



Board of Directors Meeting Public Papers

Thursday 9th March 2023 10:00 - 13:20pm

MS Teams



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 to:
Sir David Nicholson, Chairman
The Dudley Group NHS Foundation Trust
And, Sandwell & West Birmingham Hospitals NHS Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.attwood3@nhs.net

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

2. Board Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

5. Minutes

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

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

6. Key Contacts



Andy Proctor
Director of Governance
The Dudley Group NHS Foundation Trust
Tel: 01384 4561111
Email: andrew.proctor5@nhs.net

Helen Board
Board Secretary
The Dudley Group NHS Foundation Trust
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Helen Attwood
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Board of Directors
Thursday 9 March 2023 at 10:00am
via MS Teams Video Conference
AGENDA

| ITEM | | PAPER REF | LEAD | PURPOSE | TIME |
|--|---|---------------------------|-----------------------------|-----------------------------|-------|
| Pharmacy Staff voice - an opportunity for those staff working at an operational level to talk about their role and in their own words say what it is like to work in the Trust and any key challenges they face. | | | | | 10:00 |
| 1 | Chairman’s welcome and note of apologies | Verbal | D Nicholson | For noting | |
| 2 | Declarations of Interest Standing declaration to be reviewed against agenda items | Enclosure 1 | D Nicholson | For noting | |
| 3 | Minutes of the previous meeting Thursday 12 January 2023 Action Sheet 12 January 2023 | Enclosure 2 All closed | D Nicholson | For approval | 10:20 |
| 4 | Chief Executive’s Overview | Enclosure 3 | D Wake/ Executive Directors | For information & assurance | |
| 5 | Chair’s Update | Verbal | D Nicholson | For information | |
| 6 | Public Questions | Enclosure 4 | D Nicholson | For information | |
| 7 | Patient Story – Abdominal Aortic Aneurysm (AAA) Screening | | | | |
| 8 | GOVERNANCE | | | | 11.15 |
| 8.1 | Board Assurance Framework | Enclosure 5 | H Board | For approval | |
| 8.2 | Trust Strategy Quarterly report Q3 2022/2023 | Enclosure 6 | K Rose | For assurance | |
| 8.3 | Digital Trust Technology Committee upward report | Enclosure 7 | V Randeniya | For assurance | |
| 9 | ⚙️ Drive sustainability financial and environment | | | 11:40 | |
| 9.1 | Financial & Performance Committee upward report | Enclosure 8 | L Williams / K Stringer | For approval | |
| 9.2 | Finance report Month 10 (January 2023) | Enclosure 9 | K Stringer | For approval | |
| Comfort Break (5 mins) | | | | | |

| | | | | | |
|--|---|--------------|-----------|---------------|-------|
| 10 |  Deliver right care every time12:10 | | | | |
| 10.1 | Quality & Safety Committee upward report | Enclosure 10 | G Bhogal | For assurance | |
| 10.2 | Chief Nurse Report | Enclosure 11 | M Sexton | For assurance | |
| 10.3 | Integrated Performance Dashboard | Enclosure 12 | A Thomas | For assurance | |
| 11 |  To be a brilliant place to work and thrive12:45 | | | | |
| 11.1 | Workforce & Staff Engagement Committee Report | Enclosure 13 | J Atkins | For assurance | |
| 11.2 | Workforce KPIs* | Enclosure 14 | A Duffell | For assurance | |
| 12 | Any Other Business | Verbal | All | For noting | 13:10 |
| 13 | Date of next Board of Directors meeting (public session) Thursday 11 May 2023 | | | | |
| 14 | Meeting close | | | | |
| Quorum: One Third of Total Board Members to include One Executive Director and One Non-executive Director | | | | | |
| Items marked*: indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance. | | | | | |

Register of interests 01/04/2022 - 31/03/2023 Board of Directors - The Dudley Group NHS Foundation Trust

Report prepared 01/03/2023

| Name | Position | Date of interest | Description |
|-------------------|-------------------------------------|-------------------------|---|
| Elizabeth Abbiss | Director of Communications | 01/09/2022 | Nil |
| Thuvarahan | Associate Non-Executive Director | 01/01/2015 | Candesic. Consultant. Strategic consultancy services |
| Thuvarahan | Associate Non-Executive Director | 01/09/2020 - 20/09/2022 | GP Salaried up until September 2022. Thereafter Gad hoc locum work |
| Thuvarahan | 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 | Interim Chief Information Officer | 23/12/2022 | Nil |
| Alan Duffell | Interim Chief People Officer | 20/06/2022 | Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position. |
| Alan Duffell | Interim Chief People Officer | 01/12/2022 | Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust |
| Alan Duffell | Interim Chief People Officer | 20/06/2022 | Interim CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust |
| Alan Duffell | Interim Chief People Officer | 01/07/2023 | Workforce/HR SRO for the Black Country Provider Collaborative |
| William Hobbs | Medical Director - Operations | 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 | Member - IPRR Health Advisory Committee |
| David Nicholson | Chairman | 01/09/2022 | Advisor to KPMG Global |
| David Nicholson | Chairman | 01/01/2023 | Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS (full-time) |
| David Nicholson | Chairman | 01/09/2022 | Senior Operating Partner for Healfund (investor in healthcare Africa) |
| David Nicholson | Chairman | 01/09/2022 - 31/12/2022 | Spouse was Chief Executive of Birmingham Women's and Children's NHS Foundation Trust |
| Andrew Proctor | Director of Governance | 18/08/2022 | Nil |
| Vijith Randeniya | Non-Executive Director | 06/10/2014 | Board member of Aston University |
| Vijith Randeniya | Non-Executive Director | 05/10/2020 | Chair, Trent Regional Flood and Coastal Committee, DEFRA |
| 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 | Chief Financial Officer, the Royal Wolverhampton NHS Trust. |
| 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 | Interim Chief Operating Officer | 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 |

UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)
held on Thursday 12 January 2023 10:00hr
virtually via MS Teams Video Conference

Present:

Liz Abbiss, Director of Communications (LA)
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)
Neill Crump, Interim Chief Information Officer (NC)
Alan Duffell, Interim Chief People Officer (AD)
Julian Hobbs, Medical Director (JHO)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
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, Interim Chief Operating Officer (AT)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)
Vij Randeniya, Non-executive Director (VR)

In Attendance:

Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Fouad Chaudhry, Guardian of Safe Working (FC) (Item 11.4)
Becky Cooke, Equality Business Advisor (Item 7 Staff Story)
Laura Cowley, Network Coordinator (Item 7 Staff Story)
Rebecca Davis, Imaging Dept. (RD) (Staff Voice)
Hannah Dodd, Women's Network Chair (HD) (Item 7 Staff Story)
Ninette Harris, Sustainability Lead (Public Questions)
Claire MacDiarmid, Head of Midwifery (CM) (Item 11.2)
Hanan Mohamed, Imaging Dept. (HM) (Staff Voice)
Karen Noy, Disability Network Chair (KN) (Item 7 Staff Story)
Rachel Pearce (Item 7 Staff Story)
Rebecca Plant, Freedom to Speak Up Guardian (RP) (Item 11.3)
Raghvinder Ram, EmbRace Network Chair (RR) (Item 7 Staff Story)

Apologies

Karen Kelly, Chief Operating Officer (KK)

Governors and Members of the Public and External attendees

Alex Giles, Public Elected Governor, Stourbridge and Lead Governor
Sandra Harris, Public Elected Governor
Lizzie Naylor, Public Elected Governor, North Dudley
Yvonne Peers, Public Elected Governor, North Dudley
Cllr Alan Taylor, Appointed Governor, Dudley MBC
Tim Weller (Public Questions)

Not in attendance

Andy Proctor, Director of Governance

Staff Voice – Imaging Team

The Board was joined by members of the Imaging Team.

AD asked about the key challenges faced by the Imaging Team. HM confirmed that staffing issues and inadequate space were the main concerns for the department. RD also added that there were currently IT issues that were being resolved to support the service delivery.

VR asked at what stage staff decided to become a Radiographer. HM responded that Radiography as a career was generally happened on by chance but more recently schools and education providers have given more focus to recommending Radiology as a career. RD agreed that there is much more focus on recruitment to the specialty pathway with younger students.

KR asked what the staff in the department were most proud of. HM stated that she was very proud of the support to the service offered by the organisation and the improved performance in diagnostic services offered to our patients.

GB commented that it was important to understand the factors that make staff train and stay at the Trust. RD said that she felt that staff were drawn to the family atmosphere at Dudley and noted that career progression opportunities were also important.

LH welcomed the apprenticeship programme within the specialty. JHO thanked the team for their support during COVID-19 and congratulated the team on the quality of the service provided.

The Chairman thanked the staff for their inspiring presentation and that the Board would take away to look at addressing the concerns raised and how to further improve the service.

23/01 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.

23/02 Declarations of Interest

The Chair declared 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.

23/03 Minutes of the previous meeting held on 17 November 2022

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

It was **RESOLVED**

- The minutes were approved

Action Sheet of 17 November 2022

All actions were completed or not yet due.

23/04 Chief Executive's Overview and Operational Update

DW summarised the report given as enclosure four and highlighted the following:

The biggest pressure to the organisation remained urgent and emergency care. December and January had both been very challenging with above average ambulance conveyances. Whilst there had been some ambulance handover delays, the priority was to ensure patients remained safe in the Department. DW thanked partners in Dudley Place for their support. Staff were incredibly tired and exhausted and were commended for their hard work and resilience.

An ambulance strike had taken place on the previous day and noted that capacity was slightly lower as a result. There were 100 inpatients that were medically fit for discharge and were encountering delays with discharge and noted that the Trust was working with partners to address.

The Trust was committed to its elective recovery programme and was performing well with a focus on 62 day and 55 week performance. The Trust was on target to deliver the cancer performance required by April 2023.

The Trust had experienced an increase in flu cases during December and noted that numbers had now decreased.

VR asked about the challenges in ED and if there was any concern about the safety of patients in ED and as a result of ambulance handover delays. DW confirmed that the Trust operates a very robust process to ensure that patients were always kept safe. In response to VR query related to discharge planning DW confirmed that delayed discharges were closely managed and confirmed that some additional funding had been agreed with more investment needed in social care. The Trust was to invest in its Discharge Team to improve discharge planning and performance. AT confirmed that the Clinical Hub was used to ensure that care was wrapped around patients in the Community.

The Chairman agreed that maintaining patient flow was critical and the importance of ensuring that our processes worked well.

It was **RESOLVED**

- That the report be noted

23/05 Chair's Update

The Chair noted the unprecedented demands on the system and the fantastic response from all staff to ensure the best outcomes for patients.

23/06 Public Questions

Questions had been submitted in relation to Trust Initiatives supporting sustainable transport.

KS confirmed that a number of valid points had been raised and the Trust's sustainability lead would contact Mr Weller directly to respond to his concerns and questions.

Mr Weller highlighted the importance of the local cycleway as a business, commuter and leisure route and the need for upgrade. The Chairman confirmed he was due to meet with the Leader of Dudley Council and raise it at that time.

23/07 Staff Story – Staff Inclusion Networks Presentation

The Chair welcomed Becky Cooke, Equality Business Advisor, Raghvinder Ram, EmbRace Network Chair, Karen Noy, Disability Network Chair and Hannah Dodd, Women's Network Chair to the meeting.

The Team presented on the Networks including the following key highlights:

- History of Staff Networks
- Priorities and Events in 2022
- Collective Achievements with Organisation Support
- Priorities for 2023
- Opportunities for 2023
- What the Board can do to Support Work

Effective Staff Networks offered many benefits for the Trust and the organisation would continue to support and promote their work. The Networks have been approached by other organisations to share learning.

The Board were asked to continue to support the Networks function and promote their work going forward.

CH acknowledged the progress and commitment made by the Teams. GB commented that he was Chair of the Equality, Diversity and Inclusion Steering Group and recognised the role of the Networks towards the success of the organisation and thanked everyone involved for their work.

LH welcomed the amazing progress and congratulated the Teams for their efforts. JA recognised the achievements as Chair of the Workforce Committee and acknowledged and thanked the Network Leads and Becky Cooke for her continued support to the inclusion teams.

AD stated that it would be useful to connect with Inclusion Networks at other Trusts. HD confirmed that these connections were planned and would be improved over the next 12 months to share work.

The Chairman thanked the Teams for their inspiring presentations and discretionary efforts and confirmed that they were a huge asset to the organisation.

23/08 WORKFORCE

23/08.1 Workforce and Staff Engagement Committee Report

JA summarised the report given as enclosure six relating to committee meetings held in November 2022 and January 2023.

Mandatory training compliance remained a matter of concern although performance was noted to be improving in January with the development of an external website to improve accessibility to training. Appraisal rates were disappointing and the Committee was holding Divisions to account for improving performance. Positive assurance was noted with 300 apprentices at the Trust and recruitment was ongoing. The Committee was pleased to see the significant reduction in vacancy rate and improvement in nurse recruitment figures. A report was received on job planning and all concerns raised by the auditors had been addressed. The Equality, Diversity and Inclusion (EDI) gold award was welcomed. Early results from the national staff survey were being considered with early results indicating a favourable performance.

