

Annual Members Meeting 2022

NHS

The Dudley Group
NHS Foundation Trust



Sir David Nicholson

Chairman



Diane Wake

Chief Executive

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Black Country Vascular Network









Looking forward – Future collaboration

Healthier Futures

Black Country Integrated Care System



Merry Hill blood test centre

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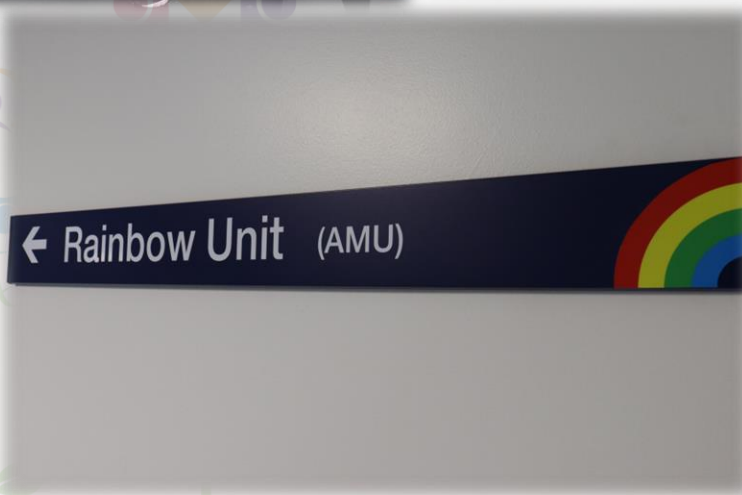
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Rainbow Unit

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Thank You

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Mr Babar Elahi

Chief of Surgery



Service area feature



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Ophthalmology – launch of Intra Vitreal injections



Mr Shafquat, consultant ophthalmologist



Sir David Nicholson

Chairman



Trust Financial Accounts 2021/22

Kevin Stringer
Interim Director of
Finance

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Financial Performance in 2021/22

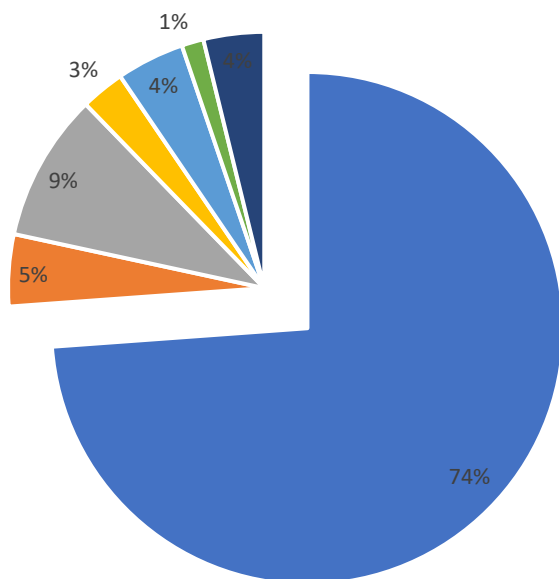
Financial Performance versus Plan	£m
Headline Group Financial Surplus	1.8
Remove: Impairments and technical adjustments	2.1
Remove: Charitable Funds Surplus	-0.1
Financial Surplus/(Deficit) – Actual	3.8
Financial Surplus/(Deficit) – Planned	0.0

Capital spend of £19.3m

Cash balance of £24.6m



Income 2021/22



- Black Country & West Birmingham CCG
- Other CCG's
- Other NHS Bodies
- Education & Training
- Top Up Funding
- Non-Patient Care Services
- Other

