoint into post Assessment completed for the extra block contracted care. Supporting people off short term care support Ensuring the 3 extra discharges per day continue to flow DIHC – 2 social workers appointed – 1 commencing 1 November 22 and the second on the 14 th November.	↑	Maintain flow of the extra P1 discharge capacity	Lack of social work resource	LA governance mechanism
3.10	TOC support for DGFT from DIHC/LA	Internal delays are often high due to lack or workforce to complete the transfer of care documentation. This will support timely and accurate completion to support reduction of ward delays. Potential bed days saved 14 bed days a week	Amandeep developing a TOC model, to utilise the ageing well investment. Awaiting update on timeline. Support from Partners until	Amandeep Tung Nahal:DGFT	Scoping work completed. 3-4 assessors needed daily. DIHC supporting currently while substantive planned developed by Amandeep in next 2 weeks. LA looking at providing Trusted assessor to support with package of Care TOCs by mid Nov	→	Increase number of TOCS completed	Staff availability	Discharge Improvement Group






Progress Key





Positive progress/ going in right direction






No more positive / no further forward

			staff can be recruited						
3.11	Allocated amount of money to support specific challenges such as house cleaning, moving home equipment etc	Fund made available to all partners to ensure no discharges are delayed due to 'handyman' type issues/house cleaning. Potential bed days saved 7 bed days a week	This is available now through the ICB, from 20 th October DGFT need to invoice for work	Sarah Knight	Funding agreed on 20 th October and available immediately.		Reduce number of bed day delays due to household issues to discharge can go ahead.	No risks	UCOG
3.12	Enhanced social work capacity	Patients in the community awaiting discharge from community hospitals is growing due to lack of social work capacity. Potential bed days saved 14 bed days a week	Complete	Jen Cale	DIHC – 2 social workers appointed – 1 commencing 1 November 22 and the second on the 14th November. LA currently recruiting to posts as well.		Increase numbers of assessments completed in community beds and subsequent reduction in DTOCs	Availability of social work capacity	ICE
3.13	Single handed equipment	Investment in both equipment and training to support single handed equipment to reduce demand on domiciliary care provision to support capacity in pathway 1 Potential bed days saved 14 bed days a week	December 2022	Bianca Mascarenhas	Equipment to be purchased and Ward staff to be trained		Acute staff will use the same equipment as community staff	Accelerate discharge	
3.14	Training for single handed equipment	To train domiciliary care providers to use the Single handed equipment	Training Programme developed and rolled out with internal staff and external agencies to be funded by DCIH	Joanne Vaughan and Marie Spittle Dudley Local Authority	All internal local authority staff are trained and their competencies checked and continued ongoing and also an additional Training Programme for Train the trainer on SHC to be developed and delivered so commissioned agencies are in a position to support the person with PW 1 discharges ongoing to ensure this ethos is continued		Create domiciliary care capacity by reducing the need for 2 carers at each visit to 1 carer combined with assessed SHC equipment.	SHC equipment to be delivered to the persons home address at the time of discharge in preparation for the first care visit	Integrated care Executive (ICE)
3.15	Access Hub: gap in funding for complete winter coverage	This is funded in part from primary Care underspend monies. In order to provide full winter coverage additional funding is required.	Complete	Sarah knight – ICB Joe Taylor - DIHC	Funding in place until March 2023, capacity to be used flexibly including bank holiday cover over Christmas period		Additional primary care capacity	None identified	DIHC governance/IC B Primary care

Progress Key

-  Positive progress/ going in right direction
-  No more positive / no further forward

3.16	System Discharge post	Post to work across the system supporting all discharges to reduce wasted bed days. Priority given to complex discharges both in Dudley and out of area Potential bed days saved 28 bed days a week	Post currently out to recruitment (October 2022).	Simon Illingworth	Post out to recruitment, interviews November 2022. Appointment depending on successful applicant's contract.		System support for discharge issues to expedite issues and resolutions.	Lack of applicants	A & E delivery board
3.17	Discharge to Assess/Reablement /TOCs	Joint funded programme between DIHC and LA to directly appoint HCA level (band 2 &3) to develop and integrated reablement team to increase capacity in pathway 1. Further support to DGFT to support with transfer of Care completion. Potential bed days saved 28 bed days a week	February 2023	Local Authority Joanne Vaughan DIHC Jenny Cale	Enhance Supported discharge pathway implemented to create 5 pathway 1 discharges per day, 7 days per week. Introduction of social care led prescriptions for pathway 1 requirements Introduction of a P1/P2 Hub Health and social care support worker, with the skills of a trusted assessor to maximise people's independence for daily living at home. Working with Own Bed Instead therapy support to create an enablement culture with the short-term assessment period		Generate capacity within acute setting for inpatient treatment Provide an integrated model for discharge on Pathway 1 Greater opportunity to support people to maximise their independence and maintain their choice to live at home Creation of a support worker to attract people into work in social care which promotes progression within the two organisations	System funding Staffing	Discharge improvement group
3.18	Increase pathway 2 intermediate care capacity	Enhance capacity over winter months to enable continued flow	By 14 November 2022	Jenny Cale	11 extra intermediate care beds (10%) of total capacity will be commissioned to accommodate any surge in demand over the winter months for pathway 2. In addition, a block contract for domiciliary care needed		Increase flow through pathway 2 – additional 2-3 discharges a week	Beds become blocked with DTOCs or are closed due to infection outbreak.	UCOG

Progress Key




Positive progress/ going in right direction



No more positive / no further forward

					on discharge from Pathway 2 beds has been established with a local provider. This will deliver 48hrs worth of care in 1 day building to a total of 336hrs per week. This will reduce delays in pathway 2 beds and further improve capacity to support discharges from the acute trust. This will be in place by 14 November.				
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Area 4: System Management

Sub Action	What are we doing to meet the demand/ actions being taken	Expectations of these actions	Timescale (By when?)	Lead organisation and person (who is accountable)	Progress (to include any slippage)		Impact of Actions	Risks (Area and actual risk highlighted)	Governance/ Reporting and Monitoring
4.1	Weekly touch base to review previous weeks actions and any changes required to escalation	All key providers to attend and provide key information to aid discussion	In place and commenced	ICB	In place		Ensure robust communication All partners sighted on issues within the system	Key partners do not attend to present information	Through ICB/UCOG
4.2	All partners have reviewed escalation plans and triggers with Regional Capacity Team	Every organisation has reviewed escalation plans and triggers	Completed, in place and being used	Each organisation responsible for updating each trigger. RCMT leading organisation	In place		All partners agree triggers and escalation to understand opportunities when the system becomes pressurised.	That escalation plans are not put in place.	
4.3	Monthly UCOG will review winter plan and progress/issues. An additional meeting will be diarised monthly specifically to discuss any issues with winter plan.	Issues with the winter plan that require further discussion with colleagues to be brought to this meeting, so they are formally recorded and monitored.	November 18 th 2022	DGFT	To be established for November 2022		To ensure that all actions are delivered against the winter plan	That key milestones are not achieved, and the impact of actions is reduced	UCOG – any escalations to A & E delivery Board

Progress Key



Positive progress/ going in right direction



No more positive / no further forward

Action Plan Sign Off

Organisation	Name	Signature
The Dudley Group NHS FT	SIMON ILLINGWORTH	<i>Simon Illingworth</i>
Dudley Integrated Health and Care Trust	JENNY CALE	<i>Jenny Cale</i>
Dudley Adult Social Care/ Dudley Council...	JO VAUGHAN	<i>Joanne Vaughan</i>
Black Country ICB	NEIL BUCKTIN	<i>Neil Bucktin</i>
...		
...		

Paper for submission to Board of Directors on 17th November 2022

Title:	Strategy progress report – Q2 2022/23
Author:	Ian Chadwell, Deputy Director of Strategy
Presenter:	Kat Rose, Director of Strategy & Partnerships

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
Recommendations:				
<ul style="list-style-type: none"> To note the strategy progress report for Q2 2022/23 				

Summary of Key Issues:

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during October. RAG ratings remain unchanged from Q1 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its financial plan, cost improvement programme and agency cap.






To mark one year since Trust Board formally approved the strategy in September 2021, a series of walkabouts were held during September and October. Executive directors, non-executive directors and other senior staff took part in these, to talk to staff about the implementation of the strategy and their part in it. The brand of the strategy (plan on a page) was generally well recognised and this was particularly strong in areas where Dudley Improvement Practice has been working. Themes – both positive and less positive – raised by staff have been summarised.

Following the walkabouts, some small changes have been actioned already following issues having been raised by staff. Provision of biscuits for fasting patients at Guest will now be ordered through NHS Supplies when it emerged staff were paying for this themselves. Volunteer service will be available to pick up blood samples from community staff outside the main reception so staff do not need to find somewhere to park first.

On 29th September, a Strategy Review Workshop with Board members and Council of Governors was held. Progress against each goal was discussed in a series of breakout rooms and the key themes from these are summarised in this report. The output provides some useful insight into areas to focus on when developing the Business Plan for 2023/24 to ensure further progress against the goals is delivered. During this quarter, discussions are being held with the lead executive director for each goal to refine the target and timescales for each measure of success with the aim of incorporating this into the strategy report in future.

Impact on the Strategic Goals

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

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

Implications of the Paper:

Risk	Y/N		Risk Description: <i>Inc risk ref number</i>	
	On Risk Register:	Y/N	Risk Score:	
Compliance and/or Lead Requirements	CQC		Y	Details: well-led
	NHSE/I		N	Details:
	Other		N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group		N	Date:
	Committee		N	Date:
	Board of Directors		Y	Date: 17 th November
	Other		Y/N	Date:

STRATEGY PROGRESS REPORT – Q2 2022/23

Report to Board of Directors on 17th November 2022

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during October. RAG ratings remain unchanged from Q1 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its financial plan, cost improvement programme and agency cap.

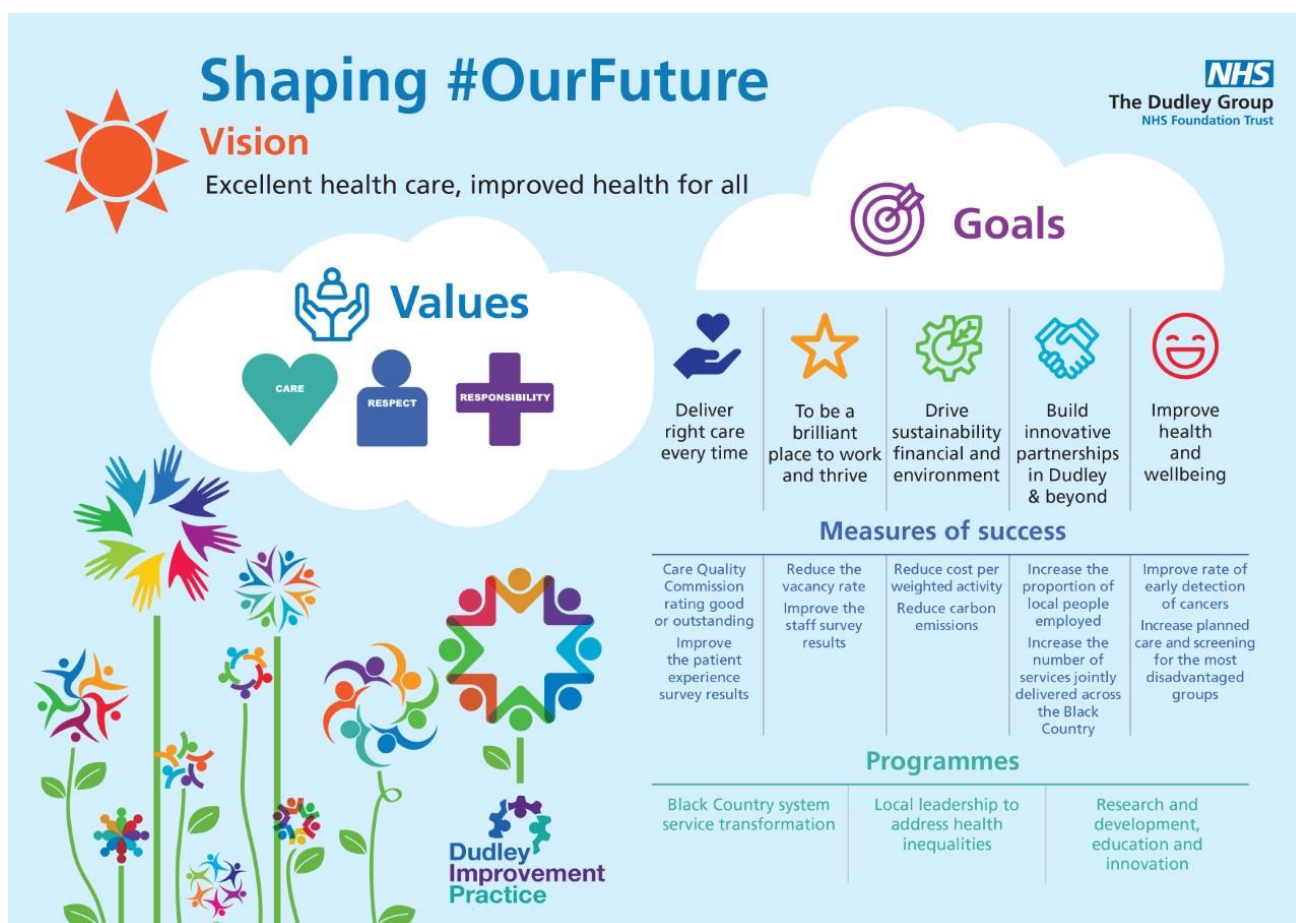
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Following the walkabouts, some small changes have been actioned already following issues having been raised by staff. Provision of biscuits for fasting patients at Guest will now be ordered through NHS Supplies when it emerged staff were paying for this themselves. Volunteer service will be available to pick up blood samples from community staff outside the main reception so staff do not need to find somewhere to park first.

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BACKGROUND INFORMATION

The Strategic Plan 'Shaping #OurFuture# was approved by Board of Directors in September 2021. Quarterly reporting on progress against the five goals and the three transformation programmes in the strategic plan has been in place since the last quarter of 2021/22.



Current status, progress in the past quarter and actions planned for the next quarter for each workstream contributing to the delivery of the goals has been compiled. This has been presented to Executive Directors and then at the respective board committees according to the following schedule of delegation for assurance.

Goal	Committee
Deliver right care every time	Quality & Safety
Be a brilliant place to work and thrive	Workforce and Staff Engagement
Drive sustainability	Finance & Performance
Build innovative partnerships in Dudley and beyond	Finance & Performance for services delivered jointly Workforce and Staff Engagement for local people employed
Improve health & wellbeing	Quality & Safety

The committees have received the detailed report in October with no changes requested. Appendix 1 contains the summary of status against each measure of success. No change to RAG rating has been proposed between Q1 and Q2. Reducing the cost per weighted activity has been rated as red for the second time given the challenges of delivering this year's financial plan including CIP and the agency cap.

Strategy walkabouts

During September and the first two weeks of October, a series of strategy walkabouts were conducted to talk to staff about what implementation of the strategy has meant to them. Executive directors or their deputies and in some cases non-executive directors took part in these walkabouts. A total of 19 walkabouts were carried out with an estimated 350 staff having been spoken to. Common issues that

were raised by staff during these walkabouts have been grouped together under the goals in the strategy.