Major actions underway include improving the take up of Managers Essentials training. Decisions made included a decision on the Committee's level of assurance rated to the Board Assurance Framework.

The Chairman asked about the issue relating to mandatory training and JA confirmed that the position would continue to be monitored.

It was **RESOLVED**

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

23/08.2 Workforce KPIs

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

The Trust was reporting a vacancy rate in single figures for the first time. Mandatory training compliance had been adversely affected due to capacity pressures experienced by the Trust.

It was **RESOLVED**

- That the report be noted

23/09 FINANCE AND PERFORMANCE

23/09.1 Finance and Performance Committee Report

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

The key challenge faced by the Committee was delivery of a financial plan that was satisfactory to the System to achieve a system break even position at the year end.

At its December meeting the Committee had been better assured on the Trust's Cost Improvement Programme. Several decisions were made by the Committee related to contracts and several assurances were received around Trust performance.

KS confirmed that all providers in the System were working towards a break even plan. The Committee was keen to ensure that the Trust accessed all additional and available funding. NHS national planning guidance had been released and the Trust was working through the guidance to understand the impact on the Trust and the System. An update on the guidance would be provided at the next Finance and Performance Committee.

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 based on the System break even plan

23/09.2 Integrated Performance Dashboard

AT wished K Kelly a speedy recovery and thanked N Crump for his support as Interim Chief Information Officer. AT summarised the report given as enclosure nine and highlighted the following:

Ambulance offloads had been particularly challenging in the last few weeks because of capacity demands and lack of patient flow. The four hour access standard remained below target and the Trust was making every effort to achieve and maintain performance.

Work continued unabated in respect of the cancer performance recovery and expediting referrals to pathways. General elective recovery performance was good and on track to meet year end targets.

It was **RESOLVED**

- That the report be noted and taken for assurance

23/09.3 Audit Committee Report

GC summarised the report given as enclosure 10 relating to the Committee meeting held in December 2022.

There had been no key issues for escalation and the work of the Committee was on track. There was an advisory review on job planning and the Committee would follow up to ensure delivery. Risks in relation to Cyber security was well understood and work was ongoing to address areas of concern.

The audit plan was on track to deliver and noted further work was planned in respect of discharge management. The committee had received positive assurance in relation to the Board Assurance Framework.

In response to the Chairs question about responsiveness to management actions identified as part of the review work, GC acknowledged there had been some improvement.

It was **RESOLVED**

- to note the assurances provided by the Committee and the major actions commissioned and work that was underway

23/10 GOVERNANCE

23/10.1 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) summary document given as enclosure 11. 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.

Eight risks were listed on the BAF that were regularly reviewed by the Committees of the Board. All risks had been assigned assurance ratings. A risk appetite statement for the Trust has been developed and was included in the papers for approval by the Board.

CH welcomed the improvements to the BAF.

It was **RESOLVED** to

- note the report to be taken for assurance and that the Board Assurance Framework was built into the work of the Board Committees
- approve the risk appetite statement

23/10.2 Charitable Funds Committee Report

JA summarised the report given as enclosure 12 relating to the Committee meeting held in December 2022.

There had been some matters of concern around lack of progress developing the Staff Wellbeing Hub due to Mitie. DW confirmed that C Walker was addressing the issues directly with Mitie to ensure programme completion.

The Committee received positive assurance in respect of fundraising with the total fund balance standing at £2.7m. Major actions were underway to encourage fund managers to spend the funds. The Committee would invite managers to future meetings to explain funding plans.

The Committee recommended to the Board that the responsibility to approve the charitable fund accounts was delegated to the Audit Committee.

The Chairman acknowledged the good work, particularly that of the Fundraising Manager and highlighted the importance of having spending plans.

It was **RESOLVED** to

- note the assurances provided by the Committee, the matters for escalation and the decisions made
- approve the delegation of the approval of the charitable fund accounts to the Audit Committee.

23/11 QUALITY AND SAFETY

LH noted that the December meeting of the Quality and Safety Committee had been cancelled owing to operational pressures and the subsequent review of the papers that had been circulated to the committee members would be reported to the January 2023 meeting of the Quality and Safety Committee.

23/11.1 Chief Nurse Report

MS summarised the report given as enclosure 13 and highlighted the following key areas:

The final cohort of international nurses had arrived and confirmed that 300 had been employed. The Trust had received an award from the NHS Pastoral Care Quality Scheme in recognition of the quality and delivery of pastoral care for internationally educated nurses and midwives.

Four detentions were noted under the Mental Health Act with no concerns raised. The staffing review had been completed and would be considered at the next meeting of the Quality and Safety Committee.

The Maternity Report was included and highlighted the key areas for noting.

VR merited the work on international recruitment and commented that he would be interested to hear about lessons learnt for future cohorts. MS confirmed that work was formally underway to review this and apply to future cohorts and to inform and improve retention strategies.

The Chairman thanked the Team involved in the recruitment process.

It was **RESOLVED**

- That the report be noted and assurances received

23/11.2 Maternity Incentive Scheme Trust Board Declaration

[LW left the meeting]

CM presented the report given as enclosure 14 and highlighted the following points:

The Trust had completed an evaluation of the 10 safety actions and had achieved compliance against 7 of the 10 due to changes in the guidance.

The Chairman was disappointed with the position and the unfairness of the situation in relation to the changed guidance and whether this had been challenged.

DW confirmed that the Trust was not yet aware of the effect on funding. A validation process would be completed prior to final submission in February 2023.

JA asked about Maternity staffing and when the position was expected to approve. CM confirmed that the vacancy position had halved to 14 WTEs and was on trajectory to be at full establishment.

LH confirmed that the Trust had been very transparent around the position and had developed a robust plan to address the situation.

The Chairman remained concerned around accountability and whether this was as a result of the Trust's failure to meet actions or whether it was because of changed technical guidance. DW shared the frustration and questioned whether the Trust should challenge the situation.

It was **RESOLVED**

- The Board noted the Trust compliance position against the Maternity Incentive Scheme, noted the actions being taken to deliver full compliance and noted the financial risk as the Trust may not be eligible for the full rebate.

23/11.3 Freedom to Speak Up Report (FTSU)

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

There were a consistent number of concerns received and noted a shift in the theme of concerns about processes and ways of working compared to earlier trends around attitudes and behaviours.

Improvements were being made to training methods and confirmed that all three FTSU training modules had now been released by the National Guardian Office and recommended for the following staff groups:

- Speak up – for all staff
- Listen up – for all managers
- Follow up – for senior leaders.

The Chairman thanked RP for her work.

It was **RESOLVED**

- That the report be noted and assurances received

23/11.4 Guardian of Safe Working Report

FC presented the report given as enclosure 16 and highlighted the following points:

In the last 10 months there had been 65 exception reports raised, 35 of which had been fully closed, 23 were pending and seven had been closed as no further response from the doctor. Robust processes were in place to support junior doctors.

VR welcomed the report and asked about the impending industrial action. FC commented that there was concern regarding a pay rise.

LH commented that the Surgery Division mainly features in the exceptions raised (31 cases) and asked why they were an outlier. FC felt that the number of exceptions related to Surgery as this was a particularly busy role and Drs were more likely to work outside shift hours. It was noted that there were no safety concerns relating to patients. LH suggested that workload may need to be given consideration. FC stated that when Junior Doctors became more familiar and used to the role the situation improved.

JA expressed concern over the length of time to address reports and whether FC had sufficient time to undertake the role. FC confirmed that the supervisor software was not user friendly and this resulted in delays.

TA felt that there was an issue with the workload in Surgery and had the potential to put junior doctors under immense pressure and felt that there should not be an expectation that junior doctors need to work outside of their rostered hours. FC stated that junior doctors were not encouraged to work overtime. JHO agreed that general surgery was very busy noting that job planning and effective use of rotas were optimised to help with the situation. The high exception reporting would be taken seriously and investigated and reiterated the steps taken to support doctors and promote their wellbeing. JHO had asked colleagues in the Black Country to share exception rates. There were plans to improve the junior doctor's vacancy rates adding that in general the junior doctor staffing story was one of success.

The Chairman thanked FC for taking on the role and was content that JHO and his team would work with him to address the Surgery outlier position.

It was **RESOLVED**

- That the report be noted and assurances received as per the preamble to this minute

23/11.5 Learning from Deaths Report

JHO presented the report given as enclosure 17 and highlighted the following points:

The Trust's crude mortality rate was falling. HSMR was the same during the week as at the weekend which was assuring. The SHMI was an outlier owing to the historical reporting position; the matter had been addressed but had brought an anomaly into reporting which would be evident for the next six months.

This was significant assurance evidenced in the paper related to the quality of care. There were three layers of assurance around avoidability. The Trust remained at 100% performance for completion of Structured Judgement Reviews (SJR). There had been no regulation 28 notices issued from the Coroner for three years.

The Chair asked if the Quality and Safety Committee was assured. LH confirmed that they were and understood the reasons around the SHMI position.

It was **RESOLVED**

- That the report be noted and assurances received

23/12 DIGITAL TRUST TECHNOLOGY

23/12.1 Digital Trust Technology Committee Report

CH summarised the report given as enclosure 18 relating to the last Committee meeting.

Negative assurance was noted around the Trust's IT position as reflected in the Board Assurance Framework and the assurance level for the risk was negative. National funding opportunities often came regularly and with short timescales and resulted in additional pressure for the team and impacted negatively on the Trust's governance processes.

Positive assurance was received on dealing with data security issues. Phase 1 of the cloud programme was progressing to plan.

The Committee received confirmation of the strategic approach for the Frontline Digitisation Year One bid as part of the Three Year Digital Plan.

The meeting was positive overall and noted that attendance was poor and encouraged all members and attendees to maintain a regular attendance.

NC confirmed that where and how investment was made would be part of the annual planning process currently underway.

The Chairman asked that in future reports to Board there was more detail and a more considered view around dealing with IT issues.

It was **RESOLVED**

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

23/13 Any other Business

There was none raised.

23/14 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 9 March 2023.

23/15 Meeting Close

The Chair declared the meeting closed at 12.30hr.

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

Date:

Paper for submission to the Board of Directors on 9 March 2023

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

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

| Summary of Key Issues: |
|--|
| <ul style="list-style-type: none"> • Operational Performance • CQC Unannounced Inspection Paediatrics ED • Charity Update • Healthcare Heroes • Black Country Provider Collaboration • Patient Feedback • Visits and Events |

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

Implications of the Paper:

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

| | | | |
|--------------------------------|----------------------|---|--------------------|
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | N | Date: |
| | Board of Directors | Y | Date: 9 March 2023 |
| | Other | N | Date: |

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 9 MARCH 2023

Operational Performance

The Trust continues to perform strongly against key national elective restoration and recovery targets and is on course to deliver zero 78 week elective breaches by the end of March 2023. At the time of reporting, this places the Trust 6th of 20 Midland acute Trusts, with Dudley's cohort of patients still to treat constituting just 0.27% of the regional backlog. The Trust also reported the 6th best median wait times within the region. Mutual aid has also been provided to other acute Trusts within the Black Country to support a system-wide reduction in the elective backlog.

Waiting times for 2 week wait suspected cancer referrals remain broadly consistent with last month, however, unvalidated data for February shows an improving picture. A full, 2 week wait demand and capacity modelling exercise has been completed for all tumour sites, along with associated recommendations to increase baseline capacity in most specialities. Operational focus in cancer remains on reducing the number of patients waiting 104 days to commence treatment, which has seen a reduction over the last month.

Following significant pressure within Urgent and Emergency Care during December, January saw a bettering of performance, particularly with regards to ambulance handover delays. The number of handover delays over 60 minutes significantly reduced, with over 400 fewer delays in January compared to December. The number of consecutive days with zero handover delays of over 1 hour also increased in January. Emergency Department triage performance across all triage areas improved during January, partially reversing the decline seen during the highly challenged month of December. Emergency Department 4 hour performance also realised an improvement, rising by 4% to 77.6%.

CQC Unannounced Inspection Paediatrics ED

The Trust received an unannounced CQC inspection of our Paediatrics ED on the 22 February 2023.

The draft report is still awaited and once this is received the process of factual accuracy will be followed and actions that require intervention will be taken forward.

Charity Update

Virtual London Marathon

The Trust Charity is offering six places to local runners interested in taking part in this year's London Marathon by joining their #TeamDudley virtual team on Sunday 23rd April 2023.

Virtual participants will have 24 hours to complete the 26.2 mile distance, which can be completed in stages or all in one go. Runners can compete alone or with friends, and those feeling brave enough can even do it in fancy dress! All registered participants will receive an official London Marathon number before the event. Runners log their race on the London Marathon app and will be awarded a coveted official finishers medal and T-shirt on completion.