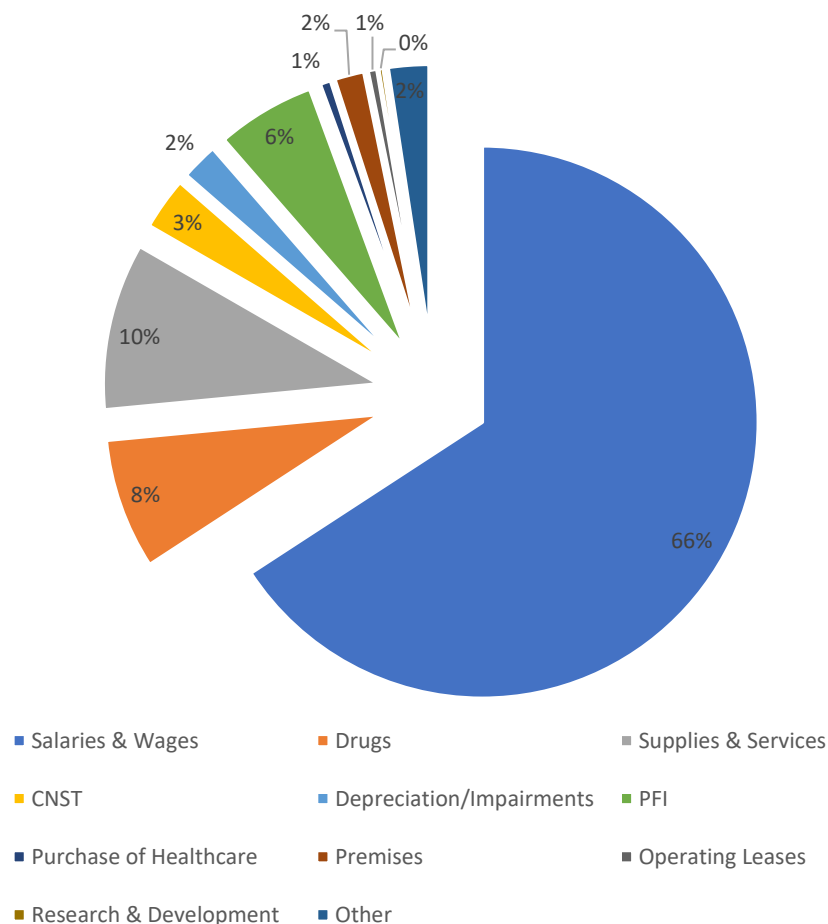
Type	Amount (£000's)
Black Country & West Birmingham CCG	383,188
Other CCG's	23,551
Other NHS Bodies	48,471
Education & Training	14,365
Top Up Funding	22,254
Non-Patient Care Services	7,201
Other	19,861
Total	518,891

CCG = Clinical Commissioning Group

Expenditure 2021/22



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Type	Amount (£000s)
Salaries & Wages	330,710
Drugs	38,610
Supplies & Services	49,348
CNST	15,541
Depreciation/Impairments	11,011
PFI	29,105
Purchase of Healthcare	3,267
Premises	8,771
Operating Leases	2,719
Research & Development	1,413
Other	12,048
Total	502,543



Capital Expenditure in 2021/22

- Completion of Rainbow Unit (£3.0m)
- IT Investment & Infrastructure (£4.6m)
- Medical Equipment (£3.1m)
- Estate Maintenance (£3.5m)
- Elective Recovery Schemes (£1.7m)
- Community Diagnostic Hub (£0.6m)

Financial Outlook



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- Challenging financial environment as we move out of COVID-19
- 2022/23 plan is for a breakeven position but this comes with a high degree of risk of un-achievement.
- Potential to earn Elective Recovery Fund (ERF) in 2022/23
- Cost saving target of £29.7m
- Continued reduction in agency spend
- Greater collaborative working within the Integrated Care System (ICS) with our local NHS providers



Charity Annual Report

Kevin Stringer,
Director of Finance

Registered Charity Number 1056979

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Charity Income and Expenditure

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Our funds come from a number of sources such as legacies, donations, fundraising and investment income.

Total 2021/22 income: **£764,000**

Expenditure: **£625,000**

How we spent our money 2021/22

		% of total
Purchase of new equipment	£ 33,000	5.3
Patient education and welfare	£ 72,000	11.5
Staff education and welfare	£230,000	36.8
Building and refurbishment	£ 18,000	2.9
Research	£ 3,000	0.5
Cost of raising funds	£269,000	43.0
Total:	£625,000	100%





OUR VISION

We will enhance the wellbeing and experience of our patients and staff by providing services and facilities not routinely funded by the NHS.