Goal	Themes – positive	Themes – less positive
Deliver right care every time	<ul style="list-style-type: none"> • COVID has led to positive changes, reduced bureaucracy • Some services have seen investment and able to do more • Teams have ambition to do better for their patients and develop centres of excellence • Appreciation of the Rainbow Unit and its facilities 	<ul style="list-style-type: none"> • Demand outstrips capacity • Triumvirates could work better • Patient expectations have increased since COVID • Impact of long waiting times since COVID • Long term sickness affects service delivery • Space available in neonates and staffing in maternity • Wifi access and speed • Lack of digitisation wastes precious clinical time especially in community
Be a brilliant place to work and thrive	<ul style="list-style-type: none"> • Good team work in some areas • Recognition that more emphasis on staff health & wellbeing and more options available • Appreciation of the Hub and 'In the know' to keep staff informed • Positive response to international recruitment • Evidence of Dudley Improvement Practice with huddle boards etc. 	<ul style="list-style-type: none"> • Vacancies lead to pressures on the staff who are there • Difficulties in recruitment • Staff moving between different trusts for better salary • Staff don't always get time for breaks • Low morale reported in some areas • Retire and return process needs to be made easier • Need for independent advice about pensions • Issues with catering facilities for staff • Challenge of working 12-hour shifts on wards – not suitable to all
Drive sustainability	<ul style="list-style-type: none"> • Lots of staff want to engage in making us more environmentally sustainable 	<ul style="list-style-type: none"> • Community staff do not have good access to recycling facilities
Build innovative partnerships in Dudley and beyond	<ul style="list-style-type: none"> • Want to take more students in the future but concerns about who will supervise them • Appetite for shared learning across organisations and developing shared pathways 	<ul style="list-style-type: none"> • Relationships with GPs seem to be worse • pathways between primary and secondary care need to be smoother • Our digital systems and links to other systems • Concerns about whether patients will be willing to

		travel further for shorter waiting times
Improve health & wellbeing	<ul style="list-style-type: none"> Although early days, the Alcohol Care Team is having an impact 	

There was generally good recognition of the strategy on a page with the majority of staff recognising it from the Hub screensaver, job descriptions and appraisals.

Strategy Review workshop

On 29th September a review workshop was held with Board members and Council of Governors invited to review progress against implementation of the strategy. There was an opportunity to hear more about developments with the integrated care system, the provider collaborative across the Black Country and the place-based partnership arrangements in Dudley. In breakout rooms, participants identified successes we are proud of and the key risks to delivery of the goals.

The results of these discussions are summarised in the table below:

Goal	Successes we are proud of	Key risks to delivery
Deliver right care every time	<ul style="list-style-type: none"> Good sepsis performance Virtual paediatric ward Good vascular outcomes End of life care rated good across the Black Country Mortality and nursing quality indicator performance Our centres of excellence e.g. zenkers, endometriosis 	<ul style="list-style-type: none"> Recruitment and retention of staff Retaining people in Dudley, identifying what 'makes Dudley shine' Availability of digital solutions Financial constraints
Be a brilliant place to work and thrive	<ul style="list-style-type: none"> Positive news on vacancy rate Good international recruitment campaign Progress on staff health & wellbeing – putting things in place Progress with equality diversity and inclusion. Should be talked about more? 	<ul style="list-style-type: none"> Sustainable recruitment plans beyond international recruitment Clarity of metrics to measure impact Getting the basics right – acute wards still struggle to provide breaks/access to water
Drive sustainability	<ul style="list-style-type: none"> International recruitment will lead to a reduction in agency spend Good work in the provider collaborative to identify and unblock barriers to implementing high volume low complexity pathways thereby reducing unit costs Good foundation laid with environmental sustainability and now have a dedicated person to lead on this 	<ul style="list-style-type: none"> High use of waiting list initiatives to deliver activity plan push our unit costs up Engagement of PFI partner in sustainability agenda since so much depends on them Managing potential conflicting priorities when carbon reduction pitched against financial sustainability
Build innovative partnerships in Dudley and beyond	<ul style="list-style-type: none"> Work with University of Worcester and Dudley College on the new centre in Dudley 	<ul style="list-style-type: none"> Digital systems – especially for community and out of hospital services

	<ul style="list-style-type: none"> Partnerships with local universities Leading role we have taken within the provider collaborative 	<ul style="list-style-type: none"> Role of Dudley Integrated Health & Care
Improve health & wellbeing	<ul style="list-style-type: none"> Reduction in screening age Vague symptoms clinic has detected new cancers that might otherwise have been missed Good communications targeted to specific groups by breast cancer screening 	<ul style="list-style-type: none"> Identify groups not currently accessing services and developing strategies to improve access Staff retention for screening jobs making them more attractive Community staff ideally placed to support every contact count, but capacity is already stretched

The breakout rooms identified the following as issues that should be focussed on in the coming 12 months – 2 years and should be prioritised in our annual business plan for 2023/24:

- Working with partners to turn up the 'brightness' on Dudley and make it a more attractive place to work
- A relentless focus on quality and standards that enable a good rating from our CQC inspection
- Better articulate our ambitions around equality diversity and inclusion, well-being and staff development
- Improving digital services in the community and out of hospital
- The Trust becoming the lead for place-based work in Dudley.

Next Steps

During November discussions with lead Executive Directors and the informatics team are being held to review the current measures of success and to make sure baselines, targets and timescales are clear. The aim is to complete this during Q3 and incorporate changes into the quarterly reporting for Q3 due in January/February 2023.

Communications team will be requested to publicise the summary of issues raised by staff during the walkabouts including how some of these issues are being resolved and our plans.

The issues identified at the Strategy Review Workshop will be fed into the planning process for 2023/24 which has already started with Divisions and corporate services identifying priorities for the coming year based on what is already known.

RISKS AND MITIGATIONS

Risks and mitigations associated with delivery of the strategic plan are recorded within the Board Assurance Framework which is reported to public Board.

RECOMMENDATIONS

To note the strategy progress report for Q2 2022/23.

Ian Chadwell
Deputy Director of Strategy
2nd November 2022






APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Current status	RAG rating	
			this quarter	Last quarter
Deliver right care every time	CQC good or outstanding	All actions following CQC inspection have been closed. There are 10 overdue actions following focus reviews		
	Improve the patient experience results	Results of the national cancer patient survey have been published		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Current vacancy rate is 12%; there has been further progress with international recruitment		
	Improve the staff survey results	Expansion of wellbeing activities including increased support for mental health		
Drive sustainability	Reduce cost per weighted activity	Ongoing challenges with overspent budgets and to identify schemes to cover required CIP		
	Reduce carbon emissions	Outstanding problems with engaging PFI partner with this agenda		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Current proportion of staff who live locally 67%; plans to develop closer relationships with local schools being progressed		
	Increase the number of services jointly delivered across the Black Country	Leadership and active engagement by Trust in Black Country Provider Collaborative; permanent chair appointed		
Improve health & wellbeing	Improve rate of early detection of cancers	No change in cancer staging data; implementation of 'straight to CT' pathway for lung cancer		
	Increased planned care and screening for the most disadvantaged groups	Proactive actions being taken by breast screening service to improve uptake by disadvantaged groups; audit completed to better understand reasons for patients who DNA		

Paper for submission to the Board of Directors on 17th November 2022






Title:	Charitable Funds Committee Summary Report		
Author:	Julian Atkins, Charitable Funds Committee Chair		
Presenter:	Julian Atkins, Charitable Funds Committee Chair		
Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Y
Recommendations:			
The Board is asked to note the contents of the report.			
Summary of Key Issues:			
Summary of key issues discussed and approved by the Charitable Funds Committee on 26 th September 2022			
Impact on the Strategic Goals			
 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	
Implications of the Paper:			
Risk	N	Risk Description:	
On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	Y	Details: Charity Commission
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 26/09/2022
	Board of Directors	Y	Date: 17/11/22
	Other	N	Date:

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 26 September 2022

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> There were no matters of concern to escalate. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Ms Kotecha informed the meeting that the arrangements for the 'Glitter Ball' were well underway. Income of £14.2k had already been generated with expenditure expected to be circa £7k. Ms Kotecha and Mrs Taylor explained that they were taking action to reduce the number of funds with no or little expenditure. Discussions were taking place with Divisional leads to look at the potential of merging funds or closing them and moving the income into the general fund. Ms Kotecha was also attending Divisional meetings to encourage increased spending of specific funds. Support from the Charity and Finance team was available if required.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Ms Kotecha reported that the Maternity staff wellbeing room had been officially opened and had received positive feedback from staff. The room has been funded by the Charity's Covid appeal fund and in particular, the donation from 'In Touch Games'. Ms Kotecha reported that the Charity had been successful with an application for £5k from the Dudley Council Community Forum. This will go towards the completion of a rainbow sculpture made from multi-coloured glass hearts. Mrs Taylor informed the meeting that since 1st April 2022, the Charity had received income of £290,340 whilst expenditure had been £161,982. Total fund balances stood at £2.5m. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> It was agreed that Mrs Taylor should undertake a review of investment companies as such a review had not taken place for circa five years and because Blackrock had been the company used by the Charity for a number of years. One bid was put forward and approved - for the purchase of materials to support 'World Antimicrobial Week' in November; £925.
<p>Chair's comments on the effectiveness of the meeting: The meeting was quorate and effective. Members reflected positively on the fundraising actions being undertaken.</p>	

Paper for Submission to the Board of Directors Thursday 17th November 2022

Title:	Quality and Safety Committee 27 th September 2022 and 25 th October 2022		
Author:	Amanda Last – Deputy Director of Governance		
Presenter:	Liz Hughes – Non Executive Director		
Action Required of Committee / Group			
Decision	Approval	Y	Discussion Y Other
Recommendations:			
The Board is asked to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
Summary of Key Issues:			
The key issues are identified in the attached report.			
Impact on the Strategic Goals (indicate which of the Trust's strategic goals are impacted by this report)			
	Deliver right care every time	YES	
	Be a brilliant place to work and thrive	YES	
	Drive sustainability (financial and environmental)		
	Build innovative partnerships in Dudley and beyond	YES	
	Improve health and wellbeing	YES	
Implications of the Paper: (complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)			
Risk	Y	Risk Description: Inc risk ref number	
	On Risk Register: Y	Risk Score: Numerous across the BAF, CRR and divisional risk registers	
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 27/09/22 & 25/10/22 Quality and Safety Committee
	Board of Directors	N	Date:
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE – 27th SEPTEMBER 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none"> Mandatory training for safeguarding is below target -an action plan is in place to improve compliance. 	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none"> Positive assurance was gained from the findings of a Getting it Right First Time (GIRFT) litigation review however it was noted that there were areas of practice that require further investigation at the divisional level. The Committee plan to review the findings of this additional work and at this point consideration will be given to the need for a further cycle of audit. Positive assurance was received with respect to the sustained improvements made in the number of procedural documents that are overdue review. The Committee acknowledged that the number of overdue documents is at the lowest level noted for a considerable period of time. The Committee received positive assurance from the Surgery, Women and Children Division with respect to progress made with reducing the number of overdue open complaints and the innovative approaches taken to support staff wellbeing. For example, 'café sessions' have been rolled out to provide a forum for staff to raise concerns but also work through new ideas for service improvement. There were numerous examples of staff and services receiving recognition and awards, of note the Paediatrics Virtual Ward has been nominated for a national award. The Committee acknowledged there was further improvement work to do with respect to medical staff mandatory training. The Committee received positive assurance with respect to the progress made with Ockenden action plan having undertaken a comprehensive review and acknowledging the significant workforce challenges across the system. 	DECISIONS MADE <ul style="list-style-type: none"> The Committee approved the Safeguarding Annual Report. Assurance was received with respect to the Trust meeting its statutory responsibilities in line with legislation. The increase in volume and complexity of the work of the team was noted along with the significant changes ahead in line with the Liberty Protection Safeguards. The annual report can be accessed through the Safeguarding page Safeguarding - Home The End of Life Care Annual Report was approved. The Committee acknowledged the team's excellent work and high quality leadership to support end of life care across the Trust. Exemplar practice was noted with several wards gaining GSF accreditation and work being presented and acknowledged nationally and internationally. The Allied Health Professionals (AHP) Strategy was approved by the Committee; good assurance was received regarding the strategic direction of the AHP workforce and system based leadership and workstreams.

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE - 25th OCTOBER 2022

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee raised concern regarding the significant risks associated with reduced patient flow across the Trust. The Committee noted the efforts and ongoing work to reduce delays in ambulances off-loading. Verbal assurance was received regarding more recent improvements in the Trust performance with the 'Home for Lunch' initiative, however this was not evidenced in the papers reviewed. The committee was made aware of the actions being taken at the FMS to ensure health and safety and fire standards are fully met. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received positive assurance with respect to the improvement seen in the Trust's Friends and Family Test score; noting that 83% of patients rated their overall experience as good/very good in August 2022. The Committee received positive assurance regarding the reduction in the number of outstanding complaints; the number of open complaints is at the lowest recorded since June 2021. The Committee acknowledged the progress made in improving response rates however this was noted to be slower than anticipated. Positive assurance was received with respect to the reduction in the number of grade 3, 4 and ungradable pressure ulcers reported to have been acquired during an inpatient stay. The Committee noted the impact of improvement work in reducing significant patient harm. The Committee recognised the improvements reported on high risk TIA illustrated on the Integrated Performance Report however the further assurance is required regarding the sustainability of the improvements reported. The Committee received positive assurance regarding the progress made with the Trust's Research and Development strategic workstream. The benefits of collaborative working particularly between the Trust and Aston University were highlighted. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee approved the Terms of Reference for the Medicine and Integrated Care Divisional Governance Group, Surgery, Women's and Children Divisional Governance Group, Mortality Surveillance Group and the Health and Care Professionals Group. The Committee approved the cycle of business for the Committee for 2023.




- A good level of assurance was received from the Community with Core Clinical Services Divisional Quality and Safety Report; the Committee commended the numerous examples of celebrating success and notable training outcomes.
- The committee received assurance that the mortuary had retained its HTA accreditation.
- The committee received assurance against the progress being made against the quality account priorities.
- The committee received positive assurance that we are meeting all PMRT timescales and that there are no outstanding cases for review.



Paper for submission to the Board of Directors on
Thursday 17th November 2022

Title:	Chief Nurse Report
Author:	Helen Bromage - Deputy Chief Nurse
Presenter:	Mary Sexton - Chief Nurse

Action Required of Committee / Group							
Decision	N	Approval	N	Discussion	Y	Other	N
Recommendations:							
For the board to note and discuss the key workstreams of the Chief Nurses' Office with a particular focus in this report on the work of the professional development team.							

Summary of Key Issues:
<p>The Trust launched its Autumn Vaccination for staff campaign for SARS-CoV-2 virus on Monday 12th September and Flu vaccinations on the 28th September 2022.</p> <p>Continued focused work continues with strengthening out practice relating to the Deprivation of Liberty standards and the mental capacity act compliance across all inpatient teams. There were two detentions under the Mental Health Act in this reporting period.</p> <p>Reduction in falls is evident in this month's data and we continue to be below the national average. There was one fall categorised as severe harm. Falls assessment in ED shows improvement to 77.8%</p> <p>Workforce challenges remain with mitigations and incentives in place to support. To date, 236 international nurses and midwives have joined the Trust as part of our 2022 programme.</p>

Impact on the Strategic Goals	
 Deliver right care every time	✓
 Be a brilliant place to work and thrive	✓
	✓

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

Implications of the Paper:

Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: All domains
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 17 th November 2022
	Other	N	Date:

Chief Nurse Public Trust Board Report

Thursday 17th November 2022

Mary Sexton – Chief Nurse



The Dudley Group
NHS Foundation Trust

Care
Compassion
Competence
Commitment

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Care

Deliver safe and caring services



The Dudley Group
NHS Foundation Trust

Vaccination Work (Covid & Flu)

The Trust commenced the COVID 19 Autumn booster programme on the 12th September 2022 and Flu vaccinations commenced on the 28th September 2022 delivering vaccines to staff, contractors and volunteers at Russell's Hall Hospital and to the public at Saltwells Vaccination Centre.