Those interested should email dgft.communications@nhs.net

Reusable Travel Mugs

Purchase a Trust Charity eco travel mug available at Mitie restaurants in Russells Hall Hospital and Corbett and Guest outpatient centres. The reusable mug is made from bamboo, not plastic and is perfect for enjoying a drink on the go. The suggested donation is £3. The charity team will also be selling the mugs alongside other reusable products like water bottles and tote bags on the afternoon of Tuesday 14th March on the charity hub at Russells Hall Hospital's main reception.

Healthcare Heroes



September's individual healthcare hero – Jessica Kainth

Jessica has been a physician associate for just over year, coming straight from university and has hit the ground running, quickly adapting to the fast-paced environment of the acute medical unit. She is passionate, caring and always acting as a patient advocate. She is also friendly and very supportive toward

her peers, always checking in with them to make sure they are ok. On a particularly stressful day while working as handover clinician, Jessica made sure to speak with every individual, asking how she could assist and also offered everyone refreshments.

Black Country Provider Collaboration

An 'away afternoon' was held for the Collaborative Executive (*with an extended invite to all CMO's in light of the clinical focus of the discussions*) on 15th February 2023, at Himley Hall. The 'face to face' session was an opportunity to reflect on progress made, survey the emerging healthcare landscape, and plan for the development of priorities for pursuit and progress in 2023-24.

A healthy and sometimes passionate discussion was had by the delegates, with the following agreements reached by the Collaborative Executive:

1. Clinical Improvement Programme

- The continuation of existing priorities which will see the:
 - Rapid completion of remaining tasks and milestones, and
 - a specific focused support on the transformation projects (13-15)
- Any new priorities must follow the agreed PMO / governance process, with any rationale for pursuit to be underpinned by firm evidence base and where possible 'data driven'.
- The concept of 'Black Country Service model' approach (*e.g. Black Country Renal Service*) is supported but needs to go through the governance process.

2. Corporate Improvement Programme

- A recognition that progress has been slow and limited, with a desire to move quickly in a small number of areas.
- Preference is to focus on a few corporate areas initially, which are:
 - Procurement
 - Payroll
 - Human Resources to be progressed in a phased and differential manner.
- Options for appraisal are to be provided to Collaborative Board for decision.
- Other areas may progress under their own steam in parallel.

3. Other Discussion points

A number of additional discussion points were also touched upon throughout the afternoon, which included:

- a) **Black Country Provider Collaborative (BCPC) Scope** – It is becoming apparent that there may be a need to obtain clarity on whether the scope of the BCPC is expanding beyond the initial remit (which is focused on quality & productivity. If so, capacity and capability considerations alongside budget commitments for 23-24 will be required.
- b) **Governance** – There is a need to evolve and grow as a Provider Collaborative which is likely to require an alternative governance arrangement to enable effective and timely delivery across the system to occur. This also needs to be cognisant of the move towards the '*Single Chair, Group Model*' and any implications that this may present.
- c) **PCIS** – Given the unsuccessful application for the national Provider Collaborative Innovators Scheme, a review of priorities and commitment to the outlined ambitions will require the development of an alternative plan identifying 'needs' for their successful implementation.

It was agreed that further work would be undertaken by the BCPC leadership to add a level of granularity to these agreements and discussed at future Collaborative Executive and Board meetings.

Patient Feedback

C2 Virtual Ward - Using the paediatric virtual ward meant we could be discharged earlier and have reassurance that I could check on my little boy in the comfort of my home.

C4 (Georgina ward) - Excellent service and very caring staff at Georgina ward, cannot fault the understanding and caring service I received. Thank you so much.

CASH Clinic - The doctor and the nurse who treated me were extremely caring, empathetic, and made me feel at ease.

Clinical Research Unit – Prompt service, kept well informed and the procedure was undertaken in a friendly and professional manner.

Community Continence Team – The lady was kind, understanding and treated me with dignity. I felt very comfortable with her and not embarrassed.

Dental Surgery - The nurses were very nice and, even though I was scared, they kept me at ease - they were lovely.

Emergency Department – When I attended resus, staff were there to look after me. I was never left on my own. Every option was explored, and I was very calm in their care. Absolutely brilliant NHS workers doctors nurse etc.

FAA (Frailty Assessment Area) - Amazing staff helped my mom and myself keep calm and happy in a very stressful situation. Treated mom like their own mom.

General Outpatients - Everyone was pleasant and efficient. I appreciated the clarity which gives me confidence for the surgery and the things I need to take responsibility for.

GI Unit - All nurses/staff were pleasant and friendly. Willing to answer my questions and understanding of my worries and anxiety. Appointment was on time and procedure swift. Consultant was reassuring and knowledgeable.

Maternity (Birth) - Midwives really helpful and approachable. Care staff couldn't do enough for us in aftercare.

Neonatal - The staff are incredible and saved our daughters life. Can't thank them enough for everything they have done.

Phlebotomy – The lady was very kind and didn't make me feel embarrassed about being scared. She chatted to me throughout.

Surgical Assessment Unit - I'm scared of hospitals and I was at pre-op assessment, but the receptionists were fantastic. It took the edge of a bit with them being so very friendly - 10/10 both. They made me laugh, so thank you very much!

Visits and Events

| | |
|-----------------|--|
| 5 January 2023 | Rheumatology Get it Right First Time (GIRFT) visit |
| 9 January 2023 | Black Country Cancer Services Review |
| 11 January 2023 | Accident & Delivery Board |
| 12 January 2023 | System Development Committee |
| 16 January 2023 | Black Country Cancer Deep Dive |
| 17 January 2023 | West Midlands Cancer Alliance Board |
| 17 January 2023 | West Midlands Acute Provider Meeting |

| | |
|------------------|---|
| 18 January 2023 | Regional Cancer Board |
| 19 January 2023 | Respiratory Medicine Consultant Interviews |
| 20 January 2023 | Local MP Update |
| 23 January 2023 | Integrated Care System Cancer Board |
| 25 January 2023 | Dudley Integrated Healthcare Project Board |
| 25 January 2023 | Black Country and West Birmingham Elective Diagnostic Strategic Board |
| 26 January 2023 | Black Country Integrated Care Board |
| 2 February 2023 | Accident & Emergency Delivery Board |
| 9 February 2023 | Private Board of Directors |
| 10 February 2023 | Integrated Care System Cancer Board extraordinary meeting |
| 14 February 2023 | West Midlands Imaging Network Board |
| 15 February 2023 | Ophthalmology Away Day Welcome |
| 15 February 2023 | Regional Cancer Board |
| 15 February 2023 | Black Country Provider Collaborate Executive Away Day |
| 22 February 2023 | Dudley Integrated Healthcare Project Board |
| 22 February 2023 | Black Country & West Birmingham Diagnostic Strategic Board |
| 27 February 2023 | Integrated Care System Cancer Board |

**Paper for submission to the Board of Directors
on 9 March 2023**

| | |
|-------------------|--|
| Title: | Board Assurance Framework Summary February 2023 |
| Author: | Helen Board, Board Secretary |
| Presenter: | Helen Board, Board Secretary |

| Action Required of Committee / Group | | | |
|--|-----------------|----------|-------------------|
| Decision | Approval | Y | Discussion |
| <p>The Board is asked to:</p> <ul style="list-style-type: none"> - 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 January and February 2023 and assigned an assurance level rating - note that the BAF remains dynamic and continues to contribute to the shape and structure of committee business - note the refresh of the revised committee level assurance descriptors | | | |

Summary of Key Issues:

Background

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

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

Each committee receives their individual BAF risks scheduled throughout the year tabled by the Executive lead for that risk.

The Board of Directors receive a one page summary of the BAF at its public meetings – see appendix 1.

Summary of changes since the last report – January 2023

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

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

In summary, there has been movement of scores in the reporting period as follows:

BAF risk 1 - the risk score has increased to 20 to reflect the increased pressure/demand on services seen across Q3 and into Q4 locally and nationally cumulating in local critical incidents in relation to patient flow and delayed ambulance offloads

BAF risk 2 - the risk score has decreased to 15 to reflect that there has been a reduction in vacancy level (8% in January 2023 from 14% in April 2022) and low turnover (8% in January 2023).

For the remaining six risks that was no movement on the net risk scores 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.

Committee assurance levels – revised descriptor

The Good Governance Institute (GGI) have continued to support the ongoing development and embedding of the Board Assurance Framework and recently facilitated a follow up meeting with non-executive committee chairs.






The descriptors used to assess and determine Committee Assurance Levels have been refreshed and Committees are asked to assign its assurance level based on:

Positive: The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.

Inconclusive: Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.

Negative: There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision.

Impact on the Strategic Goals

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

Implications of the Paper:

| Risk | N | | Risk Description: | |
|--|----------------------|--|-------------------|---|
| | On Risk Register: N | | Risk Score: | |
| Compliance and/or Lead Requirements | CQC | | Y | Details: Well led |
| | NHSE | | Y | Details: Publication approval ref: C1518 |
| | Other | | N | Details: |
| Report Journey/ Destination | Working / Exec Group | | Y | Date: |
| | Committee | | Y | Date: various dates – January & February 2023 |
| | Board of Directors | | Y | Date: 09/03/2023 |
| | Other | | N | Date: |

Summary Board Assurance Framework (BAF): February 2023

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

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

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

Risk Scoring =Consequence x Likelihood (C x L)

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






| Committee Assurance Level <i>descriptors updated March '23</i> | |
|---|--|
| Positive | The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months. |
| Inconclusive | Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months. |
| Negative | There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision |
| 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 (CxL) | Current Residual Risk score (CxL) | Target Risk Score (CxL) | 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 | Feb 2023 | 25 (5x5) | 20 (5x4) | 12 (4x3) | Moderate | Inconclusive 28/02/23 |
| 2 | Workforce | Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities | Chief People Officer | Workforce & Staff Engagement | Feb 2023 | 25 (5x5) | 15 (3x5) | 10 (2 x5) | Moderate | Positive 28/02/23 |
| 3 | Staff satisfaction | Failure to improve and sustain staff satisfaction and morale | Chief People Officer | Workforce & Staff Engagement | Feb 2023 | 15 (3x5) | 12 (3x4) | 8 (2x4) | Moderate | Inconclusive 28/02/23 |
| 4 | Finance | Failure to reduce cost to better than England average | Director of Finance | Finance and Performance | Feb 2023 | 20 (4x5) | 16 (4x4) | 16 (4x4) | Moderate | Inconclusive 23/02/23 |
| 5 | Environmental | Failure to achieve carbon reduction emissions in line with trajectory | Director of Finance | Finance and Performance | Feb 2023 | 16 (4x4) | 12 (3x4) | 12 (4x3) | Cautious | Positive 23/02/23 |
| 6 | Partnerships | The Trust fails to deliver on its ambition to build innovative partnerships in Dudley and beyond | Director of Strategy | Finance and Performance | Feb 2023 | 16 (4x4) | 12 (3x4) | 8 (2x4) | Open | Positive 23/02/23 |
| 7 | Operational Performance | Failure to achieve operational performance requirements and deliver strategic goals | Chief Operating Officer | Finance and Performance | Feb 2023 | 25 (5x5) | 20 (5x4) | 12 (4x3) | Moderate | Positive 23/02/23 |
| 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 | Jan 2023 | 25 (5x5) | 20 (4x5) | 16 (4x4) | Moderate | Negative 18/01/23 |

Paper for submission to Board of Directors on 9th March 2023

| | |
|-------------------|---|
| Title: | Strategy progress report – Q3 2022/23 |
| Author: | Ian Chadwell, Deputy Director of Strategy |
| Presenter: | Kat Rose, Director of Strategy & Partnerships |

| Action Required of Committee / Group | | | | |
|---|----------|------------|---|-------|
| Decision | Approval | Discussion | Y | Other |
| Recommendations: <ul style="list-style-type: none"> To note the strategy progress report for Q3 2022/23 | | | | |

| Summary of Key Issues: | |
|---|---|
| <p>This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during January. RAG ratings remain unchanged from Q2 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.</p> <p>During this Q3, discussions were held with the lead executive director for each goal to refine the target and timescales for each measure of success with the aim of incorporating this into the strategy report.</p> | |
| Impact on the Strategic Goals | |
|  Deliver right care every time | ✓ |
|  Be a brilliant place to work and thrive | ✓ |
|  Drive sustainability (financial and environmental) | ✓ |
|  Build innovative partnerships in Dudley and beyond | ✓ |
|  Improve health and wellbeing | ✓ |

| Implications of the Paper: | | | |
|-------------------------------------|-------------------|---|--------------------------------------|
| Risk | | Y | Risk Description: BAF Risks, various |
| | On Risk Register: | N | Risk Score: |
| Compliance and/or Lead Requirements | CQC | Y | Details: well-led |
| | NHSE | N | Details: |
| | Other | N | Details: |

| | | | |
|--------------------------------|----------------------|-----|----------------------------------|
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | N | Date: |
| | Board of Directors | Y | Date: 9 th March 2023 |
| | Other | Y/N | Date: |

STRATEGY PROGRESS REPORT – Q3 2022/23

Report to Board of Directors on 9th March 2023

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during January. RAG ratings remain unchanged from Q2 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.