We also:

- ▶ Work with the Trust to develop and fund innovative and exciting projects that make a real difference in the lives of our patients, their families and the staff that take care of them.
- ▶ By 2025 we will demonstrate that we have been a key enabler in improving and transforming healthcare across Dudley.



OUR STRATEGIC OBJECTIVES

To achieve our vision by 2025 we have set four strategic objectives

1. Our Patients

Support a high quality and well equipped environment significantly enhancing the wellbeing of our patients and their families and carers.

2. Future Care

Continually improve future healthcare outcomes for our local communities by funding and supporting opportunities to further clinical knowledge and address inequalities in our locality.

3. Our People

Support the health and wellbeing of our staff to be the best they can and provide the best possible care.

4. Maximise the Contribution

Create a sustainable charity that is collaborative and supports innovative partnerships with others to maximise the contribution to increase the capacity and reach.



KEY ACTIONS

Increase the charity's annual income to £870,252 by 2025 through:

- ▶ Four streams of income and increase the income by 20% per year every year from 2022-2025
- ▶ The key sources of income will come from:
 1. Grants and trusts
 2. Corporate support
 3. Community and events
 4. In memoriam giving and legacies

Deliver a new charity brand by June 2023:

- ▶ Carry out stakeholder engagement & feedback on current charity branding
- ▶ Look at rebranding charity logo and strapline
- ▶ Build a new charity website

Improve monitoring and evaluation

- ▶ Review charity database by December 2023

Future Charity Team

- ▶ Increase capacity in the charity team by funding new specialist roles by 2025



OUR ENABLERS

Enabler 1:

Adopt a new approach to fund-raising that will be multi-faceted and sustainable to avoid the over reliance on one income stream.

Enabler 2:

Collaborate effectively with our partners to find new sources of income through projects and services.

Enabler 3:

Enhance public confidence and trust by building the charity reputation and celebrating our impact.

Enabler 4:

Invest in our people and create a charitable culture.

Charity Highlights

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Charity dates for the diary



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External Audit 2021/22

Presentation to the AGM

November 2022



The role of External Audit

1. Are the Financial Statements 'true and fair'?
2. Does the Trust have appropriate arrangements in place to secure value for money?

Audit Opinion on the Financial Statements

What do we consider?

- Do the financial statements give a true and fair view of:
 - The financial position of the Trust at 31 March 2022?
 - The income and expenditure for the 2021/22 year?
- Are the Annual Report and the Annual Governance Statement misleading or inconsistent with our knowledge of the Trust?
- Are there any uncertainties over the Going Concern assumption?

Audit Opinion on the Financial Statements

Materiality

Information is material if omitting, misstating or obscuring it could reasonably be expected to influence the decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity.

2021/22 Materiality: £7.5 million (Group £7.51 million)

Audit Opinion on the Financial Statements

Significant risks

Valuation of property, plant and equipment

The Trust revalued key properties in 2019/20 to ensure that the carrying value of PPE was not materially different from fair value. This represented a significant estimate by management in the accounts.

No material issues identified

Management override of controls

Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities.

No issues identified

Improper revenue recognition

Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.

No material issues identified

Improper expenditure recognition

Under Public Audit Forum Practice Note 10, auditors must also consider the risk that expenditure may be misstated due to the improper recognition of expenditure.

No material issues identified

Audit Opinion on the Financial Statements

Audit Opinion

We issued an unmodified Audit Opinion on 22 June 2022

Value for Money

What do we consider?

Work completed under the National Audit Office's Code of Audit Practice.

We must consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We issue a narrative commentary under three specified criteria:

1. Financial Sustainability
2. Governance
3. Improving economy, efficiency and effectiveness

Value for Money

Reporting our findings

Financial Sustainability

Arrangements for ensuring the body can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years)

Significant weaknesses in arrangements identified and one key recommendation made.

Governance

Arrangements for ensuring that the body makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the body makes decisions based on appropriate information

No significant weaknesses in arrangements identified; no recommendations made.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the body delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

No significant weaknesses in arrangements identified, but improvement recommendations made.

Financial sustainability

The Trust has a strong record of good financial management. It delivered a surplus of £3.8m in 2021/22, this follows a break even position in 2020/21.