A roving model across the acute site and satellite sites to encourage staff through ease of access has been established along with a prize draw incentive for staff who take up the vaccine through the Trust.

To Support the promotion and enhance the uptake of the vaccines, The Executive team have been out and about along side the communications team. Staff feedback suggests there is a degree of vaccine fatigue particularly in the younger adults.

HH - wk6	Number of staff	% of staff	Trajectory
Flu Vaccines – wk 8	1883	40%	Based on 83 vaccines per day – down 358 against target
COVID vaccines wk 8	2092	45%	Based on 68 vaccines per day – down 628 against target
SVC – wk 6	Number of public	% of public	
COVID vaccines – wk 8	12,042	33.7%	Based on total trajectory of 35,652



Care

Deliver safe and caring services



The Dudley Group
NHS Foundation Trust

22/23	No DoLs applications	22/23	No DoLs applications		
August	25	September	27	22/23 total	172

Deprivation of Liberty Safeguards (DoLS)

Intensive work continues around the Trust to train staff on the practical application of the Mental Capacity Act and the ability to identify when a patient is being deprived of their liberty. This training includes Advanced Mental Capacity, on-ward bitesize, and specialist area training. The MCA Lead nurse along with the Mental Health Nurse team are providing daily support to all ward areas in identifying deprivation of liberties and making applications to the relevant Local Authority.

The DOLS process is being monitored and managed by the MCA Lead nurse with support from the MH team.

Mental Health Act

There were 2 patients detained under the Mental Health Act to RHH between August and September, and 3 people under a section 17 treated at RHH. All patients were given their rights and there were no appeal requests.

The new Mental Health pathway at RHH commenced on 10th October 2022. Awareness of this pathway is currently being raised throughout the trust. The Site Team/Site Coordinators will be receiving training on receiving and scrutinising MHA section paperwork within the Trust. This will enable a more consistent and streamlined approach, and improve the recordkeeping of all patients detained under MHA and provide assurance that their rights are being upheld.

Care

Deliver safe and caring services



The Dudley Group
NHS Foundation Trust

Tissue Viability

Pressure Ulcer prevalence remains static in the most recent reporting period. The Pressure Ulcer Scrutiny Group continues to meet weekly to review all Category 3, 4 and Unstageable Hospital or Community Acquired Ulcers. Nicky Griffiths, our new Trust Lead and expert for tissue viability commenced in post October 2022. Work is underway to ensure calls are appropriately identified and escalated for early signs of pressure damage from domiciliary care; training continues to support and improve the knowledge of practitioners.



Care

Deliver safe and caring services



The Dudley Group
NHS Foundation Trust

Infection Prevention and Control

Following a routine review of the IPC Board Assurance Framework significant assurance is in place regarding IPC practices across Trust sites.

The current document is complex in its nature, a more simplified version is being created and populated. Over the next couple of months this will follow an approval path of Infection, Prevention and Control Group then to Quality and Safety Committee (QSC), finally being presented to this Board in January 2023.



Care

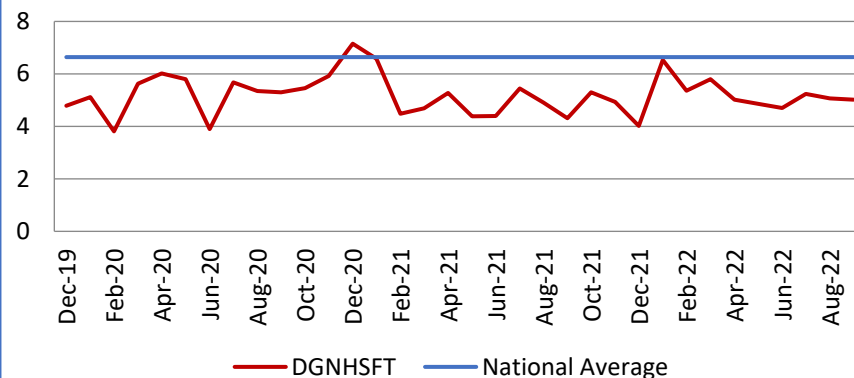
Deliver safe and caring services

There continues to be fluctuation in the number of falls the Trust remains below the national average target. Since the last report there has been 1 fall classed as a serious injury.

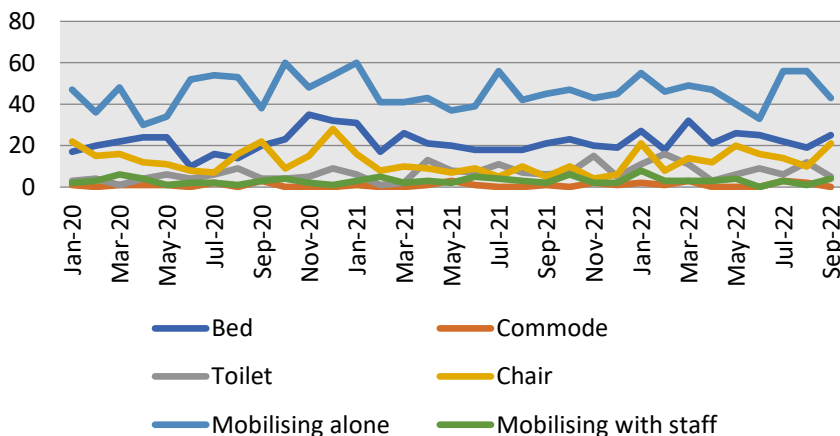
Collaborative working is ongoing with the digital team to create additional recording functionality for lying and standing Blood Pressures. Knowledge sharing on the importance of undertaking both blood pressures is persistent across all professions.

Steady improvement continues to be seen with falls assessment compliance in ED from 47.8% in Aug 2021 to a current compliance of 77.8% in September 2022.

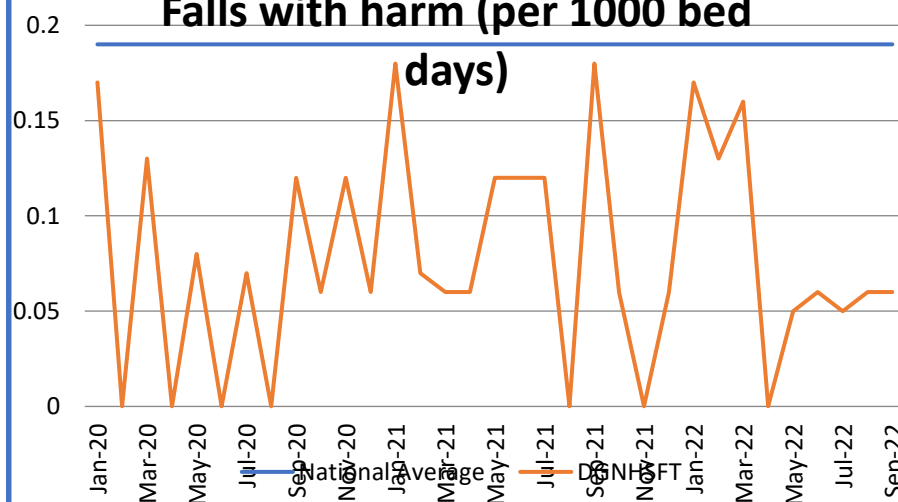
Falls per 1000 bed days



Falls Categories



Falls with harm (per 1000 bed days)



Compassion

Deliver a great patient experience



The Dudley Group
NHS Foundation Trust

PALS	Concerns	Comments	Signposting contacts	Total
August 2022				
September 2022	273	5	53	331
	Main concerns relate to appointment delays and cancellations			

FFT A total of **4265** responses were received in September 2022 in comparison to 4886 in August 2022. Overall, 82% of respondents have rated their experience of Trust services as 'very good/good' in September 2022, a small decrease since August 2022 (83%). A total of 6% of patients rated their experience of Trust services as 'very poor/poor' no change since August 2022. The Inpatient Department/Community received the highest positive score this month at 88%. The Maternity Department received the lowest number of patients who rated their overall experience as 'very poor/poor' at 1%. Percentage negative scores have increased for the A&E Department from 13% in August 2022 to 15% in September 2022. The main theme for concern identified by patients was regarding waiting times, a recurring theme each month.

Compliments The Trust received 353 compliments in September 2022 compared to 474 compliments in August 2022. Ward C4 (Oncology Unit) received the highest number of compliments (45) in September 2022.

NHS Choices Seven comments were posted on NHS Choices/Patient Opinion during September 2022. Six comments were positive, and one comment was negative, relating to the Emergency Department about care and treatment.



Competence

Drive service improvement, innovation and transformation

Professional Nurse Advocate

In August our PNA lead commenced their role. The Professional advocate role has been nationally embedded in Maternity for a number of years where outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes. The concept has been introduced into Nursing over the past 12 months.

The national aim is for 1 PNA per 20 nurses over the next 3 years. This will be a significant challenge; There are currently 12 PNA's across the Trust. The Training programme is a formal academic module commissioned by the national team. We currently have 6 members of staff in training and are canvassing for more expressions of interest for the next opportunity of learning. We are working with our local academic providers for a bespoke Professional advocate course to open the learning to our Allied Health Professions.

Commitment

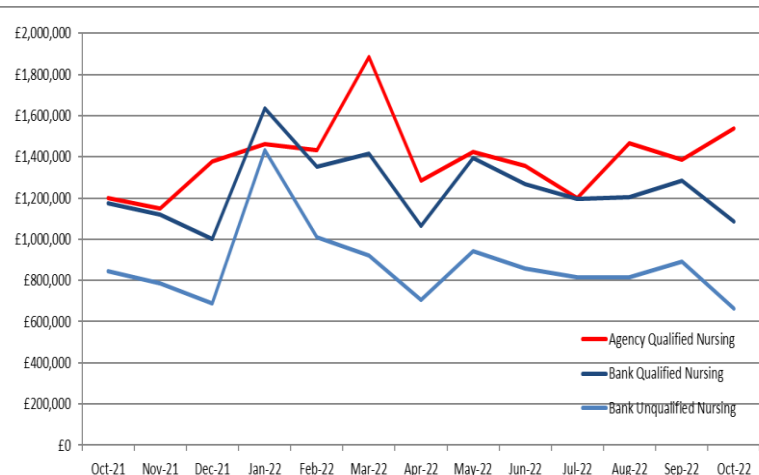
Be the place that people choose to work



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. However it is pleasing to note there has been a significant reduction in agency usage.

The 2022 International recruitment programme is underway and has seen over 236 recruits starting with the trust since April. They are currently working towards gaining their NMC registration to work independently.



Area	Vacancy %	Agency Qualified Nursing	Bank Qualified Nursing	Bank Unqualified Nursing	Grand Total
I.T.U.	4%	£306,725	£34,799	£9,467	£350,991
Acute Med Unit (EAU)	34%	£143,654	£60,805	£61,548	£266,007
Emergency Department Nursing	13%	£182,962	£34,434	£37,743	£255,139
Ward B5	4%	£72,663	£26,233	£16,264	£115,160
Ward C8	3%	£56,423	£30,019	£23,751	£110,193
Ward B3	10%	£50,954	£27,211	£24,863	£103,028
Ward B4	-9%	£39,407	£25,997	£32,376	£97,780
Ward C7	12%	£46,975	£14,339	£35,622	£96,935
Ward B2 (T)	20%	£54,339	£20,618	£18,198	£93,155
Ward B2 (H)	6%	£34,042	£7,912	£24,885	£66,839



Commitment

Be the place that people choose to work



The Dudley Group
NHS Foundation Trust

We have continue to have had a fluctuating position with regards to our safer staffing return. On average it is recognised that we have overall seen an increase in qualified nurse requirements being met.

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 Oct

Days in Month 31

Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day	UnQual D	Qual N	UnQual N	Sum 24:00 Actual CHPPD			
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered Care staff Total			
A2 /A4	97	83	155	78	63	61	124	68	85%	50%	97%	55%	371	4.53	4.72	9.25
B1	155	118	68	54	109	73	63	44	76%	78%	67%	70%	427	5.08	2.62	7.71
B2(H)	127	106	222	185	93	91	184	155	84%	83%	98%	84%	740	3.20	5.39	8.59
B2(T)	131	112	147	108	100	93	117	96	86%	74%	93%	82%	727	3.39	3.37	6.76
B3	197	178	186	136	219	193	155	120	90%	73%	88%	78%	1,157	3.76	2.66	6.42
B4	228	168	249	218	158	142	232	205	74%	88%	90%	89%	1,289	2.82	3.94	6.76
B5	238	184	162	134	261	233	125	91	77%	83%	89%	73%	612	8.37	4.29	12.67
C1	253	222	272	238	186	185	218	174	87%	87%	99%	80%	1,465	3.25	3.37	6.62
C2	291	244	68	55	260	229	63	54	84%	80%	88%	86%	730	7.61	1.75	9.36
C3	216	179	391	359	187	163	369	346	83%	92%	87%	94%	1,600	2.57	5.18	7.75
C4	206	149	68	74	124	93	62	77	73%	110%	75%	124%	622	4.55	2.79	7.35
C5	305	222	277	232	259	237	210	174	73%	84%	91%	83%	1,446	3.84	3.37	7.21
C6	97	86	94	79	94	86	65	60	89%	84%	91%	92%	559	3.61	2.98	6.58
C7	226	179	192	166	156	153	194	176	79%	86%	98%	91%	1,103	3.53	3.72	7.25
C8	262	238	217	167	224	211	186	141	91%	77%	94%	76%	1,314	4.01	2.82	6.83
CCU_PCCU	261	248	61	54	231	228	31	24	95%	89%	99%	77%	737	7.59	1.27	8.86
Critical Care	592	531	138	103	571	513			90%	75%	90%		507	24.72	2.44	27.16
EAU AMU 1	748	586	610	408	510	527	521	372	78%	67%	103%	71%	2,279	5.73	4.10	9.84
Maternity	1,036	677	366	244	588	423	222	174	65%	67%	72%	78%	1,287	8.15	3.80	11.96
MH DU	156	128	69	30	156	125			82%	44%	80%		218	13.91	1.51	15.43
NNU	162	134			149	144			83%		97%		415	8.05	0.00	8.05
TOTAL	5,982	4,772	4,013	3,121	4,697	4,202	3,140	2,552	80%	78%	89%	81%	19,605	5.30	3.44	8.74



Commitment

Be the place that people choose to work

Professional Development - Support staff team

We recently undertook a recruitment event on Saturday 8th October for Clinical support workers, the aim was to give the potential CSW's an understanding of the role and what the Trust has to offer and then have a tour of the wards to give them a further insight of the role especially people with no care experience. Following the success of this event we are planning a trust wide recruitment event in January, "New Year, new career".



Our new volunteer programme has commenced, the aim is to provide training to our volunteers and to complete competencies to support our wards. We object is to provide a designated volunteer to all wards in the trust.

Commitment

Be the place that people choose to work

Professional Development - Post Registration team

Our new multi-professional preceptorship programme commenced in September so our AHP graduates have an opportunity to have this additional support as well as our nursing/midwifery graduates. The AHP graduates had an opportunity to join Black Country virtual AHP. preceptorship programme that all local trusts are contributing. These are all based on the guidance of the new national framework for preceptorship.