During this Q3, discussions were held with the lead executive director for each goal to refine the target and timescales for each measure of success with the aim of incorporating this into the strategy report.

BACKGROUND INFORMATION

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



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

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

The committees have received the detailed report in January with no changes requested. Appendix 1 contains the summary of status against each measure of success. No change to RAG rating has been proposed between Q2 and Q3.

Progress to highlight from quarter 3

- Sustained improvement in the vacancy rate with further progress during quarter 4 as international recruits take up their posts
- Implementation of the deteriorating patient pathway
- Appointment of dedicated Sustainability Lead and early signs of promise in moving this agenda forward with PFI partners
- Expansion in the number of hours given by Dudley Group Ambassadors supporting career events
- Opening of two new minor procedure rooms and delivery of elective targets for over 78 week waiters
- Successful pilot of same day skin cancer pathway
- Successful bid to use health inequalities funding to construct a 'Carers Hub' in main hospital reception

Areas of challenge during quarter 3

- Although Cost Improvement Programme for the current financial year forecasted to deliver a small shortfall, challenges remain in delivering the trust's long-term financial plan including identification and delivery of the Cost Improvement Programme in 2023/24
- Trust faced considerable pressures around urgent & emergency care and delays in ambulance handover
- Pressures in delivering 2 week wait and imbalance between demand and capacity shown to exist for majority of tumour sites

Next Steps

Metrics:

Following discussions with lead Executive Directors and the informatics team during quarter 3 to review the measures of success, there remain some areas where further work is required:

- Ensure re-admission rates are included in reporting flows on a routine basis;
- Include comparison against national averages for Family and Friends Test;
- Include retention rate within the suite of workforce indicators;
- Develop the maturity matrix of collaboration at system and place;
- Show more performance metrics including screening uptake by ethnicity and deprivation.

Communications:

Communications team will continue to produce a monthly staff interview that highlights how these are helping the trust achieve our goals. These are published via 'In the Know' and stored on the Hub ([Strategy and Transformation - Strategy interviews](#)). A schedule has been devised so that the vision and each of the goals are the area of focus twice a year.

Operational planning:

Current progress against the strategy informs local priorities for the annual business plan for 2023/24. For example, the need to improve early detection of cancers has led the Trust to put an expression of interest for becoming one of the sites for roll-out of the Targeted Lung Health Checks programme as part of phase 4.

RISKS AND MITIGATIONS

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

RECOMMENDATIONS

To note the strategy progress report for Q3 2022/23.

Ian Chadwell
Deputy Director of Strategy
27th February 2023

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 2 – Definition of measures of success

Appendix 1 – Summary of status for measures of success

| Goal | Measure of Success | Target and timescale | Current status | RAG rating | |
|--|--|--|---|--------------|--------------|
| | | | | this quarter | Last quarter |
| Deliver right care every time | CQC good or outstanding | Target: good or outstanding | All actions following CQC inspection have been closed. Inspection of maternity services is expected and data request highlighted gaps in assurance | | |
| | Improve the patient experience results | Target: top quartile performance (England) by 2025 | Results of the national inpatient survey have been published and the trust is performing 'about the same' when compared to all other trusts | | |
| Be a brilliant place to work and thrive | Reduce the vacancy rate | Target: achieve 7% by Jun-2023 and sustain | Current vacancy rate is 9% which is a reduction from 12% in previous quarter 2. There is continuing progress with international, graduate and local recruitment | | |
| | Improve the staff survey results | Target: better than England average by 2024/25 | Staff Survey closed with a response rate above provider average but lower than previous year. Results are embargoed until March | | |
| Drive sustainability | Reduce cost per weighted activity | Target: better than England average for overall, medical and nursing costs by 2024/25 | Ongoing challenges with overspent budgets although agency expenditure reducing. Large deficit currently predicted for 23/24 | | |
| | Reduce carbon emissions | Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus) | Dedicated sustainability lead started work and gaps in assurance being addressed | | |
| Build innovative partnerships in Dudley and beyond | Increase the proportion of local people employed | Target: 70% by Mar-2025 | Current proportion of staff who live locally 65%; plans to develop closer relationships with local schools being progressed | | |

| | | | | | |
|----------------------------|--|--|--|--|--|
| | Increase the number of services jointly delivered across the Black Country | Target: increase maturity of collaboration as measured by maturity matrix | Leadership and active engagement by Trust in Black Country Provider Collaborative; implementation of integrated model of care in Dudley being progressed | | |
| Improve health & wellbeing | Improve rate of early detection of cancers | Target: 75% of cancers diagnosed at stages I,II by 2028 (NHS Long Term Plan) | Ongoing work to implement straight to CT for suspected lung cancer | | |
| | Increased planned care and screening for the most disadvantaged groups | Target: baseline to be established for breast screening | Proactive actions being taken by breast screening service to improve uptake by disadvantaged groups | | |

Appendix 2 – Definition of measures of success

| Goal | Executive lead | Metric | Definition | Governance | Proposed Improvement target | Data source | Availability |
|---|--------------------------------|---|---|--|--|---|---|
| Deliver right care every time | Medical Director / Chief Nurse | CQC rating good or outstanding | Rating from latest official CQC report | Quality & Safety Committee | Good or outstanding Track key metrics: SMHI, patient safety incidents – total and with harm, re-admission rates | CQC report | Periodic - dependent on CQC inspection All should be available via Q&S Integrated Performance Report except re-admission rates |
| | | Improve the patient experience survey results | Recommendation rates from FFT for inpatients, outpatients, A&E, maternity and community | Quality & Safety Committee | Top quartile after 2 years | FFT results | Monthly – but no national comparison available |
| | | Reduce the vacancy rate | Number of vacancy / total funded FTE for all, medical, nursing & AHP staff | Workforce & Staff Engagement Committee | Year on year increase to reach 7% | Provider Workforce Return/HR dashboards | Calculated and reported monthly |
| Be a brilliant place to work and thrive | Chief People Officer | Improve the staff survey results | Scores for themes / tracer questions | Workforce & Staff Engagement Committee | Above (England) average for all themes or tracer questions by 24/25 | Staff survey | National survey taken annually Local pulse surveys quarterly Retention measure to be included going forwards |
| Drive sustainability | Director of Finance | Reduce the cost per weighted activity | Cost per weighted activity unit (WAU) as published by Model Hospital - overall, medical and nursing staff costs | Finance & Performance Committee | To be better than (England) average by 24/25 | Model Hospital | Updated annually in arrears Include finance KLOEs (financial plan, CIP delivery and agency cap) in quarterly reports |

| Goal | Executive lead | Metric | Definition | Governance | Proposed Improvement target | Data source | Availability |
|--|-------------------------------------|--|--|--|--|---|--|
| | | | | | | | Replicate NHS productivity metric locally (money/activity) |
| | | Reduce carbon emissions | Initially carbon emissions associated with energy, water, waste and business travel only but extending to cover other activities as measures develop | Finance & Performance Committee | To demonstrate a year-on-year decrease in line with the improvement trajectory | Green Plan Support Tool (when published) | Carbon emissions updated annually in arrears by national Greener NHS team Report compliance with Greener NHS Data Collection every quarter in arrears |
| Build innovative partnerships in Dudley and beyond | Director of Strategy & Partnerships | Increase the proportion of local people employed | Percentage of substantive staff from Dudley Borough/Rowley and Tipton | Workforce & Staff Engagement Committee | Baseline 66% (Sept-21). To demonstrate a year-on-year increase | ESR data published via local dashboard | Quarterly |
| | | Increase the number of services jointly delivered across the Black Country | List of services where there is a formal agreement to deliver services jointly | Finance & Performance Committee | Year on year increase from baseline | Provider Collaboration Programme Board / Partnership Board papers | Maturity matrix of collaboration by service at system and place devised and reported to F&P quarterly |
| Improve health and wellbeing | Chief Operating Officer | Improve rate of early detection of cancers | Percentage of all cancers and major tumour site diagnosed at stages 1 and 2 | Quality & Safety Committee | Above (England) average for all tumour sites (NHS Long Term Plan 75% diagnosed at stage I or II by 2028) | Cancer Outcomes and Services Dataset (COSD) | Quarterly in arrears |
| | | Increase planned care and screening for the most disadvantaged groups | Percentage of planned care admissions and screening uptake by sex, ethnic group, Index of Multiple Deprivation | Quality & Safety Committee | Year on year increase from baseline | Local data | Some of the key performance metrics are reported by ethnicity and deprivation as part of the Integrated Performance Report but further work required |

Enclosure 7

Paper for submission to the Board of Directors on 9th March 2023

| | |
|------------|---|
| Title: | Digital Committee Report – Public Board |
| Author: | Catherine Holland (Digital Committee Chair) |
| Presenter: | Vij Randeniya (Non-executive Director) |

| Action Required of Committee / Group | | | |
|--|----------|------------|------------|
| Decision | Approval | Discussion | Other Y |
| Recommendations: The Board of directors is asked to note the report. | | | |

| Summary of Key Issues: |
|--|
| <ul style="list-style-type: none"> Positive assurance provided by the ongoing CareCERT management process |

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

| Implications of the Paper: | |
|----------------------------|--|
| Risk | Y Risk Description: 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. |

| | | | |
|--|-------------------------|---|--|
| | | <p>COR1540 - Failure of the IT Infrastructure (compute, storage & backups) would impact on patient safety and performance.</p> <p>COR1083 Risk of a Cyber Security incident causing widespread impact on Trust operational capability</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 statute 250) |
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | N | Date: |
| | Board of Directors | Y | Date: 9 th March 2023 |
| | Other | N | Date: |

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 18th January 2023

| | |
|---|--|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Committee attendance has been low for a number of consecutive meetings. Whilst this will also be addressed via the Committee Effectiveness review it was agreed that this should also be highlighted via the upward report The Trust does not currently have a Clinical Safety Officer or Chief Clinical Nursing Officer in post as these roles have been challenging to fill. The roles and their recruitment should be owned by the clinical divisions they represent The Black Country ICB is currently serviced by four IT Service Providers including DGFT (TeraFirma). There is a risk that that, in future, the ICB could secure a single supplier of IT services which could result in a loss of income for the Trust of c. £1 million per annum should an alternative supplier to TeraFirma be selected. | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Development of the Digital Plan is underway with good progress on the analysis and costings Digital Maturity Analysis (DMA), in conjunction with other Black Country providers, for submission to NHSE |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance provided by the ongoing CareCERT management process Service improvements and positive impact noted following the Management of Change process for IT Service Delivery Positive feedback received from staff in terms of improved Wi-Fi connectivity across the Trust TeraFirma has successfully retained its ISO27001 certification for a further three years Successful bid for national cyber funding to procure a Privileged Access Management solution to improve the Trust's cyber posture with procurement underway | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> Whilst progress has been made in discussions related to BAF 8 it was agreed that the assurance level remains the same – currently negative |
| <p>Chair's comments on the effectiveness of the meeting: Good discussions supported by clear, well-structured reports.</p> | |

Paper for submission to the Board of Directors on 9 March 2022

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

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

| Summary of Key Issues: |
|--|
| Summaries from the Finance and Performance Committee meetings held on 26 January 2023, 21 February 2023 (extra-ordinary) and 23 February 2023. |

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

| Implications of the Paper: | | | |
|-------------------------------------|----------------------|---|---|
| Risk | | N | Risk Description: |
| | On Risk Register: | N | Risk Score: |
| Compliance and/or Lead Requirements | CQC | Y | Details: Well Led |
| | NHSE | Y | Details: Achievement of financial and performance targets |
| | Other | Y | Details: Value for money |
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | N | Date: |
| | Board of Directors | Y | Date: 9 March 2023 |
| | Other | N | Date: |

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 26 January 2023

| | |
|---|--|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Risk of clawback of Maternity CNST rebate and Community Diagnostic Centre phlebotomy income • Emergency Department performance remains challenging, compounded by low discharges and ongoing ambulance handover delays • Cancer diagnostic target is challenged • Delivery of financial plan for 2023/24 will be challenging | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Integrated Performance Report to be revised |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Reducing risk scores in four areas on the Corporate Risk Report • On target to deliver activity recovery plan • Positive reduction in agency spending, particularly nursing | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> • None |
| <p>Chair's comments on the effectiveness of the meeting: Review length of meetings as good discussion had taken place in a shortened meeting. Committee acknowledged the challenging environment all staff are currently working in and thanked them all for their hard work and commitment. Meeting was reduced due to extreme capacity pressures within the hospital, but all urgent business was discussed and approved where necessary</p> | |

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 21 February 2023 (extra-ordinary meeting)

| | |
|--|---|
| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Draft financial plan for 2023/24 is currently forecasting a very challenging deficit position | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• None |
| POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• None | DECISIONS MADE <ul style="list-style-type: none">• Approval to submit draft financial plan 2023/24 |
| Chair's comments on the effectiveness of the meeting: Extreme financial pressure for 2023/34 is currently forecast | |