NHS funding for 2022/23 has been revised to reflect the reduced funding needed for the pandemic and funding is now focussed on elective recovery plans.

Previously the Trust has prepared its savings plans prior to the start of the financial year. This has not been possible for 2022/23 due to the late finalisation of NHS funding (in June 2022).

Whilst the Trust plan to break even in 2022/23 this is only achievable if the Trust deliver a significant cost improvement plan of £29.7m. The Trust have not yet identified in full how these savings will be achieved.

The Trust has a minimum savings gap of between £10.7m and £16.7m. Other financial pressures are emerging.

On the basis of the information available to us, we consider it unlikely that the Trust will deliver the full savings required to enable it to break event in 2022/23.

Due to the significant pressure the savings target puts on the Trust's finances we have raised a key recommendation in relation to the cost improvement plans for 2022/23.

Governance

The governance of the Trust is appropriate.

The Trust has a Risk Management Strategy and Policy, and monitors key risks via the Board Assurance Framework (BAF).

There is no evidence of significant weaknesses in the Trust's internal control from the external audit of the financial statements or the work of internal audit.

The Trust has a well-established and well embedded culture of counter fraud.

The Committee structure works well, holding budget holders and senior management to account for their decisions and actions.

We have not identified any significant weaknesses in relation to the governance arrangements of the Trust.

Economy Efficiency and Effectiveness

The Trust's performance monitoring arrangements are appropriate.

We note that the Trust is not meeting all performance standards but this is similar to other trusts and reflects the impact of the pandemic on services.

We are satisfied that the CQC actions from the February 2019 visit have been addressed. The Trust is continuing to respond well to the Emergency Care Resilience (2021) and the Ockenden review.

The Trust has a long term commitment to continuously improve through the Dudley Improvement Practice and uses appropriate benchmarking data to identify areas for improvement.

The Trust works closely with the other members within the Black Country Integrated Care System (ICS) and through the Black Country Provider Collaborative (BCPC). Work is at an early stage.

While partnership working is strong across the ICS and through BCPC there has not been sufficient progress made on agreeing the role that Dudley Integrated Health and Care (DIHC) will have in the Dudley health economy. The business case has been paused by NHS England and relationships remain fractured between the Trust and DIHC.

Improvement recommendations

We made a number of improvement recommendations to support better management and care at the Trust. These were:

- The five year financial model should be updated at least annually.
- The conflicts of interest register should be updated on a regular basis.
- The Trust should work with other partners across the Integrated Care System and NHS England to find a timely solution which addresses the challenges presented by the planned services not transferring into Dudley Integrated Health and Care NHS Trust.
- The Emergency Care Plan actions for Partially Complete and Overdue actions should include a narrative explanation of the progress being made by the Trust.
- The Trust should increase the capacity of the SJR panel to allow backlog of SJRs to be addressed and allow maximised learning and any areas of poor practice to be identified.
- Regular, more formal, Anti-microbial audits should be undertaken, and compliance incorporated in the monthly compliance reports.
- The narrative within the Maternity Improvement Plan should be updated to reflect current circumstances.

Alex Giles

Public Governor: Stourbridge

Lead Governor



Governors Out there 2022

Events & activities

- 'Meet your Governor' stand
- Place audits
- Quality & Safety Reviews
- Attendance at Board Committees
- Committed to Excellence staff awards evening
- Careers event Halesowen College



Governance matters

- ✓ Appointing the Trust chair
- ✓ Governor elections



Governors out and about

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Sir David Nicholson

Chairman



Comfort break



Sir David Nicholson

Chairman



Quality Account 2021/2022

Mary Sexton
Chief Nurse

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Quality Priorities 2021/22



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1) Improve the way we communicate and engage with patients.