Professional Development - International Team

We continue to recruit our international nurses/Midwives and they have provided positive feedback from their time in the trust. Recently our international nurses and our International nurse in the Professional Development team has featured in trusts Black History month in relation to recruitment and her experience



Paper for submission to the Board of Directors on the 17th November 2022

Title:	Maternity and Neonatal Safety and Quality Dashboard
Author:	Claire Macdiarmid – Head of Midwifery, Katie Philpott – Matron, Maternity Unit, Sudipta Bannerjee- Clinical director for Obstetrics
Presenter:	Mary Sexton – Chief Nurse

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
Recommendations: <p>The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements, Ockenden recommendations and plans to rectify current Midwifery and obstetric vacancies.</p> <p>The Service continues to drive Improvement actions across all aspects of Maternity and Neonatal services.</p>				
Summary of Key Issues: <p>There were three still births reported during August and September, and one neonatal death. The stillbirth rate remains below the national rate. Neonatal death rates remain above the national rate but work is ongoing to review cases by use of the Perinatal mortality review tool (PMRT) in a timely manner to ensure learning is highlighted, and acted upon.</p> <p>In August 2022, one serious incident was reported within Maternity, and four reported during September 2022. There were no Coroner reg 28 made directly to the Trust for perinatal or maternal deaths in this time period.</p> <p>The final Ockenden Report was published on the 30th March 2022. 87 actions were identified in the report divided across 15 sections. A review of current position has highlighted positive progress with a significant increase in the number of green and blue compliant actions.</p> <p>CNST 10 safety actions are ongoing to achieve compliance before January 2023. Highlights of key issues include Neonatal resuscitation training rates, and data collection issues for the Maternity services data set (MSDS).</p> <p>Midwifery staffing continues to be a risk and the risk score has been increased due to a declining position and increased vacancy. A workforce plan is contained to outline actions being taken to rectify the staffing position in both midwifery and obstetrics staffing.</p>				

Impact on the Strategic Goals		
	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:			
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: 17th November 2022
	Other	N	Date:

REPORTS FOR ASSURANCE

Maternity and Neonatal Safety and Quality Dashboard

Report to Trust Board 17th November 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 **August and September 2022**, unless otherwise specified throughout.

2 BACKGROUND INFORMATION

2.1 Perinatal Mortality.

Stillbirths -There has been 2 still births during August 2022 and 1 during September 2022

Early Neonatal Deaths – There has been 0 early neonatal deaths during the month of August 2022 and 1 during September 2022 at a gestation of 28+2.

Late Neonatal deaths -There have been 0 late neonatal deaths in August and 0 during September 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.

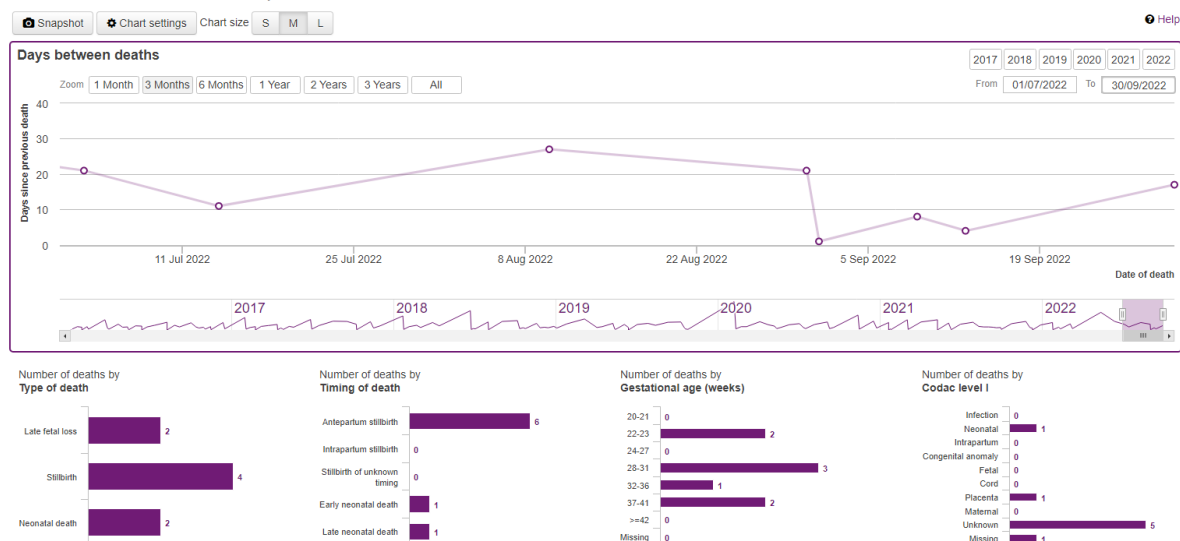
A national report is produced by MBRRACE annually highlighting themes of good practice and recommendations for changes in practice. Additionally, MBRRACE carry out confidential enquiries based on identified themes from their main reports.

2.1.2 PMRT real time data monitoring tool

3 months of data (July, August and September 2022) showing deaths of babies who were born within our organisation, including babies who died elsewhere.

Deaths within your organisation

8 deaths between 01 Jul 2022 and 30 Sep 2022



The **line chart above**, shows the number of days between consecutive deaths, to help you identify unusual patterns of deaths; the four **bar charts**, plot the number of deaths according to various characteristics.

2.1.3 Mortality rates

Stillbirth rates

		Crude Rate	Adjusted rate
Quarter 3 2021/2022	Oct-21	3.71	3.46
	Nov-21	3.71	3.46
	Dec-21	3.43	3.19
Quarter 4 2021/2022	Jan-22	3.16	2.68
	Feb-22	3.14	2.66
	Mar-22	3.61	2.89
Quarter 1 2022/2023	Apr-22	3.4	2.67
	May-22	3.4	2.68
	Jun-22	3.17	2.69
Quarter 2 2022/2023	Jul-22	3.15	2.67
	Aug-22	3.13	2.65
	Sep-22	2.87	2.39

The National stillbirth rate is 3.35 (MBRRACE 2021) The crude stillbirth rate for Quarter 2 2022/2023 for Dudley Group remains below the national stillbirth rate.

Early Neonatal death rates

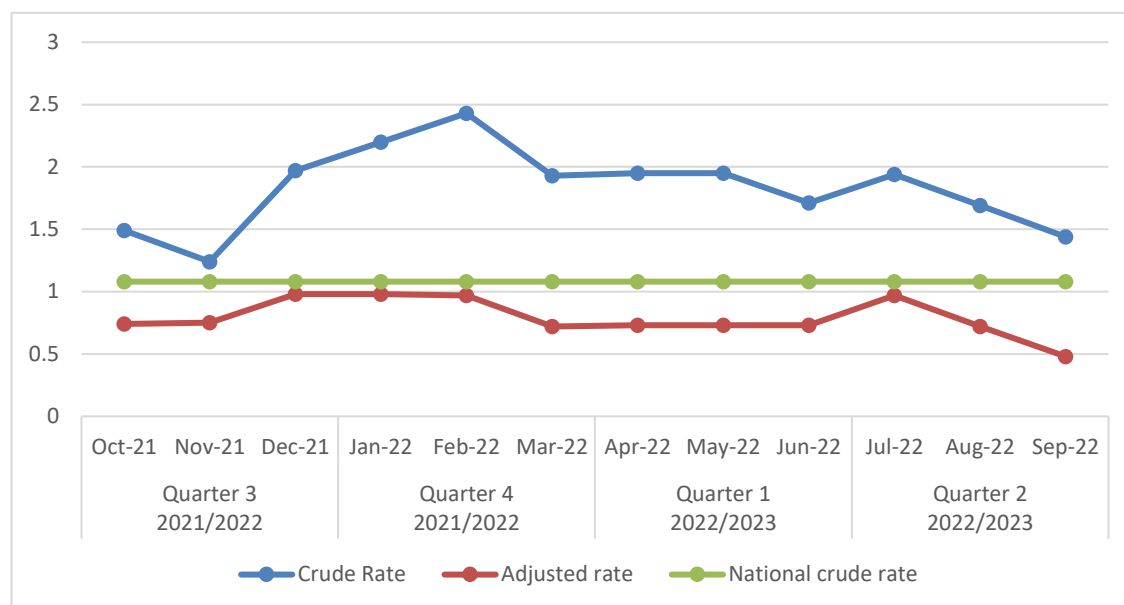
The National Early Neonatal Death (NND) rate is **1.08** (MBRRACE 2021). In Q2 there has been a significant reduction in the early NND rate since the peak in January/February 2022.

		Crude Rate	Adjusted rate
Quarter 3 2021/2022	Oct-21	1.49	0.74
	Nov-21	1.24	0.75
	Dec-21	1.97	0.98
Quarter 4 2021/2022	Jan-22	2.2	0.98
	Feb-22	2.43	0.97
	Mar-22	1.93	0.72
Quarter 1 2022/2023	Apr-22	1.95	0.73
	May-22	1.95	0.73
	Jun-22	1.71	0.73
Quarter 2 2022/2023	Jul-22	1.94	0.97
	Aug-22	1.69	0.72
	Sep-22	1.44	0.48

In Quarter 2 2022/2023 in July (1.94), August (1.69) and September (1.44) the crude rate was higher than the national rate 1.08. When the rates are adjusted, the figures are reduced to July (0.97), August (0.72) and September (0.48), there is no national comparable data for when rates are adjusted.

The Women and Children's service continues to report perinatal mortality rates through Divisional Governance each month and into the Trusts Mortality Surveillance Group.

Early Neonatal death rate :



The above chart details how the crude early neonatal death rate has been consistently higher than the National rate of 1.08 (MBRRACE 2021) during the last 12 months but is now on a downward trajectory.

Late neonatal death rates

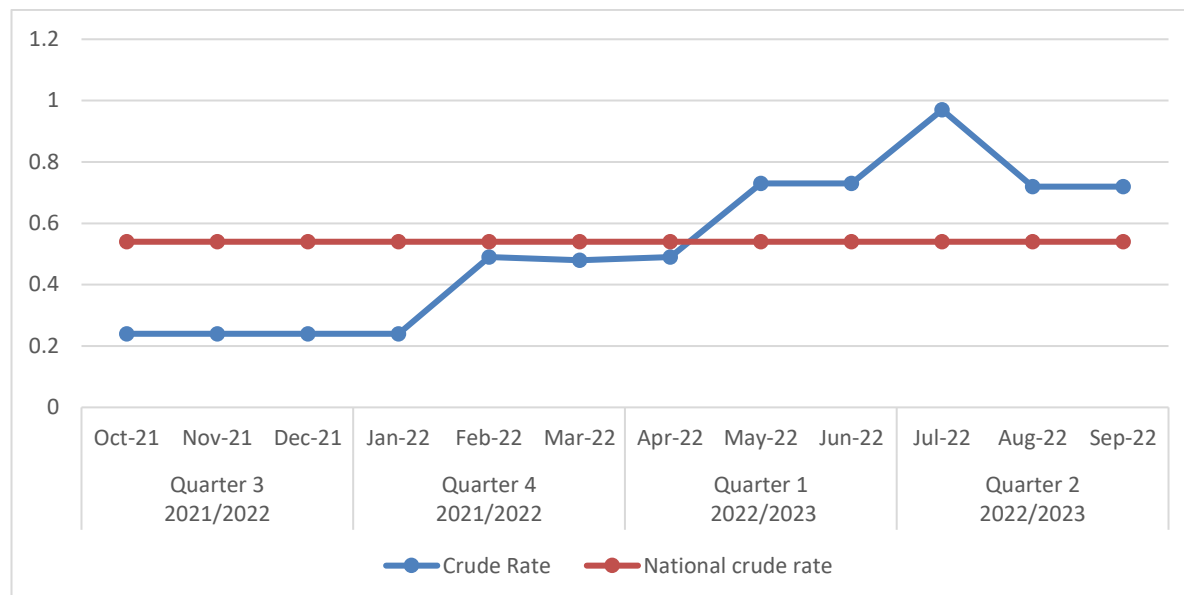
The table below identified the crude late neonatal death rates over the rolling 12 months. The National rate for Late Neonatal Deaths is 0.5

In Quarter 2 2022/2023 in the crude rates are above the national crude rate of 0.5 per thousand live births July (0.97), August (0.72) and September (0.72).

		Crude Rate	National crude rate
Quarter 3 2021/2022	Oct-21	0.24	0.54
	Nov-21	0.24	0.54
	Dec-21	0.24	0.54
Quarter 4 2021/2022	Jan-22	0.24	0.54
	Feb-22	0.49	0.54
	Mar-22	0.48	0.54
Quarter 1 2022/2023	Apr-22	0.49	0.54
	May-22	0.73	0.54
	Jun-22	0.73	0.54
Quarter 2 2022/2023	Jul-22	0.97	0.54
	Aug-22	0.72	0.54
	Sep-22	0.72	0.54

The chart below demonstrates that the late NND rate peaked in July 2022 as crude rate 0.97.

Late neonatal death rate



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 (up to 42 days postnatal).

As of April 2023, HSIB will split into two organisations and the **Maternity and Newborn Safety Investigations Special Health Authority (MNSI)** will be responsible for Maternity and Neonatal investigations as specified above.

2.2.1 Investigation progress update

DGFT executive summary from HSIB up to 3/11/22:

Cases to date	
Total referrals	22
Referrals / cases rejected	4
Total investigations to date	18

Total investigations completed	17
Current active cases	1
Exception reporting	No cases currently have exceptions

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.

All learning continues are shared across the Black Country and West Birmingham LMNS on a monthly basis via the quality and safety workstream.

2.3 Coroner Regulation 28 made directly to the Trust

There were 0 Coroner regulation 28 made directly to the Trust in respect of perinatal or maternal deaths in August or September 2022

2.4 Maternity Serious Incidents

There was 1 serious incidents reported in Maternity during August. This incident related to a lady that was 8 weeks postnatal.

There have been 4 serious incidents reported within Maternity during September 2022

- SI 2022/19378: Admission of mother to ITU – Maternity (Obstetric Unit)
- SI 2022/18836: Unexpected admission to SCBU – Maternity (Obstetric Unit)
- SI 2022/18944: Early Neonatal Death – Neonatal Unit
- SI 2022/19884: Delayed Diagnosis – Gynaecology

2.5 Maternity action plans

2.5.1 Ockenden Report final

The final Ockenden report was published on the 30th of March 2022. The report was divided into 15 sections and essential actions have been allocated as per findings of the report.

Below is a table highlighting current compliance with the 87 actions in a red, amber, green rating. It shows an overall improving situation with an increase in green and blue compliance, and a reduction in the amber and red categories. Work is ongoing to further improve this situation. Monthly multi-disciplinary, Ockenden assurance meetings continue, attended by the multidisciplinary team, each with allocated responsibility for providing assurance of progress on each IEA.

To note, there has been no request from the national team for evidence or submission of this gap analysis. There is a Single delivery plan for maternity services in development by NHSE, that aims to set clear priorities for maternity and neonatal services, to bring together actions from the Ockenden

report, East Kent report the long-term plan and Maternity transformation programme and has input from service users, frontline colleagues, system leaders, national stakeholders and the Royal colleges.

A deep dive into the progress made against the Ockenden recommendations was presented at Quality and Safety committee in September 2022.

Date of assessment	Total actions					
July 2022	87	19%	53%	18%	2%	8%
September 2022 (updated)	87	5.5%	46%	21%	21%	5.5%

	Limited or non-compliance
	Partially compliant
	Fully compliant
	Fully compliant- with assurance
	Nationally led actions

2.6 Saving Babies Lives V2

2.6.1 We are able to evidence compliance for The Saving Babies Lives care bundle version 2 (SBLCBv2) in all 5 elements of the care bundle. Safety action six of the clinical negligence scheme for trusts is focused on full compliance with each of the five domains. Full evidence is now available for element one of Safety action 6 and informatics are currently collating the remaining data. Quarterly submission of compliance has been submitted to NHSe.