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 23 February 2023



| | |
|---|--|
| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Maternity CNST funding remained at risk• Low level of national allocation to Black Country system for 2023/24• Performance against some cancer standards below target, but indicators are showing that this is improving• Rolling cash plan highlights cash deficit with the current level of financial plan for 2023/24 | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Review if allocation to Black Country is appropriate for 2023/24 |
| POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• Effective management of medical staffing and agency spend• Strong January financial position contributing to achieving 2022/23 financial plan• Significant reduction in agency spend• Reduction in ambulance handover delays• Excellent performance against elective recovery targets• Excellent CIP performance for Surgery and Women & Children• Surgical robot delivered and will innovate practices• Hybrid theatre opened | DECISIONS MADE <ul style="list-style-type: none">• None |
| Chair's comments on the effectiveness of the meeting: <p>Challenging times, but lots of positive performances giving assurance. Good presentation by Surgery and Women & Children, highlighting positive performance. Good quality of papers and use of summary front sheets highlighting areas of focus.</p> | |




Enclosure 9

Paper for submission to the Board of Directors on 9 March 2023

| | |
|-------------------|---|
| Title: | Month 10 Financial Position |
| Author: | Kevin Stringer, Interim Director of Finance |
| Presenter: | Kevin Stringer, Interim Director of Finance |

| Action Required of Committee / Group | | | |
|---|---------------|-----------------|-------|
| Decision | Approval Y | Discussion Y | Other |
| Recommendations: <p>The Trust Board are asked to note the financial performance for January 2023.</p> <p>The Trust Board are asked to note the risk of the £767k loss for the Maternity Incentive Scheme to the year-end breakeven achievement.</p> | | | |

| Summary of Key Issues: | |
|---|---|
| <p>The month 10 (January) position shows a £1.5m surplus for the month of January and a cumulative deficit of £1.1m year to date. The cumulative monthly position includes an assumption of both 10/12 of the additional £12.7m due from the System risk share and also 10/12 of the annual leave accrual being reversed. Other balance sheet flexibility of £3.3m has been included.</p> <p>A year end breakeven position is required in order to secure the additional £12.7m from the risk reserve at the Integrated Care Board (ICB).</p> <p>There remains a material risk regarding the Maternity Clinical Negligence Scheme for Trusts (CNST) rebate of £767k (Maternity Incentive Scheme) which is contingent on achieving 10 maternity safety actions. Guidance suggests that if this is not achieved, the full amount will be clawed back. However, the Divisional viewpoint is that a pro rata payment is expected given some of the targets changed in-year.</p> <p>The cash forecast is based on the breakeven system recovery plan agreed in December. An additional £12.7m cash backed income from the ICB has been included in the forecast. This forecast includes £10m of balance sheet flexibility, any further flexibility introduced will reduce cash further.</p> <p>The year-to-date deficit has reduced to £20m for the ICB (from £29.5m) and each organisation continues to forecast breakeven.</p> | |
| Impact on the Strategic Goals | |
|  Deliver right care every time | Y |
|  Be a brilliant place to work and thrive | |

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

Implications of the Paper:

| | | | |
|--|----------------------|-------------------------------------|---|
| Risk | Y | Risk Description: <i>BAF 4</i> | |
| | On Risk Register: Y | Risk Score: 20 (Target score of 12) | |
| Compliance and/or Lead Requirements | CQC | Y | Details: Well-Led |
| | NHSE | Y | Details: Achievement of Financial and performance targets |
| | Other | Y | Details: Value for Money |
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | F&P Committee | Y | Date: |
| | Board of Directors | Y | Date: 9/03/2023 |
| | Other | N | Date: |

REPORT FOR ASSURANCE AND DECISION

FINANCE REPORT REPORT TO PUBLIC BOARD OF DIRECTORS ON 9 MARCH 2023

1. EXECUTIVE SUMMARY

- 1.1 The month 10 (January) position shows a £1.5m surplus for the month of January and a cumulative deficit of £1.1m year to date.
- 1.2 The cumulative monthly position includes an assumption of both 10/12 of the additional £12.7m due from the System risk share and also 10/12 of the annual leave accrual being reversed. Other balance sheet flexibility of £3.3m has been included.
- 1.3 A year end breakeven position is required in order to secure the additional £12.7m from the risk reserve at the Integrated Care Board (ICB). In H1, the Trust incurred a deficit of £12.6m so this is effectively the value that needs to be recovered over H2. Further to a challenging position in October, the financial performance has improved across November to January and the Trust is now £584k ahead of the recovery plan.
- 1.4 There remains a material risk regarding the Maternity CNST rebate of £767k (Maternity Incentive Scheme) which is contingent on achieving 10 maternity safety actions. Guidance suggests that if this is not achieved, the full amount will be clawed back. However, the Divisional viewpoint is that a pro rata payment is expected given some of the targets changed in-year.
- 1.5 The cash position at the end of January was £1.8m lower than the previous month's forecast. Non-patient income was £1.4m below forecast.
- 1.6 The cash forecast is based on the breakeven system recovery plan agreed in December. An additional £12.7m cash backed income from the ICB has been included in the forecast. This forecast includes £10m of balance sheet flexibility, any further flexibility introduced will reduce cash further. The downside case includes non-payment of the £12.7m additional income and a decline in Income and Expenditure (I&E) performance. If this occurred, then the Trust would run out of cash in March.
- 1.7 At this stage, the Trust forecasts it will achieve its capital plan. Public dividend capital (PDC) allocations have now been approved for Digital and further Diagnostic schemes. The surgery robot scheme has also now been included in our forecast. This brings our total capital programme to £16.2m with £4.6m of PDC funding over and above our original capital allocation.
- 1.8 No packs have been provided by the ICB regarding the System position other than to say that the year-to-date deficit has reduced to £20m (from £29.5m) and that each organisation continues to forecast breakeven.

2.0 INCOME AND EXPENDITURE (APPENDIX 1)

- 2.1 The month 10 (January) position shows a £1.5m surplus for the month of January and a cumulative deficit of £1.1m year to date (Appendix 1).
- 2.2 The cumulative monthly position includes an assumption of both 10/12 of the additional £12.7m due from the System risk share and also 10/12 of the annual leave accrual being reversed. Other balance sheet flexibility of £3.3m has been included.
- 2.3 Staff increased by an additional 20 WTEs in January, largely attributable to international recruits. The impact of the phased agency ban has continued into January, with the January spend being c£1m lower than the average for April to December.
- 2.4 Bank spend increased in January, partly as a result of staff taking up the shifts vacated by agency staff and also linked to incentivising more banks shifts through enhanced rates. Waiting List Initiatives (WLI) costs were lower than average in January. Overtime costs also reduced (lowest monthly cost this year).
- 2.5 When adjusting for the inclusion of balance sheet flexibility, the non-pay spend was lower than average in January. However, this was skewed by the inclusion of one-off benefits relating to a contractual claim.
- 2.6 A year end breakeven position is required in order to secure the additional £12.7m from the risk reserve at the ICB. In H1, the Trust incurred a deficit of £12.6m so this is effectively the value that needs to be recovered over H2. Further to a challenging position in October, the financial performance has improved across November to January and the Trust is now £584k ahead of the recovery plan. This is summarised in the table below:

| | Oct-22 | Nov-22 | Dec-22 | Jan-23 | TOTAL | Feb-23 | Mar-23 | TOTAL |
|----------|--------|----------|---------|---------|----------|--------|--------|----------|
| Plan | £631 | -£9,741 | -£636 | -£1,026 | -£10,772 | -£882 | -£907 | -£12,561 |
| Actual * | £1,517 | -£10,103 | -£1,338 | -£1,432 | -£11,355 | | | |
| Variance | -£886 | £362 | £702 | £405 | £584 | | | |

* Pre consolidation

- 2.7 The figures assume no reduction for ERF. Latest information continues to suggest that there is unlikely to be any ERF clawback for the remainder of the year although this has yet to be officially confirmed.
- 2.8 The majority of the ICB income issues have been resolved but there are two that remain outstanding. These are winter pressure discharge monies of £1.5m and pay award funding on the ERF component part of the contract (£106k). At present, Medicine continue to manage the winter pressure risk within the parameters of their agreed recovery plan however. In addition, a further £350k has been secured to support WLIs

for cancer procedures.

- 2.9 Latest information suggests that the Clinical Diagnostic Centre (CDC) phlebotomy activity risk of c£184k will be negated by an overperformance on CDC Ultrasound activity.
- 2.10 There remains a material risk regarding the Maternity CNST rebate of £767k (Maternity Incentive Scheme) which is contingent on achieving 10 maternity safety actions. Guidance suggests that if this is not achieved, the full amount will be clawed back. However, the Divisional viewpoint is that a pro rata payment is expected given some of the targets changed in-year.

3. CAPITAL AND CASH

- 3.1 The cash position at the end of January was £1.8m lower than the previous month's forecast. Non-patient income was £1.4m below forecast. The Black Country ICB did not pay invoices for non-patient care as expected and these are now expected in February. Additional PDC of £366k was received in the last week of January which is offset by capital expenditure in February/March. Salary payments were £324k higher than forecast. This related to increased bank payments at the end of the month and a small movement on salaries. Suppliers were £467k higher than forecast. This was a genuine increase in our payments due to a backlog of older pharmacy invoices.
- 3.2 The cash forecast is based on the breakeven system recovery plan agreed in December. An additional £12.7m cash backed income from the ICB has been included in the forecast. This forecast includes £10m of balance sheet flexibility, any further flexibility introduced will reduce cash further. The downside case includes non-payment of the £12.7m additional income and a decline in I&E performance.
- 3.3 Older debt stands at £657k at month 10. Older NHS debt relates to non-clinical charges to Black Country ICB and other provider to provider charges. Older Non-NHS debt includes vaccination charges to PCN's, local authorities, research and development grants and overseas visitor charges.
- 3.4 Creditor invoices older than 90 days decreased from the previous month by £37k. The non-NHS balance relates to an invoice with Virgin Media which is currently disputed.
- 3.5 Compliance with the Better Practice Payment Code was 95.2% in terms of number of invoices paid to non-NHS suppliers as at 31st January 2023.
- 3.6 The capital programme expenditure as at 31st January 2023 was £7.9m. This was £1.7m lower than the year-to-date plan. Delays on the anti-ligature and pharmacy robot projects are offset by IT infrastructure spend which is higher than plan. Digital capital expenditure has been re-forecast with a lot of the expenditure in February and March. A large amount of the expenditure in February is expected for the surgical robot.

- 3.7 At this stage, the Trust forecasts it will achieve its capital plan. PDC allocations have now been approved for Digital and further Diagnostic schemes. The surgery robot scheme has also now been included in our forecast. This brings our total capital programme to £16.2m with £4.6m of PDC funding over and above our original capital allocation.

4.0 INTEGRATED CARE SYSTEM (ICS) AND OUTLINE FINANCIAL PLAN

- 4.1 No packs have been provided by the ICB regarding the System position other than to say that the year-to-date deficit has reduced to £20m (from £29.5m) and that each organisation continues to forecast breakeven. Note, however, that there remains a risk that West Midlands Ambulance Service (WMAS) have rejected the ICB risk share proposals which could lead to a System-wide shortfall of c£6m.
- 4.2 The Trust has begun compiling its financial, activity and manpower plans for 2023/24 and will present the plans at a future Board meeting.

5. RECOMMENDATIONS

- 5.1 The Trust Board are asked to note the financial performance for January 2023.
- 5.2 The Trust Board are asked to note the risk of the £767k loss for the Maternity Incentive Scheme to the year-end breakeven achievement and the position being taken by the West Midlands Ambulance Service across the wider system.

Kevin Stringer
Interim Director of Finance
February 2023

TRUST I&E PERFORMANCE as at JANUARY 2023

| | CURRENT | | | CUMULATIVE YTD | | |
|----------------|-------------|---------------|---------------|----------------|----------------|-------------|
| | PLAN | ACTUAL | VAR | PLAN | ACTUAL | VAR |
| INCOME | | | | | | |
| Pat Care | £37,803 | £40,861 | £3,059 | £379,523 | £404,070 | £24,548 |
| Outside | £0 | £3 | £3 | £9,450 | £6,132 | -£3,318 |
| Other | £1,677 | £2,848 | £1,171 | £16,398 | £22,832 | £6,434 |
| | £39,480 | £43,712 | £4,232 | £405,371 | £433,035 | £27,664 |
| EXPEND. | | | | | | |
| Pay | -£25,215 | -£26,656 | -£1,441 | -£259,691 | -£274,471 | -£14,780 |
| Non-Pay | -£11,409 | -£13,264 | -£1,855 | -£122,692 | -£135,530 | -£12,838 |
| Other | -£2,480 | -£2,333 | £146 | -£24,618 | -£24,116 | £502 |
| | -£39,104 | -£42,254 | -£3,150 | -£407,001 | -£434,116 | -£27,115 |
| TOTAL | £376 | £1,459 | £1,083 | -£1,630 | -£1,082 | £548 |

Commentary:

January consolidated surplus of £1.459m (cum. deficit £1.082m).