- Staff treating and examining patients will introduce themselves (target of 95%). **98.1% achieved**
- Patient will have been informed about what is going to happen to them each day, i.e., tests, investigations (target of 95%) **90.5% partial achievement.**
- Hold a quarterly forum/focus group with each prioritising key planned actions, undertaking those actions and measuring the outcomes and success. **Partially achieved in specialist areas.**
- Hold at least quarterly People Panel, each prioritising key planned actions, undertaking those actions and measuring the outcomes and success. **July 2021 identified themes relating to communication and delays within ED information shared with Senior nurses an improvements put in place.**
- Engage with Expert Volunteers ensuring we raise the patient voice so that services are delivered compassionately (providing assurance of involvement, recommendations and actions taken forward). **A joint policy with Patient Experience and Governance developed to ensure service users voice captured to assist with improving quality of service offered.**

Quality Priorities 2021/22



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2. Ensure all complaints are responded to in accordance with the Trust complaints and concerns policy.

- Improve the percentage of complaints responded to within the internal timeframe of 30 working days. **Overall response rate 35.9%. This was impacted on by pressures during the pandemic such as workforce sickness and the requirement to undertake other duties. Due to infection control restrictions at this time face to face local resolution meetings were not able to take place.**
- Actions will be completed and learning/changes in practice identified and shared across the organisation. **Services continue to share complaints anonymously during a variety of meetings so that staff can reflect, learn, and make improvements to practice if appropriate.**

Quality Priorities 2022/23



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Due to the impact of the pandemic in delivering the quality priorities some of the 21/22 priorities have been continued during 22/23 so that progression and sustainable improvements can be made. There are a total of three priorities identified each with specific deliverable sub categories.

1) Delivering a great patient experience -

- Using patient feedback to drive improvements, information sharing with our patients, better discharge planning, complaints backlog reduced and 70% of complaints responded to within 30 days.

2) Treating our patients at the right place at the right time

- Improving capacity and flow through same day emergency care, development of SDEC pathways, increase the number of discharges before midday, better utilisation of the discharge lounge and involving our patients every step of the way regarding their discharge plans.

3) Reducing avoidable harm

- Clear understanding of the backlog of harm due to pressure ulcers, all category 3 and 4 pressure ulcers will be closed within 30 days, promote timely investigation and validation of pressure ulcers.

Service area feature



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Paediatric Virtual Ward



Paediatric Virtual Ward

Lucy Rozga - Matron Paediatrics & Neonates

2022 Finalists



@teampaeds

Sharing our learning

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Lancashire &
South Cumbria
NHS Foundation Trust



Royal Gwent Hospital

Express & Star

NHS

Black Country and
West Birmingham
Clinical Commissioning Group

NHS

England



NHS
Worcestershire
Acute Hospitals
NHS Trust

The Royal Wolverhampton

NHS

NHS Trust



NHS

Dudley Integrated
Health and Care
NHS Trust

NHS

Birmingham Women's
and Children's
NHS Foundation Trust

NHS

Sandwell and West
Birmingham Hospitals

NHS Trust

Midlands Paediatric System Learning Event
23rd June 2022 10.30am-12.30pm

We are keen to bring together expertise from across all systems in the Midlands. This event will aim to share good practice with a focus on prevention to ED's and wider system support for children and young people and their families.

We are hosting our second virtual webinar on:

- Thursday 23rd June 2022
- Between 10.30am - 12.30pm
- Open to all Paediatric staff across the systems to attend from Acute/Community/Primary Care etc.

Some key areas covered will include: (more to be confirmed)

- Asthma Hub presentation
- National SPOT/Paediatric 111 CAS pilot update
- CYP virtual ward presentation
- CYP patient experience presentation and more

If you have any questions or would like further details or to present on the day please contact nicola.deane@nhs.net. Please see MS teams link to access the event below. Please share widely across your networks. All welcome.

[Click here to join the meeting](#)

NHS England and NHS Improvement

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Walsall Healthcare
NHS Trust



The views that really matter



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Now my son is on the virtual ward I can record his observations as many times as I want throughout the day, recording them onto the virtual ward pad and a member of staff calls me twice daily which reassures me that he is safe in our home environment.

The new virtual ward is great for me and my family as it stops my son staying in hospital longer than he needs



Anum Shazady (mother)



The views that really matter

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“

The virtual ward is massively beneficial because you can do all of this at home, in the comfort of your own home, still plan your family life, still take your kids to school, still go to work if needed.