The improvement in detection rates of babies that are growth restricted has continued to improve and the process is now embedded within the EPR system. The recent introduction of the digital maternity growth charts has further improved these rates.

2.7 NHS Resolution Maternity Incentive Scheme CNST

2.7.1 NHS Resolution recommenced year 4 standards for the CNST Maternity Incentive scheme on 6th May 2022 following a pause due to winter wave of the covid-19 pandemic and revised further conditions of the scheme again in October 2022. A revised date for board submission Board declarations has been announced to be 2nd February 2023 to be eligible for payment under the scheme. Work is ongoing to gain compliance in all areas and will be presented in full at Januarys board meeting. Progress to date is as follows:

		RAG Rating
Safety action one	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	

Safety action two	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	
Safety action three	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme.	
Safety action four	Can you demonstrate an effective system of clinical workforce planning to the required standard?	
Safety action five	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	
Safety action six	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	
Safety action seven	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	
Safety action eight	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?	
Safety action nine	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	
Safety action ten	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?	

2.7.2 Safety action two relating to the Maternity services dataset (MSDS) has faced challenges with compliance. The informatics team have had to overcome challenges in relation to data errors coming from the maternity electronic patient record (EPR). We have received confirmation that we have successfully met the data set required. A maternity digital strategy has been developed and submitted to NHSE as per the requirements of this safety action. The strategy reflects the direction of the wider trust digital strategy with additional requirements specifically for maternity services.

2.7.3 A suite of role specific mandatory training was rolled out last year, to address the requirements of Maternity Incentive scheme CNST **safety action eight** 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 two 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 hosted on delivery suite by the fetal wellbeing team. These have been delayed due to staff absence and high activity within the department.

As of 1st July 2022, 92% of all multidisciplinary maternity staff have completed this training and therefore we are compliant with this part of the CNST safety action 8.

Outstanding action for safety action 8 include compliance of 90% with neonatal resuscitation. Compliance is currently at 68%. All staff have been booked onto training sessions and have a midwife to backfill for their allocated training time. The trajectory will ensure 90% compliance before the 30th November 2022 as per table below.

	Current compliance	RAG Rating	Rectification plans
Multi-Professional Emergency Training/Skills Drills	91%		New starters to undertake training in November 2022 to ensure compliance remains above 90%. New year of training to commence January 2023
CTG/ fetal Monitoring Training	91%		New starters to undertake training in November 2022 to ensure compliance remains above 90%. New year of training to commence January 2023
Neonatal resuscitation	68%		All staff that are non-compliant have been allocated a time to attend training- back fill midwife will cover their clinical duties whilst they update. Ad-Hoc training performed on Maternity ward
Adult resuscitation	78% from 63%		All staff that are non-compliant have been allocated a time to attend training- back fill midwife will cover their clinical duties whilst they update. Ad-Hoc training performed on Maternity ward

2.8 Maternity staffing

Fill rates for midwifery staffing in inpatient areas:

Fill rate	Day	Night
August 2022	56%	77%
September 2022	58%	74%

Mitigation for the lower staffing numbers throughout the day that are not included within these figures are the ward managers undertaking clinical duties, and a rota for the specialist midwives to be pulled to work clinically during days of higher activity. Acuity is measured alongside this via the Birthrate acuity tool. Our workforce plan as presented at Septembers board meeting remains ongoing and good progress is being made in all areas of recruitment.

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. This dashboard is moving to a real-time state so will allow the department to be able to see quickly which local units are able to support when activity is high.

2.8.1 Obstetric staffing

There are currently 3.4 WTE consultant vacancies- 2.0WTE vacancies not filled from increase in establishment. 0.4WTE as one consultant part-time, 1.0WTE due to leaver. 3.0 WTE vacancies to be advertised for an Obstetric, Minimal Invasive Surgery and Oncology post.

1.0WTE consultant is currently on sabbatical-anticipated return April 2023. 1.0WTE fixed term consultant recruited to cover. 1.6 WTE substantive registrar 1.0WTE fixed term registrar vacancies Antenatal, ambulatory gynae, postnatal/bereavement and fetal medicine Lead roles remain vacant will plans to fill following recruitment.

2.8.2 Maternity continuity of carer

On the 21st September 2022, the trust received a letter outlining revised recommendations relating to maternity continuity of carer (MCoC). It has been recognised that whilst MCoC is evidence based, and can improve outcomes for most women and their babies, the model requires appropriate staffing levels to be implemented safely. Within this is mind there is no longer a national target for MCoC. Trusts are expected to focus on retention and growth of the workforce and develop plans that are taking account of local populations, current staffing and more specialised models of care required by some women.

Our MCoC plan remains paused due to our suboptimal midwifery workforce figures, however we continue to drive forward with implementation of Community hubs- with the opening of all 5 hubs in November 2022.

2.9 Maternity safety champions

A Maternity safety champion meeting occurred on the 31st October 2022 attended by safety champions for both maternity and neonatal. Areas of discussion were:

- Maternity Voices partnership meeting arranged with board level safety champions for 22nd November, to occur bimonthly for escalation of any feedback or concerns.
- Induction of labour audit presentation with associated improvement actions
- Follow up from maternity safety walkaround actions
- Ockenden insight visits analysis- national findings
- Neonatal update.

A more detailed report from this group is presented at Quality and safety committee.

2.10 Service user feedback

Very, polite and helpful staff. Greeted me with a smile and was able to answer all my questions. Made me feel at ease when attending.

Helped me a lot with birth, respected my opinion.

Midwives were friendly, helpful, and understanding. They went the extra mile to help in every way.

If partners could stay overnight.

Waiting time being reduced.

3 RISKS AND MITIGATIONS

3.1 Midwifery staffing continues to be a risk and remains on the risk register- the score has been increased to reflect the increasing vacancy that we have seen over the course of 2022. A business case is required to be able to staff as per Birthrate plus recommendations. Ongoing midwifery recruitment including international recruitment is in progress as per workforce plan.

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 year 4 requirements, saving babies lives V2 and Ockenden recommendations

Name of Author: Claire Macdiarmid/Dr.Sudipta Banerjee
Title of Author Head of Midwifery/ Clinical Director for Obstetrics
4th November 2022

Paper for submission to the Board of Directors on 17th November 2022

Title:	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 27 th September 2022 and 25 th October 2022
Author:	Alan Duffell - Interim Chief People Officer/ Julian Atkins - Non-executive Director
Presenter:	Julian Atkins - Non-executive Director

Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Y
Recommendations: The Board is asked to receive the summary reports from the WSEC meetings in September and October and note:- <ul style="list-style-type: none"> Matters of concern. Committee decision in relation to BAF Assurance Levels. 			

Summary of Key Issues:
The enclosed is an upward report from the Workforce & Staff Engagement Committee (WSEC) meetings held on 27 th September and 25 th October 2022. Key points:-
MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none"> Mandatory training – in September Safeguarding Adults and Children Levels 2 and 3 were well below the 90% target compliance. In October the Medicine & Integrated Care (MIC) division was the only division below the organisation's target compliance of 90%. Future assurance, via the Workforce KPI report, on time to hire timescales was requested. Appraisal rate completion reported at 50%, focus needed to improve this figure.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none"> The Committee noted the improving position on resuscitation, manual handling and safeguarding training and that further actions were underway with the aim to achieve overall Trust compliance by 31st January 2023. In October overall compliance was above target and a steady improvement in Priority 2 training was reported. The Medical Director gave a positive report on improvements in medical staffing. There was a 'Deep Dive' presentation from MIC covering the recent restructure and detailing work being done to improve recruitment and retention, mandatory training compliance and staff wellbeing and development. The two Board Assurance Framework (BAF) Risks 2 and 3 were discussed and assurance given (see below). Good progress had been made on HR strategy. The Corporate Risk Report was noted. The new format of the Workforce KPI report was presented and well received. Staff engagement updates were given by Clinical Support Services (CSS) and Surgery, Women & Children's (SWC) divisions. The MIC update will be given in November.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- A paper was presented on the plans to review and refresh the Trust's Recruitment and Retention plan. This will be presented again in November 2022.
- Discussion took place on how AHP and specialist nursing staff could complement the Trust's medical staff to enhance skills and experience going forward.
- Board action from 18th May 2022 (to analyse the 2020/21 Workforce RACE Equality Standard (WRES) results compared to HR data sets) had been completed – data suggests under reporting of incidents of bullying, harassment and discrimination overall.

DECISIONS MADE

- The Committee discussed the Board Assurance Framework risks relating to workforce. Risk 2 was considered Positive assurance and Risk 3 Inconclusive assurance.

Impact on the Strategic Goals	
 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	
 Improve health and wellbeing	X

Implications of the Paper:			
Risk		Y	Risk Description: BAF Risk 2 Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities BAF Risk 3 Failure to improve and sustain staff satisfaction and morale
	On Risk Register:	Y	Risk Score: Risk 2 20 (4x5) Risk 3 12 (3x4)
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC 27/09/2022 and 25/10/2022
	Board of Directors	N	Date: 17/11/2022
	Other	N	Date:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
DEEP DIVE INTO MEDICINE & INTEGRATED CARE
Date Committee last met: 27th September 2022

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Mandatory Training - Safeguarding Adults & Children Levels 2 and 3 are well below the target compliance of 90% (see below). • The Committee requested future assurance via the KPI report over time to hire timescales, noting any delays in the process and benchmarked against Trusts in the Provider Collaborative. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee received a paper detailing the plans to review and refresh the Trust's Recruitment and Retention Plan. This is expected to be presented back to the Committee in November 2022. • A good discussion took place on how AHP and specialist nursing staff can complement the Trust's medical staff to provide the right combination of skills and experience going forward.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee were pleased to note the improving position on resuscitation, manual handling and safeguarding training (Adult Resuscitation was above 80%, Patient Moving & Handling above 90% and for Safeguarding, all subjects increased, although still well below the target compliance of 90%). Further actions are underway to target increased performance with the aim to achieve overall Trust compliance by 31st January 2023. • Julian Hobbs gave an encouraging report on the improvements made in medical staffing and the significant reductions in the number of vacancies and reduction in agency usage. • Medicine & Integrated Care (MIC) gave an excellent presentation that highlighted the challenges and activities within the division. They covered the change to the division through restructure which had happened on 5th September 2022 and demonstrated the huge amount of work being undertaken from a workforce perspective. This included the details of work aimed at improving recruitment and retention, mandatory training compliance and staff wellbeing and also an explanation of initiatives aimed at staff and team development. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • There were no key decisions of the Committee at this meeting.

Chair's comments on the effectiveness of the meeting:

The deep dive presentation from Medicine and Integrated Care illustrated the many initiatives that are being undertaken to address the workforce agenda within the division. This will be monitored by the WSEC Committee going forward.

The meeting was effective and it was pleasing to see contributions from a number of those attending.

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 25th October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Mandatory Training - Safeguarding Adults & Children and all three Resuscitation modules continue to be actively supported through training activity and focused campaigns to increase compliance. Medicine & Integrated Care (MIC) is the only division below the organisation's target of 90% compliance for mandatory training.
- The Committee expressed concern about the reported appraisal rate completion of only 50% - divisions and executive directors must be encouraged to focus on this to achieve an improvement.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Board action of 18th May 2022 to analyse the 2020/21 Workforce RACE Equality Standard (WRES) results compared to HR data sets was completed. The HR data does not show a correlation to the percentage of people who said they had experienced harassment, bullying or abuse via the staff survey. It is possible that staff who feel they have experienced harassment, bullying or abuse are more inclined to say via the staff survey because it is anonymous. Similarly, staff may feel more confident to declare their ethnicity via the staff survey vs ESR declaration, again due to the anonymous nature. What the data does suggest is that there is under reporting of incidents of bullying, harassment, and discrimination overall. This could be for a number of reasons including:-
 - Staff experience bullying, harassment or discrimination but feel confident to tackle it as and when it occurs and therefore do not need to report it.
 - Staff report to their manager and it is dealt with at departmental level and is not escalated to Trust formal processes or reported.
 - Staff do not know how to raise concerns or lack confidence in raising concerns.

It should be noted that once staff are in a formal process (whether this be bullying, harassment, disciplinary or grievances) a cultural ambassador will now be appointed to tackle cultural biases entering the process. The Trust is also embarking on its journey to implement a restorative just and learning culture which critically appraises cases before entering a formal process based on a restorative rather than reprimand approach.

<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Mandatory training – overall compliance is above target. A steady improvement in Priority 2 training and an upward trajectory in Priority 2 training was reported. • The Committee were pleased to note the assurance on the two Board Assurance Framework (BAF) risks and the ongoing work on the Corporate Risks to ensure they were aligned. • The Committee noted the good progress on the workforce elements of the Trust's strategy. • The new format of the Workforce KPI report was well received by the Committee, more data will be added as the report is developed. The Chair thanked everyone involved for their work on this. • The Committee received staff engagement updates from Clinical Support Services (CSS) and Surgery, Women & Children (SWC) which were positive. Unfortunately, Medicine & Integrated Care (MIC) were unable to attend. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee discussed the assurance level of the two BAF risks overseen by the Committee, resulting in Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities) considered to be Positive assurance and Risk 3 (Failure to improve and sustain staff satisfaction and morale) as Inconclusive assurance.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The new format of the workforce KPI report was liked by the Committee. There was a good level of discussion, partly due to a shorter agenda, which made the meeting very effective.</p>	

Paper for submission to the Board of Directors on 22nd September 2022

Title:	Workforce KPI Report
Author:	Greg Ferris - Senior Information Analyst Karen Brogan - Deputy Chief People Officer
Presenter:	Alan Duffell – Interim Chief People Office

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
Recommendations: For the Board of Directors to: <ul style="list-style-type: none"> - receive and note the contents of the report - the Workforce KPI Report is presented in a new updated format 			

Summary of Key Issues:
Sickness Absence <ul style="list-style-type: none"> • In month sickness absence for September 2022 is 5.44%, which is reduction from 5.87% in August. • The rolling 12-month absence remains consistent at 6.66% as a result of increased absence due to COVID-19 being represented across the full year figure. Vacancies <ul style="list-style-type: none"> • The total vacancies stand a 674.99 WTE, a reduction from 733.41 WTE in August, this is a reduction from 12% to 11%. • There are recruitment offers in place for 420.92 WTE of the vacancies and recruitment activity for a further 279.52 WTE. • The total nursing vacancies (including midwifery) stands at 370.69 WTE, a reduction from 385.08 WTE in August, this has remained at 19%. It should be noted that 10% of the establishment is withheld for relief – this gives a real time vacancy factor of 172.63 WTE • The total medical and dental vacancies stand at 76.81 WTE. Turnover <ul style="list-style-type: none"> • Turnover (all terminations – rolling 12 months) has reduced from 8.99% in August to 8.90% in September. • Normalised Turnover (voluntary resignation – rolling 12 months) has reduced from 4.55% in August to 4.33% in September. • Since September 2021, the number if starters have exceeded the leavers. Bank & Agency Usage

- Bank usage has decreased from 727.86 WTE in August to 647.15 WTE in September, with bank costs reducing from £3,921,218 to £3,856,127.
- Agency usage has increased from 243.12 WTE in August to 263.33 in September, with agency costs reducing from £2,432,038 to £2,002,724 September
- The combined spend of temporary staffing in September was £5,858,851 compared to £6353257.79 in August.
- Combined bank and agency usage is 910.48 WTE which is significantly above the total vacancies, which are 674.99 WTE






Mandatory Training

- Mandatory Training: Statutory Training has increased from 88.44% to 91%

Appraisals

Appraisals are due to be completed between Apr-June each year. There have been delays in 2022 as a legacy of COVID-19 and changes to process/reporting. Divisions are working on recovery position.

