



## Board of Directors Meeting Public Papers

Thursday 12<sup>th</sup> January 2023 10:00 – 12:05pm



## 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  
DDI: 01384 321012 (Ext. 1012)  
Email: [helen.attwood3@nhs.net](mailto:helen.attwood3@nhs.net)

Helen Board  
Board Secretary  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321124 ext 1124  
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### 2. Board Members' interests

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

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

### 3. Opportunity for questions

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

### 4. Debate

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

## 5. Minutes

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

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

## 6. Key Contacts

Andy Proctor  
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Tel: 01384 321114  
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**Board of Directors**  
**Thursday 12 January 2023 at 10:00am**  
**via MS Teams Video Conference**

**AGENDA**

	<b>ITEM</b>	<b>PAPER REF</b>	<b>LEAD</b>	<b>PURPOSE</b>	<b>TIME</b>
	Staff voice - an opportunity for those staff working at an operational level to say a few brief words about their role, and what it is like to work in the Trust and any key challenges they face.				10:00
1	<b>Chairman's welcome and note of apologies</b>	Verbal	D Nicholson	For noting	
2	<b>Declarations of Interest</b> Standing declaration to be reviewed against agenda items	Enclosure 1	D Nicholson	For noting	
3	<b>Minutes of the previous meeting</b> Thursday 17 November 2022 Action Sheet 17 November 2022	Enclosure 2 Enclosure 3	D Nicholson	For approval	10:20
4	<b>Chief Executive's Overview</b>	Enclosure 4	D Wake/ Executive Directors	For information & assurance	
5	<b>Chair's Update</b>	Verbal	D Nicholson	For information	
6	<b>Public Questions</b> - Trust Initiatives Supporting Sustainable transport	Enclosure 5	D Nicholson	For information	
7	<b>Staff Story – Staff Inclusion Networks presentation</b> Raghvinder Ram, EmbRace Network Chair Karen Noy, Disability Network Chair Joey Livesey, LGBTQ+ Network Chair Hannah Dodd, Women's Network Chair				
8	<b>WORKFORCE</b>				10:45
8.1	Workforce & Staff Engagement Committee Report	Enclosure 6	J Atkins	For assurance	
8.2	Workforce KPIs*	Enclosure 7	A Duffell	For assurance	
<b>Comfort Break (10 mins)</b>					

<b>9</b>	<b>FINANCE &amp; PERFORMANCE</b>				11:05
9.1	Financial & Performance Committee upward report	Enclosure 8	L Williams / K Stringer	For approval	
9.2	Integrated Performance Dashboard	Enclosure 9	A Thomas	For assurance	
9.3	Audit Committee Report	Enclosure 10	G Crowe	For assurance	
<b>10</b>	<b>GOVERNANCE</b>				11:25
10.1	Board Assurance Framework & Risk appetite statement	Enclosure 11	H Board	For approval	
10.2	Charitable Funds Committee Report	Enclosure 12	J Atkins	For assurance	
<b>11</b>	<b>QUALITY &amp; SAFETY</b>				11:35
11.1	Chief Nurse Report	Enclosure 13	M Sexton	For assurance	
11.2	Maternity Incentive Scheme's Trust Board declaration Year 4	Enclosure 14	C MacDiarmid	For approval	
11.3	Freedom to Speak up	Enclosure 15	R Plant	For assurance	
11.4	Guardian of Safe Working	Enclosure 16	F Chaudhry	For assurance	
11.5	Learning From Deaths	Enclosure 17	J Hobbs	For assurance	
<b>12</b>	<b>DIGITAL TRUST TECHNOLOGY</b>				12:00
12.1	Digital Trust Technology Committee upward report	Enclosure 18	C Holland	For assurance	
<b>13</b>	<b>Any Other Business</b>	Verbal	All	For noting	12:05
<b>14</b>	<b>Date of next Board of Directors meeting</b> (public session) Thursday 9 March 2023				
<b>15</b>	<b>Meeting close</b>				
<b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non-executive Director					
<b>Items marked*:</b> 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**  
**Board of Directors**

Accessed 23/12/2022

Name	Position	Date of interest	Description
Thuvarahan Amuthalingam	Associate Non-executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services
Thuvarahan Amuthalingam	Associate Non-executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work
Thuvarahan Amuthalingam	Associate Non-executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy services
Julian Atkins	Deputy Chairman	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training
Julian Atkins	Deputy Chairman	01/09/2021	Non-Executive Director of an organisation called ENTRUST
Gurjit Bhogal	Non-executive Director	01/10/2015	Aston Villa Football Club, Doctor providing medical care for Aston Villa
Gurjit Bhogal	Non-executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work
Gurjit Bhogal	Non-executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job
Gurjit Bhogal	Non-executive Director	02/05/2022 - 26/09/2022	Birmingham 2022 Commonwealth Games Medical Advisory Committee
Gurjit Bhogal	Non-executive Director	24/08/2021 - 01/12/2021	Co-Chair of the ICC T20 Cricket World Cup Biosecurity Advisory Committee
Gurjit Bhogal	Non-executive Director	01/12/2022	Independent Non-Executive Director of Great Britain Table Tennis
Gurjit Bhogal	Non-executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board
Gurjit Bhogal	Non-executive Director	01/05/2021	Mencap Heart of England. Trustee. Charitable Trustee Role
Gary Crowe	Non-executive Director	01/09/2019	Independent Member, The Human Tissue Authority
Gary Crowe	Non-executive Director	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust
Gary Crowe	Non-executive Director	01/09/2019	Occasional lecturer, Keele University
Neill Crump	Chief Informaiton Officer (acting)	23/12/2022	Nil
Alan Duffell	Unknown	20/06/2022 - 12/09/2022	Workforce SRO for the Black Country ICS/ICB
Alan Duffell	Unknown	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.
Alan Duffell	Unknown	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust
Alan Duffell	Unknown	20/06/2022	Interim CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust
William Hobbs	Medical Director	17/08/2022	Nil
Catherine Holland	Senior Independent Director	28/10/2022	Nil
Elizabeth Hughes	Non-executive Director	01/09/2016	Honorary Professor University of Aston
Elizabeth Hughes	Non-executive Director	01/07/2008	Honorary Professor University of Birmingham
Elizabeth Hughes	Non-executive Director	03/09/2012	Medical Director Health Education England
Elizabeth Hughes	Non-executive Director	01/01/2022	Professor of General Practice University of Bolton
Elizabeth Hughes	Non-executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust
Elizabeth Hughes	Non-executive Director	01/03/2017	Honorary Professor University of Worcester
Elizabeth Hughes	Non-executive Director	01/06/2022	Non Executive Director Birmingham and Solihull ICB
Karen Kelly	Chief Operating Officer	16/08/2022	Nil
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust
David Nicholson	Chairman	01/09/2022	Non-Executive Director – Lifecycle
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College
David Nicholson	Chairman	01/09/2022	Sole Director - David Nicholson Healthcare Solutions
David Nicholson	Chairman	01/09/2022	Advisor to KPMG Global
David Nicholson	Chairman	01/09/2022	Director - The Worcestershire Healthcare Education Co Ltd
David Nicholson	Chairman	01/09/2022 - 31/12/2022	Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust
David Nicholson	Chairman	10/01/2023	Spouse Appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS
Andrew Proctor	Director of Governance	18/08/2022	Nil
Vijith Randeniya	Non-executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA
Vijith Randeniya	Non-executive Director	06/10/2014	Board member of Aston University
Vijith Randeniya	Non-executive Director	02/06/2014	Vice Chair of Birmingham Women and Children's Hospital
Vijith Randeniya	Non-executive Director	01/08/2022	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust
Kathleen Rose	Director of Strategy & Partnerships	28/10/2022	Nil
Mary Sexton	Chief Nurse	17/08/2022	Nil
Kevin Stringer	Interim Director of Finance	01/06/2022	IT Director at Walsall Healthcare NHS Trust
Kevin Stringer	Interim Director of Finance	14/06/2022	Chief Financial Officer and Deputy Chief Executive The Royal Wolverhampton NHS Trust
Kevin Stringer	Interim Director of Finance	14/06/2022	Interim IT Director and SIRO Walsall Healthcare NHS Trust
Adam Thomas	Chief Operating Officer (acting)	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the BC ICB Board
Lowell Williams	Non-executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust
Lowell Williams	Non-executive Director	01/12/2019	Lowell Williams Consulting Limited
Lowell Williams	Non-executive Director	01/04/2022	Director - Transformational Technologies Partnership Ltd (which oversees the Black Country & Marches Institute of Technology)
Lowell Williams	Non-executive Director	01/01/2023	Principal & CEO National College for Advanced Transport & Infrastructure

Enclosure 2

**UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)  
held on Thursday 17 November 2022 10:00hr  
virtually via MS Teams Video Conference**

**Present:**

Thuvarahan Amuthalingam, Associate Non-executive Director (TA)  
Julian Atkins, Non-executive Director (JA)  
Gurjit Bhogal, 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)  
Andy Proctor, Director of Governance (AP)  
Vij Randeniya, Non-executive Director (VR)

**In Attendance:**

Helen Attwood, Directorate Manager (Minutes) (HA)  
Helen Board, Board Secretary (HB)  
Ruth Hopper, Contingence Team Lead (RH) (Item 7)

**Apologies**

Liz Abbiss, Director of Communications (LA)

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

Alex Giles, Public Elected Governor, Stourbridge and Lead Governor  
Yvonne Peers, Public Elected Governor, North Dudley  
Cllr Alan Taylor, Appointed Governor, Dudley Metropolitan Borough Council  
Alan Rowbottom, Public Elected Governor, Tipton and Rowley Regis  
Adam Smith, Express and Star, MNA Media  
Aksinya Nisha-James, Registrar, Royal Orthopaedic Hospital, Birmingham  
Sarah-Jane Stevens, Appointed Governor, University of Wolverhampton

**22/68 Note of Apologies and Welcome**

The Chair welcomed Board colleagues, Governors, and members of the public and external attendees. Apologies were listed as given above.

## **22/69 Declarations of Interest**

The Chair noted that he was also Chair of Sandwell and West Birmingham NHS Hospitals Trust and KS and AD as Directors at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

## **22/70 Minutes of the previous meeting held on 22 September 2022**

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

It was **RESOLVED**

- The minutes were approved

## **Action Sheet of 22 September 2022**

22/41.1 Report on savings attributed to the provider collaboration. KS reported that had received the comparative data and would share the detail at the November Finance and Performance Committee meeting. The action would be closed and removed from the action list.

## **22/71 Chief Executive's Overview and Operational Update**

DW highlighted some key areas from her report given as enclosure four, including:

The Trust continued to see strong elective performance but remained challenged with 52 week waits. DW stated that providers in the Black Country would work together to deliver performance. Cancer recovery was slower and noted the Trust's strong performance for two week waits and was also on track to deliver against 61 days. The urgent and emergency department remained incredibly busy with the Trust seeing the most conveyances in the West Midlands. Currently seeing an increase in Paediatric admissions. DW reported that there was six inpatients in the Trust with COVID-19 and 23 staff absent with COVID-19 related sickness.

The Blood Test Centre at Merry Hill had recently opened and DW encouraged patients to use this facility. The Chair asked if there were plans to increase diagnostic services offered at the Merry Hill facility. DW confirmed that the Trust was looking at options for expanding the facilities to possibly include other diagnostic services.

It was **RESOLVED**

- That the report be noted

## **22/72 Chair's Update**

The Chair noted that the outcome of the budget statement from the Chancellor was awaited and how it might impact on the NHS.

The Chair reported that he had attended a session of the Health Select Committee the previous week to share his thoughts on Integrated Care Boards (ICB).

The Chair advised that he had met with Dudley provider Chairs to discuss the future of Dudley Integrated Health Care (DIHC). The future of DIHC would be considered and decided at a meeting of the ICB Board in late November. He noted that those attending the chairs meeting felt that the current DIHC organisation in its current format was not required in the local system.



## **22/73 Public Questions**

There had been none submitted.

## **22/74 Staff Presentation – Continence Services: Pelvic Health**

DW welcomed Ruth Hopper, Continence Team Leader, to the meeting.

RH gave a presentation on the work on the continence service who improve the lives of patients suffering with bowel and bladder dysfunction. RH played a video featuring patients' stories who had suffered from bowel and bladder dysfunction and the huge improvements made to their lives as a result of the care and treatment by the Continence Team. The Board noted that 1 in 3 women and 1 in 10 men suffer with incontinence that placed enormous pressure on the NHS. Patients could self-refer to the service.

CH commended the wonderful and transformational service offered and asked what more could be done to increase awareness of the service. RH confirmed that education was large part of role and noted that the service was under capacity pressure due to workforce challenges. RH was meeting with GPs to communicate the full range of treatments offered by the service.

GB welcomed the uplifting and inspiring presentation. He asked about input from mental health services and how proactive were maternity services in addressing continence related issues. RH agreed that staff should have mental health training to equip them to listen and help patients. There was more pelvic health physiotherapists needed to help expectant and post birth mothers.

VR thanked RH for her passion and commented that the Trust could do more to communicate the service and many others that patients weren't aware of. The Chair agreed with the comment from VJ that there is a broader need to advertise those less known community services and consider the economic case for expanding services.

TA welcomed the opportunity for patients to self-refer to the service and agreed that the service required further promotion.

The Chair thanked RH for her presentation and asked that his thanks be relayed to her Team for their tremendous work and welcomed the improved care and treatment for the Trust's patients delivered by the service. RH welcomed the opportunity to present at Board and invited Board members to visit the service.

## **22/75 GOVERNANCE**

### **22/75.1 Board Assurance Framework**

HB presented the Board Assurance Framework (BAF) summary document given as enclosure six. The document highlighted the risks in achieving the organisations key strategic goals and highlighted the inherent, residual and target risk scores, mitigations and key controls. These had all been considered by the Committees of the Board with oversight who had then assigned an assurance level rating. There had been no movement in the risk scores during the reporting period.

Board members were to attend a risk appetite Board workshop scheduled for the following week.

JA welcomed the new format and felt the process was much improved.

CH agreed with JA and commented that Committee Chairs need to ensure that they also retain focus on substantive issues.

DW merited the work of HB and AP on the BAF development and commented that it was being used in a constructive way at committee meetings.

It was **RESOLVED**

- That the report be noted and taken for assurance and that the Board Assurance Framework was built into the work of the Board Committees

## **22/75.2 The Dudley Group Annual Report and Accounts**

The Chairman confirmed that these were available to download via the link provided in the papers and would be presented at the Annual Members Meeting later that day.

## **22/75.3 Well-Led External Review Action Plan**

DW presented the Well-Led External Review action plan and requested that the time for completion be extended to quarter four. The action plan was currently being audited by the Trust's internal auditors, RSM, with the output of their review to be presented at the Audit Committee in December 2022.

The Trust was currently reviewing its succession planning. In response to the Chair's question, DW confirmed that the CQC were expected to visit the Trust and that a full inspection was expected in the next 12 to 24 months.

GB welcomed the action plan and asked about assurance around preparedness for the CQC inspection. DW confirmed that the action plan was reviewed by the executive team on a regular basis. It was noted that an external Well-Led review should take place every 3 years.

The Chair commented that the Trust was taking steps to ensure its readiness in anticipation of a CQC visit.

It was **RESOLVED**

- To receive the updated version of the action plan and approve the extension for completion to quarter four

## **22/76 FINANCE AND PERFORMANCE**

### **22/76.1 Finance and Performance Committee Report**

LW summarised the report given as enclosure eight and thanked all contributors to the meeting for allowing clarity around finance and performance.

The Trust and System financial position was centre to most of the discussion noting that the Trust was financially challenged and was forecasting a significant deficit. The Committee challenged the Executive to ensure that there was grip and control on expenditure and how cost improvement plans (CIP) could be extended. System finance directors were to meet to consider and agree a consistent System approach to CIP. The other issue discussed at length related to emergency pressures and it was pleasing to note the improved performance particularly in relation to ambulance handovers.

Several positive assurances were received including improvement of mandatory training compliance, Dudley Clinical Services Limited performance and the effective use of the Board Assurance Framework.

The Committee had considered the Medical Enhanced Care Unit (MECU) business case that had not been approved and had requested further information before it returned to a future meeting.

The Committee approved the accounts for Dudley Clinical Services Limited.

The Chair asked about the Committee workplan for 2023/24. LW confirmed that the Committee had asked to see a three year financial/business plan. DW confirmed that the Financial Improvement Group was looking at future initiatives including waiting list initiatives, embedding activity and future cost improvement plans. Feedback on planning would be presented at the Finance and Performance Committee. KS confirmed that a long term financial model was being developed.

It was **RESOLVED**

- to note the assurances provided by the Committee, the matters for escalation and the decisions made and noted the revised financial forecast and approved the terms of reference for the Committee

## **22/76.2 Integrated Performance Dashboard**

KK summarised the report given as enclosure nine and highlighted the following:

The Trust continued to perform well against elective targets. There were no 104 week waits and excellent 78 week performance. Cancer performance for 2 week waits has dipped slightly due to an increase in referrals noting that the Trust was working to reduce the backlog.

The key areas of concern were the relentless pressure on emergency care and ambulance handover delays noting there had been significant improvement but these have improved significantly since October due to actions put in place to provide additional cubicles for ambulance patients. The Trust had seen an increase in walk in patients into ED and the Trust was working hard to maintain patient flow.

CH welcomed the improvement in ambulance handover delays and asked what actions were being embedded to sustain improvement.

LH asked about the increase in walk-ins and what options were available to divert walk-in patients and requested an update on the position in relation to delayed transfers of care.

GB asked about the role of Rainbow Unit and Same Day Emergency Care (SDEC) and its effectiveness in managing patient flow.

KK confirmed that the department was being closely managed on a daily basis and working hard to embed and sustain performance. The increase in walk-ins was ascribed to the recent changes with the 111 service and number of GP referrals. There was ongoing work with primary care providers to resolve the issue of patients attending without a clinical letter. Delayed transfer of care had seen little improvement and the Trust currently had 153 delayed transfer of care patients. Schemes were detailed in the Winter Plan to reduce the bed gap over the winter period. The Rainbow Unit and SDEC continued to proactively pull patients from ED with a view to treating and returning them home the same day.

It was **RESOLVED**

- That the report be noted and taken for assurance

### **22/76.3 Winter Plan Update**

KK summarised the report given as enclosure ten noting there would be a predicted 63 bed shortage in the organisation over the winter and the Plan detailed robust actions across the system to ensure that the bed gap was addressed.

Additional capacity would be provided via the use of the virtual ward and improved use of SDEC and the discharge lounge for those medically fit for discharge.

The proposed use of additional beds at Rowley Regis gave an overall position of plus 9 beds in the organisation during the winter peak.

Partners would be held to account for actions to ensure the availability of additional beds.

The Chair confirmed that he had some concern around the underlying assumptions, the robustness of the plan and rate of discharge. KK confirmed that the data was robust and the reduction in delayed transfers of care is achievable.

The Chair noted that the majority of risk was held by the Trust and asked how risk was discussed and apportioned among the Trust's partners and in particular the local authority who had a major part to play in maintaining patient flow. KK confirmed that having all partners sign off the Plan demonstrated risk sharing and confirmed that the local authority had a section within the Plan (section 3) that detailed a number of actions relating to social care to ensure that flow is maintained.

It was **RESOLVED**

- To approve the Winter plan that was taken for assurance and would now be turned into an operational plan

### **22/76.4 Trust Strategy Update**

KR summarised the report given as enclosure 11 and highlighted the key developments relating to the Trust's Strategy.

Quarterly updates on the Strategy were presented to Board Committees. There had been a number of Strategy walkrounds across the Trust to talk to staff and gather their view on priorities to build into the annual planning process. A Board workshop had been held and good progress during the previous 12 months was noted.

There would be additional focus on Community Services and a plan was being developed to look at how the Trust could evolve Community Services and KR noted comments made during the patient story in relation to advertising lesser-known services.

JA had visited Stourbridge Health Centre and noted that staff did not appear to be as engaged as staff at the hospital and therefore welcomed the production of an action plan that would support improved staff engagement.

The Chair merited Community Services staff as a huge asset to the organisation and required the appropriate attention to grow and develop.

KR confirmed that the Trust was to link in with other Places across the system to learn from their work and successes. JA suggested that a holistic view needs to be taken to ensure that the staff feel like they are cared about.

VJ asked about measures of success and KR confirmed that a matrix was being developed to assess levels of maturity and support future direction. KR stated that was some great work already underway through the Provider Collaborative.

The Chair was keen that the Trust focus on workforce and developing the workforce of the future in conjunction with local education provider partners and ensure that the relevant resources are attributed to developing plans to support it as a key priority for the organisation.