Position is £1.083m better than plan (cum. £0.548m better than plan).

Forecast breakeven based on System redistribution of risk reserve.

System showing £20m deficit (improvement of £10m).

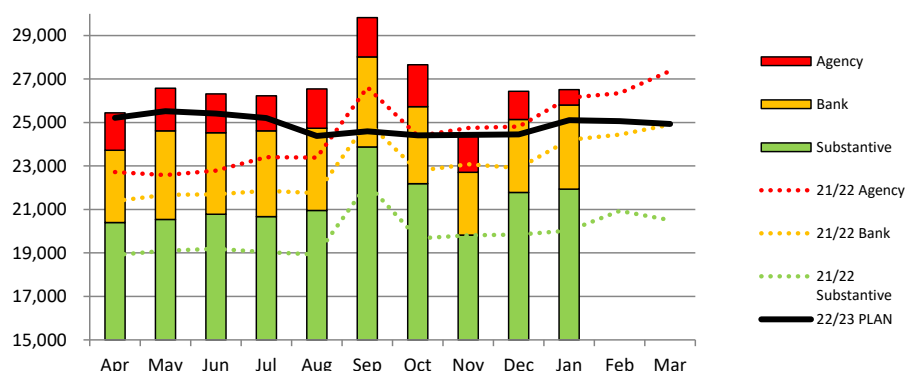
System YTD deficit is timing so forecast remains breakeven.

No ERF risk included (no clawback expected for 22/23).

Position includes £3.276m balance sheet flex, £3.382m annual leave write back and £10.583m pro rata share of additional System income.



PAY ANALYSIS



Commentary:

Pay spend in excess of plan by £14.780m. Significant proportion links to pay award (fully funded). Includes annual leave write back.

Agency spend reduced further in January (lowest year to date spend).

72% of in-month agency spend is qualified nursing.

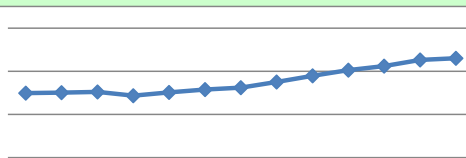
Phased agency ban commenced 12/12 and has resulted in significantly reduced shifts and spend.

Bank spend increased to cover agency reduction but WLI/Overtime below average.



WHOLE TIME EQUIVALENT YEAR ON YEAR COMPARISON

| | 20/21 | Plan | Current |
|--------------|-----------------|-----------------|-----------------|
| Nursing | 2,490.17 | 2,956.89 | 2,778.72 |
| Doctors | 679.65 | 838.21 | 752.79 |
| AHPs | 860.64 | 1,020.32 | 877.14 |
| A&C | 1,068.03 | 1,165.06 | 1,093.07 |
| Total | 5,098.49 | 5,980.48 | 5,501.72 |



Commentary:

WTE increased in Jan by 20 (largely international nurses).

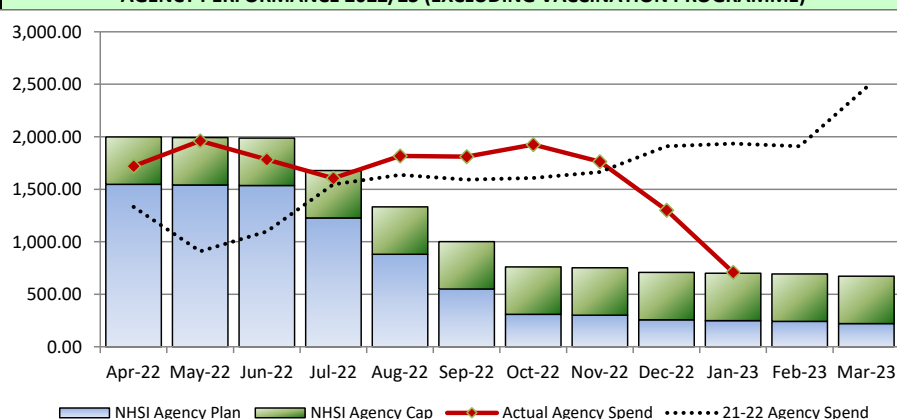
403 WTE increase on last year.

Vacancies c478 WTE.

Plan includes relief, bank/agency budgeted WTE.



AGENCY PERFORMANCE 2022/23 (EXCLUDING VACCINATION PROGRAMME)



Commentary:

System cap of £57.543m confirmed for 22/23.

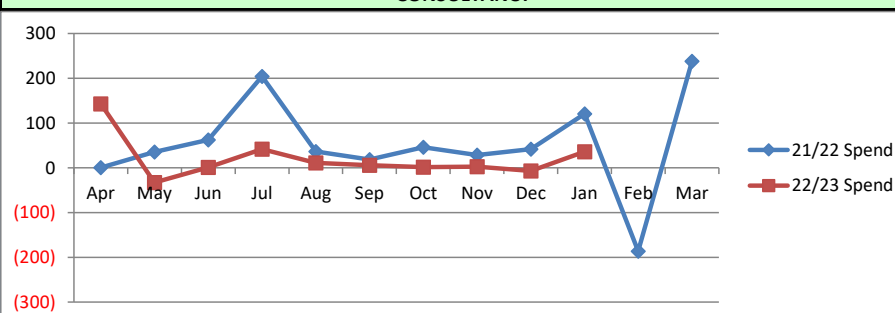
Cap based on 30% reduction from 21/22.

Future target focusing on limiting agency to 3.7% of the paybill (DGH YTD = 7.2% but in-month = 3%)

Positive start to phased agency ban. Plan remains to eradicate all non medical staff agency by end January.



CONSULTANCY



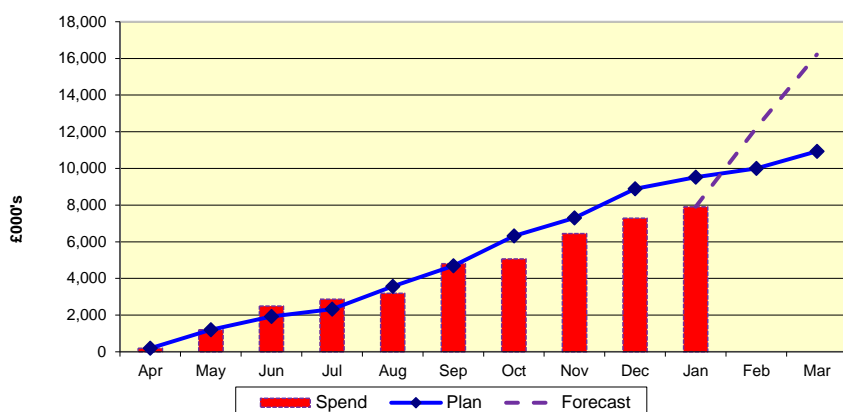
Commentary:

Consultancy in excess of £50k now requires prior approval from NHSE/I.

January spend recoded from agency as relates to services provided for an acute and emergency care improvement project.



CAPITAL EXPENDITURE 2022/23



Commentary:

Expenditure of £7.909m against the plan year to date of £9.642m.

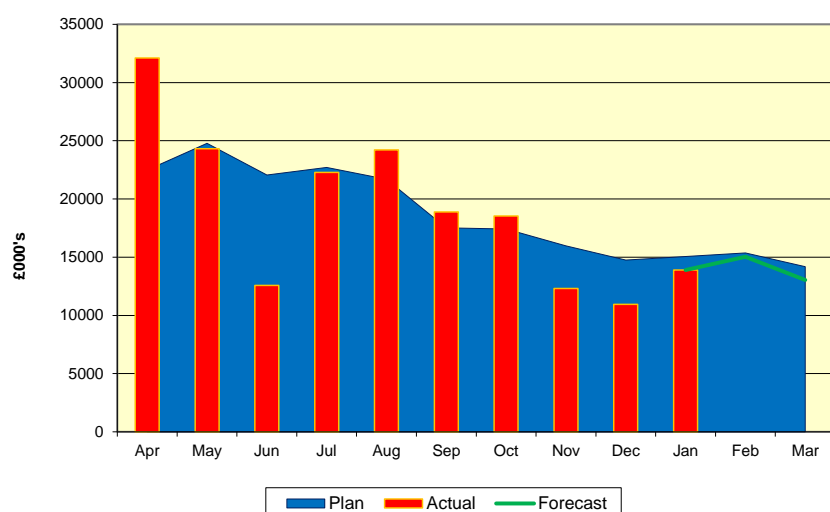
Delays on the anti-ligature and pharmacy robot projects are offset by IT infrastructure spend which is higher than plan. Digital capital expenditure has been re-forecast with a lot of the expenditure in February and March.

At this stage the Trust forecasts to achieve its capital plan for 2022-23. PDC allocations have now been received for Digital and further Diagnostic schemes.

This brings our total capital programme to £16.212m



CASH FLOW 2022/23



Commentary:

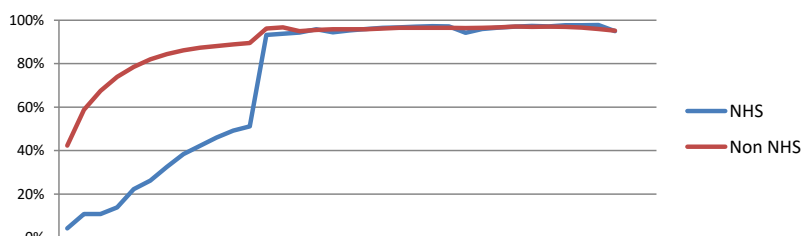
Actual position at the end of January was £1.842m lower than the forecast.

Non-patient income was £1.410m below forecast. Black Country ICB didn't pay invoices for non-patient care as expected and these are now expected in February. Salary payments were £324k higher than forecast. This related to increased bank payments at the end of the month and a small movement on salaries. Suppliers were £467k higher than forecast. This was a genuine increase in our payments due to a backlog of older pharmacy invoices.

Forecast 2022-23 cash flow is based on breakeven system recovery plan with additional £12.7m cash backed income now included. Cash payments have been agreed with the ICB for the £12.7m.



BETTER PAYMENT PRACTICE CODE (APRIL 2020 TO DATE)



Commentary:

The Trust is paying both NHS and Non-NHS suppliers within 30 day terms.

The better payment practice code performance was achieved in January for both Non-NHS and NHS suppliers with over 95.0% compliance.



EFFICIENCY PROGRAMME

| | Target | YTD Plan | YTD Act. | YTD Var | Forecast | FC Var |
|--------------|----------------|----------------|----------------|-------------|----------------|--------------|
| Medicine | £2,362 | £1,918 | £1,957 | £39 | £2,385 | £23 |
| Surgery | £4,661 | £3,287 | £3,506 | £219 | £5,012 | £351 |
| Clin Supp | £3,926 | £2,834 | £2,834 | £0 | £3,926 | £0 |
| Corporate | £4,868 | £3,887 | £3,726 | £-161 | £4,513 | £-355 |
| Other | £6,138 | £4,961 | £6,741 | £1,780 | £8,520 | £2,382 |
| Unidentified | £2,513 | £1,512 | £0 | £-1,512 | £0 | £-2,513 |
| TOTAL | £24,468 | £18,399 | £18,764 | £365 | £24,356 | £-112 |

Commentary:

Agreed target of £24.468m (short of NHSEI plan of £29.668m)

Performance to date is £0.365m ahead of plan.

Extra opportunities of £6.062m built into plans/forecast.

Forecast achievement of £24.356m (short by £0.112m).



CUMULATIVE COVID ADDITIONAL COSTS

| | Budget | Spend | Var | COVID | Ad Var |
|--------------|---------------|---------------|-------------|---------------|---------------|
| Medicine | £128,002 | £131,207 | £-3,206 | £422 | £-2,784 |
| Surgery | £118,757 | £123,178 | £-4,422 | £1,500 | £-2,922 |
| Clin Supp | £65,971 | £65,141 | £830 | £606 | £1,436 |
| Corporate | £57,789 | £51,032 | £6,757 | £371 | £7,128 |
| Other | £24,618 | £24,307 | £311 | £0 | £311 |
| DCSL | £0 | £-191 | £191 | £0 | £191 |
| Inc/Res | £-393,505 | £-393,593 | £87 | £0 | £87 |
| TOTAL | £1,630 | £1,082 | £549 | £2,899 | £3,448 |

Commentary:

Budgets as per agreed envelopes with CIP of £24.5m.

Covid costs reported of £2.899m to January.






Surgery and Medicine now showing overspends after allowing for Covid costs.

Undistributed CIP in reserves negated by additional income.

Figures based on breakeven NHSI plan.