Impact on the Strategic Goals

	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

Implications of the Paper:

Risk	Y		Risk Description: BAF and corporate	
	On Risk Register:	Y	Risk Score: various	
Compliance and/or Lead Requirements	CQC		N	Details:
	NHSE/I		N	Details:
	Other		N	Details:
Report Journey/ Destination	Working / Exec Group		N	Date:
	Committee		Y	Date:
	Board of Directors		Y	Date: 17/11/2022
	Other		Y/N	Date:

Workforce KPI Report

September 2022

Alan Duffell
Interim Chief People Officer



The Dudley Group
NHS Foundation Trust

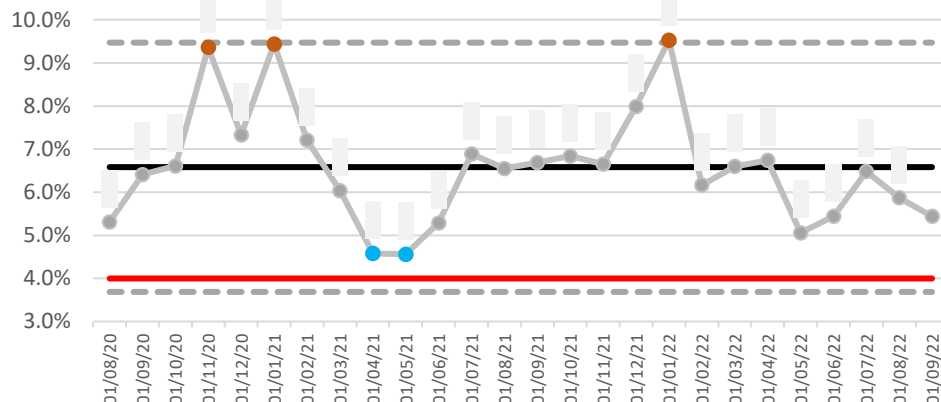


Summary

Absence – In Month	5.44%	↓	<u>Sickness Absence</u> <ul style="list-style-type: none"> In month sickness absence for September 2022 is 5.44%, which is reduction from 5.87% in August. The rolling 12-month absence remains consistent at 6.66% as a result of increased absence due to COVID-19 being represented across the full year figure.
Absence - 12m Rolling	6.66%	↓	
Turnover	8.90%	↓	<u>Turnover</u> <ul style="list-style-type: none"> Turnover (all terminations) has reduced from 8.99% in August to 8.90% in September. Normalised Turnover (voluntary resignation) has reduced from 4.55% in August to 4.33% in September.
Normalised Turnover	4.33%	↓	
Vacancy Rate	11%	↓	<u>Vacancy Rate</u> <ul style="list-style-type: none"> The vacancy rate has reduced from 12% to 11% from August to September. The total vacancies 674.99 WTE, a reduction from 733.41 WTE in August
Mandatory Training	12%	↑	
Appraisals	50.06%	↑	<u>Appraisals</u> <ul style="list-style-type: none"> Appraisals are due to be completed between Apr-June each year. There have been delays in 2022 as a legacy of COVID and changes to process/reporting. Divisions are working on recovery position.

Sickness Absence

Absence in Month



In Month – Sickness Absence

In month sickness absence for September 2022 is 5.44%, which is reduction from 5.87% in August 2022.

We have seen an improvement across both August and September.

Rolling 12 M – Sickness Absence

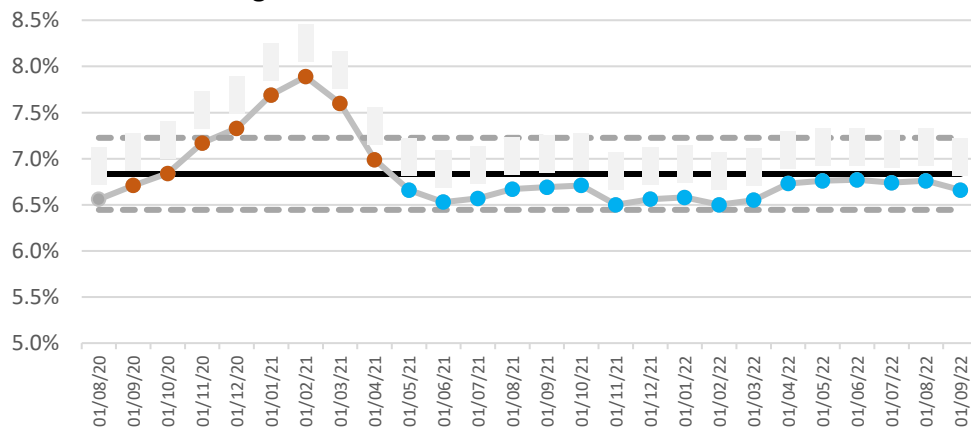
The rolling 12-month absence remains consistent at 6.66% as a result of increased absence due to COVID-19 being represented across the full year figure.

Assurance

All Covid-related absence is reviewed and supported by the operational HR teams.

The HR team continue to sensitively support the management of long and short term absence cases as appropriate.

Absence 12m Rolling



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
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Absence in Month

	6.84%	6.65%	7.99%	9.53%	6.17%	6.60%	6.74%	5.06%	5.44%	6.48%	5.87%	5.44%
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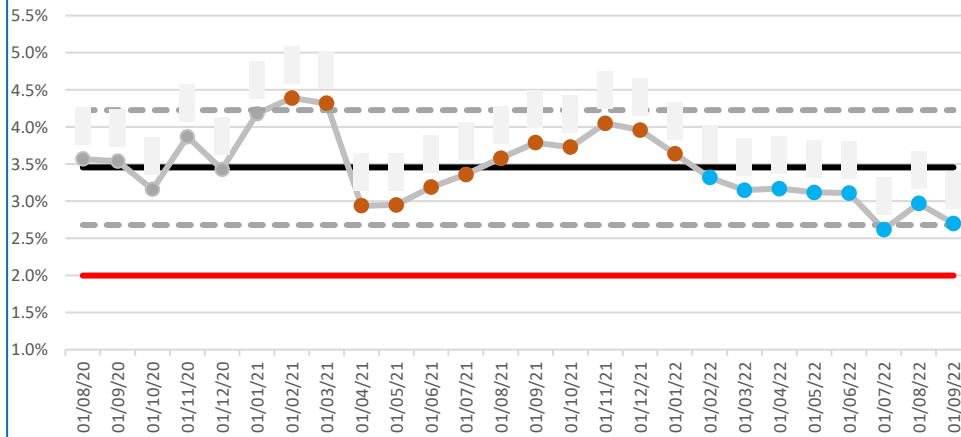
Absence 12m Rolling
The Dudley Group NHS FT
Public Board meeting
157 of 171

	6.71%	6.50%	6.56%	6.58%	6.50%	6.55%	6.73%	6.76%	6.77%	6.74%	6.76%	6.66%
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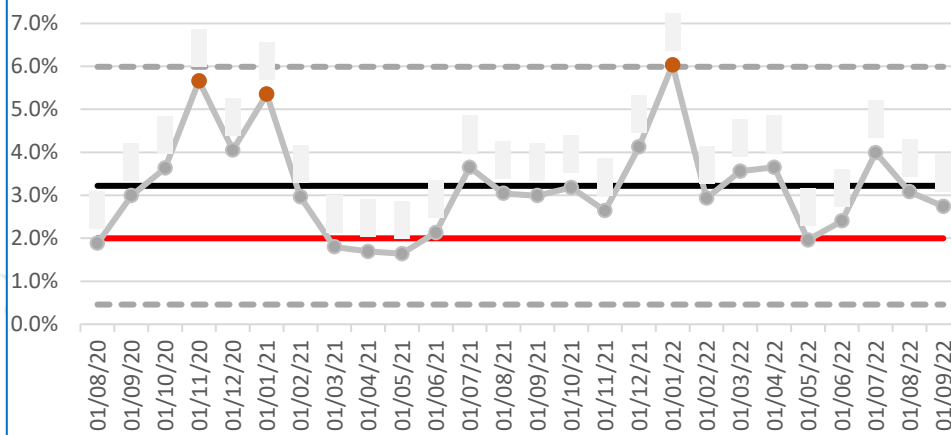


Long term and short term absence

Long Term Absence



Short Term Absence



Long Term and Short Term Sickness Absence

In September short-term absence accounted for 82.9% of all sickness absence episodes, with long-term absence (28 days +) accounting for 17.1% of absence episodes.

However long-term absence accounted for 53.67% of all FTE lost, compared to 46.33% for short term absence.

There was a slight increase in long term absence from July to August, this has however decreased from August to September.

Short term absence has some sharp peaks and troughs directly correlated to Covid-19, as evidenced in July.

Assurance

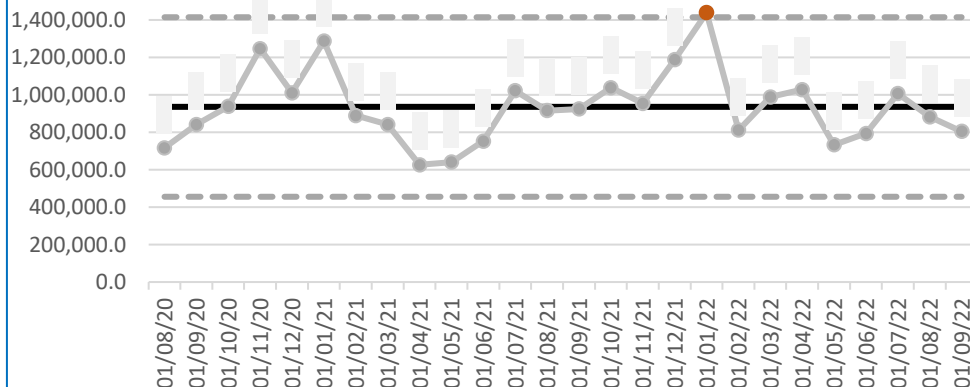
Individual plans are in place for all long-term sickness at 6months+ and for all short-term persistent absence.



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Absence LTS	3.73%	4.05%	3.96%	3.64%	3.32%	3.15%	3.17%	3.12%	3.11%	2.62%	2.97%	2.70%
Absence STS	2.18%	2.64%	4.12%	6.03%	2.93%	3.56%	3.65%	1.96%	2.40%	3.99%	3.08%	2.74%

Estimated Cost of Absence

Estimated Cost of Absence (£)



Estimated Cost of Absence

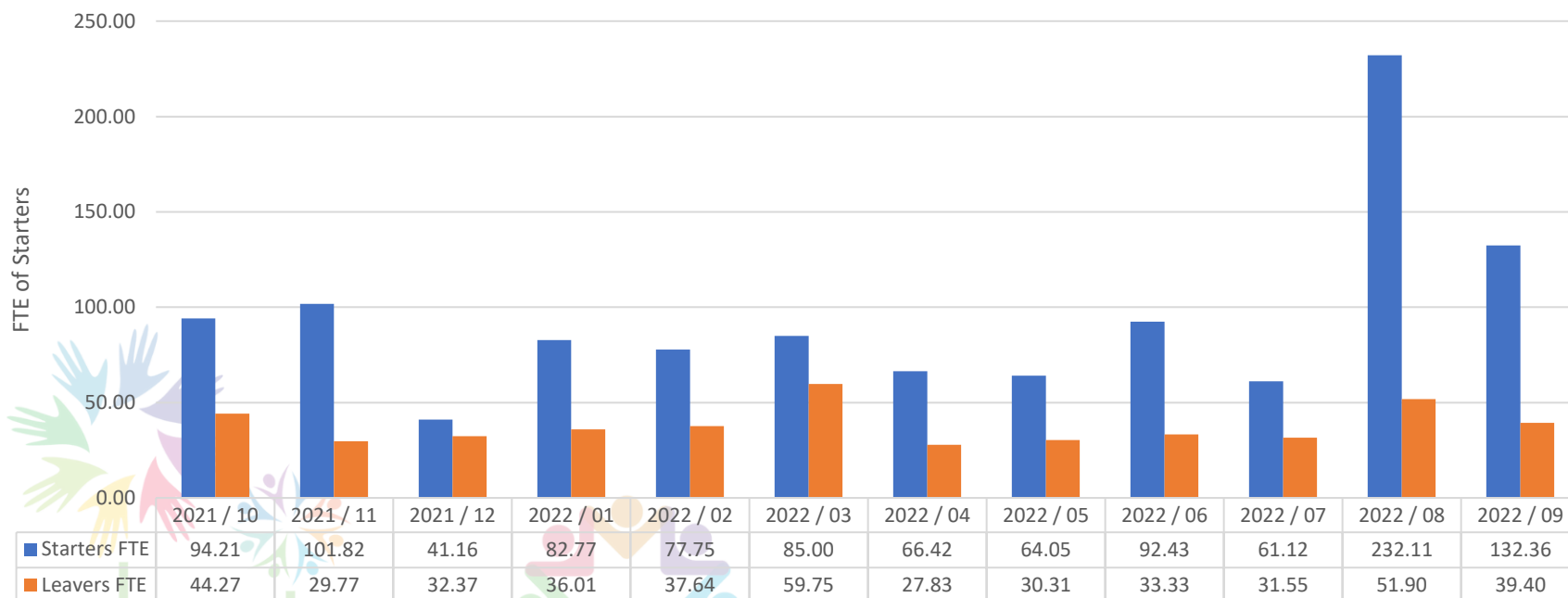
The estimated cost of absence for September is £804,352, a reduction of £882,113 in August . There has been a reduction across both August and September.

It should be noted that the estimated cost of absence refers only to sick pay and does not include any cover arrangements.

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Estimated Cost of Absence (£)	£ 1,037,560	£ 954,059	£ 1,186,903	£ 1,438,038	£ 811,909	£ 988,046	£ 1,027,706	£ 732,834	£ 793,277	£ 1,006,272	£ 882,113	£ 804,352

Starters & Leavers

Starters and Leavers (FTE)



Starters vs Leavers

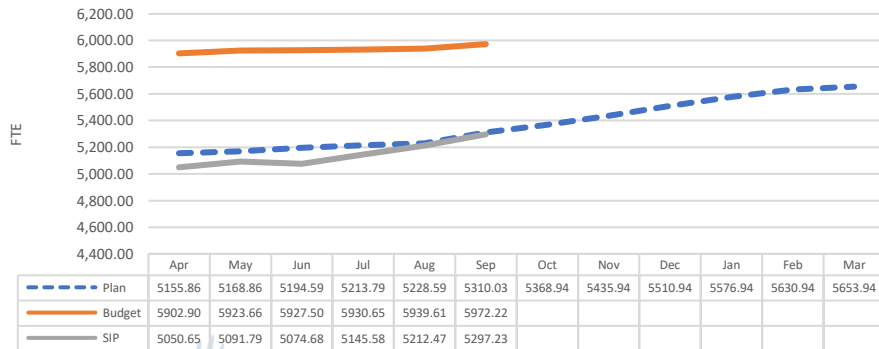
- Starters have continued to exceed leavers since October 2021

Assurance

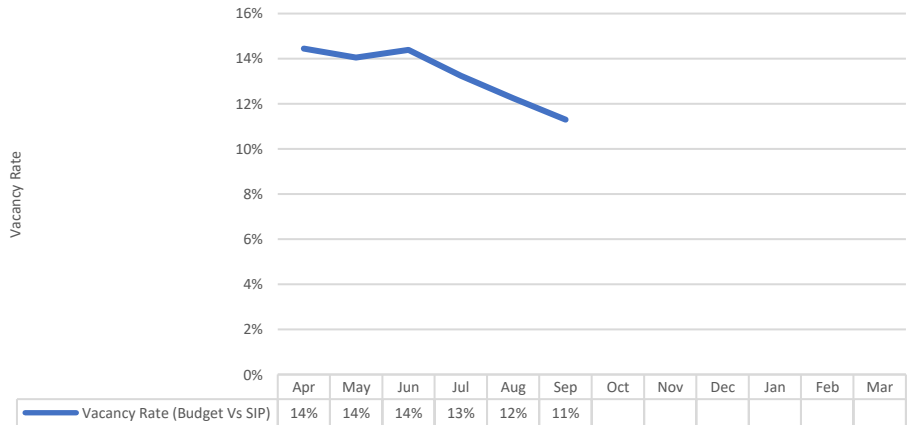
- Work is currently underway to refresh the Trust recruitment and retention plan; identifying high impact areas of focus over the next 12 months.