It was **RESOLVED**

- to note the good progress for assurance

## **22/76.5 Charitable Funds Committee Report**

JA presented the Charitable Funds Committee Report given as enclosure twelve.

There had been no matters of concern or risk raised. The £2.5m fund balance was noted. The maternity staff wellbeing room had now opened and welcomed by staff. The Charity had been successful in a £500k bid for a sculpture to commemorate those that patients that had passed away with COVID-19.

The annual Glitter Ball was to take place the following week with a £7k projected profit. Meetings were taking a place at a divisional level to encourage spending of funds. The Trust was reviewing alternative options for the company used for the investment of funds.

CH confirmed that she was looking at an initiative for providing books for children when they are discharged from the Trust and would present her ideas to the Charitable Funds Committee.

It was **RESOLVED**

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

## **22/77 QUALITY AND SAFETY**

### **22/77.1 Quality and Safety Committee Report**

LH introduced the report given as enclosure 13 that reported on the meetings held in September and October 2022.

Mandatory training compliance was noted to be below target and there was an action plan in place to address the issue. There would be a focus on medical staff mandatory training.

Positive assurance received around GiRFT and improvement in the number of outstanding procedural documents due for review.

The Committee had received a comprehensive report from the Women and Children's and Surgery Division and particularly noted the reduction in delays to response times for complaints.

The Committee received position assurance around the Ockenden action plan, noting the significant workforce challenges.

The Committee had received a comprehensive Safeguarding Annual Report and had also received and approved the AHP Strategy.

GB commented on the café drop-in arranged by Directorates and welcomed the fantastic initiative.

It was **RESOLVED**

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

### **22/77.2 St Giles Project**

Owing to ill health, the presenter was unable to attend and the item would be taken at a future meeting.

### **22/77.3 Chief Nurse Report**

MS summarised the report and highlighted the following key areas:

The COVID-19 and flu vaccination programme was progressing well. There had been six C-19 outbreaks over the reporting period.

Two patients had been held under the Mental Health Act and no appeals had been made.

The Trust had seen a reduction in falls. 236 international nurses had now commenced with the Trust. A further 71 nurses are due to join the Trust.

The Trust had held its first Healthcare Support Worker conference earlier in week and further events for these key members of the workforce are planned for the following week.

The Chair asked about the nursing vacancy rate now the international nurses have commenced. MS confirmed that there are 89 WTE equivalent vacancies against a previous vacancy rate of over 400 vacancies. The Trust will focus on retention.

JA asked about the safer staffing summary and the workforce issues in Maternity. MS confirmed that the Trust was in the process of recruiting an additional 20 midwives. There was focussed work ongoing to fill all vacancies within Maternity.

VJ asked about local recruitment and how existing staff felt about the international nurses. MS confirmed that the staff felt welcomed and many have progressed to higher bands. Some inpatient areas have been slightly challenged by the number of new international nurses in their areas and noted that colleagues from the Practice Development Team are providing dedicated support. There had been some language difficulties and the Trust has adjusted its development programme to address this.

It was **RESOLVED**

- That the report be noted and assurances received

### **22/77.4 Maternity Report including Neonatal Safety, Quality Dashboard and Ockenden**

MS presented the report given as enclosure 15 and highlighted the following points:

The Board noted that the Clinical Negligence Scheme for Trusts (CNST) requirements had now been re-introduced.

There sadly had been one neonatal death in the reporting period. The Trust's death rate remains above the national average.

There was one serious incident reported during the period.

The risk score for staffing had been increased as discussed earlier on the agenda. Further work was underway in relation to medical appointments. Fill rates in Maternity remained a concern.

CH asked that the cover summary for the report focuses on key issues rather than just data.

VJ commented on the data/technical detail and asked about the cultural issues, particularly between doctors and midwives. MS confirmed that there were a number of workstreams underway in relation to improving relationships that was being supported by Dudley Improvement Practice methodology. MS would ensure that the next report would include detail on culture and relationships.

LH gave assurance that she and MS undertook a monthly walk around and talk to the staff in Maternity. The Chair confirmed that he was to visit the area the following week.

It was **RESOLVED**

- That the report be noted and assurances received and that future reports to include detail on cultural and relationship issues
- To note the assurance provided in respect of the Trust response to the Ockenden recommendations, CNST requirements and plans to rectify current midwifery and obstetric vacancies

## **22/78.1 Workforce and Staff Engagement Committee Report**

JA summarised the report given as enclosure 16 relating to Committee meetings in September and October 2022.

A matter of concern was noted related to safeguarding mandatory training with full compliance expected by the end of January 2023. There was concern around the length of the employee appointment process and the Committee requested assurances that actions were in place to improve this metric.

The KPI report now included detail on appraisals rates which was low at just over 50% and the executive team had been asked to give it their focus.

Dr Hobbs had provided an update on medical staff which was well received.

An update paper on retention plans to be presented to the committee in November.

It was **RESOLVED**

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

## **22/78.2 Workforce KPIs**

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

The report had changed significantly and provided a more holistic review of the workforce KPIs. A single page summary had been added to the report.

More staff were now joining than leaving the organisation which was pleasing to note.

More work needs to take place to approve the appraisal process and an improvement plan would be presented to the Executive Team.

The national Staff survey response rate stood at 36.7% and the Trust continued to support and encourage staff to complete the survey.

Retention and absence benchmarking data would be included in the report going forward.

CH welcomed the new format report and asked that in the covering report a comment on issues is included rather than just detail on numbers. AD agreed that the cover should include detail on key workforce issues requiring board focus. The concurred and asked that cover sheets should draw out the key areas for debate at Board.

It was **RESOLVED**

- That the report be noted

## **22/79.0 Any other Business**

There was none raised.

## **22/80.0 Date of next Board of Directors Meeting**

The next meeting would be held on Thursday 19 January 2023.

## **22/81 Meeting Close**

The Chair declared the meeting closed at 14:00hr.

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

Date:



**Action Sheet**  
**Minutes of the Board of Directors (Public Session)**  
**Held on 17 November 2022**

<b>Item No</b>	<b>Subject</b>	<b>Action</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Comments</b>
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

**Paper for submission to the Board of Directors on 12 January 2022**

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

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

Summary of Key Issues:
<ul style="list-style-type: none"> <li>Operational Performance</li> <li>Covid 19 and Flu</li> <li>Charity Update</li> <li>Healthcare Heroes</li> <li>Provider Collaborative</li> <li>Patient Feedback</li> <li>Awards</li> <li>External Well-Led Development Review of Action Plan</li> <li>Visits and Events</li> </ul>

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

Implications of the Paper:			
<b>Risk</b>		N	Risk Description
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSE	N	Details:
	Other	N	Details:
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 12 January 2023
	Other	N	Date:

## **CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 12 JANUARY 2022**

### **Operational Performance - Restoration and Recovery, Cancer and Urgent and Emergency Care**

Elective restoration and recovery remains in a strong position; during November, the Trust reported the 6<sup>th</sup> shortest median wait times across the 20 Midlands acute Trusts, along with 0 patients waiting over 104 weeks to commence elective treatment. There has also been a continued reduction in the most longest waiting patients; the number of patients waiting 78-104 weeks for treatment fell to 47 in December, placing the Trust 6<sup>th</sup> of 20 regional acute Trusts. Reducing the 52+ week backlog remains a challenge with a small increase in the total number waiting in recent weeks, however, progress is being made at a speciality level, notably within the high volume department of General Surgery.

Cancer treatment remains a priority for the Trust. Having fallen back in the autumn, 2 week wait performance has begun to recover with 2 consecutive months of improving performance. Additional capacity has been provided in some of the most challenged tumour sites and a demand and capacity modelling exercise has been undertaken in December to ensure the number of baseline 2 week wait outpatient appointments is consistent with demand. 31 day performance has seen improvement while 62 day cancer performance remains static and below target. Theatre productivity gains have been made in a number of specialities with the aim of generating greater throughput while the number of 'clock stops' has also increased in recent months. Treating patients waiting over 104 days to commence treatment remains the priority from a cancer perspective; this number remains steady at 26. The most challenged specialities are being prioritised for additional theatre lists and specific projects in Colorectal and Skin are underway with the aim of reducing the average pathway time.

Urgency and Emergency Care remains under pressure, particularly with regards to ambulance handover delays. November saw improved performance with 100 fewer handover delays over 60 minutes compared to October, within the context of 353 more ambulance conveyances. December saw a worsening of this position as the Trust and wider system experienced significant and sustained pressure on UEC services. Additional surge capacity has been opened, including super-surge beds.

### **Covid 19 and Flu**

We are seeing increases in the number of patients coming into hospital with COVID and flu symptoms and we are asking everyone who is offered the COVID and flu vaccinations to please take up the offer. To help stop the spread of infection, we are asking staff, patients and visitors to wear a face mask in clinical areas. It is also important not to visit loved ones in hospital if people are feeling unwell. It is also advisable to wash hands regularly and sneeze or cough into a disposable tissue.

### **Charity Update**

#### **HSBC Community Grant**

The Dudley Group NHS Charity is the HSBC Wolverhampton Market chosen charity for 2022/2023. Five of the HSBC branches are jointly fundraising for the maternity department, the total fundraised donation will be provided by 31 March 2023. HSBC also been providing in-kind support such as financial wellbeing workshops for our staff at the Trust as well as pop-up branch service at Russells Hall Hospital. Additionally, the charity was eligible to apply to the local HSBC community grant scheme and we applied to refurbish the children's ward playroom. We were notified in December that that we were successful in receiving £23,016.59 from the grant.

## Eveson Trust

The charity team have been successful in a grant application for £13,000 from a local West Midlands Charitable Trust called Eveson. The grant will allow the charity to purchase much needed televisions for the benefit of patients in a number of departments in the Trust.

## Dudley Building Society

In October we trialled our first corporate volunteering opportunities with staff members from Dudley Building Society. We worked with the Trust volunteering service to create these roles which are always chaperoned with experienced volunteers. Feedback was positive about the opportunities, and we are looking at a second round of volunteering in January 2023. Dudley Building Society has also donated a £1,000 for the Children's Ward to sponsor their Christmas Day activities on the 23<sup>rd</sup> of December 2022 a number of staff members also volunteered during this day.

## Healthcare Heroes



### Healthcare Hero Team - Same Day Emergency Care

The footfall to the department has significantly increased day on day and whatever is thrown at the team they stand tall and are giving their best performance every single day. They always pull together as a team and make sure the patients come first. With bed capacity and patient flow being dramatically tested at the moment, the team goes above and beyond to help the front door admissions.



### Healthcare Hero Individual – Paige Massey, Human Resources

Paige works tirelessly to deliver the best wellbeing support to our staff here at Dudley. She always goes above and beyond for each individual and team to ensure they are happy and healthy at work. Paige really does put each staff members wellbeing at the heart of everything she does. She genuinely cares and wants every individual to feel supported and enjoy being at work. She dedicates time to educating staff and spreading awareness of what is available for us in the Trust and is always open to new ideas.

## Provider Collaboration

**Collaboration Board** – The Board met on 15<sup>th</sup> December and the key agenda items were as follows:

### 1. SRO Progress Update

Diane Wake provided a progress update outlining the range of BCPC activities that have happened since the last Board meeting. This included the following:

- Clinical Improvement Programme, focused on delivering a range of *Transformation Projects*, *Critical Milestones* and *Tasks* which support delivery of key priorities for the system
- Corporate Improvement Programme which is being re-energised to explore options productivity and efficiency opportunities for functional corporate services across the ICS, Pan-ICS and Regionally where appropriate
- Governance and a range of activities being progressed that evolve and strengthen the arrangements locally
- External activities which have continued to promote and raise the profile of the Black Country.

A range of forthcoming strategic activities (e.g., Executive 'away afternoon', development of the ICB Joint Forward Plan, and the end of year Clinical Summit) were also noted.

It was noted that Dinah McLannahan (SRO for the Corporate Improvement Programme) presented a paper at BCPC Executive meeting to re-energise the work programme, where the programme was guided to think beyond the BCPC partners in developing their proposed solutions.

## 2. Strengthening Collaboration within the Black Country

An update on DIHC was received from Sir David Nicholson, who confirmed that the ICB had ceased all procurement activity relating to DIHC. The ICB is now exploring key options (e.g. Merger, Acquisition, wind-down etc) to transition too, with an external consultancy commissioned to present an options appraisal shortly.

It is hoped that this report will also answer key questions such as what is meant by 'Primary care at scale' to enable a wider strategic conversation, in addition to understanding how the ICB/S would be providing leadership in the space of primary and community care that would enable transformation of healthcare across the black Country.

The Chair encouraged partners to resist the urge to act independently and work collectively on the future solution for DIHC to ensure a desired outcome that suits the Collaborative is attained.

## 3. Strategic Developments – Digital update

Adam Thomas was invited to attend the Collaborative Board and provide an update on the range of IT and Digital activities and developments. Adam Thomas presented a paper which in addition to providing an overview, highlighted the positive position on a diverse range of Priority Areas ranging from *Accessibility*, *Mobility*, *Communication*, *Better Use of Data*, and *Modernisation*.

It was acknowledged that Black Country providers have a varying level of Digital maturity, but there was good working between the CIO's to stock-take Digital, Data and Technology priorities with most solutions across the system converging over time.

Clinical viewpoints vary (depending upon specialty) on the need to converge to same systems, with some comfortable with read only access, whilst others requiring the ability to both read and edit functionality. There is further work required in this area as it will be important to have a more robust view as we develop system wide solutions.

It was noted that a significant divergence will occur with the implementation of a PAS for RWT, which has been in the procurement process for some time and is urgently required to address a possible future clinical safety concern. Richard Beeken noted that whilst there were differential approaches to solutions in some digital spaces, there were no known contractual barriers preventing convergence if a preferred system solution was identified in the near future.

Significant capacity and resource challenges remain as barriers to delivering at speed and it was recognised that there will need to be some form of prioritisation on areas of collaboration. Work is underway to seek independent advice on how things should / could be joined up within the Black Country effectively, which has been funded by the ICB and the CIO from SWBH is driving this forward with a report due in the final quarter of 22/23.

#### **4. Strategic Developments – Workforce update**

Alan Duffell was invited to attend the Collaborative Board and provide an update on the diverse range of Workforce, HR & OD work being undertaken to support the work of the collaborative. Alan Duffell provided an overview through a model highlighting the key components of the workforce work programme which revolved around:

- Aligning workforce processes & systems
- Reducing vacancies
- Supporting easier staff movement

Alan Duffell highlighted the positive work undertaken to align 'Waiting List Initiative' (WLI) rates which are now broadly consistent across the Black Country. Discussion from Board members noted that where possible Trusts are pursuing the recruitment of substantive workforce in lieu of the pursuit of WLI.

There has been good success with International Recruitment efforts with large system targets for recruitment of Nurses, Midwives, Diagnostic Radiographers and Podiatrists & OTs yielding positive results.

Current and future focus includes topical issues such as nurse bank rate alignment, ESR alignment, and Collaborative Bank options, with a dedicated timeout for HRDs and Deputies scheduled in the New Year to drive forward more collaborative activities to on the three key focus areas above.

Progress with tempered with key risks such as capacity and willingness of Trusts to engage, and the unknown financial costs of some of the priorities being progressed.

#### **5. Service Transformation – 'Development of Centres of Excellence' progress update**

Sohaib Khalid and Jonathan Odum presented a paper bringing to the Boards attention a collection of work focused on transformation through the creation / establishment of 'Centres of Excellence' across the Black Country, which may trigger the NHSE Service Change process.

Briefly these include:

- Orthopaedics at Walsall and Dudley as a consequence of implementing the North Hub 'elective cold site' at Cannock Chase Hospital
- The implementation of Surgical Robotics at DGFT and SWBH (to complement those already at RWT) which would see the creation of 'centres of excellence' at SWBH (Gynaecology), RWT (Urological pelvic cancer work), and DGFT (Renal Cancer surgery) in the first instance
- MoHs Surgery for SKIN Cancer resection at RWT
- Networking of surgical services for ENT and Bariatric Surgery across the Black Country

The journey towards the development of these ‘centres of excellence’ will commence early in the New Year, by undertaking further work to better understand the implications of the proposed service changes and discussing with respective Sovereign NHS Trusts.

The next phase of the work will be overseen by the Collaborative Executive, with the ICB engaged early to understand whether there are any assurance processes that need to be navigated as quickly as possible.

## 6. Development of Delegations from Sovereign Boards

A key action from the last Collaborative Board was to develop a draft principles-based set of delegations from Sovereign Trust Boards which would support faster decision making to implement proposals from Clinical Networks centred around key clinical pathways, protocols, and standards.

Sohaib Khalid presented a progress update which had engaged Trust Board Secretaries and Directors of Governance from all partners in its development and built on the existing ‘*Committee in Common*’ arrangements as a schedule of a Partnership Agreement (being developed).

In parallel, recent statutory guidance was published in late September entitled “*Arrangements for delegation and joint exercise of statutory functions*”. This clarifies (and encourages, though preferably from 23/24) the use of section **65Z5 and 65Z6** of the Health Care Act which essentially enables NHS organisations (NHSE, ICBs, Trusts and Foundation Trusts) to delegate some, part, or all of its statutory responsibilities (and pooled resources) to a ‘Joint Committee’ developed by all of the partners.

It was noted that with respect to delegations, there were three options before us, which are:

- **Do nothing** – continue with the current arrangements established through the three ‘terms of reference’ and accept that delay and divergence will remain a possibility.
- **Supplementary Schedules** – progress the development of additional schedules to underpin the agreed ‘terms of references’ created a defined level of delegation to enable effective decision making. This will require some additional work on further schedules
- **Refresh & update** - Governance arrangements to explore and pursue one or several of the options availed to us by clause 65Z5 and 65Z6 of the Health Care Act, in particular ‘*Joint Committee*’ arrangements.

There was general consensus from the Board that moving towards a ‘*Joint Committee*’ arrangement may be the best and most logical option, which was largely in keeping with the general direction of a ‘single Chair and Group Model’ in the near future and would provide a vehicle for any future ICB delegations.

There was general agreement that further information was required, and Sohaib Khalid was asked to work with colleagues to develop some form of options appraisal, focusing on the key implications of moving to a ‘*Joint Committee*’ model, any risks that sovereign Boards needed to be sighted on.

## 7. Other

- i. **PC Innovators Scheme** – The Board were thanked for their contribution and feedback on the development of the BCPC application. Sohaib Khalid informed the Board that the application had successfully secured the support of the ICB and had been submitted on



time. Acknowledgement has been received from NHSE, and we expect to hear the outcome of our application early in the New Year.

- ii. **'Away Afternoon'** – The Board were informed of planned 'away afternoon' for the Collaborative Executive, scheduled for mid-February 2023. The intent is to reflect on the journey to date, priorities established and progressed, where we are now? What are environment is telling us? and prioritise for the forthcoming year, aligning capacity and resources in the process.
- iii. **Clinical Summit** – The board were informed of the plan to host a final 'Clinical Summit' for the 22/23 financial year. This would be held in March at the Grand Station in Wolverhampton. A programme was being developed and would be shared early in the New Year.

The next meeting is scheduled for **14<sup>th</sup> March 2023**.

### **Patient Feedback**

**Community nursing IV/OPAT team** - All staff were professional, kind, caring and friendly. The strong, committed leadership reflects in the team as they are all dedicated and happy in their work. Timely appointments - never had to wait.

**Community nurse practitioners** - The nurse practitioners listened to what I had to say and offered realistic options. They were really caring and friendly.

**C5** - The nursing staff, in fact ALL the staff have been fantastic! The eating area has been exceptional. Every meal even when I wasn't feeling very good has been fantastic, in fact unbelievable.

**Day Surgery Unit, Russells Hall Hospital** - As always, I was treated with care, compassion, respect & dignity by each member of the day case team from reception to the nursing staff, anaesthetic, and theatre team and the staff in recovery. I cannot fault the treatment and care I received and would like to thank all day case and theatre teams for taking such good care of me.

**Discharge Lounge** - My life was saved. The staff, doctors, nurses, cleaners and porters were wonderful and full of care, even though they were under so much pressure.

**ENT** - My experience at the ENT outpatients at the Russell Hall Hospital was beyond my expectations. Their kindness went above what I could ever imagine.

**GI Unit** - All of the staff, from initial reception through to nursing and consultant, were excellent, providing full explanations and care. Nothing was too much trouble.

**Long COVID team** - Was good to meet others from the community to talk about symptoms and experiences of Long COVID. Informative and informal sessions which made it more relaxing.

**Maternity (Birth)** - Very calm, they kept us informed all the way about delays and what was happening. Staff are lovely and friendly, and nothing is too much for them.

**Radiology** - Staff were really lovely and very helpful. They had a positive attitude and were warm and friendly. Answered my questions and made my visit enjoyable.