”

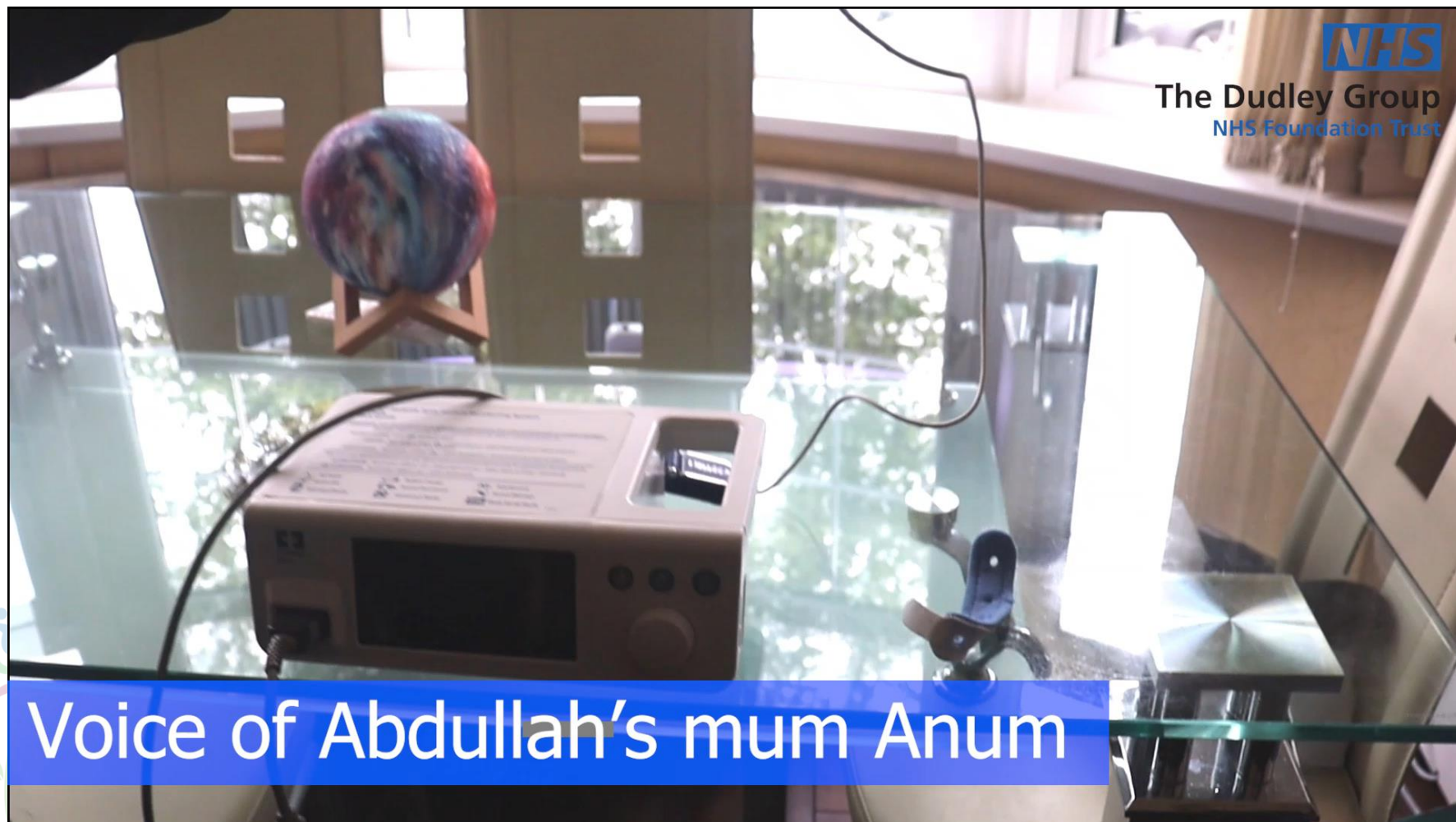
Tyler's father, Wayne



The views that really matter

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Voice of Abdullah's mum Anum



Sir David Nicholson Chairman

To accept and acknowledge formal
statutory documents

Annual Members Meeting 2022

Q&A



Annual Members Meeting 2022

Thank you for attending

Stay up to date, by following us via:

Twitter & Facebook

@DudleyGroupNHS

See you all next year