Paper for Submission to the Board of Directors on Thursday 9th March 2023

| | | | |
|--|---|-------------------|--|
| Title: | Quality and Safety Committee November 2022, January & February 2023 | | |
| Author: | Amanda Last – Deputy Director of Governance | | |
| Presenter: | Gurjit Bhogal – Non Executive Director | | |
| Action Required of Committee / Group | | | |
| Decision | N | Approval | Y |
| | | Discussion | Y |
| | | | Other N |
| Recommendations: | | | |
| The Board is asked to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee. | | | |
| Summary of Key Issues: | | | |
| The key issues are identified in the attached report. | | | |
| Impact on the Strategic Goals | | | |
|  | Deliver right care every time | | YES |
|  | Be a brilliant place to work and thrive | | YES |
|  | Drive sustainability (financial and environmental) | | |
|  | Build innovative partnerships in Dudley and beyond | | YES |
|  | Improve health and wellbeing | | YES |
| Implications of the Paper: | | | |
| Risk | | Y | Risk Description: see below |
| | On Risk Register: | Y | Risk Score: Numerous across the BAF, CRR and divisional risk registers |
| Compliance and/or Lead Requirements | CQC | Y | Details: All Domains |
| | NHSE | Y | Details: Governance Framework |
| | Other | N | Details: |
| Report Journey/ Destination (if applicable) | Working / Exec Group | N | Date: |
| | Committee | Y | Date: 24/01/2023 Quality and Safety Committee |
| | Board of Directors | N | Date: |
| | Other | N | Date: |

CHAIR'S LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE: last met 28th February 2023

| | |
|---|--|
| <p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Early and late neonatal death rates remain above the national average; however close monitoring of rates with appropriate oversight is in place and work continues to understand this and address accordingly. • Concerns were raised regarding the timeliness of reporting by the Black Country Pathology Service on histopathology requests and urgent blood testing. Although this was specifically highlighted to be impacting on diagnostics and treatment planning leading to delays for cancer patients, this was noted to be having a wider impact on Trust services. The Committee has requested that it gains further understanding of the issues and the trajectory for improvement at the next meeting. The need to reflect this concern on the corporate risk register was agreed. | <p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/W UNDERWAY</p> <ul style="list-style-type: none"> • None |
| <p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee received positive assurance regarding compliance with the Saving Babies Lives Care Bundle version 2; the Committee was advised that independent assurance had been sought through Internal Audit and in the main evidence submitted supports the adaptation of a robust approach. The Committee awaits the final report. • The Committee also received further positive assurance on maternity services following an ICB-led peer review undertaken in February. Verbal feedback was extremely positive, highlighting robust and forward-thinking leadership provided by the Head of Midwifery and commending quality improvement work completed and underway. • An improved trajectory for vacancies was received through a review of nursing staffing, however it was acknowledged through wider agenda discussions that staffing was still a significant challenge, particularly in the Medicine Division, but controls and mitigating actions were in place • Positive assurance was received regarding the Trust's research portfolio, noting improved recruitment to trials, an increasing breadth of research and an innovative approach to raising awareness of research work undertaken at the Trust. • The Committee received good assurance levels regarding progress made with the Patient Safety Incident Response Framework (PSIRF) implementation plan in line with national requirements. Risks regarding capacity to deliver the full plan in the timeframes stipulated along with the impact of running two frameworks alongside each other were acknowledged. Delays regarding the Just Culture aspects of the plan need to be shared with the Workforce and Engagement Committee. • Good levels of assurance were received regarding quality and safety in the Medicine Division; excellent improvement in VTE assessment compliance was highlighted. | <p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Terms of Reference for the Patient Safety Incident Response Framework (PSIRF) Implementation Group were approved. |

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 24th JANUARY 2023

| | |
|---|--|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> N/A | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee held extensive discussions regarding Trust SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio) data. Verbal assurance was provided to understand the Trust position further however the Committee commissioned a Board assurance paper to detail the full explanation of the data and the issues impacting upon Trust metrics. The report will detail Respiratory Medicine as an example of the effects in practice. |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Women's and Children Division and Community with Core Clinical Services Division, noting improvements in complaint performance, reduction in the number of overdue action plans and numerous examples of celebrating success. The Committee noted the recent increase in the number of patient falls, acknowledging that 23% of these involved patients that were medically optimised for discharge. Positive assurance was received regarding the awareness raising campaign planned regarding patients deconditioning in response to delays in discharge. The Committee noted that VTE Performance continues to fall below the agreed quality standard however verbal assurance was gained regarding good patient outcomes, mitigating actions and ongoing work to examine data quality issues. The Committee noted a continued increase both Trust and community acquired category 3,4 and unstageable pressure ulcers but received positive assurance regarding staff education programmes, the management of initial reviews and the improvement plans in place. The Committee was informed that across our local system, the Trust is the only organisation with a core team of Patient Safety Partners who are fully integrated and actively contributing to our workplans and Committees and Sub-Groups. | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Professional Registration policy was reviewed and ratified by the Committee. |

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 22ND NOVEMBER 2022

| | |
|--|---|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee received high level positive assurance regarding the work completed and underway to support the first implementation phase of the Patient Safety Incident Response Framework (PSIRF). However, the Committee acknowledged the risk identified regarding the Trust's capacity to meet the national timeframes for transition to this mandatory framework in September 2023. This risk mainly pertains to the limited capacity of the Operation Divisions to engage with the various implementation objectives and training requirements particular during the winter pressure period. A wider concern was subsequently raised regarding the impact of capacity issues on compliance with the patient safety and governance agenda. Further work is planned to review a way forward ensuring robust monitoring of patient safety but utilising the lessons learnt from the streamlined work during the Covid pandemic period. The Committee raised the potential negative implications of the Health Education England visit to Acute Medicine scheduled on 29/11/22 in response to concerns raised by trainee doctors regarding workload and training. Verbal positive assurance regarding the improvement work undertaken to address these concerns was acknowledged. On reflection, the Committee commented that although the majority of the papers reviewed provided a good level of assurance, there were a number where upon challenge the assurance level was not accurately reflected. | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDER</p> <ul style="list-style-type: none"> N/A |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received positive assurance from the Medicine Division with respect to the quality and safety of services describing numerous examples of excellent practice and innovation. Of particular note, the improvement work regarding patient flow and reduced ambulance off-load delays and the significant reduction in the backlog of clinic letter typing were praised. The Committee received positive assurance regarding cancer pathway performance and compliance with the trajectory set out for improvement. However, the Committee asked that future reports include information regarding the associated harm reviews for long wait times. Verbal assurance was provided at the meeting that delays resulting in moderate or above patient harm are appropriately escalated to the Weekly Meeting of Harm and Learning however this needs to be reflected in the reports received. Positive assurance was received regarding the work of the Quality and Safety Group, Infection Prevention and Control Group and End of Life Working Group. However, the Committee noted the delays in the commencement of a Rapid Discharge Task and Finish Group by the End of Life Working Group but acknowledged the potential support requirements to facilitate this important improvement workstream. | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> It was agreed that the up-dated Terms of Reference for the Community with Core Clinical Services (CCCS) Division will be circulated and agreed virtually following a verbal up-date from the Division. |






**Paper for submission to the Board of Directors on
Thursday 9th March 2023**

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

| Action Required of Committee / Group | | | | |
|--|----------|------------|---|-------|
| Decision | Approval | Discussion | Y | Other |
| Recommendations: For the board of directors to note and discuss the excellent work of the Chief Nurses' Office with a particular focus on the work of the professional development team. | | | | |

| Summary of Key Issues: |
|--|
| <p>The Chief Nurses portfolio is wide ranging. This report covers the highlights and the challenges which the teams have experienced since the last report. The report highlights key activities and risks relating to safe staffing and the experience of care.</p> <p>Recruitment and retention work has continued in earnest with a large scale recruitment event held on site with over 800 potential employees attending the event.</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. The nurse to patient ration has been impacted by the cessation of agency use across the trust.</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>There is a national requirement for the board to be sighted on the IPC BAF and the Maternity and neonatal safety dashboard. Both are included in this report with further detailed information included in the reading pack. Both reports give data and assurance of the position we are in.</p> |

Impact on the Strategic Goals

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

Implications of the Paper:

| Risk | N | | Risk Description: | |
|--|----------------------|---|-------------------|----------------------|
| | On Risk Register: | N | Risk Score: | |
| Compliance and/or Lead Requirements | CQC | | Y | Details: All domains |
| | NHSE | | N | Details: |
| | Other | | N | Details: |
| Report Journey/ Destination (if applicable) | Working / Exec Group | | N | Date: |
| | Committee | | N | Date: |
| | Board of Directors | | Y | Date: 09/03/23 |
| | Other | | N | Date: |

Chief Nurse Report
Report to Board of Directors (Public) on Thursday 9th March 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 Since the previous report in January the Trust has held its New Year New Career recruitment event, showcasing the Trust why it is a great place to work. The event was an overwhelming success with over 800 potential recruits attending the day. Over 150 on the day interviews were facilitated with more continuing.
- 2.2 The event re-demonstrated the Trust is a pivotal organisation for employment for the wider community, working with our direct partners from Mitie we were able to showcase the wide range of roles and opportunities available here and create a wonderful family friendly buzz. The next is planned for the Sprint with a theme of 'Spring into your next role'. We are open to suggestions for the summer event theme!

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 has been significantly highlighted with the cessation of agency usage throughout the past 8 weeks. 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 The below chart demonstrates the months position of planned and actual cover of shifts with the overall RAG of fill for the month of January. 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 have been opened are not included in this data set and would only decrease the level of cover.