Recruitment/Vacancies/Turnover - TRUST

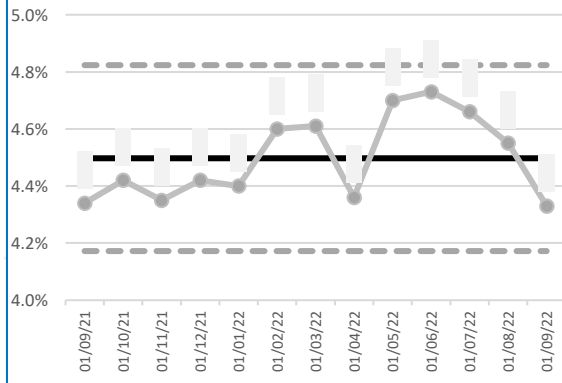
**TRUST Vacancies
Budget v Contracted
Plan vs Contracted**



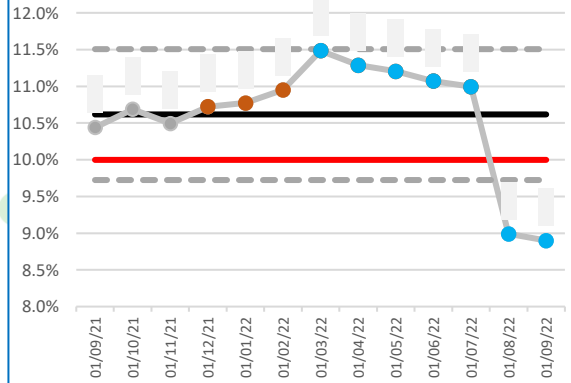
Vacancy Rate (Budget Vs SIP)



Normalised Turnover Trust



Turnover Trust



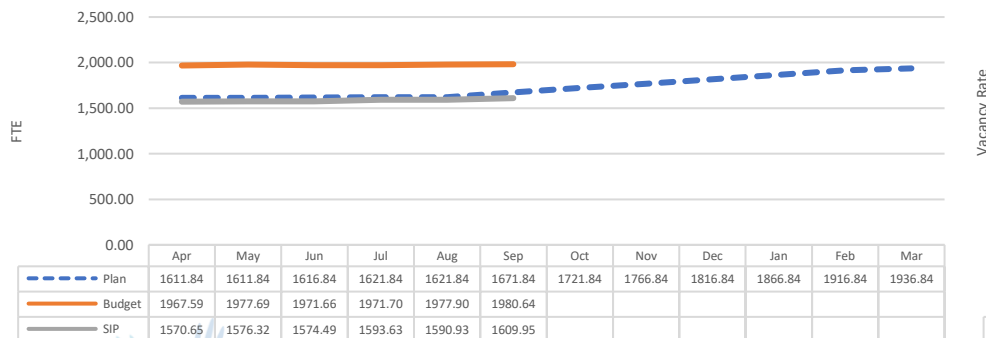
- Contracted WTE staff has increased from 5226.88 5 in August to 5297.23 in September. This is 12.8 WTE under plan, but remains 674.99 under budgeted establishment, with this gap being closed by agency and bank usage.
- The total vacancies stands a 674.99 WTE, a reduction from 733.41 WTE in August, this is a reduction from 12% to 11%.
- There are recruitment offers in place for 420.92 WTE of the vacancies and recruitment activity for a further 279.52 WTE.
- Overall staff turnover (rolling 12 months average) is at 8.9%, with normalised turnover at 4.33%

**Trust Turnover
Trust Normalised
Turnover**

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Trust Turnover	10.69%	10.49%	10.72%	10.77%	10.95%	11.49%	11.29%	11.20%	11.07%	11.00%	8.99%	8.90%
Trust Normalised Turnover	4.42%	4.35%	4.42%	4.40%	4.60%	4.61%	4.36%	4.70%	4.73%	4.66%	4.55%	4.33%

Recruitment/Vacancies/Turnover – Registered Nursing

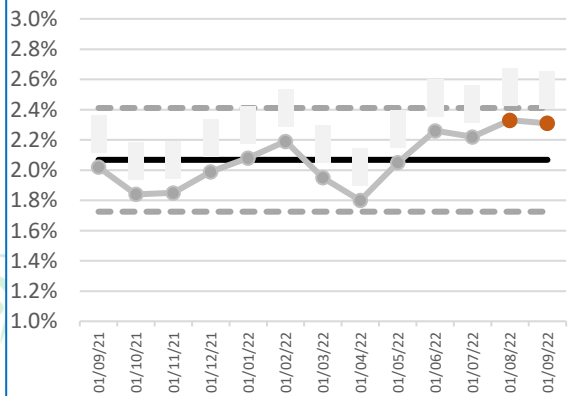
NURSING Vacancies
Budget v Contracted
Plan vs Contracted



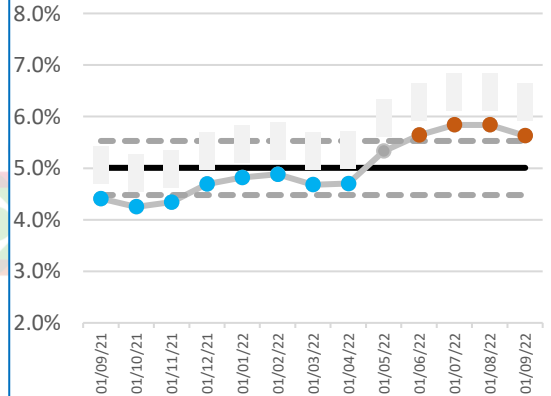
NURSING Vacancy Rate (Budget Vs SIP)



Normalised Turnover Nursing



Turnover Nursing



- Contracted WTE for nursing staff has increased from 1595.54 in August to 1609.95 in September. This is 61.89 wte under plan, but 370.69 under budgeted establishment, with this gap being closed by agency and bank usage.
- The total nursing vacancies stands at 370.69 WTE, a reduction from 385.08 WTE in August, this has remained at 19%.
- It should be noted that 10% of the establishment is withheld for relief – this gives a real time vacancy factor of 172.63 WTE
- staff turnover for nursing (rolling 12 months average) is at 5.63%, with normalised turnover at 2.31%

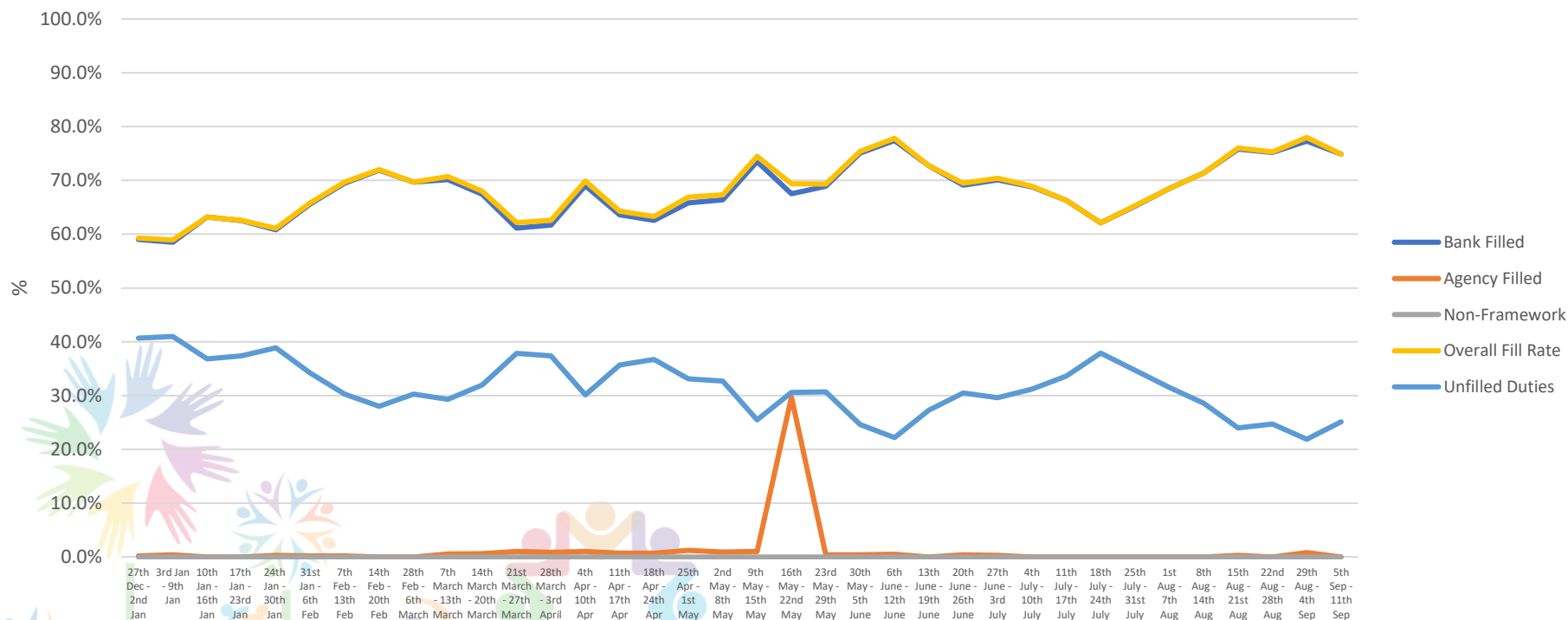
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Nursing Turnover	4.25%	4.34%	4.69%	4.82%	4.88%	4.68%	4.70%	5.33%	5.64%	5.84%	5.84%	5.63%
Trust Normalised Turnover	1.84%	1.85%	1.99%	2.08%	2.19%	1.95%	1.80%	2.05%	2.26%	2.22%	2.33%	2.31%

Bank/Agency Usage

CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Medicine & Integrated Care	2,023.81	1,704.76	319.05	16%	245.85	£1,523,323	105.65	£818,139	£2,341,463
Surgery	2,047.48	1,893.86	153.62	8%	212.71	£1,131,853	97.89	£808,265	£1,940,118
Clinical Support	1,263.64	1,074.05	189.59	15%	95.45	£496,254	6.61	£50,963	£547,217
Corporate / Mgt	637.29	624.56	12.73	2%	93.14	£704,696	53.18	£325,357	£1,030,053
Total	5,972.22	5,297.23	674.99	11%	647.15	£3,856,127	263.33	£2,002,724	£5,858,851

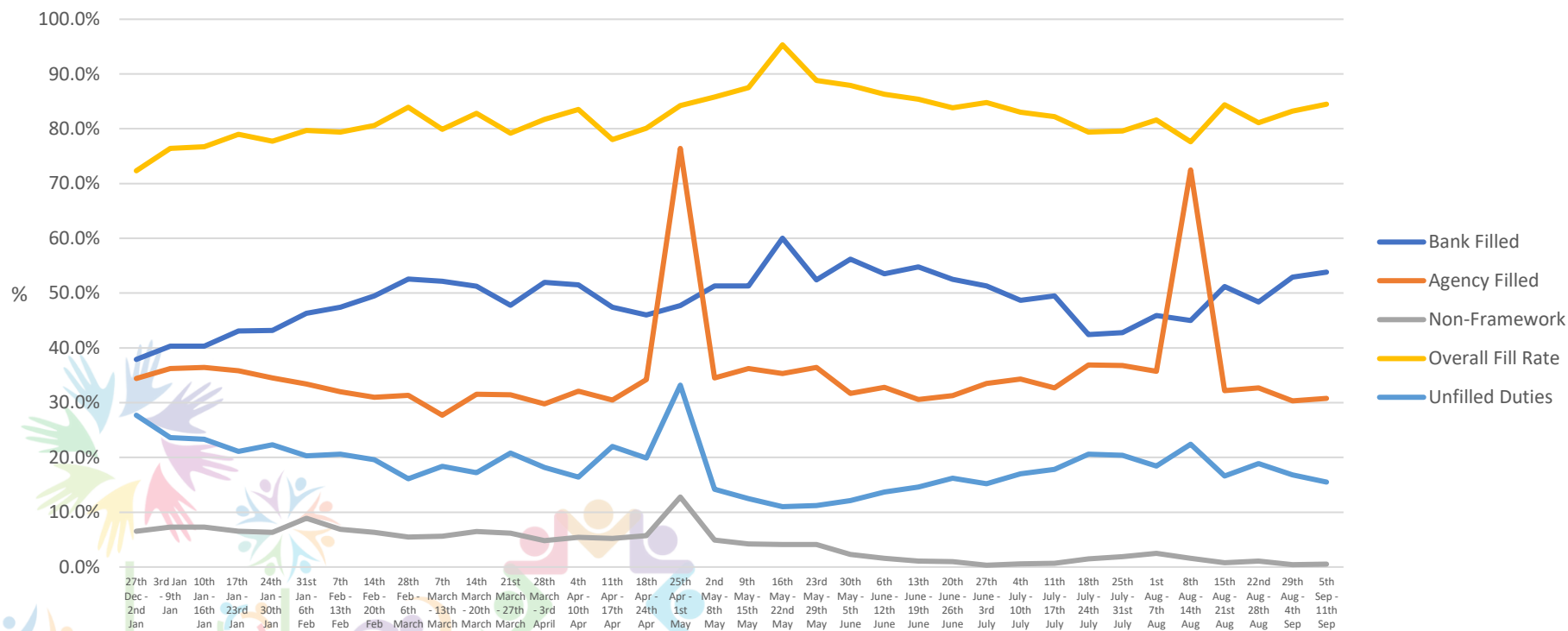
- Bank usage has decreased from 727.86 WTE in August to 647.15 WTE in September, with bank costs reducing from £3,921,218 to £3,856,127.
- Agency usage has increased from 243.12 WTE in August to 263.33 in September, with agency costs reducing from £2,432,038 to £2,002,724 September
- The combined spend of temporary staffing in September was £5,858,851 compared to £6353257.79 in August.
- Combined bank and agency usage is 910.48 WTE which is significantly above the total vacancies, which are 674.99 WTE

Unregistered Nursing Fill Rates



- In September the average bank shift fill rate for unregistered nursing was 73.15% compared to 73.64% in August.