**Vascular Surgery** - My experience was good. The staff were thorough and made me feel a lot better about my condition.

## Awards

**Pastoral Award** - We are pleased to announce our Trust has been awarded the NHS Pastoral Care Quality Award. The award recognises our work in international recruitment and our commitment to providing internationally educated nurses and midwives with high-quality pastoral care.

The NHS has always benefited from overseas recruitment and from nurses coming from other countries to live and work in England. In Dudley we recruited 317 international nurses and midwives in 2022.

**TIDE Award** - Dudley Group NHS Foundation Trust has achieved a highly coveted TIDE Gold Award. This is from a record number of entries this year, with submissions from 155 organisations from 26 different sectors.

TIDE is the Employers Network for Equality and Inclusion's (ENEI) self-assessment evaluation and benchmarking tool. It measures an organisations approach and progress on diversity and inclusion in the following areas:

- Workforce
- Strategy and Plan
- Leadership and Accountability
- Recruitment and Attraction
- Training and Development
- Other Employment practices
- Communication and Engagement
- Procurement

Paul Singh, Head of Equality, Diversity and Inclusion said "It was a pleasure to receive this award on behalf of The Dudley Group NHS Foundation Trust. A huge well done to the Trust, equality, diversity and inclusion team and colleagues who have worked hard over the last couple of years from the feedback from the Trust's Silver TIDE Award to get to our first Gold. We should be very proud of this excellent achievement and continue to build on the Trust's commitment to equality, diversity and inclusion."

## External Well-led developmental review action plan

Internal auditors RSM, have completed a review of the Well-Led action plan and have noted 'Good Progress'. The scope included reviewing the evidence in place for 16 completed actions where in all cases, it was demonstrated that action had been taken to address the original issue and noted that seven of these require further work. The report of their findings was considered at the December 2022 meeting of the Audit Committee. There were two medium priority management actions identified that include incorporating the review findings into the existing action plan, revising the implementation dates in agreement with the action owners and revisiting all actions to ensure status is accurate. The action plan is scheduled for closure by 31<sup>st</sup> March 2023 where the implementation of actions will become business as usual. The board will receive a further update at its March 2023 meeting.

## Visits and Events

21 November 2022	Integrated Care System Cancer Board - Chaired
23 November 2022	Good Governance Institute Risk Appetite Board Workshop

23 November 2022	Black Country & West Birmingham Diagnostic Strategic Board – Chaired
24 November 2022	Dudley Group Charity Glitter Ball 2022
25 November 2022	Meeting with James Morris (MP) to Midland Freewheelers
30 November 2022	Midlands Place and Provider Collaboratives Joint meeting
30 November 2022	Freedom to Speak Up Steering Group – Chaired
1 December 2022	A & E Delivery Board - Chaired
1 December 2022	Dudley Health and Wellbeing Board
5 December 2022	Black Country Provider Collaborative Executive
6 December 2022	Integrated Care System Chief Executives
8 December 2022	Midlands Diagnostic Board
8 December 2022	Dudley Health and Care Partnership Board
9 December 2022	Black Country MP Briefing
9 December 2022	Dudley Group Long Service Awards
14 December 2022	Council of Governors
15 December 2022	Black Country Provider Collaborative Board
16 December 2022	Black Country Elective Diagnostic Strategic Board
19 December 2022	Integrated Care System Cancer Board – Chaired
22 December 2022	Regional Roadshow - Planning Guidance Midlands and East England Regions

**Paper for submission to the Board of Directors on 12<sup>th</sup> January 2023**

<b>Title:</b>	Public Questions
<b>Author:</b>	Helen Board, Board Secretary, Ninette Harris, Sustainability Lead
<b>Presenter:</b>	Sir David Nicholson, Chair

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other Y</b>
The Board is asked to note the questions raised by the Council of Governors and the public where indicated.			

<b>Summary of Key Issues:</b>
<p><b>Public Questions</b></p> <p>The Trust Board will continue to invite governors and members of the public to attend 'virtually'. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been provided to our five local MPs and foundation trust members.</p> <p>We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link <a href="mailto:dgft.foundationmembers@nhs.net">dgft.foundationmembers@nhs.net</a></p> <p>Question received:</p> <p><b>TW, member of the public enquiry received via email</b></p> <p><b>Q.</b> Do you have a public forum item on the agenda for an item to be raised by a member of the public? My subject is 'Promoting bus/cycle use for staff and patients'. Signs, posters and, two or three cycle stands at the main entrance and the nearby UK's, major 22 Kms Black Country Cycle-Walk Mudway that needs upgrading for business, commuter and leisure use. Bus use promoted by Fare-Free Public Transport that I have had for 14 years.</p> <p>The greengrocer stall on the W side of the main entrance is excellent. You now need the stands taken away then, to be put on the E side of the main doors, please. I use the low wooden fence. There is room for stainless steel stands between the windows and the shrub/flower bed on that southern and eastern side. Please.</p> <p>Cycle and bus use is urgent as something positive, practical and helpful to counteract the climate emergency that councils and governments have declared since 2019. And urgent to slow the steady exhaustion of oil and gas reserves.</p> <p><b>A.</b> Ninette Harris, Sustainability Lead, Strategy &amp; Transformation</p> <p>The Dudley Group NHS Foundation Trust recognises it has a responsibility to find ways to deliver great healthcare that is also environmentally, socially, and financially sustainable. Our Green Plan was approved in 2020, which outlines 12 strategic areas, including travel and logistics and climate change adaptation. We are committed to achieving net zero carbon emissions in 2040 ahead of the UK Government target.</p>

Promoting sustainable and active travel is an important part of our Green Plan whilst improving the health and wellbeing of our staff and the local community. To deliver our targets outlined in the Green Plan we are:






- Currently asking our staff to complete the annual travel survey. Results from this will form the foundation for a new Travel Plan for our sites. The Travel Plan will outline the current baseline for staff travel behaviours, an action plan, targets to reduce single occupancy journeys and improve active/sustainable travel;
- We work with NX bus to provide discounted travel to staff; we are developing plans to roll this out to patients;
- Offer staff salary sacrifice for bikes, electric and ULEZ vehicles
- Implementing a new car-sharing app for staff in 2023
- Working with the Council to offer cycling training and maintenance throughout 2023/24

Once the Travel Plan is finalised, we will have a better understanding on the areas that need improving, such as storage for cyclists.

To make it easier for staff and patients we will develop a travel map highlighting cycle storage, bus stops and so forth. We have a secure bike shelter for staff at the rear of North Block and multiple Sheffield cycle-stands across our sites; at Russells Hall Hospital these are located at the South Block entrance. ([Draft travel map](#))

We welcome involvement from our staff and patients with our work to ensure we capture everyone's needs.

#### Impact on the Strategic Goals

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

#### Implications of the Paper:

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

<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 12/01/2023
	Other	N	Date:

**Paper for submission to the Board of Directors on 12<sup>th</sup> January 2023**

<b>Title:</b>	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 22 <sup>nd</sup> November 2022 and 5 <sup>th</sup> January 2023
<b>Author:</b>	Alan Duffell - Interim Chief People Officer/ Julian Atkins - Non-executive Director
<b>Presenter:</b>	Julian Atkins - Non-executive Director

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

<b>Summary of Key Issues:</b>
<p>The enclosed are upward reports from the Workforce &amp; Staff Engagement Committee (WSEC) meetings held on 22<sup>nd</sup> November 2022 and 5<sup>th</sup> January 2023 (postponed from 20<sup>th</sup> December 2022). Key points for the Board to note:-</p> <p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p>Nov 2022</p> <ul style="list-style-type: none"> <li>• Mandatory training - the Committee still had concerns about the speed of improvement in respect of Resuscitation and Safeguarding training.</li> <li>• The Committee agreed that Divisions would be held to account for their appraisal completion rates and that these would be regularly reviewed at the WSEC meetings.</li> </ul> <p>Jan 2023</p> <ul style="list-style-type: none"> <li>• Mandatory Training - the Committee were pleased to note the overall improvement across all Resuscitation and Safeguarding training. The Committee wanted to see more focus and pace on the training and an improvement trajectory to reach the objective of achieving overall Trust compliance for Resuscitation and Safeguarding by 31<sup>st</sup> May 2023.</li> <li>• One new risk (COR2012 Industrial Action) had been added to the Corporate Risk Register.</li> </ul> <p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p>Nov 2022</p> <ul style="list-style-type: none"> <li>• The improvements in mandatory training overall were noted.</li> <li>• There were almost 300 apprenticeships in the Trust and recruitment was ongoing.</li> <li>• There was a 'Deep Dive' presentation on Organisational Development and Leadership. The presentation detailed how our approach will develop over the next three years in respect of how we recruit, develop, retain and performance manage our staff and how our leadership development offering will evolve to support this.</li> <li>• The success of the Wellbeing Champions was noted.</li> </ul>

Jan 2023

- The Committee were pleased to hear of the improving performance across the workforce KPI's, particularly with a significant vacancy reduction and improved Nurse Recruitment figures.
- The Committee heard of the backlog of 160 pre-employment health questionnaires (PEHQ's) which had now been cleared, 40 PEHQ's were outstanding for December.
- The Committee noted the progress with Job Planning and noted the aim of achieving level 4 attainment within 18 months. An implementation plan will be presented to WSEC for assurance.
- The update from the Equality, Diversity & Inclusion (EDI) Steering Group was received, which included a Gender Pay Gap (GPG) analysis. The revised EDI Journey would be brought to WSEC in February for sign-off followed by upward reporting to Board in March 2023. The Committee was asked to note the requirements of the new Equality Delivery System (EDS).
- The Committee were pleased to hear that the Trust had been awarded the Gold Tidemark by enei (Employers Network for Equality & Inclusion) with a score of 88%.
- A 2022 Q1/Q2 report was received from the Freedom to Speak Up (FTSU) Guardian.
- A verbal update was provided on the embargoed results of the national staff survey. Whilst this outlined a decrease in response rate, it confirmed that the Dudley Group results were above the survey provider average. Results indicated some improvements across a range of themes. Further reports to WSEC and Board are due in line with the national results publication in March.

#### **MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**

Nov 2022

- Over 400 staff had completed Managers Essentials training; the target is for the remaining staff (circa 600) to have this training completed by May 2024.

Jan 2023

- An external website is being developed by Learning & Organisational Development to improve access to Safeguarding training requirements by allowing access from a non-Trust device (completion date Q2 2023).
- The Committee was asked to note the requirements of the Equality Delivery System (EDS) and approve the Trust's implementation plan.
- The Committee noted that work is being completed on a recruitment and retention journey which will be presented to WSEC for consideration.

#### **DECISIONS MADE**

Nov 2022

- The Board Assurance Framework risks relating to workforce were discussed, conclusion reached that the position was unchanged from October, i.e. Risk 2 was considered Positive assurance and Risk 3 Inconclusive assurance.

Jan 2023

- The Committee reviewed the Board Assurance Framework risks relating to workforce and concluded that the position was unchanged from November, i.e. Risk 2 was considered Positive assurance and Risk 3 Inconclusive assurance, pending the Staff Survey results.

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	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC 05/01/2023
	Board of Directors	N	Date: 12/01/2023
	Other	N	Date:



**CHAIR'S LOG**  
**UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE**  
Date Committee last met: 22<sup>nd</sup> November 2022

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Mandatory Training – the Committee still had concerns about the speed of improvement in respect of Resuscitation and Safeguarding training.</li> <li>• The Committee agreed that Divisions would be held to account for their appraisal completion rates and that this would become part of the regular review process at WSEC meetings.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• The Committee heard that over 400 staff had been through the Manager's Essentials training. Rachel Andrew committed to getting the remaining staff (circa 600) trained in the next 12-18 months.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Mandatory training – the improvements in mandatory training were noted.</li> <li>• It was reported that there were almost 300 apprentices in the Trust and recruitment was ongoing.</li> <li>• There was a 'Deep Dive' presentation on Organisational Development and Leadership. The presentation detailed how our approach will develop over the next three years in respect of how we recruit, develop, retain and performance manage our staff and how our leadership development offering will evolve to support this. It was recognised that in some areas such as leadership development and succession planning, success will be easier to achieve and more sustainable by working with partners across the Black Country system. It was agreed that the Committee's feedback would be incorporated into the document presented and that this would go to the Execs for further comment before returning to WSEC in January 2023 for sign-off.</li> <li>• The Committee were pleased to note the success of the Wellbeing Champions.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee discussed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from October, i.e. Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities) remained as Positive assurance and Risk 3 (Failure to improve and sustain staff satisfaction and morale) as Inconclusive assurance.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p> <p>There was good involvement and contributions from those attending. The meeting ran slightly over but was very effective.</p>	

**CHAIR'S LOG**  
**UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE**  
**Date Committee last met: 5<sup>th</sup> January 2023 (postponed from 20<sup>th</sup> December 2022)**

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• One new risk (COR2012 Industrial Action) had been added to the Corporate Risk Register. It was positive to note that there is no current action at the Trust, but the Committee noted the implications of action at neighbouring Trusts and at West Midlands Ambulance Service, in addition to outstanding ballot results for the three unions.</li> <li>• Mandatory training – whilst the Committee were pleased to note the overall improvement across all Resuscitation and Safeguarding training the Committee wanted to see more focus and pace on the training and an improvement trajectory to reach the objective of achieving overall Trust compliance for Resuscitation and Safeguarding by 31<sup>st</sup> May 2023.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• An external website is being developed by Learning &amp; Organisational Development to improve access to Safeguarding training requirements by allowing access from a non-Trust device (completion date Q2 2023).</li> <li>• The Committee were asked to note the requirements of the new Equality Delivery System (EDS) and approve the Trust's implementation plan, which they did.</li> <li>• Work was being completed on a recruitment and retention journey which would be presented to WSEC in due course for consideration.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee were pleased to hear of the improving performance across the workforce KPI's particularly with a significant vacancy reduction and improved nurse recruitment figures.</li> <li>• The Committee heard that there had been a backlog of 160 pre-employment health questionnaires (PEHQ's), some dating back to August 2022, which had been cleared. There are now 40 current clearances outstanding.</li> <li>• The Committee noted the progress with Job Planning and noted the aim of achieving level 4 attainment within 18 months. An implementation plan will be presented to WSEC for assurance.</li> <li>• The update from the Equality, Diversity &amp; Inclusion (EDI) Steering Group was received, which included a Gender Pay Gap (GPG) analysis and observed that the GPG was decreasing in the Trust, due to the overall average hourly rate increasing for women and decreasing for men. The EDI Journey and Equal Opportunities &amp; Diversity Policy would be</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from November, i.e. Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities) remained as positive assurance and Risk 3 (Failure to improve and sustain staff satisfaction and morale) as inconclusive assurance, pending the staff survey results.</li> </ul>

presented at the February WSEC for sign-off before Board submission in March.

- The Committee were pleased to hear that the Trust had been awarded the Gold Tidemark by ENEI (Employers Network for Equality & Inclusion) with a score of 88% (in 2021 the score was 71%).
- A verbal update was provided on the embargoed results of the national staff survey. Whilst this outlined a decrease in response rate, the Dudley Group results were above the survey provider average. Results indicated some improvements across a range of themes. Further reports to WSEC and Board are due in line with the national results publication in March.

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

There had been effective discussion on the topics, despite the reduced meeting time of 1.5 hours due to operational pressures.

**Paper for submission to the Board of Directors on 12<sup>th</sup> January 2023**

<b>Title:</b>	Workforce KPI Report
<b>Author:</b>	Karen Brogan, Deputy Chief People Officer
<b>Presenter:</b>	Alan Duffell, Interim Chief People Officer

Action Required of Committee / Group			
Decision	Approval	Discussion	Other For assurance
<b>Recommendations:</b>			
The Trust Board is asked to note and discuss the contents of the report.			

Summary of Key Issues:
<p>In response to feedback from the Board the workforce KPI report has been refreshed.</p> <p>The Board are invited to discuss the key areas highlighted and the mitigating actions presented:</p> <p>The 5 key areas highlighted are:</p> <ul style="list-style-type: none"> <li>• Sickness Absence</li> <li>• Turnover/Vacancies</li> <li>• Mandatory Training</li> <li>• Appraisals</li> <li>• Industrial Action</li> </ul> <p>The full Workforce KPI Report is contained within the 'further reading' associated with this meeting.</p>

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

## Implications of the Paper:

<b>Risk</b>	Y	<b>Risk Description:</b> COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff Wellbeing COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff well-being COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance COR1303 - There is a risk of low Staff engagement and Morale impacting on Absence, Turnover and Retention COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services	
	On Risk Register: Y	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:

<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	Y	Date: 05/01/2023
	Committee	Y/N	Date:
	Board of Directors	Y	Date: 12/01/2023
	Other	N	Date:

# Workforce KPI Report Summary for Board



The Dudley Group  
NHS Foundation Trust

Alan Duffell  
Interim Chief People Officer

November 2022



# Summary

<u>METRIC</u>	<u>RATE</u>	<u>+/-</u>	<u>SUMMARY</u>
Absence – In Month	5.44%	↓	<p><b><u>Sickness Absence</u></b></p> <ul style="list-style-type: none"> <li>In month sickness absence for November 2022 is 5.77%, a reduction from 5.98% in October 2022.</li> </ul>
Absence - 12m Rolling	6.48%	↓	<ul style="list-style-type: none"> <li>The rolling 12-month absence shows a slight reduction from 6.58% in October 2022 to 6.48% in November 2022. This data has increased absence due to COVID-19 being represented across the full year figure</li> </ul>
Turnover	8.46%	↓	<p><b><u>Turnover</u></b></p> <ul style="list-style-type: none"> <li>Turnover (all terminations) has reduced from 8.64% in October 2022 to 8.46% on November 2022.</li> </ul>
Normalised Turnover	4.38%	↓	<ul style="list-style-type: none"> <li>Normalised Turnover (voluntary resignation) has decreased marginally from 4.38% in October 2022 to 4.33% in November 2022.</li> </ul>
Vacancy Rate	9%	↓	<p><b><u>Vacancy Rate</u></b></p> <ul style="list-style-type: none"> <li>The vacancy rate has reduced from 10% in October 2022 to 9% in November 2022.</li> <li>The total vacancies are 561.41, a reduction from 609.69 wte in October 2022.</li> </ul>
Mandatory Training	89.10%	↓	<p><b><u>Mandatory Training</u></b></p> <ul style="list-style-type: none"> <li>Statutory Training has decreased from 89.9% in October to 89.1% in November 2022</li> </ul>
Appraisals	60.1%	↑	<p><b><u>Appraisals</u></b></p> <ul style="list-style-type: none"> <li>The appraisal rate has increased from 52.6% in October to 60.1% in November 2022</li> </ul>

# Exceptions/Improvements/Actions

<u>METRIC</u>	<u>SUMMARY</u>
<p><b>Absence</b></p>	<p>Sickness Absence is sitting above Trust target of 4%, there has been a reduction but this is still subject to variation due to the impact of Covid. The rolling 12 month sickness absence figure is consistently above target due to COVID-19 being represented across the full year figure, but is showing improvement.</p> <p>A new supporting attendance policy has been co-produced with staff-side and operational colleagues, which has been fully consulted and agree for publication in April alongside an implementation plan, managers toolkit and training.</p>
<p><b>Turnover/Vacancies</b></p>	<p>Turnover (all terminations) has continued to reduce and is performing under the national average for the NHS between 10-12%. The vacancy rate continues to reduce, reducing from 14% in April 2021 to 9% in November 2022, a reduction from 852.25 wte in April 2022 to 561.41 wte in November 2022 (this also accounts for a 69.5 wte increase to budget during this period).</p> <p>Contracted WTE for nursing staff has increased from 1633.29 WTE in October to 1655.63 in November. The total nursing vacancies reported stands at 329.19 WTE, a reduction from 353.61 in October. This is a reduction from 18% to 17%. However it should be noted that there are 226 WTE graduate nurses and international nurses in post awaiting either their registration or completion of their OSCE. On completion this provides a nursing vacancy of 103.19 WTE.</p> <p>Starters have exceeded leavers in the Trust since October 2021, this is evidenced by a steady increase in staff in post from the 1<sup>st</sup> April 2022 from 5,050 to 5,410 in November 2022.</p> <p>Whilst focus remains on addressing vacancies, with a New Year, New Job recruitment event on Saturday 14<sup>th</sup> January, there is also a renewed focus on retention, the Trust's recruitment and retention journey is being refreshed to include high impact areas of focus over the next 12 months.</p>