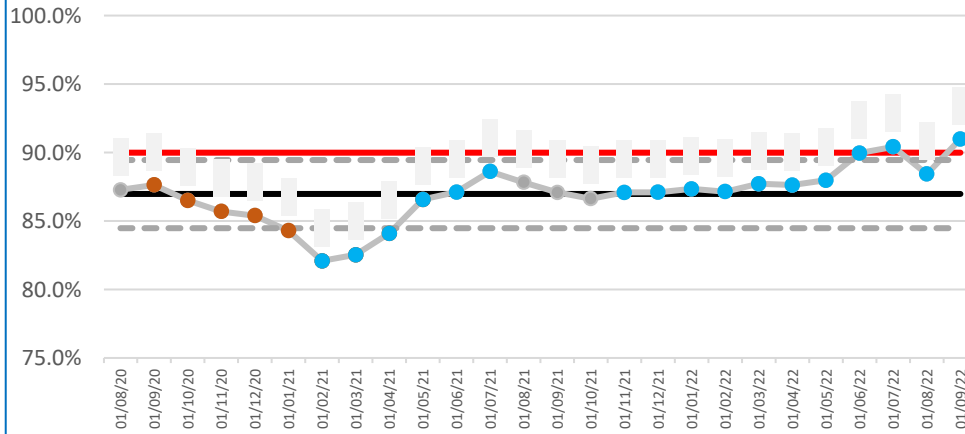
Registered Nursing Fill Rates



- In September the average bank shift fill rate for registered nurses was 51.70% compared to 48.68% in August.
- In September the average agency usage was 31.63% compared to 40.68% in August.

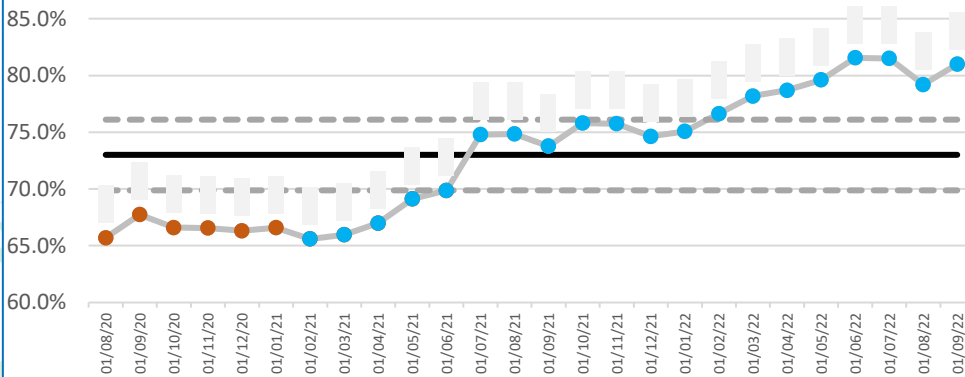
Mandatory Training

Mandatory Training (Stat)



Overall compliance is now above target. There was a small drop in August but the overall trend is positive with the trend remaining on or above target.

Mandatory Training (P2)



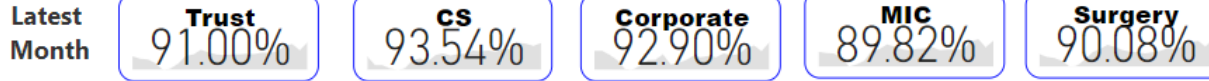
There has been a steady improvement of performance in Priority 2 training. Of the 10 subjects reported, 2 are currently above target. 4 of the remaining subjects are above 85%.

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Mandatory Training (Stat)	86.64%	87.10%	87.11%	87.35%	87.15%	87.72%	87.63%	87.98%	89.97%	90.43%	88.44%	91.00%
Mandatory Training (P2)	75.80%	75.75%	74.63%	75.07%	76.63%	78.18%	78.70%	79.61%	81.56%	81.51%	79.20%	81.00%

Mandatory Training – Priority 1

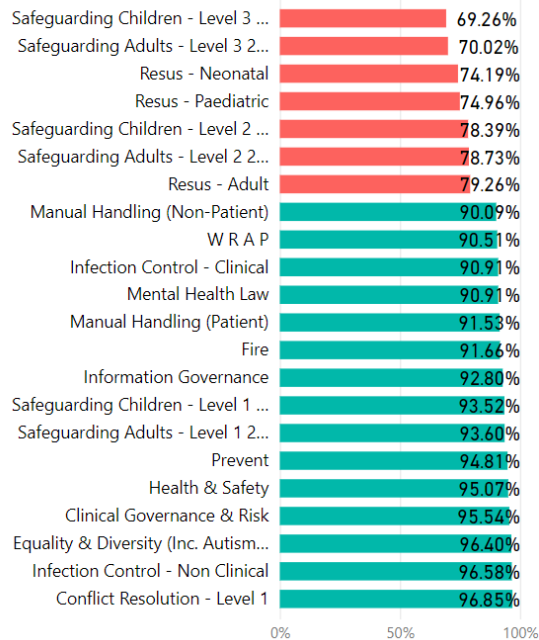


The Dudley Group
NHS Foundation Trust



Course Compliance

Course Compliance (based on selections)



Depts by no. required to achieve 90%

Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 Maternity Unit Serv	2,241	168	83.74%
253 Emergency Dept Nursing Serv	1,455	114	83.47%
253 General Surgery Medical Staff Serv	253	111	62.62%
253 Theatres Recovery & Anaesth Serv	658	65	81.94%
253 Paediatric Medical Staff Serv	308	57	76.04%
253 Theatres Emergency & Other Serv	703	53	83.79%
253 Renal Unit Serv	288	45	77.83%
253 Urology Medical Staff Serv	131	45	67.17%
253 Ward B5 Serv	822	39	85.98%
253 Urgent Care POCT Serv	1	37	2.38%
253 Medical Staff Cardiology Serv	117	35	69.64%
253 Theatres T&O Serv	178	34	75.74%
253 Brierley Hill (Adult DN) Serv	373	32	82.88%
253 Ward C4 Serv	407	32	83.57%
253 Medical Staff (Emergency Med) Serv	659	30	86.14%
253 Medical Staff (Vascular) Serv	115	23	75.16%
253 MOC Medical Staff Serv	391	23	85.00%
253 Clinical Measurement Serv	385	22	85.17%
253 Emergency Dept Admin Serv	176	22	80.36%
253 FMN Ward Serv	493	20	86.49%
253 Medical Staff - EAU Serv	636	20	87.36%

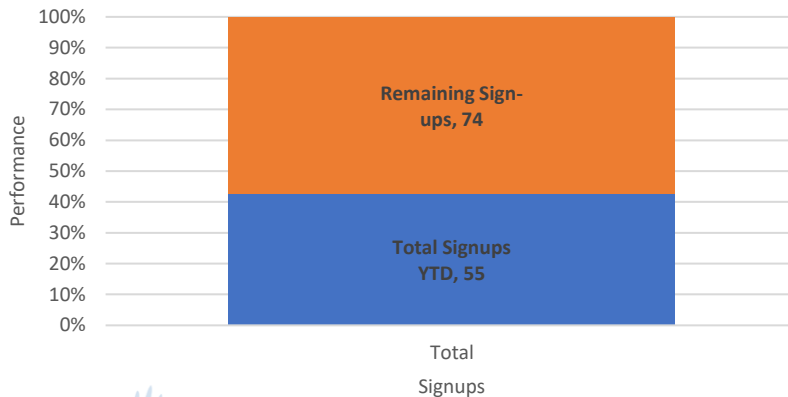
Subjects requiring most improvement remain as Safeguarding Children Level 2 and 3, Safeguarding Adults Level 2 and 3 and all 3 Resuscitation modules (Adult, Neonatal and Paediatric). These continue to be actively supported to increase compliance through increased training activity and focussed campaigns.

Medicine and Integrated Care are the only Division below the organisation's target of 90% compliance.

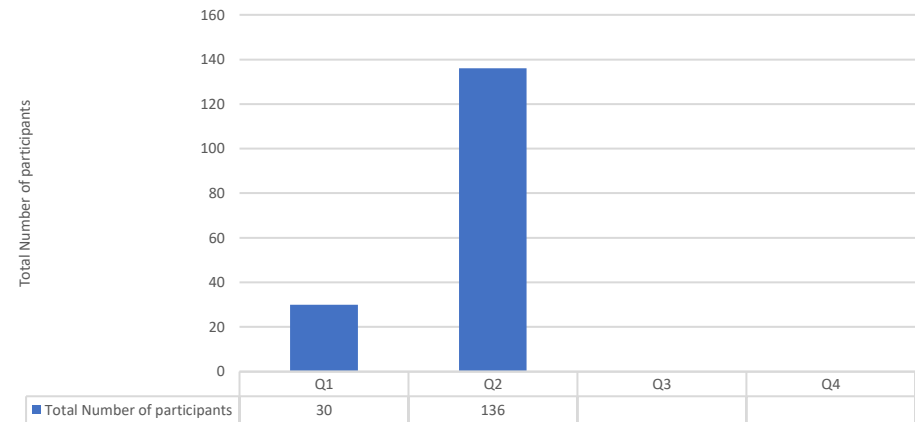


Apprentices and Work Experience

Apprenticeships
Number of Signups against Year Plan (129)

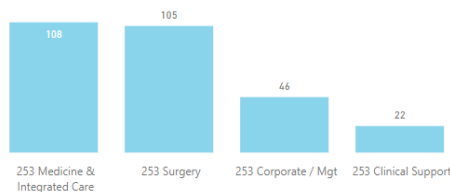


Spring-pod (Online Work Experience and Career Guidance)

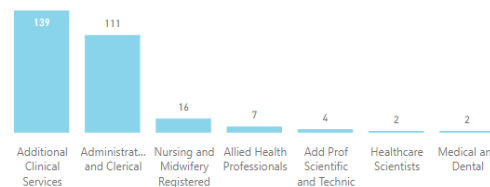


Active Apprenticeships breakdown

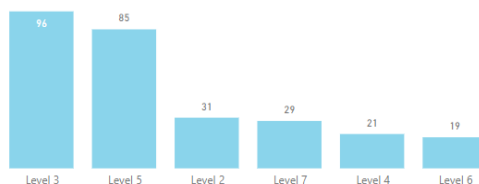
Division



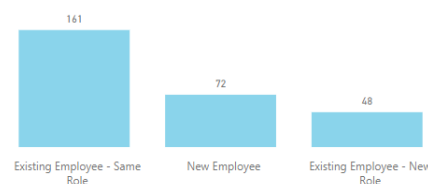
Staff Group



Apprenticeship Level



Apprenticeship Type



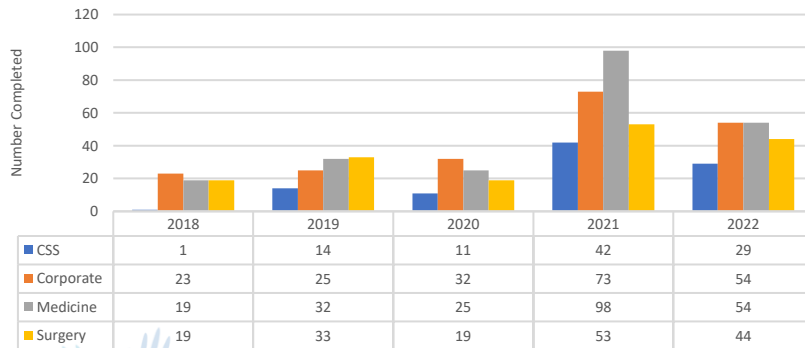
Total Active Apprenticeships 286

Apprenticeship recruitment is currently as expected against target – activity increases towards the Q3 and Q4 based on previous years.

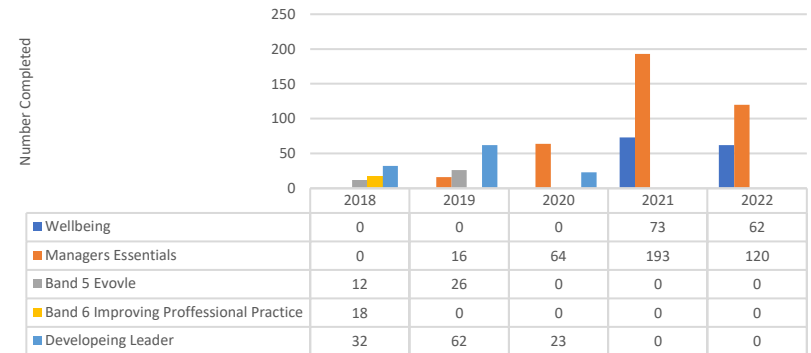
Springpod – Virtual Work experience – launched over Summer 2022 and has significantly increased career advice and guidance provided. The programme continues through 2022/23.

Organisational Development

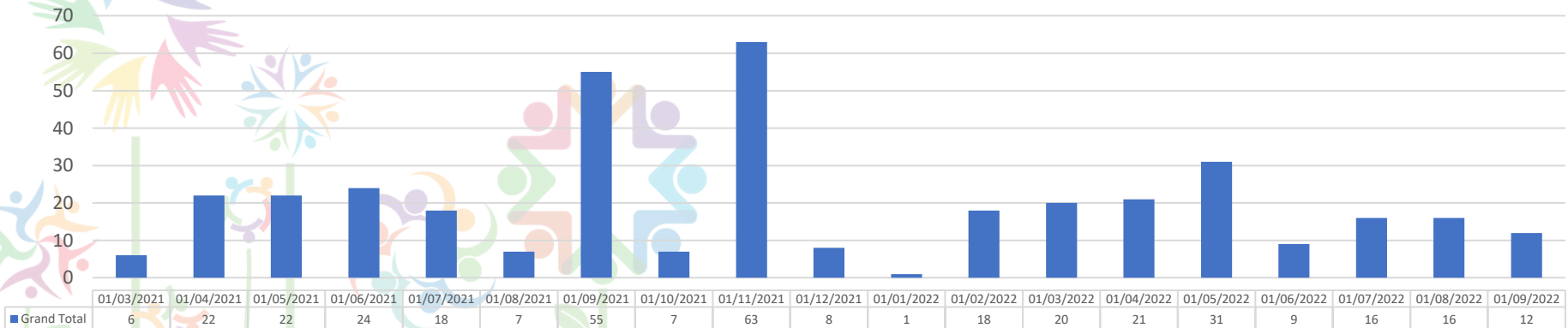
Training Activity
Activity by Division



Training Activity by Course Type
Activity by Type



Managers Essentials completions by month



Training activity during 2022 has been focussed on Manager's Essentials and Wellbeing training delivery. Further programmes have now been re-launched and numbers are expected to increase as additional programmes are offered – including Developing Leaders and Leadership for All.

Progress on Manager's Essentials has been limited by small groups during the early part of 2022; and high cancellation rates due to staffing capacity. There has been an improvement in attendance in Q3.



Appraisal

2022
Q1 & Q2
(to date)

Trust
50.6%

CS
56.0%

Corporate
40.2%

MIC
51.5%

SWC
50.0%

Appraisal:
Fixed term and substantive staff only.
Excludes Medical & Dental
Appraisal annual review between 1Apr22 to date (up to current date/end of qtr2)

Rates by Staff Group

StaffGroup	Total Staff	Valid Appraisal 2022	Rate
Add Prof Scientific and Technic	216	131	60.6%
Additional Clinical Services	1462	672	46.0%
Administrative and Clerical	1197	536	44.8%
Allied Health Professionals	447	307	68.7%
Healthcare Scientists	55	32	58.2%
Nursing and Midwifery Registered	1839	963	52.4%
Total	5216	2641	50.6%

Rates by Division

Division	Total Staff	Valid Appraisal 2022	Rate
253 Clinical Support	1211	678	56.0%
253 Corporate / Mgt	651	262	40.2%
253 Medicine & Integrated Care	1582	815	51.5%
253 Surgery	1772	886	50.0%
Total	5216	2641	50.6%