# Exceptions/Improvements/Actions

METRIC	SUMMARY
<p><b>Mandatory Training</b></p>	<p>Statutory Training overall compliance has dipped below target after having been above target in the previous report. 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).</p> <p>These continue to be actively supported to increase compliance through increased training activity and focused campaigns. Improvement is slow and current operational pressures will limited our rate or improvement.</p>
<p><b>Appraisals</b></p>	<p>Appraisal compliance is currently reported at 60.1% which is significantly below the organisation’s target expectations of 90%.</p> <p>A number of actions continue to be implemented to support improvement, including:</p> <ul style="list-style-type: none"> <li>• Dashboard reporting via HR dashboard shared weekly with Divisional Leads and HR Business Support functions.</li> <li>• Communication to line managers on the importance of appraisals and guidance on process (In the Know, direct email, Division Communications, targeted work with areas of poor compliance)</li> <li>• Targeted prompts for teams showing less than organisational average.</li> <li>• Weekly Update to Exec Directors.</li> <li>• Relaunch training access monthly and promote through In the Know and direct messages to line managers.</li> <li>• Engagement on revised process with line managers/appraisers for 2023/24 Appraisals.</li> </ul> <p>Improvement is slow and current operational pressures will limited our rate or improvement.</p>

# Exceptions/Improvements/Actions





<u>Issue</u>	<u>SUMMARY</u>
Industrial Action	<p><b><u>RCN (Royal College of Nurses)</u></b></p> <ul style="list-style-type: none"> <li>• RCN Ballot closed - we have 1130 members, the threshold was not met at Dudley, there are currently no plans to re-ballot members, but could occur in the future.</li> <li>• DGFT are planning for any consequential operational impact from action proposed at Worcester and UHB on the 18<sup>th</sup> and 19<sup>th</sup> January 2023.</li> </ul> <p><b><u>Unison</u></b></p> <ul style="list-style-type: none"> <li>• Unison ballot closed – we have 1355 members at DGFT, the threshold was not met at Dudley, there are currently no plans to re-ballot members, but could occur in the future</li> </ul> <p><b><u>RCM (Royal College of Midwives)</u></b></p> <ul style="list-style-type: none"> <li>• Ballot closed - we have 132 members, the threshold was not met at Dudley, there are currently no plans to re-ballot members, but could occur in the future.</li> </ul> <p><b><u>CSP (Chartered Society of Physiotherapists)</u></b></p> <ul style="list-style-type: none"> <li>• Ballot opened on 5<sup>th</sup> December, closing on 9<sup>th</sup> January 2023. We have 79 members.</li> </ul> <p><b><u>The Hospital Consultants and Specialists Association (HCSA)</u></b></p> <ul style="list-style-type: none"> <li>• Ballot opened 14<sup>th</sup> December and closes 20<sup>th</sup> January 2023. we have 2 members</li> </ul> <p><b><u>BMA (British Medical Association)</u></b></p> <ul style="list-style-type: none"> <li>• Ballot opens 9<sup>th</sup> January and closes 20<sup>th</sup> February 2023; we have 172 members.</li> </ul> <p><b><u>WMAS (West Midlands Ambulance)</u></b></p> <ul style="list-style-type: none"> <li>• There is proposed action on the 11<sup>th</sup> January by the GMB and Unison members at qualifying ambulance trusts. DGFT are planning for any consequential operational impact from action proposed</li> </ul> <p>DGFT have established an Industrial Action task group, established regular contact with trade union colleagues, completed Business Continuity Plans and rated services in terms of priority – this will be reviewed against the national derogation guidance and have considered alternative workforce options (including skills audit, redeployment, and temporary staffing)</p>

Paper for submission to the Board of Directors on 12 January 2022

<b>Title:</b>	Exception Report from the Finance and Performance Committee Chair
<b>Author:</b>	Alison Fisher, Executive Officer
<b>Presenter:</b>	Lowell Williams, Non-executive Director

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

Summary of Key Issues:
Summaries from the Finance and Performance Committee meetings held on 28 November 2022 and 19 December 2022. Due to extreme system and site emergency pressures, the December meeting agenda had been reduced to consider urgent business only.

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:**

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

<b>Report Journey/ Destination</b>	Working / Exec Group		N	Date:
	Committee		N	Date:
	Board of Directors		Y	Date: 12 January 2023
	Other		N	Date:

**EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR**

**Meeting held on: 28 November 2022** (previously reported to Private Board of Directors in December 2022)

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Concern that Trust has fallen behind agreed £17.645m deficit financial forecast approved</li> <li>• Surgical Division a particular concern due to level of negative financial variance</li> <li>• Delivering Waiting List Initiatives (WLIs) at premium rates is causing financial pressure</li> <li>• Loss of contracting staff causing potential impact on managing contracts and service level agreements (SLAs)</li> <li>• Continued high registered nurse agency usage.</li> <li>• High sickness within nursing</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Executive Directors to urgently plan to safely reduce agency costs particularly in registered nursing</li> <li>• Further assurance required from Executive Directors that agreed deficit budget will be delivered</li> <li>• Assessment of productivity to be included in BAF risk 4 for 3 – 5 year business planning</li> <li>• Future nursing reports to align with governance framework</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Stability with the Board Assurance Framework (BAF)</li> <li>• 403 new registered nurses have been recruited in 2022</li> <li>• Positive reduction in medical temporary staffing spend – particularly agency</li> <li>• Improvement in managing ED activity</li> <li>• Increase in procurement efficiency savings and achievement of level 2 accreditation</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• At the end of the meeting the Committee discussed the assurance level of all four BAF risks overseen by the committee and agreed that all risk scores and assurance levels would remain the same</li> <li>• Approved the Black Country Alliance (BCA) Procurement Strategy 2022-25</li> <li>• Approved extension of contracts for the vaccination programme to end of March 2023</li> <li>• Noted the approval process applied for the Frontline Digitalisation Bid – Year 1 2022/23</li> </ul>
<p><b>Chair’s comments on the effectiveness of the meeting:</b> Good discussion on important issues. Front sheet were good at highlight key areas for discussion</p>	

## EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 19 December 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"><li>• Trust is overspent against financial recovery plans, especially the Surgical division</li><li>• Extreme pressure being experienced in urgent and emergency care pathways in December</li><li>• Deterioration in the turnaround times for Histopathology</li></ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"><li>• None</li></ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"><li>• Integrated Care Board (ICB) system had approved a break-even financial forecast</li><li>• Urgent care improvement seen in November and thanks given to all staff</li><li>• Elective recovery remained strong</li></ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"><li>• Recommended to Board approval of the contract award for Home and Care Home Continence service</li><li>• Emergency Preparedness Resilience and Response (EPRR) Strategy was approved</li><li>• EPRR Core Standard submission was approved</li></ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Meeting was reduced due to extreme pressures within the hospital, but all urgent business was discussed and approved where necessary</p>	

**Paper for submission to Board of Directors  
on 12<sup>th</sup> January 2023**

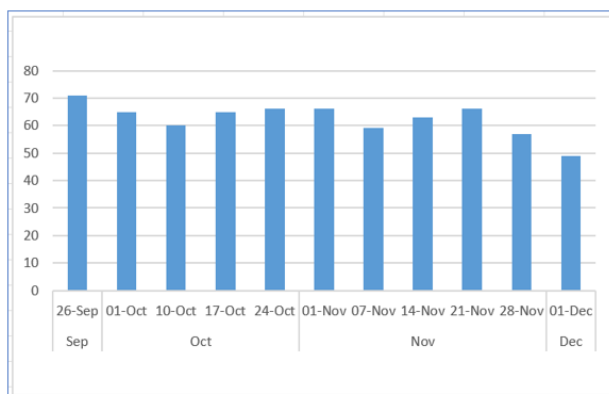
<b>Title:</b>	IPR Report for November 2022
<b>Author:</b>	Jonathan Boulter, Associate Director of Performance
<b>Presenter:</b>	Adam Thomas, Interim Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other For assurance
<b>Recommendations:</b>			
<p>This report summarises the Trust’s performance against national standards and local recovery plans for the month of November 2022 (October 2022 for Cancer). The Board is asked to note performance and next steps.</p>			

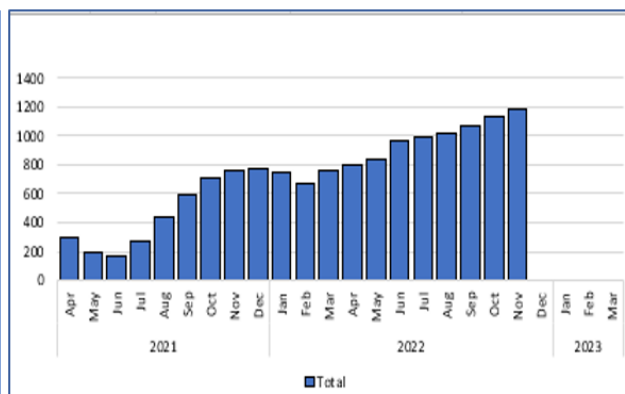
**Summary of Key Issues:**

**1. Elective Restoration and Recovery**

The Trust continues to perform well against elective recovery targets and reported the 6<sup>th</sup> shortest median wait times across the 20 Midlands acute Trusts, along with 0 patients waiting over 104 weeks to commence elective treatment, compared to 400 across the Midlands region. While the number of patients waiting over 52 weeks to start routine treatment saw an increase in November, there has been a continued reduction in the longest waiting patients in the 78-104 weeks category. The operational focus remains on reducing the backlog of patients waiting in the 78-104 week cohort and to this end, the Divisions have reduced this to 47 patients, placing the Trust 6<sup>th</sup> of 20 Midlands Trusts and equating to 0.37% of the total Midlands backlog. DGFT remains on track to meet the national requirement of irradiating the 78 week backlog by the end of March 2023.



Total number of patients waiting 78-104 weeks for elective procedures at DGFT

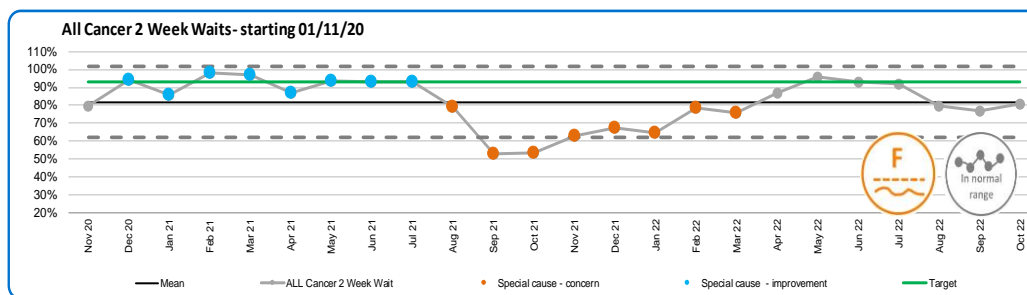


Total number of patients waiting 52+ weeks for elective procedures at DGFT

The operational teams continue to implement a number of initiatives to reduce elective backlogs even further. The most challenged specialities are being prioritised for additional theatre lists while productivity deep dives have been conducted to realise pathway efficiency gains. This has resulted in the number of theatre cases performed per week increasing in a number of the most challenged specialities, notably within Plastic Surgery and Trauma and Orthopaedics. A corresponding improvement in theatre lists commencing early or on time has also been increased throughput in these specialties during Q3. The Trust must continue with the elective programme despite UEC pressures.

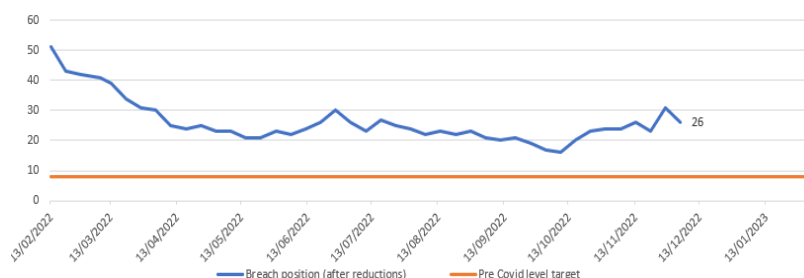
## 2. Cancer (Data to October 2022)

Having fallen back in September, 2 week wait cancer performance recovered slightly to 80% in October, being largely driven by significant improvements in Urology. Both Breast and Skin have increased their 2 week wait outpatient capacity which has started to yield improvements into November Data for November and December shows continued improvement to 82%. A full demand and capacity modelling exercise for 2 week wait has been conducted and shows a shortfall of baseline outpatient appointments in the majority of tumour sites.



Cancer 2 week wait performance (target 93%)

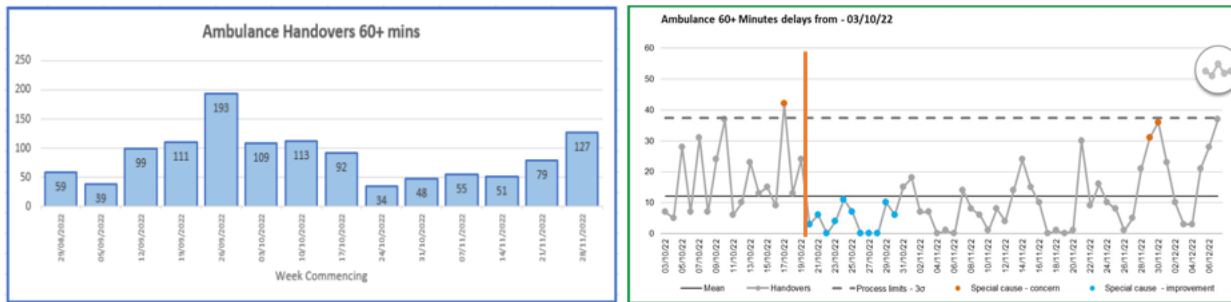
Performance against the 31 day standard increased in October, rising to 90.4%. 62 day and 104 day standards remain the most challenged of the cancer metrics; 62 day has remained stable, but below standard, for several months. Key to improving performance is increasing the number of treatments, particularly within the high-volume tumour sites. To this end, following deep-dive exercises, skin have increased their weekly average number of theatre cases undertaken from 46 to 68. Overall, the number of 'clock stops' increased by 11% in October compared to September's performance. Furthermore, a project in collaboration with Primary care has commenced with the objective of improving the colorectal pathway to ensure more timely treatments for patients. Reducing the number of patients waiting 104 days to commence treatment at Dudley remains the priority. Following a small increase in the backlog, this has reduced to 26 within the last 2 weeks.



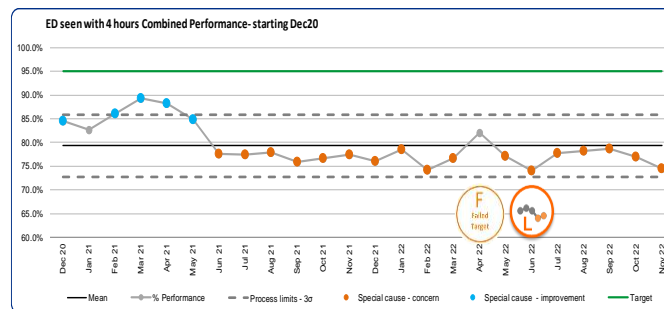


### 3. Urgent and Emergency Care

The Trust continues to face considerable pressure within Urgent and Emergency Care, particularly with regards to ambulance handover delays, which have been a considerable operational and patient experience challenge for the organisation. Following revised patient flow models that were implemented in mid-October, the number of ambulance handover delays over 60 minutes reduced by almost 100 in November, compared to October. This is within the context of 353 more ambulance conveyances last month than October, taking November's total to 3,435 ambulance arrivals. The number of conveyances has been sustained at above the mean average for the majority of the month. December's data shows a worsening position for ambulance handover delays as the Trust and the wider system experienced significant and sustained pressure in UEC; the week between Christmas and New Year experienced 311 ambulance delays of over 60 minutes, up from 175 during week commencing 19<sup>th</sup> December.



Emergency Department 4 hour performance fell slightly in November to 74.6% and triage performance worsened in all areas apart from ambulance triage. While below target, the Trust's 4 hour performance places the organisation 5<sup>th</sup> in the West Midlands region, reflecting wider urgent and emergency care pressures across the system.



Emergency Department 4 hour target performance

Improving flow from ED to AMU and base wards has been an area of improvement focus and has been made within the context of increasing attendances and sustained pressure. The total number of attendances increased by 4.5% in November compared to October. Within this context, 12 hour Decision to Admit breaches decreased from 129 in October to

20 in November. Triage performance largely fell-back in November, with only ambulance triage attaining the target.

While flow from ED and across the Trust remains challenging, projects to support timely discharge are seeing improved results; the Home for Lunch initiative delivered positive results in November and the Discharge Lounge saw a record month for usage. The Discharge to Assess project has seen a positive implementation; capacity for this initiative is to be increased to 5 patients per day from January.

*The full IPR can be viewed in the further reading pack associated with this meeting*

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

Implications of the Paper:			
<b>Risk</b>		Y	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	On Risk Register:	Y	Risk Score: 15
<b>Compliance and/or Lead Requirements</b>	CQC		Y Details: Compliance with Quality Standards for safe & effective care
	NHSE		Y Details: Achievement of National Performance and Recovery targets
	Other		N Details:
<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group		N Date:
	Committee		Y Date: 19/12/22
	Board of Directors		Y Date: 12/01/2023
	Other		N Date:

**Paper for submission to the Board of Directors on 12 January 2023**

<b>Title:</b>	Exception Report from Audit Committee Chair
<b>Author:</b>	Alison Fisher, Executive Officer
<b>Presenter:</b>	Gary Crowe, Audit Committee Chair

Action Required of Committee / Group			
Decision	Approval	Discussion	Other For assurance
<b>Recommendations:</b>			
The Board is asked to note the issues discussed at the Audit Committee on 6 December 2022.			

Summary of Key Issues:
Good assurance received on matters discussed.

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	
 Improve health and wellbeing	Y

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

<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 12 January 2023
	Other	N	Date:

**EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR**

Meeting held on: 6 December 2022

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Five Internal Audit reports presented, three had received either a positive or advisory audit opinion, with two receiving a negative audit opinion. Management actions and target dates for improvement have been agreed.</li> <li>• Infrastructure cyber risk is high, but risk is understood by Board and Digital Committee</li> <li>• Planning for external audit of financial statements 2022/23 has commenced and audit of charity accounts will be completed in January 2023</li> <li>• A review of the Trust Constitution had commenced</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Good progress on the Board Assurance Framework continues with additional improvements being made</li> <li>• Development of the clinical effectiveness report showed good progress and will be reviewed by Internal Audit</li> <li>• Assurance received that good fraud engagement and awareness is in place across the Trust</li> <li>• Small amount of losses and special payments made over the last quarter</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>
<p><b>Chair’s comments on the effectiveness of the meeting:</b> Good updates provided which gave assurance of good progress being made. Excellent chairing and meeting finished on time.</p>	

**Paper for submission to the Board of Directors  
on 12 January 2023**

<b>Title:</b>	<b>Board Assurance Framework Summary December 2022</b>
<b>Author:</b>	Helen Board, Board Secretary
<b>Presenter:</b>	Helen Board, Board Secretary

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval Y</b>	<b>Discussion</b>	<b>Other</b>
<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>- receive the latest BAF risk summary report showing the current position of each BAF risk and note that each of the Board Committees have reviewed their respective BAF risks at meetings held during November and December 2022 and assigned an assurance level rating</li> <li>- note that Board members attended a Risk Appetite Workshop led by the Good Governance Institute (GGI) in November 2022 where the output has been used to develop the Trusts Risk Appetite Statement submitted for approval to the January meeting of the Board of Directors</li> </ul>			

<b>Summary of Key Issues:</b>
<p><b>Background</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Each committee receives their individual BAF risks scheduled throughout the year tabled by the Executive lead for that risk.</p> <p>The Board of Directors receive a one page summary of the BAF at its public meetings – see appendix 1.</p> <p><b>Current position</b></p> <p>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:</p>

- Four assigned a 'positive' rating
- Three assigned an 'inconclusive' rating
- One assigned a 'negative' rating

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 (December), these have had limited impact on the control environment at this point.

### Next steps

A Board Development workshop session was held on 23 November 2022 with all board members invited to attend. Hosted by Mason Fitzgerald, Director of the Good Governance Institute (GGI) the session explored the approach to risk appetite, discussed the BAF risks and assurance levels.

Working with GGI and the agreed outputs from the session, a draft version of a risk appetite statement has been prepared drawing on the workshop discussions. This has been circulated to all Board members for comment before submitting to the January 2023 meeting of the full Board for endorsement. See Appendix 2.

Information will also be used in the review of the Trusts Risk Management Strategy currently in progress

GGI will continue to support BAF development and have arranged a follow up meeting with non-executive committee chairs scheduled for 16<sup>th</sup> February 2023.

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

Implications of the Paper:			
<b>Risk</b>	N	Risk Description:	
	On Risk Register: N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Well led
	NHSE	Y	Details: Publication approval ref: C1518
	Other	N	Details:

<b>Report Journey/ Destination</b>	Working / Exec Group	Y	Date:
	Committee	Y	Date: various dates – November & December 2022
	Board of Directors	Y	Date: 12/01/2023
	Other	N	Date:

**Summary Board Assurance Framework (BAF): December 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					
Consequence score	1	2	3	4	5
	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
	Rare	Unlikely	Possible	Likely	Almost certain
<b>Descriptor</b>	Rare	Unlikely	Possible	Likely	Almost certain
<b>Frequency</b> 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	Green
5-12	Moderate risk	Yellow
15-16	High risk	Orange
20-25	Extreme risk	Red

Risk Scoring =Consequence x Likelihood (C x L)

Risk Appetite		
Appetite	Descriptor	Risk Level
<b>Open</b>	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.	<b>15-25</b>
<b>Moderate</b>	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.	<b>8-12</b>
<b>Cautious</b>	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.	<b>4-6</b>
<b>Averse</b>	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.	<b>1-3</b>
<b>Avoid</b>	No appetite, not prepared to tolerate risk above a negligible level.	<b>0</b>

Committee Assurance Level	
Assurance Level	Committee
<b>Positive</b>	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
<b>Inconclusive</b>	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
<b>Negative</b>	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	Aug 2022	<b>25</b> (5x5)	<b>16</b> (4x4)	<b>12</b> (4x3)	<b>Moderate</b>	<b>Inconclusive</b> <i>Updated 22/11/22</i>
2	Workforce	Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities	Chief People Officer	Workforce & Staff Engagement	Aug 2022	<b>25</b> (5x5)	<b>20</b> (5x4)	<b>10</b> (2 x5)	<b>Moderate</b>	<b>Positive</b> <i>Updated 22/11/22</i>
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	Workforce & Staff Engagement	Aug 2022	<b>15</b> (3x5)	<b>12</b> (3x4)	<b>8</b> (2x4)	<b>Moderate</b>	<b>Inconclusive</b> <i>Updated 22/11/22</i>
4	Finance	Failure to reduce cost to better than England average	Director of Finance	Finance and Performance	Aug 2022	<b>20</b> (4x5)	<b>20</b> (4x5)	<b>16</b> (4x4)	<b>Moderate</b>	<b>Inconclusive</b> <i>Updated 28/11/22</i>
5	Environmental	Failure to achieve carbon reduction emissions in line with trajectory	Director of Finance	Finance and Performance	Aug 2022	<b>16</b> (4x4)	<b>12</b> (3x4)	<b>12</b> (4x3)	<b>Cautious</b>	<b>Positive</b> <i>Updated 28/11/22</i>
6	Partnerships	The Trust fails to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Finance and Performance	Aug 2022	<b>16</b> (4x4)	<b>12</b> (3x4)	<b>8</b> (2x4)	<b>Open</b>	<b>Positive</b> <i>Updated 28/11/22</i>
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Performance	Aug 2022	<b>25</b> (5x5)	<b>20</b> (5x4)	<b>12</b> (4x3)	<b>Moderate</b>	<b>Positive</b> <i>Updated 28/11/22</i>
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	<b>25</b> (5x5)	<b>20</b> (4x5)	<b>16</b> (4x4)	<b>Moderate</b>	<b>Negative</b> <i>Updated 23/11/22</i>

## The Dudley Group NHS Foundation Trust – Risk appetite statement

The Dudley Group NHS Foundation Trust has an ambitious strategy through which it aims to improve services and health outcomes for local people, and to support and develop its workforce. This strategy is based around five strategic goals: to deliver the right care every time; to be a brilliant place to work and thrive; to drive financial and environmental sustainability; to build innovative partnerships in Dudley and beyond; and to improve health and wellbeing.

The NHS operates in a challenging environment, affected by rising demand for its services, economic pressures and the aftermath of the Covid-19 pandemic. To fulfil its aspirations in changing times, the Trust will need to be innovative. This will mean doing some things differently to how they have been done before, introducing new types of service and activity, and collaborating with other organisations to provide services. Transformational change such as this is never without an element of risk.

As the provider of essential public services funded by the taxpayer, and also one of the largest employers locally, we have a duty to identify and manage reasonably foreseeable risks that affect our organisation, its patients and staff. We have a robust, formal process to do this using risk assessments, risk registers and our board assurance framework. However, we recognise that risk is inherent to healthcare, and that sometimes it is necessary to take risks in pursuit of opportunity. We are risk-aware rather than risk-averse. This means that we use data, information and our shared risk appetite to guide us in our decisions about the risks we are willing to take, and how we manage them.

### Risk appetite

Risk appetite is defined as a decision about the level of risk that an organisation is prepared to accept, after balancing the potential opportunities and threats a situation presents. It takes into account the potential benefits of innovation and the threats that change inevitably brings. Our Trust board has defined its appetite for each of the five main types of risk facing NHS organisations: quality; financial; regulatory; workforce; and reputational risks.

#### Quality

Providing the best possible care and treatment is at the very heart of the trust's mission. Thus, we have a **cautious** approach to risks which might affect the quality of those services. While we prefer to avoid such risks, we are prepared to innovate in order to improve clinical effectiveness and ensure access. Risks associated with these changes must be well documented and controlled, and we use a wide range of metrics, including qualitative feedback, to monitor the impact on quality of the changes that we make.

#### Finance

We are **open** to taking financial risks when necessary to provide safe, effective and accessible services. We will manage these risks by adhering to our standing financial instructions, developing robust financial and operational plans aligned to our strategic goals, and implementing rigorous budgetary control systems. We also



recognise that financial cost is not the only factor which determines value for money and that the cheapest option may not be the most effective or efficient.

### Regulatory

In pioneering new ways of working, we recognise that we may sometimes face questioning or challenge from regulatory bodies. We are **open** to this risk in cases where we have made a considered, objective decision to change, and we can clearly explain how our approach will improve health outcomes for patients and secure the future of our services.

### Reputation






The Trust recognises that it will not achieve its goals on its own, but by working with its partners in other NHS organisations, local government, social care and the third sector. It is proud to be a key player in partnerships in Dudley, the Black Country Integrated Care System and beyond. We do, however, **seek** risk in that we are prepared to take decisions which may draw scrutiny to the Trust. Our approach to managing these reputational risks will be to explain clearly the benefits of our proposals and to engage in open, constructive dialogue with our stakeholders.

### People

We aim to provide a supportive environment in which staff can learn and grow – a place where people choose to work. For these reasons, and to meet the clinical and financial challenges facing our trust, we will pursue workforce innovation and transformation. We **seek** risk in that we recognise that change can be disruptive and unsettling at first but are willing to accept this risk where there are longer term gains, including better recruitment and retention, and widening the skills and capabilities of staff.

### December 2022

**Paper for submission to the Board of Directors on 12<sup>th</sup> January 2023**

<b>Title:</b>	Charitable Funds Committee Summary Report		
<b>Author:</b>	Julian Atkins, Charitable Funds Committee Chair		
<b>Presenter:</b>	Julian Atkins, Charitable Funds Committee Chair		
<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b> For assurance
<b>Recommendations:</b>			
The Board is asked to note the contents of the report.			
<b>Summary of Key Issues:</b>			
Summary of key issues discussed and approved by the Charitable Funds Committee on 19 <sup>th</sup> December 2022			
<b>Impact on the Strategic Goals</b>			
 <b>Deliver right care every time</b>			Y
 <b>Be a brilliant place to work and thrive</b>			Y
 <b>Drive sustainability (financial and environmental)</b>			
 <b>Build innovative partnerships in Dudley and beyond</b>			
 <b>Improve health and wellbeing</b>			Y
<b>Implications of the Paper:</b>			
<b>Risk</b>	N	Risk Description:	
	On Risk Register: N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE	N	Details:
	Other	Y	Details: Charity Commission
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	Y	Date: 19/12/2022
	Board of Directors	Y	Date: 12/01/2023
	Other	N	Date:

**UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE**

Date Committee met: 19 December 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>It was reported that there had been no progress in respect of the wellbeing hub development and that NHS CT would be advised of this. It was agreed that a letter should be sent from the Committee Chair to the Mitie Managing Director regarding this.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>It was noted that Ms Kotecha and Mrs Taylor were working with divisions to develop spending plans in order to increase expenditure.</li> <li>Ms Wake asked the Committee if consideration could be given to support for staff with welfare/wellbeing issues e.g. inability to pay fuel bills. Mrs Abbiss and Ms Kotecha agreed to draft a proposal in respect of this.</li> <li>The draft Annual Charity Report for 2021-2022 was discussed. It was noted that this was still being finalised.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Ms Kotecha reported that, as the result of Tesco shoppers voting for local causes, the Charity had been awarded £10k by Tesco towards the purchase of sensory equipment for the Children’s Emergency Department.</li> <li>Ms Kotecha further reported that the Trust had been successful in an application for a HSBC Community Grant and would be receiving £26,016 towards the refurbishment of the Children’s Ward playroom.</li> <li>The Committee were also informed that Dudley Council’s Public Health and Wellbeing department had provided a donation of £21k towards the Baby Bereavement Appeal.</li> <li>In respect of fundraising events, the Committee were informed that the ‘Superhero Fun Run’ had raised £3,200 and that the ‘Glitter Ball’ event had raised £15,431.</li> <li>Mrs Taylor reported that since the 1<sup>st</sup> April 2022, the Charity had received income of £530,601 whilst expenditure was £288,447. Total fund balances stood at £2.7m.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>It was agreed that the Ophthalmology fund manager should be asked to attend the next meeting with plans to spend legacy money.</li> <li>Given higher interest rates, it was agreed that notice should be given on the 95 day Santander account and that the funds should be transferred to the Government Banking Services fund.</li> <li>A bid was approved from Staff Wellbeing for the provision of two mental health training courses (32 staff in total), at a cost of £5,440 + VAT.</li> </ul>
<p><b>Chair’s comments on the effectiveness of the meeting:</b> The meeting was quorate and effective. Members reflected positively on the fundraising actions being undertaken.</p>	

**Paper for submission to the Board of Directors on Thursday 12<sup>th</sup>  
January 2023**

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

<b>Action Required of Committee / Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other For assurance</b>
<b>Recommendations:</b>			
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.			

<b>Summary of Key Issues:</b>
<p>Recruitment and retention of registrants has continued to be challenging. Within quarter three, 244 members of staff commenced in the Trust, this is in addition the internationally educated registrants that have been worked.</p> <p>In January, the final cohort of Internationally Educated Registrants is expected to arrive, completing the 300 nurses expected for 2022.</p> <p>The hard work of the international recruitment team has been recognised by NHS England and the Trust have been awarded the NHS Pastoral Care Quality Award.</p> <p>Ensuring our clinical areas continue to be staffed by the right staff with the necessary skills continues to be challenging. The challenges are being exacerbated by an increase in short term sickness and the acuity of the patients. Each clinical area undertakes a shift-by-shift dynamic risk assessment to ensure the safety of the patients.</p> <p>A staffing review has been completed for inpatient wards. Whilst the staffing review did not advocate any increase or decrease in the registrant to patient ratio on the wards, it was identified that the 4 services have additional service reviews underway which will result in a need for additional staff to address the demand on services.</p> <p>Work continues to reduce the number of falls reported within the hospital. Recent months have seen a marked increase in our 'falls with harm'. Routine investigations of these have demonstrated that the overall acuity of the patients and the availability of staff to observe the patients is a significant contributable factor.</p> <p>A total of 5933 patient experience responses were received in November 2022 in comparison to 5992 in October 2022. Overall, 82% of respondents have rated their</p>

experience of Trust services as ‘very good/good’ in November 2022, a small decrease since October 2022 (85%).

The key points from the Maternity and Neonatal Safety Quality Dashboard are highlighted in the report under section 7 and detailed in Appendix 1.

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

Implications of the Paper:			
<b>Risk</b>		N	Risk Description:
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: All domains
	NHSE	N	Details:
	Other	N	Details:
<b>Report Journey/ Destination (if applicable)</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 12 <sup>th</sup> January 2023
	Other	N	Date:

## Chief Nurse Report

### Report to Board of Directors (Public) on Thursday 12<sup>th</sup> January 2023

#### 1. EXECUTIVE SUMMARY

- 1.1 The Chief Nurses portfolio is wide ranging. This report covers the highlights and the challenges which the teams have experienced since the last report.
- 1.2 The report highlights key activities and risks relating to safe staffing and the experience of care.

#### 2. RECRUITMENT AND RETENTION/WORKFORCE

- 2.1 Recruitment and retention of registrants has continued to be challenging. In addition to the Internationally Educated Registrants recruited there were an additional 244 members of staff who started within the Trust throughout Quarter 3.
- 2.2 January sees the final 12 Internationally Educated Nurses arrive in the UK. This completes the 300 nurses expected for 2022. The Team have worked extremely hard to ensure these IEN's have had the right support programme to achieve passing their OSCE and gaining full NMC registration. This diligent and hard work has been recognised by NHS England with the Trust being awarded the NHS Pastoral Care Quality Award.
- 2.3 In December 2022 the Trust have been awarded the NHS Pastoral Care Quality Award for our Pastoral programme with our IE recruitment programme. The award has been given to recognise the commitment to high-quality pastoral care for all our internationally educated recruits.

#### 3. SAFE STAFFING

- 3.1 Ensuring our clinical areas continue to be staffed by the right staff with the necessary skills continues to be challenging. The challenges are being exacerbated by an increase in short term sickness and the acuity of the patients. Each clinical area undertakes a shift-by-shift dynamic risk assessment to ensure the safety of the patients. It must be recognised that whilst the national minimal standard is 1 nurse to 6 patients during the day and 1:8 overnight, routinely these have been stretched to on average 1:9 during the day and 1:12 overnight [this is inclusive of our temporary staff]. It is recognised that when the nurse-to-patient ratio decreases so does the availability of nursing care. This lack of available skilled registrants does affect the quality of the nursing care delivered. This is evident in the increase in

pressure area damage, lack of required screening for sepsis, and recognition of the deteriorating patient and the increase in falls. It is also evident in the increase in complaints received into the Trust regarding the experience of care notably associated with long waits for a bed and breakdowns in communication between teams and families due to limited continuity of care.

- 3.2 Throughout Quarter 3 a staffing review was undertaken. By request this report has been presented to the Finance & Performance committee and is due to be presented at the Quality and Safety Committee in January.

The review and subsequent paper focused specifically on a professional review of nursing levels for acute in-patient ward areas. Areas such as critical care, theatres and ED were not included as the original tool was not designed to be used in these areas, a tool specifically for the Emergency Department has been developed and a single data cycle will be undertaken with a second one planned for 2023 whereupon a report will follow.

The review and report noted that several wards have been reconfigured in response to the changing Covid-19 situation and several rostering template adjustments were made based on changes to patient demographic and care needs. The resulting change in patient care requirements on these wards has resulted in changes to expected acuity and dependency which is why it is necessary to take a triangulated view with professional judgement and known quality indicators.

Whilst the staffing review did not advocate any increase or decrease in the registrant to patient ratio on the wards, it was identified that the 4 services have additional service reviews underway which will result in a need for additional staff based on the work plan and service required. These are the Emergency Surgical Hub, C4 and C4Day and C2 and Paediatrics.

A light touch review is due to be undertaken again throughout quarter 4 in line with the national guidance and with a specific focus on the attainment of the Royal College of Nursing Workforce standards.

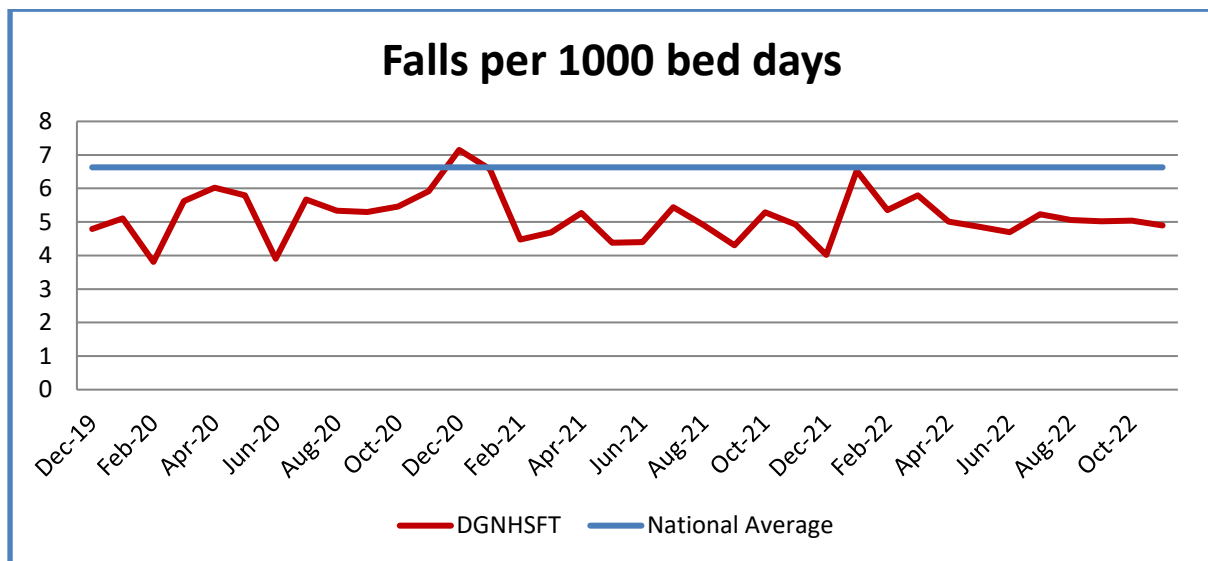
- 3.3 The below chart demonstrates the months position of planned and actual cover of shifts with the overall RAG of fill for the month of November. Unfortunately, the overall position demonstrates the Trust was not staffed to its expected level of registrants and non-registered staff for the usual Trust bed base. The additional clinical beds which been opened are not included in this data set and would only decrease the level of cover.

Ward	Day RN		Day CSW		Night RN		Night CSW		Qual Day %	UnQual Day %	Qual N %	UnQual N %	Sum 24:00 Actual CHPPD Occ			
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered	Care staff	Total	
A2 /A4	94	82	150	71	60	60	118	71	87%	47%	100%	60%	353	4.72	4.82	9.53
B1	158	131	64	60	103	77	59	48	83%	93%	75%	81%	471	5.03	2.61	7.64
B2(H)	120	110	205	180	93	90	171	153	91%	88%	97%	89%	715	3.35	5.47	8.82
B2(T)	131	103	124	96	103	92	97	86	79%	77%	90%	89%	702	3.34	3.11	6.45
B3	188	166	181	141	210	178	149	136	89%	78%	85%	91%	1,123	3.60	2.96	6.56
B4	220	150	240	237	154	142	199	181	68%	99%	92%	91%	1,261	2.71	3.98	6.70
B5	235	187	157	120	258	226	120	101	80%	77%	87%	85%	596	8.49	4.35	12.84
C1	246	231	279	230	183	180	235	194	94%	83%	98%	83%	1,426	3.38	3.57	6.95
C2	282	242	64	47	268	219	64	58	86%	74%	82%	91%	850	6.37	1.45	7.82
C3	211	186	360	320	185	163	336	335	88%	89%	88%	100%	1,556	2.69	4.95	7.65
C4	203	157	74	82	120	90	65	79	77%	110%	75%	121%	589	4.90	3.13	8.04
C5	291	235	247	204	248	233	193	174	81%	83%	94%	90%	1,419	3.99	3.20	7.19
C6	95	89	95	90	91	86	70	62	93%	95%	94%	88%	544	3.77	3.34	7.11
C7	208	189	182	160	151	147	181	166	91%	88%	98%	92%	1,061	3.71	3.68	7.40
C8	250	222	210	179	212	207	180	143	89%	85%	98%	79%	1,283	3.93	3.01	6.94
CCU_PCCU	257	234	60	62	229	220	30	31	91%	103%	96%	103%	721	7.40	1.54	8.94
Critical Care	575	491	126	78	554	490			85%	62%	89%		508	23.18	1.85	25.03
EAU AMU 1	461	418	402	312	396	398	399	303	91%	78%	101%	76%	2,179	4.40	3.39	7.79
Maternity	990	737	359	238	568	457	210	158	74%	66%	81%	75%	1,160	9.81	3.99	13.80
MHDU	150	119	67	26	151	120			79%	39%	79%		217	13.22	1.33	14.54
NNU	156	122			144	130			78%		90%		384	7.87	0.00	7.87
<b>TOTAL</b>	<b>5,521</b>	<b>4,602</b>	<b>3,644</b>	<b>2,932</b>	<b>4,481</b>	<b>4,004</b>	<b>2,875</b>	<b>2,479</b>	<b>83%</b>	<b>80%</b>	<b>89%</b>	<b>86%</b>	<b>19,118</b>	<b>5.19</b>	<b>3.36</b>	<b>8.56</b>

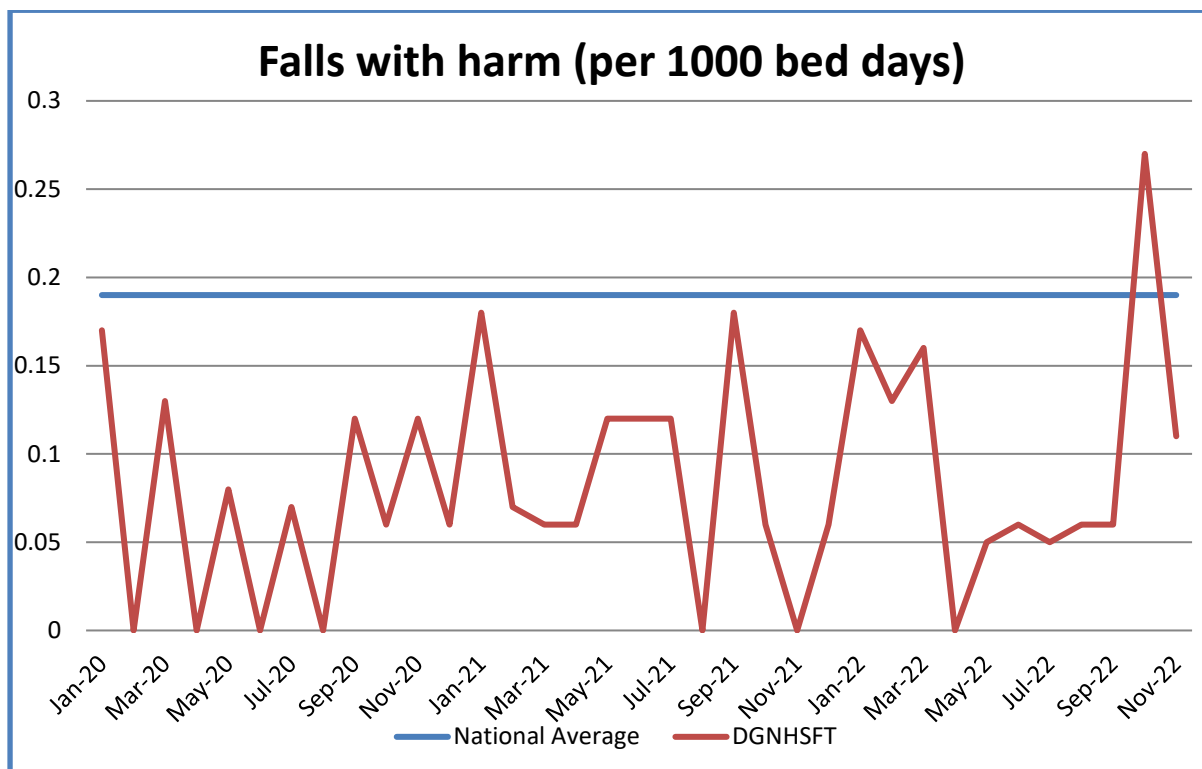
#### 4. NURSE SENSITIVE INDICATORS

4.1 Nurse Sensitive Indicators (NSIs) are specific patient outcomes that are influenced by nursing care. These measures are used to monitor the quality of care and patient safety at hospitals across the country. Two of these indicators are the number of falls and the number of care acquired tissue damage.

4.2 Over the years there has been a consistent focus on the prevention of falls nationally. Falls and Fractures are a common and serious health issue faced by older people. People aged 65 and over have the highest risk of falling; around a third of people aged 65 and over, and around half of the people aged 80 and over, fall at least once a year. Falling is a cause of distress, pain, injury, loss of confidence, loss of independence and mortality. Unfortunately falls in hospital are the most commonly reported patient safety incident with more 240,000 reported in acute hospitals and mental health trusts in England and Wales.







Here at the Dudley Group we continue to work hard and strive to reduce our number of falls in hospital. Recent months have seen a marked increase in our ‘falls with harm’. Routine investigations of these have demonstrated that the overall acuity of the patients and the availability of staff to observe the patients is a significant contributable factor. Work continues at ward level to ensure risks of falling are mitigated.

- 4.3 Pressure ulcers remain a concerning, and mainly avoidable harm associated with healthcare delivery. In a single year in the NHS in England, 24,674 patients were reported to have developed a new pressure ulcer and treating pressure damage costs the NHS more than £3.8 million every day. Finding ways to improve the prevention of pressure damage is therefore a priority. To support this work within the Dudley Group continues with education and training of staff to recognise and respond appropriately to any tissue damage. Figures of damage have fluctuated throughout the year and the scrutiny surrounding category 3, 4 and unstageable continue to identify best practice and understand any learning which may be evident.

## 5. PATIENT EXPERIENCE

- 5.1 Patient experience encompasses the range of interactions that patients have with the healthcare system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other healthcare facilities. As an integral component of healthcare quality, patient experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.

Understanding patient experience is a key step in moving toward patient-centred care. By looking at various aspects of patient experience, Trusts can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values.

- 5.2 A total of 5933 responses were received in November 2022 in comparison to 5992 in October 2022. Overall, 82% of respondents have rated their experience of Trust services as 'very good/good' in November 2022, a small decrease since October 2022 (85%). A total of 6% of patients rated their experience of Trust services as 'very poor/poor' a small increase since November 2022 (5%).
- 5.3 Unfortunately the number of complaints the Trust receives has increased with 102 new complaints received in November. This is the highest total of complaints for the year. There has been 12 complaints reopened. 110 complaints were closed during November, however the imposed 30 working day frame for response was only achieved in 45.5% of the closed cases, this is an improvement on previous months.

## **6. SAFEGUARDING, DEPRIVATION OF LIBERTY AND MENTAL HEALTH**

- 6.1 Deprivation of liberty is when a person has their freedom limited in some way. It occurs when: The person is under continuous supervision and control and is not free to leave and the person lacks capacity to consent to these arrangements. The Trust has steadily increased its DoLs applications over the past few months due to the increased support offered from the team. November saw 41 applications compared to 5 in November 2021.
- 6.2 In October and November there were 4 detentions under the Mental health Act at Dudley Group. 1 Patient was detained on a Section 5(2) and the other 3 on a section 3. All patients were given their rights and there were no appeal requests against the detentions.

## **7. MATERNITY AND NEONATAL SAFETY AND QUALITY DASHBOARD (Appendix 1)**

- 7.1 There were no stillbirths reported during October and 2 during November. There were no early or late neonatal deaths during this time period. The Trust reported 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.
- 7.2 There was one serious incident reported in October 2022 related to a baby sent for therapeutic cooling- to be investigated by HSIB. There were none during November. There were no Coroner reg 28 made directly to the Trust for perinatal or maternal deaths in October or November 2022.

- 7.3 The final Ockenden Report was published on the 30th March 2022. 87 actions were identified in the report divided across 15 sections. Work is ongoing to gain compliance across all areas and there continues to be a positive movement towards compliance.
- 7.4 Midwifery staffing continues to be a risk however there has been an increase in the workforce by 11WTE, a further 5 international recruits and a planned 11 further UK trained staff due to commence by March 2023.
- 7.5 Board level Maternity safety champions have met with the service user group the maternity voices partnership (MVP) and have formulated a strategy for the upcoming year in relation to engagement and communication.

## **8. COMMITTEE AND GROUP UPWARD HIGHLIGHTS**

- 8.1 The Health and Care professionals Committee has been established to ensure that clinical and professional opinion and experience drives and supports health and care transformation in Dudley. The committee has the ability to make decisions and or make recommendations to the Quality & Safety Committee on the areas which are defined as its responsibilities and within the delegation allowed for the committee. Supporting the multi-professional nature of committee, the committee is chaired by the Chief Nurse with the Deputy position being held by the Chief Allied Health Professional. The committee currently has works streams overseeing revision and development of the Nursing Midwifery and AHP strategy and governance and support for Non-Medical Prescribers across the Trust.

## **9. SEASONAL RELATED ACTIVITIES**

- 9.1 Since the last report the vaccine hub at both Saltwells and in Action Heart have now closed. This close was an expected measure due to the national ask to 'live with Covid'. Where possible all staff who were employed on the workforce bureau have been absorbed into the Dudley workforce if they wished.

## **10. PLAN FOR REPORT MOVING FORWARD**

- 10.1 The Chief Nurse report has been revamped in its style for the coming year and plan to review and relook at what is presented. Given the diverse nature of the portfolio it is suggested that each report there is a different focus for the different divisions responding to the 'so what' questions surrounding NSI's Patient Experience and workforce.

Helen Bromage  
Deputy Chief Nurse  
Tuesday 3<sup>rd</sup> January 2023

## REPORTS FOR ASSURANCE

### Maternity and Neonatal Safety and Quality Dashboard

#### Report to Trust Board 12<sup>th</sup> January 2023

## 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 the committee 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 **October and November 2022**, unless otherwise specified throughout.

## 2 BACKGROUND INFORMATION

### 2.1 Perinatal Mortality.

Stillbirths -There were 0 still births during October 2022 and 2 during November 2022

Early Neonatal Deaths – There has been 0 early neonatal deaths during the months of October 2022 or November 2022.

Late Neonatal deaths -There have been 0 late neonatal deaths in October 2022 and 0 during November 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.

## 2.1.2 PMRT real time data monitoring tool

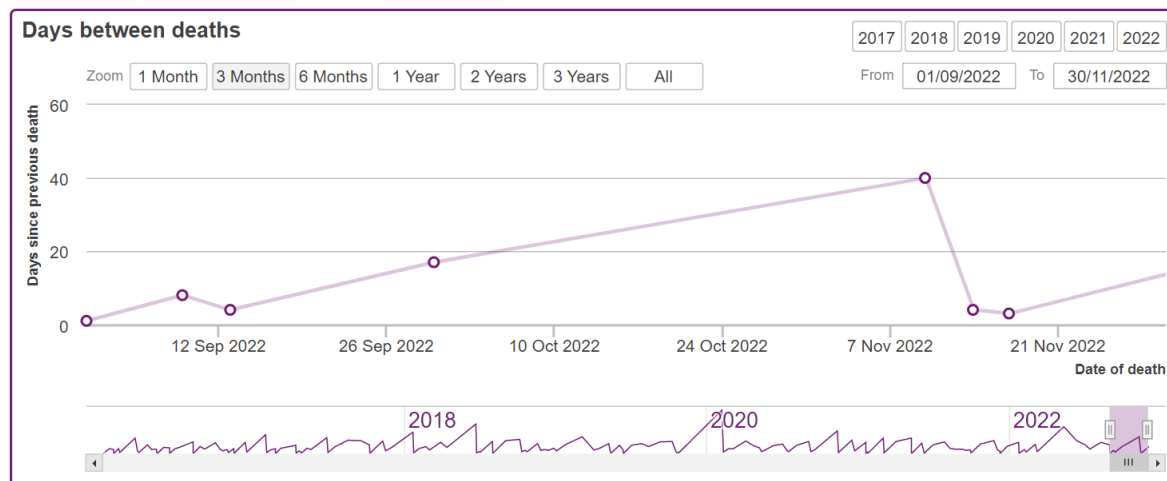
3 months of data (September, October and November 2022) showing deaths of babies who were born within our organisation, including babies who died elsewhere.

### Deaths within your organisation Snapshot

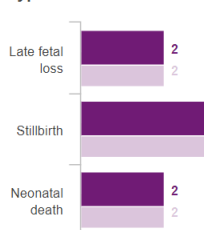
Switch to Deaths of babies born within your organisation

7 deaths between 01 Sep 2022 and 30 Nov 2022

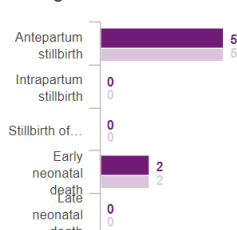
Snapshot Chart settings Chart size S M L Help



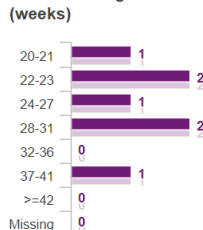
Number of deaths by Type of death



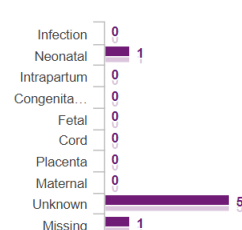
Number of deaths by Timing of death



Number of deaths by Gestational age (weeks)



Number of deaths by Codac level I



Deaths within your organisation 7 deaths between 01 Sep 2022 and 30 Nov 2022 Clear snapshot

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

The National stillbirth rate is 3.33 (MBRRACE 2022) and the stillbirth rate for November 2022 at 2.39 (adjusted rate 1.91), this indicates that DGFT remain below the national stillbirth rate.

It should be noted that there were 10 stillbirths from 01.12.2021 to 30.11.2022 and of these 2 had known congenital anomalies.

## Early Neonatal death rates

The National rate for Early Neonatal deaths is 0.98 (MBRACCE 2022) and in November 2022 at DGFT the rate is 1.67 (adjusted rate 0.46). The Crude rate remains above the national crude rate and the rate has increased from October 2022.

It should be noted that there were 7 early neonatal deaths from 01.12.2021 to 30.11.2022.

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

## Late neonatal death rates

The national rate for Late Neonatal Deaths is 0.55 (MBRRACE 2022) DGFT are above the national rate at 0.71.

## 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 29/11/22

#### Executive Summary

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/SI 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 October or November 2022.

### 2.4 Maternity Serious Incidents

There was 1 serious incident reported in Maternity during October.

- SI 2022/21626: (OBS) Failed Instrumental Delivery – Maternity (Obstetric Unit) Baby transferred out for therapeutic cooling.

There were 0 serious incidents reported in November 2022.






There are 5 ongoing maternity SI investigations:






### 2.5 Maternity action plans

#### 2.5.1 Ockenden Report final

The final Ockenden report was published on the 30<sup>th</sup> 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.

Date of assessment	Total actions					
July 2022	87	19%	53%	18%	2%	8%
September 2022 (updated)	87	5.5%	46%	21%	21%	5.5%
December 2022	87	4%	43.5%	22%	25%	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** A detailed update will be presented as part of our CNST MIS presentation. We are facing challenges with data collection relating to one aspect of the maternity incentive scheme technical data.

## 2.7 NHS Resolution Maternity Incentive Scheme CNST

**2.7.1** NHS Resolution recommenced year 4 standards for the CNST Maternity Incentive scheme on 6<sup>th</sup> 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 2<sup>nd</sup> February 2023 to be eligible for payment under the scheme. Final compliance with the scheme is being presented as an additional report to Januarys Trust Board.

## 2.8 Maternity staffing

Fill rates for midwifery staffing in inpatient areas:

Fill rate	Day	Night
October	65%	65%
November	68%	80%

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 and monitored alongside this via the Birth-rate acuity tool. Red flag data is drawn from this app.

11 Newly qualified Midwives have now commenced and are undertaking various stages of their induction. We have 10 international midwives now in post. 4 have passed their OSCE but are not able to fully practice due to competence with fetal monitoring. We have 2 WTE Band 6 midwives due to commence in the next 6 weeks, 9 WTE band 5 midwives to commence in February 2023 as well as our newly recruited EDI lead Midwife- also due to commence February 2023. This should fill our current vacancy with the exception of specialist posts, pending our international recruits passing their OSCE, complete the competency documents, and being issued NMC pin numbers.

### 2.8.1 Obstetric staffing

Vacancy remains within the obstetric team, work in ongoing to fill these posts. Due to this vacancy, there are some specialist lead roles vacant, and these are being mitigated by the clinical director and the obstetric team.

**2.8.2** As per the Maternity incentive scheme for trusts, safety action 4, Trusts are asked to monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute



care in obstetrics and gynaecology'. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.

A retrospective audit of datix content and learning from serious incidents has taken place looking back over the last 12 months (Jan 2022- December 2022) to identify instances where consultant presence was required and did not occur. There were no instances identified where this was the case. A live audit is taking place for 6 weeks from the 2<sup>nd</sup> January 2023 and results from this Audit will be presented to the board of Directors in March 2023. The audit is being completed by the middle grade obstetric team and the Lead midwifery team.

A live audit is taking place to monitor compliance of consultant presence on the maternity unit from the 2/1/23 for 6 weeks. Findings will be presented to Trust board in March 2023.

### **2.8.3 Maternity continuity of carer**

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 throughout November 2022. A lead EDI midwife has been recruited to and will commence in post February 2022.

## **2.9 Maternity safety champions**

A Maternity safety champion meeting occurred on the 7<sup>th</sup> December 2022 attended by safety champions for maternity and board level. Neonatal had no representation at this meeting. Areas of discussion were:

- CNST progress as detailed above and the cause of non-compliance
- Plans for staffing and workforce and progress with international recruitment
- Staff culture action plan
- Maternity Voices and womens voice
- Improvement work progress
- Midwifery senior team restructure proposal.

The safety champion group met with the Maternity Voices Partnership on the 22<sup>nd</sup> November to formulate a plan for the coming year and to improve communication. There will be regular interactions between the board level safety champions and the MVP.

## **2.10 Service user feedback**

*I was received by staff with care and excellent treatment and the environment in which I get treated was comfortable.*

*Midwives, HCA's etc were friendly and patient. Staff aware of and clear when unsure of appropriate solution/plan and know who to refer to in order to address problems.*

*Clean environment, friendly, helpful staff, treated as an individual. - outstanding care from all health professionals. - Felt valued and listened too.*

*The midwife had so much information to offer and I found her extremely helpful. She came to my home and showed me how to breastfeed and answered all the questions I had. Also she was able to demonstrate with a breast to help me understand. Gave really good advice.*

### **3 RISKS AND MITIGATIONS**

3.1 Midwifery staffing continues to be a risk and remains on the risk register. Ongoing midwifery recruitment including international recruitment is in progress as per workforce plan, and vacancy has substantially reduced since November 2022. The risk is being reviewed in February 2023.

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 committee is invited to accept the assurance provided in this report as current position with CNST year 4 requirements, maternity staffing position, mortality data and Ockenden recommendations

Name of Author: Claire Macdiarmid  
Title of Author Head of Midwifery

Date 3/1/2023

**Paper for submission to the The Board of Directors- January 12<sup>th</sup> 2023**

<b>Title:</b>	Compliance with Clinical Negligence Scheme for Trusts- Maternity incentive scheme- Year 4
<b>Author:</b>	Claire Macdiarmid – Head of Midwifery
<b>Presenter:</b>	Claire Macdiarmid – Head of Midwifery

**Action Required of Committee / Group**

Decision	Approval	Y	Discussion	Other
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**Recommendations:**

The Board are asked to

- accept and agree the Trust compliance position against the Maternity Incentive Scheme
- note the actions being taken to deliver full compliance
- note the financial risk as the Trust may not be eligible for the full rebate.

**Summary of Key Issues:**

NHS Resolution are operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The scheme incentivises ten maternity safety actions as referenced in previous years' schemes.

Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds- in previous years this has had value of between £700,000 and £800,000. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a discretionary payment from the scheme to help to make progress against actions they have not achieved.

The Trust has achieved compliance against 7 of the 10 safety actions and due to changes in the guidance are non-compliant.

In October 2022, new amended technical guidance was released meaning a number of criteria were amended and had a greater level of evidence required in order to demonstrate full compliance that had not been previously defined. This has meant that at least two criteria were no longer able to be met by the Trust.

Compliance has not been achieved against safety action 6, safety action 8, and safety action 10.

*Safety Action 6 – Compliance with Saving Babies Lives Care Bundle version 2.*

The Trust did not meet the technical target of 90% of women have undertaken carbon monoxide readings within three days either side of booking. With this criteria, the Trust has achieved 62% compliance. The trust have continued to undertake telephone pregnancy booking appointments due to staff availability. This test requires face to face contact with the midwife and therefore a delay in CO monitoring has taken place.

*Safety Action 8 – Training Plans are 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.*

The guidance was changed in October 2022 and the requirement was to achieve 90% compliance for 12 consecutive months in three separate training modules. The trust were not compliant in any of the taining






elements for 12 consecutive months. The Trust would have met the original target of 90% compliance in all areas by the 5<sup>th</sup> January 2023.

*Safety Action 10 - Reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme.*

An audit of all cases has identified that there were two families who were not notified of the NHS Resolution Early Notification Scheme. Processes have been put in place to ensure all families are notified of the scheme at the point that duty of candour is undertaken.

The evidence and assurance of compliance has been reviewed and scrutinised by the non-executive and executive directors at an extraordinary meeting of the Quality and Safety Committee on January 4<sup>th</sup> 2023. All have agreed the position described within this report as an accurate reflection of the Trust's position against the Maternity Incentive Scheme Safety Standards.

### Impact on the Strategic Goals

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

### Implications of the Paper:

<b>Risk</b>		Y	Risk Description: Non-compliance with the maternity incentive scheme
	On Risk Register:	Y	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: All Areas
	NHSE	Y	Details: CNST standards
	Other	N	Details:

<b>Report Journey/ Destination</b>	Working / Exec Group	Y	Date: 10 <sup>th</sup> January 2023
	Committee	N	Date:
	Board of Directors	Y	Date: 12 <sup>th</sup> January 2023
	Other	Y	Date: Quality and Safety NEDs and Executive Directors – 4 <sup>th</sup> January 2023

## Compliance with Clinical Negligence Scheme for Trusts- Maternity incentive scheme- Year 4

### 1. SUMMARY

This report outlines the current position of the Trust in relation to compliance with Maternity incentive scheme year 4 (MIS).

NHS Resolution is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The scheme incentivises ten maternity safety actions as referenced in previous years' schemes.

Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds- in previous years this has had value of between £700,000 and £800,000. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

The Maternity multidisciplinary team have worked together throughout 2022 to achieve compliance with the scheme. Unfortunately, there are a number of elements that have not been achieved and the trust is therefore **not eligible** to claim the payment.

### OVERVIEW OF CURRENT POSITION

The table below shows a summary of our final position with compliance of the ten safety actions.

		Status
Safety action one	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Met
Safety action two	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Met
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.	Met
Safety action four	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Met
Safety action five	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Met
Safety action six	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Not Met
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?	Met
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?	Not Met
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?	Met

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	Not Met
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## 2. SAFETY ACTIONS MEETING COMPLIANCE

### Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

All perinatal deaths eligible to be notified to MBRRACE-UK from 6/5/22 notified within 7 days and surveillance completed within one month of death; **Met**

A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6 May 2022 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust: **Met**

At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 6 May 2022 will have been reviewed using the PMRT, by a multidisciplinary review team. Each of these reviews will have been completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death: **Met**

For at least 95% of all deaths of babies who died in your Trust from 6 May 2022, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion: **Met**

Data relating to perinatal mortality and above compliance, is presented to the Trust Mortality surveillance Group on a quarterly basis. There is an external panel member present at most case reviews. The process for sourcing an external panel member is being strengthened in 2023, this work is being led by the local maternity and neonatal maternity system (LMNS).

### Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

MSDS Data submitted in July 2022 (measured month): **Met**

Digital strategy for the trust submitted to NHS Digital by 31/10/22: **Met**

The Maternity services data set is available for the public to view and can be found here: [Microsoft Power BI](#)

### Safety action 3: 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?

a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care. **Met.**

The Standard operating procedure to support this can be found on the trusts hub page. [Transitional Care SOP.pdf](#)

b) The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, LMNS, commissioner and Integrated Care System (ICS) quality surveillance meeting each quarter. **Met**

Quarterly audits are undertaken and reported through Neonatal Governance agenda.

c) A data recording process (electronic and/or paper based for capturing **all** term babies transferred to the neonatal unit, regardless of the length of stay, is in place. **Met**

d) A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has been embedded. If not already in place, a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting.

The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered. **Met.**

Evidence is gathered via the Neonatal electronic patient record (EPR).

e) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data set (NCCMDS) version 2 are available to be shared on request with the operational delivery network (ODN), LMNS and commissioners to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care transformation Review and to inform future development of transitional care to minimise separation of mothers and babies. **Met,**

Evidence is gathered via the Neonatal electronic patient record (EPR).

f) Reviews of babies admitted to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet. In addition, reviews should report on the number of transfers to the neonatal unit that would have met current TC admissions criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues. The review should also record the number of babies that were transferred or admitted or remained on Neonatal Units because of their need for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there. Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis. **Met,**

g) An action plan to address local findings from the audit of the pathway (point b) and Avoiding Term Admissions Into Neonatal Units (ATAIN) reviews (point f) have been agreed with the maternity and neonatal safety champions and Board level champion. **Met**

h) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting. **Partially met. Shared with Board Level safety champions but no forum to share at Local Maternity and Neonatal system level.**

#### **Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?**

**The obstetric consultant team and maternity senior management team** should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service: **Met**

Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts' positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMNS: **Met**

A live audit is taking place to monitor compliance of consultant presence on the maternity unit from the 2/1/23 for 6 weeks. Findings will be presented to Trust board in March 2023.

A retrospective audit has been undertaken looking at Datix reports and learning from serious incidents and there have been no reported incidences of non-attendance by consultants at incidents as per guidance by the Royal College of obstetricians and gynaecologists (RCOG).

**Anaesthetic medical workforce** A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients (ACSA standard 1.7.2.1): **Met**

**Neonatal medical workforce** The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies. If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies; **Met**

**Neonatal nursing workforce** The neonatal unit meets the service specification for neonatal nursing standards. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies. If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies and share this with the Royal College of Nursing, LMNS and Neonatal Operational Delivery Network (ODN) Lead: **Met**

The assurance is that we work with the Operation delivery network (ODN) to complete the workforce review utilising the Dinning Tool every 6 months. The workforce is included in the Neonatal critical care review (NCCR) action plan which is also a risk on the register. We have not completed a local business case as we were awaiting the outcome of the allocation of national money via the ODN. Unfortunately, we have now been notified that we have not been successful in being allocated any money. An action plan will be included in the next Safety Champion Meeting.

#### **Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?**

a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed: **Met**

Birthrate plus is a nationally recognised tool for Midwifery workforce planning. This exercise was completed May 2022. The findings showed that there was a 4.0WTE deficit of Midwives based on the size and acuity of the Maternity service. This 4.0 WTE deficit is currently temporarily funded by funds received following publication of the final Ockenden report in March 2022. This ensures we are currently compliant with this element.

b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above: **Met**

c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service : **Met**

Audit results relating to supernumerary shift coordinator status showed 99.4% compliance.

d) All women in active labour receive one-to-one midwifery care: **Met**

Audit results relating to one-to-one midwifery care showed 99.9% compliance. This is reported monthly via the Maternity services dashboard.



e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year four reporting period: **Met**

A Midwifery staffing paper is submitted to the Trust Public board every 6 months for assurance.

**Safety action 7: 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? Met.**

The MVP has strengthened throughout 2022, two meetings have been held face to face since September 2022.

The Board level Safety champions have met with the MVP in November to discuss their strategy and forward plan.

More work is required around the MVPS actions in relation to prioritising the voices of women from black, Asian and minority ethnic background and this will be a priority when the EDI lead midwife commenced in post in February 2023.

The MVP chair is and has been invited to maternity governance meetings.

A log of all activity related to service users is being kept as evidence for engagement and as a way to capture this feedback.

Obstetrician now allocated to attend MVP meetings and feedback through audit meeting process.

**Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?**

a) The pathway developed in year 3, that describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS), and the Regional Chief Midwife has been reviewed in line with the implementing-a-revised-perinatal-quality-surveillance-model.pdf (england.nhs.uk) The revised pathway should formalise how Trust-level intelligence will be shared with new LMNS/ICS and regional quality groups to ensure early action and support is provided for areas of concern or need: **Met**

The Neonatal and Maternity safety and quality dashboard is presented bi-monthly to the Public trust board. This report includes incidents and learning.

b) Board level safety champions present a locally agreed dashboard to the Board quarterly, including; the number of incidents reported as serious harm, themes identified and actions being taken to address any issues; staff feedback from frontline champions and walk-about; minimum staffing in maternity services and training compliance are taking place at Board level no later than 16 June 2022. NB, The training update should include any modifications made as a result of the pandemic / current challenges and a rough timeline of how training will be rescheduled later this year if required. This additional level of training detail will be expected by 16 June 2022: **Met**

c) Trust Boards have reviewed current staffing in the context of the letters to systems on 1 April 2022 and 21 September 2022 regarding the roll out of Midwifery Continuity of Carer as the default model of care. A decision has been made by the Board as to whether staffing meets safe minimum requirements to continue rollout of current or planned MCoC teams, or whether rollout should be suspended: **Met**

Maternity continuity of carer was suspended at the Trust in December 2021 due to staffing and capacity issues within maternity services. This has been discussed at Public board of directors since this time and the board supports the current suspension of the service.

d) Board level and maternity safety champions are actively supporting capacity and capability building for staff to be involved in the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP): **Met**

The trust is actively engaging in MatNeoSIP in relation to escalation and capacity across the West Midlands and LMNS (Improving clinical escalations- learning system).

### 3. SAFETY ACTIONS NOT MEETING COMPLIANCE

#### **Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?**

1. Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019. Note: Full implementation of the SBLCBv2 is included in the 2020/21 standard contract. **Met**

2. Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network. **Met**

3. The quarterly care bundle survey should be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements. **Met**

#### **Element one:**

Process indicators:

A. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded: **Not met**

B. Percentage of women where CO measurement at 36 weeks is recorded: **Met.**

The reason that this has not been met is due to the technical data of the element that specifies that the CO reading must be taken 3 days either side of the woman's booking date. Including all women in area and out of area, we are currently 62% compliant.

We have continued to undertake telephone pregnancy booking appointments due to staff availability. This test requires face to face contact with the midwife and therefore a delay in CO monitoring has taken place. The team then ensures this is completed at the dating ultrasound scan. CO monitoring is undertaken at all other face to face appointments which is why we are compliant with process indicator b). Due to improvements in staffing levels, we will be in a position to cease all telephone bookings by the 1/1/23. This will enable indicator a) to be met in 2023.

#### **Safety action 8: 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?**

a) 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 3 years, starting from the launch of MIS year 4 in August 2021: **Met**

b) 90% of each relevant maternity unit staff group have attended an 'in house' one day multi-professional training day, that includes maternity emergencies starting from the launch of MIS year four in August 2021? **Not met**

c) 90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day that includes antenatal and intrapartum fetal monitoring, starting from the launch of MIS year four in August 2021. **Not met**

d) Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating newborn infant have attended in-house neonatal life support training or a Newborn Life Support (NLS) course starting from the launch of MIS year four in August 2021. **Not met**

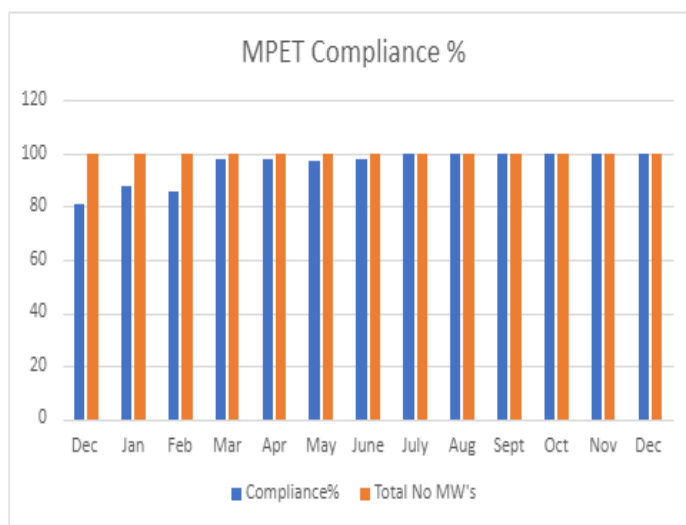
Initially when MIS launched in August 2021, the requirement was to be 90% compliant with relevant training by 12.00 midday on the 5<sup>th</sup> Jan 2023. In October 2022 this metric changed and became:

**Any 12 consecutive months within the period: 1st August 2021 until 5th December 2022**

We have not been at 90% compliant with training figures for any 12 consecutive months since August 2021, in any of the training elements. We would however have met 90% in all areas by 5<sup>th</sup> January 2023.

**Actions:**

Purchase and implementation of nationally recognised CNST approved obstetric multidisciplinary training package, PROMPT, at a cost of £8000 for the next 24 months to cover hospital and pre-hospital emergency care. This will also allow cross-coverage of teaching across the LMNS, and with West Midlands Ambulance service.



Midwives and midwifery support workers who attended the multi-professional Emergency training (MPET) day in December 2022 will be booked onto training during September 2023. The rolling programme will be created, in order to achieve compliance over consecutive months.

The Obstetric and Anaesthetic teams are aware that they must remain within these time parameters also.

**2.3 Safety action 10: 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?**

A) Reporting of all qualifying cases to HSIB from 1 April 2021 to 5 December 2022: **Met**

B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022 : **Met**

C) For all qualifying cases which have occurred during the period 1 April 2021 to 5 December 2022, the Trust Board are assured that:

1. the family have received information on the role of HSIB and NHS Resolution's EN scheme and **Not Met**

2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour. **Met**

In order to become compliant with this safety action, families must have been notified of the role of:

**HSIB: Met**

**NHS Resolution Early notification scheme: Not met.**

This affects 2 families that were not notified of the scheme. Process has now been put into place to ensure all families are notified of the role of HSIB and NHS resolution Early notification scheme at the point that duty of candour is undertaken. This is being over seen by the corporate governance team.

#### **4. RISKS AND MITIGATIONS**

4.1 The non-compliance with the maternity incentive scheme has been added to the risk register with associated actions for completion. Each action has a defined clinical lead and is monitored via the Maternity Governance group.

#### **5. RECOMMENDATION(S)**

5.1 The Trust compliance position will be reported to the Board in January 2023, and a declaration form will be submitted following agreement by the Board of Directors. An action plan will be submitted to NHSR, and the trust may be eligible for a payment in line with the actions required to enhance safety. A risk has been added to the Maternity risk register to reflect the non-compliance with the scheme as detailed above.

**Claire Macdiarmid**  
**Head of Midwifery**

**December 2022**

**Paper for submission to the Board of Directors 12 January 2023**

<b>Title:</b>	Freedom to Speak Up overview 2022-2023 Q1/Q2
<b>Author:</b>	Rebekah Plant – Freedom to Speak up Guardian
<b>Presenter:</b>	Rebekah Plant – Freedom to Speak up Guardian

Action Required of Committee / Group			
Decision	Assurance	Y	Discussion
<b>Recommendations:</b>			
The Board is asked to note the contents of this report.			

**Summary of Key Issues:**

This report contains an overview of Freedom to Speak Up (FTSU) Q1-Q2 22-23 including recent activities and numbers/themes of concerns.

Concerns received Q1/Q2 22/23

Category	Count
Attitudes and behaviours	35
Other	14
Patient Safety	6
Perceived bullying	3
Worker safety	1




- Attitudes and behaviours
- Other
- Patient Safety
- Perceived bullying
- Worker safety

The number of concerns received remains consistent at around 10 each month. Attitudes and behaviours remain the single most common reasons for concerns followed by patient safety concerns, worker safety concerns and perceived bullying.

Other concerns include issues raised over any work related issue which does not fit in to the mandated categories set by the National Guardian Office: examples of this would be concerns about staffing, training and processes.

Guidance has been released relating to the non-mandated training package for board members that will be scheduled in the coming year. In the meantime, Board members are asked to note next steps as given in the following report and to contact the FTSU lead should any further information required.

### Impact on the Strategic Goals

 <b>Deliver right care every time</b>	
 <b>Be a brilliant place to work and thrive</b>	
 <b>Improve health and wellbeing</b>	

### Implications of the Paper:

Risk	Risk Description:		
	On Risk Register:	N	Risk Score:
<b>Compliance and/or Lead Requirements</b>	CQC	Y	Details: Well Led
	NHSE	Y	Details: Review completed 2020
	Other	N	Details:
<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	Y	Date:
	Board of Directors	N	Date: 12/01/2023
	Other	N	Date:

## Freedom to Speak Up service overview 22 – 23 Q2 - Q3

The Freedom to Speak up (FTSU) service in The Dudley Group (DGFT) aims to provide all staff (including non-substantive) with a safe route to raise concerns in the workplace.

Concerns can be raised confidentially with the FTSU team who will listen and offer support and signposting as well as escalating appropriately as/when necessary. The service is represented as follows:

- Diane Wake - CEO and Executive Lead for Freedom to Speak up.
- Julian Atkins – Non-executive Lead for Freedom to Speak up.
- Rebekah Plant – Lead, Freedom to Speak up Guardian.
- Philippa Brazier – Freedom to Speak up Guardian.

Those wishing to raise concerns can contact the team directly, by phone, in person or by emailing (either individually or to our generic mailbox [dgft.raising.concerns@nhs.net](mailto:dgft.raising.concerns@nhs.net)).

Information and contact details for the service can be found on the Trust intranet and on posters displayed around the Trust sites.

### Governance arrangements

The FTSU steering group (meets quarterly) and includes representation from Human Resources, Staff side and Communications. The group reports into the Workforce and Staff Engagement Committee and to the Trust Board as required.

In line with the National Guardian office (NGO)'s guidance the Trust submits anonymised data about the numbers and types of concerns received, to their online portal on a quarterly basis. These submissions are analysed using the Model Hospital System and can be compared to local and national trusts.

### Networking

The Lead Guardian participates in twice monthly informal meetings with other FTSU Guardians in our region: best practice and new initiatives are shared in this way.

There are also quarterly regional formal meetings and separate working groups for different development projects.

The Black Country ICS Guardians have monthly meetings to provide peer support and develop joint working where appropriate. At present regular attendees (along with ourselves) are Dudley Integrated health Care (DIHC), the Royal Wolverhampton NHS Trust (RWT) and the ambulance service (WMAS).

### Strategy

The updated FTSU Strategy is in draft and pending final approval by the FTSU Steering Group.

### Champions

In order to maximise the accessibility of the FTSU service we have a network of 20 champions across the Trust in various roles including administrative, medical, nursing and AHP. Their role is a combined FTSU and patient safety role and the team are there primarily to listen and signpost: champions do not usually handle concerns themselves.

During Q1/Q2 proactive efforts have been undertaken to ensure there are champions based in as many key areas as possible: this includes two new champions in Maternity (acute and community), a new champion in ED and a new champion in Phlebotomy. Expressions of interest have been invited from paediatrics.

A core group of experienced champions remain in place throughout the acute and community sites including: Imaging, Pharmacy and Brierley Hill and Social Care Centre (HSCC). In line with workforce increase, there is a planned recruitment during 2023 to expand the champions.

It is widely acknowledged that some staff groups may experience barriers to speaking up/raising concerns and the FTSU team are committed to working towards removing these barriers: the champion network includes representation from BAME, LGBTQ+ and Disability staff groups.

### Recent activities

For 'Speak up' month 2022 a green raffle was held: staff could take a (free) ticket and win a green item. Feedback from this activity was very positive.



### Next steps

- 1) All three FTSU training modules have now been released by the National Guardian Office. They are not mandated at present but are recommended for the following staff groups:
  - Speak up – for all staff
  - Listen up – for all managers
  - Follow up – for senior leaders
- 2) The National Guardians Office has recently published 'Freedom to Speak up – a reflection and planning tool' and advised that this should be completed at least every two years.
- 3) The National Guardian Office has recently released their national policy with the recommendation that it should be adapted, for use, in individual organisations by 2024.

### Feedback recently received:

"Thank you so much for your support. I think it's really good that the Trust has a Freedom to Speak Up Guardian."

"Thank you so much for all you have done to support me through this."

### Rebekah Plant – Freedom to Speak up Guardian January 2023






## Paper for submission to the Board of Directors January 2023

<b>Title:</b>	Guardian of Safe Working Report
<b>Author:</b>	Mr Fouad Chaudhry – Guardian of Safe Working Hours
<b>Presenter:</b>	Mr Fouad Chaudhry – Guardian of Safe Working Hours

Action Required of Committee / Group			
Decision	Assurance Y	Discussion	Other
<b>Recommendations:</b> The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.			

Summary of Key Issues:
<p>This is first report from the newly appointed guardian and covers the period 26th February 2022 to 26th December 2022.</p> <p>There have been 65 exception reports raised in the period with 35 fully closed, 23 pending and 7 closed due to no response from the doctor.</p> <p>31 of the 65 cases were from General Surgery with FY1 doctors being the largest cohort to complete a report. No fines have been issued in this reporting period.</p> <p>There are currently 40 vacancies in the junior workforce.</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	
 Improve health and wellbeing	

Implications of the Paper:			
<b>Risk</b>	N	Risk Description: <i>Inc risk ref number</i>	
	On Risk Register: N	Risk Score:	
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE	Y	Details: HEE
	Other	N	Details:

<b>Report Journey/ Destination</b>	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: Jan 2023
	Other	N	Date:

## REPORTS FOR ASSURANCE

### Guardian of Safe Working Report

### Report to Trust Board January 2023

## 1 EXECUTIVE SUMMARY

This is first report from the newly appointed guardian and covers the period 26th February 2022 to 26th December 2022.

There have been 65 exception reports raised in the period with 35 fully closed, 23 pending and 7 closed due to no response from the doctor.

31 of the 65 cases were from General Surgery with FY1 doctors being the largest cohort to complete a report. No fines have been issued in this reporting period.

There are currently 40 vacancies in the junior workforce.

## 2 BACKGROUND INFORMATION

The purpose of this report is to give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered, and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

This paper provides a summary of the following areas related to JDT and the 2016 TCS:

- Challenges
- Exception reports
- Vacancies (data provided by Medical Work Force Department)

The role of Guardian of Safe Working Hours (GSW) is to:

- Ensure the confidence of doctors that their concerns will be addressed
- Ensure improvements in working hours and work schedules for JDTs
- Provide Board with assurance that junior medical staff are safe and able to work, identifying risks and advising Board on the required response
- Ensure fair distribution of any financial penalty income, to the benefit of JDTs.

This is the 19<sup>th</sup> GSW report and covers the period from 26<sup>th</sup> February 2022 to 26<sup>th</sup> December 2022. This is the first report of the new guardian (Fouad Chaudhry) who took this role in October 2022. The Guardian extend his warm wishes to previous Guardian (Mr. Babar Elahi) who has taken the role of the Chief of Surgery. The Guardian also wishes to thank Mr. Elahi who has performed his role extremely well and has built up a system that encourages trainee doctors to use the software (Allocate) to report their working pattern. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, and finance to establish his role in the Trust and build relationships.

### Exception Reports by Department – 26-02-2022 till 26-12- 2022 total = 65

Number of exception s carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	65	35	23 pending + 7 unresolved = reason "outcome agreed but doctor did not respond	31 General surgery 1 geriatric medicine 8 general medicine 11 Paediatrics 3 Acute medicine 3 Respiratory Medicine 4 T&O 1 vascular surgery 1 Renal medicine 2 Haematology medicine

### Exception Reports by Grade

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –
FY1:45 FY2: 6 ST6: 5 ST1:4 CT1/2:5	6	8	28	23

### Historic Data

Year	Total Exception Reports
2018	55
2019	103
2020	60
2021	44
2022	72

### **Exception Reports and Fines.**

- No fines submitted
- 7 exception reports still pending

## Medical Vacancies – Training

Total number of Doctors in training	222				
Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST)	ST Higher	
Acute internal medicine	0	0	3	2	5
Anaesthetics	0	0	0	1	1
Cardiology	0	0	2	0	2
Chemical Pathology	0	0	0	0	0
Clinical Radiology	0	0	0	0	0
Dental Core Training	0	0	3	0	3
Dermatology	0	0	1	0	1
Emergency Medicine	0	0	3	0	3
Endocrinology and Diabetes Mellitus	0	0	0	0	0
Gastroenterology	0	0	1	0	1
General Practice	0	0	0	0	0
General Psychiatry	0	0	0	0	0
General Surgery	0	0	0	1	1
Geriatric Medicine	0	0	5	1	6
Haematology	0	0	0	0	0
Intensive Care Medicine	0	0	1	1	2
Obstetrics and gynaecology	0	0	4	0	4
Ophthalmology	0	0	0	0	0
Oral and maxillofacial surgery	0	0	1	0	1
Otolaryngology	0	0	0	0	0
Paediatrics	0	0	4	0	4
Palliative Medicine	0	0	0	0	0
Stroke	0	0	1	0	1
Renal Medicine	0	0	2	0	2
Respiratory Medicine	0	0	1	0	1
Rheumatology	0	0	1	1	2
Trauma and Orthopaedic Surgery	0	0	0	0	0
Urology	0	0	0	0	0
Vascular Surgery	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>7</b>	<b>40</b>

## **Mitigations:**

Engagement with the junior doctor workforce continues to improve. The Guardian is following his strategy to engage with the junior doctors, which involves:

- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution.
- The Guardian has been communicating with junior doctors through electronic newsletter. This newsletter is focusing on the health and wellbeing of junior doctors.
- The number of exception reports during the reporting period is 65. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy. The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary. A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.
- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

**Fouad Chaudhry**  
**Guardian of Safe Working**  
**January 2023**

## Paper for submission to Trust Board 12 January 2023

<b>Title:</b>	Learning from Deaths
<b>Author:</b>	Dr Philip Brammer, Deputy Medical Director
<b>Presenter:</b>	Dr Julian Hobbs, Medical Director

Action Required of Committee / Group			
Decision	Assurance	Y	Discussion
			Other
<b>Recommendations:</b>			
This paper is to update the committee on current learning from deaths occurring within the Trust.			

Summary of Key Issues:
<p>The Trust has recorded an increase in SHMI (Summary Hospital-level Mortality Indicator) to 1.14 over the last reporting period, having previously noted a steady reduction in the previous 12 months. HSMR (Hospital Standardised Mortality Ratio) is stable at 120 and the historic increase at weekends has been resolved.</p> <p>The current diagnosis specific reports are detailed below show a risk regarding mortality related to respiratory illness. This is recorded on the Trust risk register ASM1633 and the support of AQuA (Advancing Quality Alliance) is in place to support quality improvement.</p> <p>The medical examiner service is fully embedded in the Trust and community rollout continues. Currently 100% of SJR reviews have been completed documenting high quality of care and no avoidable mortality. The Trust has attended less inquests each year and last received a Regulation 28 notice in 2019. The Trust has received no CQC mortality alerts since 2020.</p>

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

Implications of the Paper:			
<b>Risk</b>	Y	Risk Description and score: 1. COR1015 Compliance to the identification and action of all deteriorating patient groups. Score -15 2. ASM1633 Identified as outlier for COPD (Chronic Obstructive Pulmonary Disease) and Pneumonia mortality. Score 16	
<b>Compliance and/or Lead Requirements</b>	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:

<b>Report Journey/ Destination</b>	Working Group	N	Date:
	Committee	Y	Date: December 2022
	Board of Directors	Y	Date: January 2023
	Other	N	Date:

REPORT FOR ASSURANCE

MORTALITY ASSURANCE

1 EXECUTIVE SUMMARY

Nationally crude mortality rates have risen as a result of the COVID pandemic. Whilst mortality rates have fallen they remain above 2019 levels. Trust crude mortality rates have seen a decrease over the same period.

	Trust Crude mortality
2019	3.98
2020	3.83
2021	3.62
2022	3.6

The Trust was a national outlier at the request of the CCG from 2017 regarding mortality reporting, excluding low risk admissions with a length of stay of < 6 hours. This has been compounded by a threefold increase in admissions treated on ambulatory pathways in 2022 (800-2400 per month). As a result the Trust has recorded an increase in SHMI (Summary Hospital-level Mortality Indicator) in the last reporting period up to June 2022 with the latest value of 1.14. Assurance around the quality of care is provided below and the Trust has with the agreement of NHSE reverted to standard reporting from October 2022.

100% of Structured Judgement Reviews have been completed in 2022 since the introduction of a new mortality tracking system via AMAT (Audit Management and Tracking). 88% of cases show adequate to excellent care. No cases show a definite or strong possibility of avoidability.

The Trust current diagnosis specific reports are detailed below show a risk regarding mortality related to respiratory illness. This is recorded on the Trust risk register ASM1633 and the support of AQuA is in place.

2 BACKGROUND INFORMATION

2.1 Overall Standardised Mortality indices

Indicator	Current	Narrative
SHMI (Summary Hospital-level Mortality Indicator)	1.14	The Trust had seen a decrease/ stability in SHMI over the previous four reporting periods. However, we continue to have a higher-than-expected number of deaths (observed v expected). Whilst this mirrors our changes in our reporting the Trust is undertaking improvement work in the management of the deteriorating patient including sepsis, acute kidney injury, community acquired pneumonia and decompensated liver disease.
HSMR (Hospital Standardised Mortality Ratio) August 2021 to July 2022	123	HSMR has shown greater stability than SHMI over the last 12 months This is currently under investigation but national data notes higher daily death rates during periods of exceptionally hot weather in July. Weekend HSMR is now the same as week day mortality following the implementation of 7 day services.. The Mortality Surveillance group will continue to monitor HSMR & SHMI. Coding changes will take 9-12 months to impact. .

## Mortality May – July 2022

There was an increase in mortality during May – July 2022. There were 349 deaths across the Trust of which 121 of these occurred when the temperature for Dudley exceeded the normal range. Mean average admission was 9.6 days with a range of 0 -71 days. The mean average age was 78 years.

### 2.2 Current Condition Specific Alerts

Condition	Narrative	Actions
<b>Respiratory disease mortality</b>	The Trust does record higher than expected deaths for respiratory disease though no condition currently alerts as within the higher than expected range. Pneumonia SHMI had fallen from 107 to 101 (over 2 years) and the pneumonia AQ (Advancing Quality Alliance) bundle is well embedded, though we have noted an increase in Pneumonia SHMI on the last recording period to 108. Appropriate* and composite care scores** continue to improve and are 24% and 70% respectively. Interventions include, COPD and pneumonia care bundles, the use of the virtual ward and the ordering of CXRs to the point of admission. COPD and bronchiectasis grouping shows high values as does “other lower respiratory disease” which predominantly includes cases of pulmonary fibrosis. Other respiratory disease with focus on pulmonary fibrosis has not previously been audited but numbers are small (observed 22, expected 12)	<ol style="list-style-type: none"> <li>1. Review of implementation of COPD care bundles</li> <li>2. Audit of cases of pulmonary fibrosis and other conditions within the diagnostic grouping</li> <li>3. Planned external review of respiratory mortality</li> </ol>
<b>Alcoholic liver disease</b>	Alcohol related liver disease SHMI continues to remain high over the latest period having reduced over the last reporting period. However, it should be noted that the HSMR (i.e. deaths within hospital) remains low. The AQ care bundles continue to improve. ACS and CCS have risen to 9 and 58%. Interventions include the appointment of 2 alcohol advisory nurses, improvements in referrals to the gastroenterology team and time critical interventions in ED and Acute Medical Unit.	<ol style="list-style-type: none"> <li>1. Ongoing review of the coding data to examine correct coding of alcoholic liver disease versus decompensated liver disease as the 2 groupings carry significantly different mortality.</li> </ol>
<b>Fluid and electrolyte disturbance</b>	Fluid and electrolytes diagnostic grouping still show high values for SHMI though numbers of cases have fallen over the last reporting period. An in-depth audit of the case mix shows inclusion of e.g. patients with congestive heart failure with fluid overload and hyponatraemia in metastatic lung cancer.	Flagged cases are being reviewed to address coding anomalies in the future.

### 2.3 Learning from Case Note Review

As of December 2022, the Trust had completed 100% of the 164 SJRs referred. The care recorded was of a high standard in 63% of cases and rated as adequate to excellent in 88% of cases. Many of the cases where care was rated as less than adequate related to end of life issues and patients dying in ED where it was felt that admission could have been avoided.



There have been seven elective surgery deaths referred for review, all have been completed. Whilst the panel felt that there was learning to be gained from each case, there was no evidence of avoidability.

### **Specific Case Learning from Structured Judgement Reviews**

1. The medical certificate cause of death (MCCD) states stroke but the radiology report and stroke specialist felt that there was no evidence of a stroke. Review of the chest x-ray (CXR) suggested a more likely diagnosis of Lower Respiratory Tract infection/ pneumonia.
2. Patient treated appropriately, and palliated. However, concerns over communications with relative and death process in terms of verification, updating family and transfer to mortuary
3. Frail lady, with possibly underlying malignancy, refusing interventions. Patient appeared to be lacking capacity but there was a delay in this assessment/best interest meeting. Confusion about diagnosis of learning disability or dementia.
4. Missed clexane doses following surgery.
5. The recognition of the caecal perforation was delayed though it was clear that the acute illness would not have been survivable.
6. Patient well cared for and End of Life acknowledged – good Multi-disciplinary Team (MDT) discussions.

### **Actions from Learning**

- Reiteration of “which specialty” document to ensure that specialties undertake clinical review of referred patients in a timely manner
- Recent EMLAP audit of acute surgical abdominal emergencies showed good adherence to pathways and improved outcomes. Similarly, additional surgical registrars available acutely to support emergency pathways and ensure timely intervention
- Implementation of the Electronic NEWS and associated Deteriorating Patient documents on Sunrise to ensure appropriate escalation of patients
- Ongoing work by wards and palliative care teams in embedding Gold Standards Framework
- End of Life group and deteriorating patient groups working with divisions to increase recording of Treatment escalation plans for all inpatients.
- Ongoing work with primary care teams to embed RESPECT documents in the community to reduce inappropriate admissions at end of life

Indicator	2022	Trend																																																															
Overall quality of care  <i>Inpatient (IP)</i> <i>Emergency Department (ED)</i> <i>Learning Disability (LD)</i>	<h3 style="text-align: center;">Overall Care 2022</h3> <table border="1"> <caption>Overall Care 2022 Data</caption> <thead> <tr> <th>Category</th> <th>IP</th> <th>ED</th> <th>LD</th> </tr> </thead> <tbody> <tr> <td>V Poor care</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Poor care</td> <td>6</td> <td>6</td> <td>0</td> </tr> <tr> <td>Adequate care</td> <td>14</td> <td>7</td> <td>0</td> </tr> <tr> <td>Good Care</td> <td>17</td> <td>19</td> <td>14</td> </tr> <tr> <td>Excellent Care</td> <td>5</td> <td>4</td> <td>2</td> </tr> </tbody> </table>	Category	IP	ED	LD	V Poor care	0	0	0	Poor care	6	6	0	Adequate care	14	7	0	Good Care	17	19	14	Excellent Care	5	4	2	<h3 style="text-align: center;">Overall Care 2019-2022</h3> <table border="1"> <caption>Overall Care 2019-2022 Trend Data</caption> <thead> <tr> <th>Category</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>V Poor care</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Poor care</td> <td>9</td> <td>8</td> <td>3</td> <td>8</td> </tr> <tr> <td>Adequate care</td> <td>19</td> <td>17</td> <td>9</td> <td>19</td> </tr> <tr> <td>Good Care</td> <td>39</td> <td>67</td> <td>53</td> <td>53</td> </tr> <tr> <td>Excellent Care</td> <td>6</td> <td>5</td> <td>5</td> <td>6</td> </tr> </tbody> </table>	Category	2019	2020	2021	2022	V Poor care	0	2	0	0	Poor care	9	8	3	8	Adequate care	19	17	9	19	Good Care	39	67	53	53	Excellent Care	6	5	5	6									
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## **2.4 Medical Examiner Service Q2 2022/23**

Total Deaths in Q2	471
Total Deaths Scrutinised by Medical Examiner	470
% Deaths Scrutinised by Medical Examiner	99.8%
% Of MCCD (Medical Certificate of Cause of Death) over 72 hours	13.6%

The Dudley Medical Examiners (ME) Service continues to evolve within the Trust particularly with the upcoming role out of the service into the primary and community services. This will become statutory as of April 2023 and will result in 53 practices referring deaths for scrutiny to the ME service.

## **2.5 Perinatal Mortality Rates**

The Trust is currently above the national average for all levels of perinatal crude mortality but the adjusted perinatal mortality rates (i.e. expected deaths from congenital abnormalities or other known risks are excluded) are all below national average. MBRRACE data shows a high rate of perinatal mortality for the Midlands compared with nationally but the Trust is rated amber as being slightly above the national mean. Numbers of deaths are invariably small and can relate to deaths occurring outside the Trust itself when patients are transferred to tertiary centres.

### **Perinatal Mortality Reviews**

During Quarter 2 2022/2023 six perinatal deaths occurred that met the criteria for a perinatal mortality review. These included four stillbirths, one previable birth and one neonatal death. The Perinatal Mortality review of these cases is in progress. A total of three cases were reviewed during Quarter 1 2022/2023, this included the neonatal cases which had exceeded the timescale for review. When the cases were graded, there was 1 case where it was found there were improvements in care identified that may have changed the outcome.

### **Learning from Perinatal Deaths**

Improvements have been made in care and these include:

- The need for contemporaneous notes during the resuscitation of babies and utilising the newborn record document on the sunrise system.
- The need to undertake an audit of the necrotising enterocolitis pathway to ensure that the pathway is being followed and to identify learning.
- The implementation of staff allocation form in ED for resuscitation was identified learning in a SUDIC case earlier in the year and when a SUDIC case was reviewed in August 2022 it was clear that these improvements had been implemented and that staff were appropriately allocated and a member of staff supported the family throughout.

## **2.6 Coroners Inquests**

The Trust has noted reducing numbers of coroner's inquests. There have been no regulation 28 notices issued by the coroner since 2018/2019.

## **2.7 CQC Mortality alerts**

The Trust has received no CQC mortality alerts since 2020.

### 3 RISKS AND MITIGATIONS

3.1 The following associated risks are live on the Risk Register

Risk	Current Rating	Latest Update
ASM1633 Identified as outlier for COPD and Pneumonia mortality	16	COPD discharge care bundles being implemented and Virtual ward monitoring in place. COPD admission bundle identified as a need Pneumonia bundle actively implemented. Audit of COPD admissions to review care undertaken with no concerns raised

### 5. RECOMMENDATIONS

5.1 The Board is asked to note the increase in SHMI over the last reporting period but also the stability of HSMR related to deaths solely occurring within the Trust. The committee is also asked to note that we anticipate further increases in SHMI for subsequent reporting periods until the correction for SDEC activity is fully embedded.

5.2 The progress against mortality related actions is reported via Quarterly Learning from Deaths reports submitted to Quality and Safety and Trust Board.

**Dr Philip Brammer, Deputy Medical Director**  
**03/01/23**

**Paper for submission to the Board of Directors on 11<sup>th</sup> January 2023**

<b>Title:</b>	<b>Digital Committee Report – Public Board</b>
<b>Author:</b>	<b>Catherine Holland</b> (Digital Committee Chair)
<b>Presenter:</b>	<b>Catherine Holland</b> (Digital Committee Chair)

Action Required of Committee / Group			
Decision	Assurance Y	Discussion	Other
<b>Recommendations:</b> Note the report.			

Summary of Key Issues:
<ul style="list-style-type: none"> <li>• The Committee agreed that the assurance level for BAF risk 8 is negative</li> <li>• Confirmation of the strategic approach for the Frontline Digitisation Year One Bid as part of the 3 Year Digital Plan</li> <li>• Positive assurance provided by the ongoing CareCERT management process</li> </ul>

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

Implications of the Paper:			
Risk		Y	<p>Risk Description:  <b>BAF 8: 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.</b>  <b>COR1540 - Failure of the IT Infrastructure (compute, storage &amp; backups) would impact on patient safety and performance.</b>  <b>COR1083 Risk of a Cyber Security incident causing widespread impact on Trust operational capability</b></p>
	On Risk Register: BAF	Y	Risk Score: COR1540 (20), COR1083 (20) COR1865 (20). BAF 8 (20) inherent risk (25)
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE	N	Details:
	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statue 250)

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 23 <sup>rd</sup> November 2022
	Board of Directors	Y	Date: 12 <sup>th</sup> January 2023
	Other	N	Date:

## UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 23<sup>rd</sup> November 2022

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>The Digital, Data and Technology (DDaT) function has remained almost static in size over the last five years whilst there has been a significant increase in size of DGFT workforce, huge growth in the delivery of Digital, Data and Technology (DDaT) solutions and ongoing support of the ongoing IT estate as well as substantial demand for future digital services. This significant increase in requirements for Informatics and Digital activities has not been matched in digital resources, this is captured in BAF Risk 8</li> <li>Responding to national funding opportunities continue to present a challenge with short timescales negatively impacting the Trusts governance process.</li> <li>Despite significant evidence of existing controls and assurance in place to support BAF risk 8, the Committee determined that the current assurance level of BAF Risk 8 is negative. This is not related to the working of the IT department itself which is deemed effective.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Confirmation of the strategic approach for the Frontline Digitisation Bid – Year One. It was noted that the projects referenced were not additional and already part of the three year plan and focused on core requirements that will not mitigate current risks.</li> <li>The programme of work supported by the suboptimal business case approved in September 2022 (Cloud Programme - Phase 2) is now underway</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Positive assurance provided by the ongoing CareCERT management process</li> <li>Phase 1 of the Cloud Programme is progressing as per plan</li> <li>Seven digital projects have been deployed including the Black Country Pathology Services (BCPS) WinPATH and ICE systems to improve laboratory information, order communications and results management.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Following detailed discussion and a review of the evidence presented at the Committee it was agreed that the current assurance level of BAF Risk 8 is negative</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b>            Good meeting supported by a detailed and engaging presentation and excellent reports that clearly outlined IT risks related to Trust Strategic Objectives. Whilst quorate, attendance was smaller than previous meetings which needs to be taken wider for discussion</p>	