Safer Staffing Summary Jan Days in Month 31

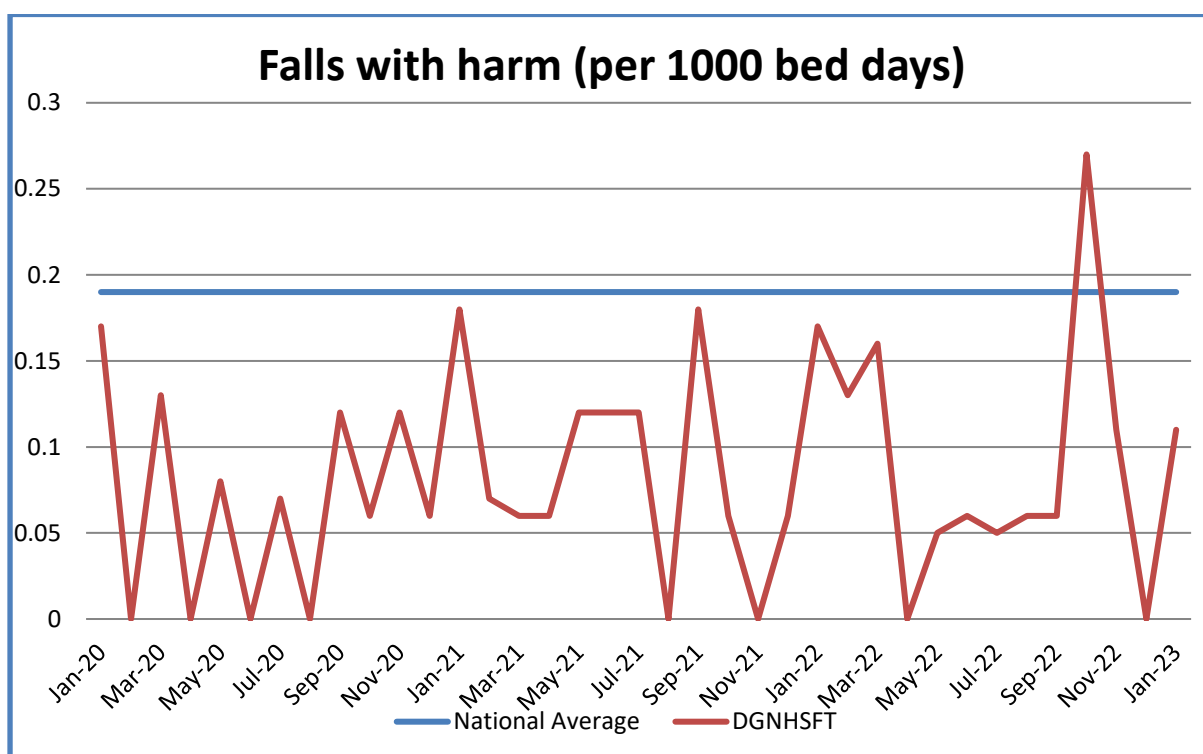
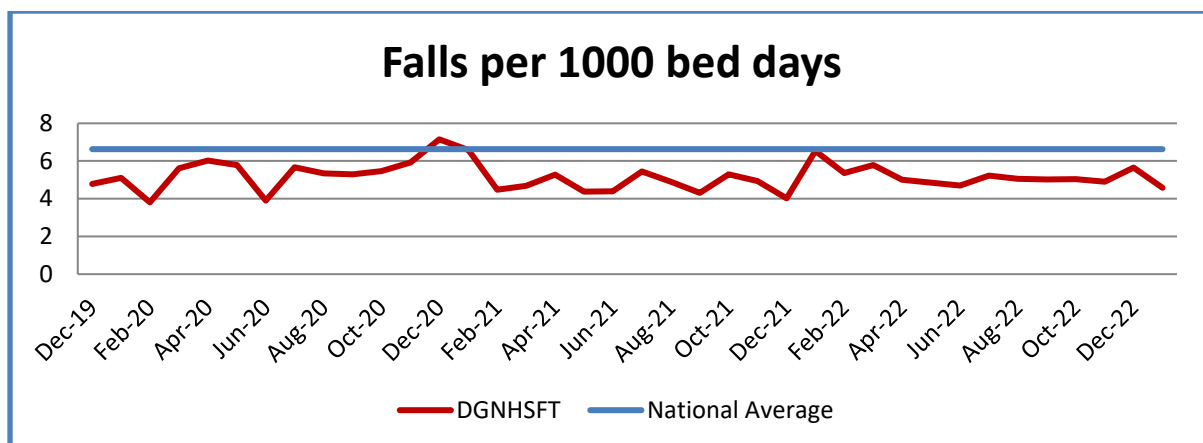
| Ward | Day RN Plan | Day RN Actual | Day CSW Plan | Day CSW Actual | Night RN Plan | Night RN Actual | Night CSW Plan | Night CSW Actual | Qual Day % | UnQual Day % | Qual N % | UnQual N % | Sum 2400 Occ | Actual CHPPD Registered | Care staff | Total |
|---------------|-------------|---------------|--------------|----------------|---------------|-----------------|----------------|------------------|------------|--------------|----------|------------|--------------|-------------------------|------------|-------|
| A2 /A4 | 147 | 73 | 155 | 72 | 134 | 63 | 124 | 69 | 50% | 47% | 47% | 56% | 400 | 3.99 | 4.24 | 8.23 |
| B1 | 139 | 104 | 68 | 64 | 88 | 69 | 63 | 56 | 75% | 95% | 78% | 89% | 473 | 4.18 | 2.92 | 7.10 |
| B2(H) | 122 | 108 | 198 | 185 | 86 | 87 | 179 | 176 | 88% | 94% | 102% | 98% | 733 | 3.19 | 5.79 | 8.98 |
| B2(T) | 124 | 105 | 141 | 120 | 93 | 77 | 114 | 105 | 84% | 85% | 83% | 92% | 727 | 3.00 | 3.72 | 6.72 |
| B3 | 194 | 152 | 164 | 133 | 218 | 159 | 132 | 138 | 79% | 82% | 73% | 105% | 1,162 | 3.14 | 2.80 | 5.95 |
| B4 | 232 | 148 | 249 | 256 | 160 | 130 | 200 | 210 | 64% | 103% | 81% | 105% | 1,280 | 2.55 | 4.37 | 6.92 |
| B5 | 250 | 172 | 162 | 124 | 274 | 217 | 124 | 121 | 69% | 77% | 79% | 97% | 638 | 7.50 | 4.50 | 12.00 |
| C1 | 252 | 224 | 272 | 243 | 191 | 178 | 220 | 187 | 89% | 89% | 93% | 85% | 1,477 | 3.19 | 3.49 | 6.68 |
| C2 | 289 | 229 | 65 | 49 | 244 | 195 | 66 | 59 | 79% | 76% | 80% | 91% | 581 | 8.56 | 2.20 | 10.75 |
| C3 | 217 | 203 | 374 | 365 | 186 | 145 | 354 | 377 | 94% | 97% | 78% | 107% | 1,574 | 2.65 | 5.54 | 8.20 |
| C4 | 208 | 146 | 69 | 72 | 126 | 86 | 63 | 78 | 70% | 104% | 69% | 123% | 589 | 4.62 | 2.92 | 7.54 |
| C5 | 300 | 209 | 268 | 259 | 250 | 209 | 219 | 216 | 70% | 97% | 84% | 98% | 1,468 | 3.45 | 3.88 | 7.33 |
| C6 | 106 | 89 | 105 | 85 | 96 | 82 | 86 | 80 | 84% | 81% | 85% | 93% | 605 | 3.32 | 3.26 | 6.57 |
| C7 | 227 | 179 | 201 | 169 | 166 | 152 | 200 | 188 | 79% | 84% | 92% | 94% | 1,086 | 3.58 | 3.94 | 7.52 |
| C8 | 262 | 221 | 218 | 201 | 222 | 205 | 186 | 171 | 84% | 92% | 92% | 92% | 1,334 | 3.74 | 3.34 | 7.08 |
| CCU_PCCU | 267 | 236 | 77 | 78 | 236 | 215 | 52 | 52 | 88% | 101% | 91% | 100% | 748 | 7.07 | 2.08 | 9.15 |
| Critical Care | 560 | 489 | 132 | 94 | 559 | 493 | | | 87% | 71% | 88% | | 548 | 21.51 | 2.06 | 23.58 |
| EAU AMU 1 | 516 | 384 | 423 | 334 | 431 | 352 | 418 | 312 | 74% | 79% | 82% | 75% | 2,298 | 3.76 | 3.38 | 7.14 |
| Maternity | 1,019 | 821 | 372 | 228 | 587 | 468 | 218 | 173 | 81% | 61% | 80% | 79% | 1,200 | 10.16 | 3.91 | 14.07 |
| MECU | 94 | 95 | 34 | 29 | 91 | 100 | | | 101% | 85% | 110% | | 245 | 9.55 | 1.29 | 10.84 |
| NNU | 162 | 124 | | | 150 | 141 | | | 76% | | 94% | | 419 | 7.59 | 0.00 | 7.59 |
| TOTAL | 5,686 | 4,510 | 3,745 | 3,160 | 4,587 | 3,824 | 3,017 | 2,768 | 79% | 84% | 83% | 92% | 19,585 | 4.89 | 3.60 | 8.49 |

The chart above demonstrates a significant reduction in the % fill rate for nurses over the month. Previously the cover was 83% [during the day] and 89% [during the night].

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.



At the Dudley Group we continue to work hard and strive to reduce our number of falls in hospital. Recent months 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 5141 responses were received in January 2023 in comparison to 4481 in December 2022. Overall, 83% (↑) of respondents have rated their experience of Trust services as 'very good/good'. A total of 5% (↓) patients rated their experience of Trust services as 'very poor/poor'.
- 5.3 Unfortunately the number of complaints the Trust receives has again increased with 115 new complaints received in January. This is the highest total of complaints for the year. When looking back this is almost double the number of complaints in January 2022 and January 2021. There has been 12 complaints reopened. 103 complaints were closed during January, however the imposed 30 working day frame for response was only achieved in 35.9% of the closed cases.

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. February 2023 we have had the highest number (59) of DoLs applications made since April 2021.
- 6.2 In January there were 2 detentions under the Mental health Act at Dudley Group. In February there were 3 patient's detained on a Section 5(2) All patients were given their rights and there were no appeal requests against the detentions.

7. COMMITTEE AND GROUP UPWARD HIGHLIGHTS

- 7.1 There is a national directive that the board are sighted on the current Infection Control Board Assurance Framework [included in reading bundle]. There are no red

non-compliant areas, there is one amber area with mitigations in place. Work continues to progress the workstream to reduce the risk.

- 7.2 There is also a national directive that the board are sighted on the Maternity and Neonatal Safety and Quality data [included in reading bundle]. The data set gives factual information on the number of births, neonatal deaths and foetal losses throughout December and January. Unfortunately, there has been a cluster of serious incidents during January which are being reviewed.

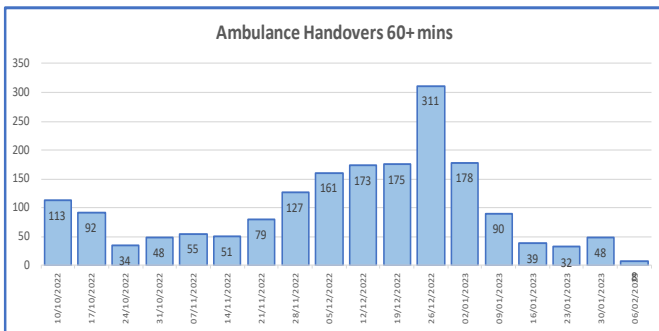
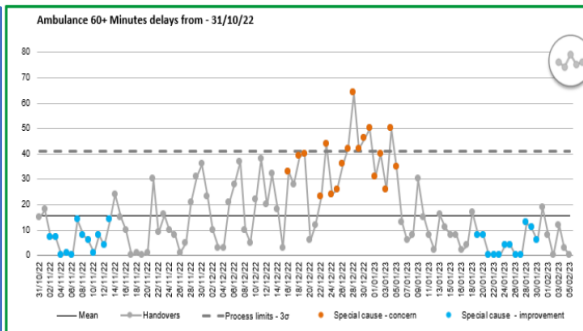
Helen Bromage
Deputy Chief Nurse
Friday 3rd March 2023

Enclosure 12

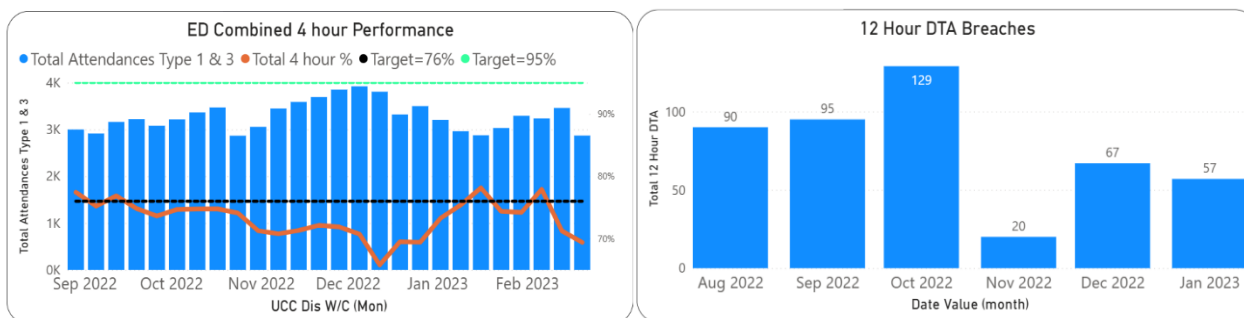
Paper for submission to Board of Directors 9th March 2023

| | |
|-------------------|---|
| Title: | IPR Report for January 2023 |
| Author: | Jonathan Boulter, Associate Director of Performance |
| Presenter: | Adam Thomas, Interim Chief Operating Officer |

| Action Required of Committee / Group | | | |
|---|----------|-----------------|-------|
| Decision | Approval | Discussion x | Other |
| Recommendations: <p>This report summarises the Trust's performance against national standards and local recovery plans for the month of January 2023 (December 2022 for Cancer). The Board is asked to note performance and next steps.</p> | | | |

| Summary of Key Issues: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---------------------|-----------|-----|-----------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|--|-------------|------------------|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|
| 1. Urgent and Emergency Care <p>During the first few weeks of January 2023, the Trust continued to experience considerable pressure within Urgent and Emergency Care. This was driven by high numbers of flu, Covid-19 and Strep A cases, which impacted the wider NHS during December and early January. From mid-January, there was a rapid and noticeable reduction in cases of flu and Covid, and as a result, a corresponding reduction in ambulance handover delays was realised. In particular, ambulance handover delays of over 60 minutes reduced, with over 400 fewer delays in January than in December.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  <table border="1"> <caption>Ambulance Handovers 60+ mins</caption> <thead> <tr> <th>Week Ending</th> <th>Number of Handovers</th> </tr> </thead> <tbody> <tr><td>1/01/2023</td><td>113</td></tr> <tr><td>8/01/2023</td><td>92</td></tr> <tr><td>15/01/2023</td><td>34</td></tr> <tr><td>22/01/2023</td><td>48</td></tr> <tr><td>29/01/2023</td><td>55</td></tr> <tr><td>05/02/2023</td><td>51</td></tr> <tr><td>12/02/2023</td><td>79</td></tr> <tr><td>19/02/2023</td><td>127</td></tr> <tr><td>26/02/2023</td><td>161</td></tr> <tr><td>05/03/2023</td><td>173</td></tr> <tr><td>12/03/2023</td><td>175</td></tr> <tr><td>19/03/2023</td><td>311</td></tr> <tr><td>26/03/2023</td><td>178</td></tr> <tr><td>02/04/2023</td><td>90</td></tr> <tr><td>09/04/2023</td><td>39</td></tr> <tr><td>16/04/2023</td><td>32</td></tr> <tr><td>23/04/2023</td><td>48</td></tr> <tr><td>30/04/2023</td><td>48</td></tr> <tr><td>06/05/2023</td><td>48</td></tr> </tbody> </table> | Week Ending | Number of Handovers | 1/01/2023 | 113 | 8/01/2023 | 92 | 15/01/2023 | 34 | 22/01/2023 | 48 | 29/01/2023 | 55 | 05/02/2023 | 51 | 12/02/2023 | 79 | 19/02/2023 | 127 | 26/02/2023 | 161 | 05/03/2023 | 173 | 12/03/2023 | 175 | 19/03/2023 | 311 | 26/03/2023 | 178 | 02/04/2023 | 90 | 09/04/2023 | 39 | 16/04/2023 | 32 | 23/04/2023 | 48 | 30/04/2023 | 48 | 06/05/2023 | 48 |  <table border="1"> <caption>Ambulance 60+ Minutes delays from - 31/10/22</caption> <thead> <tr> <th>Week Ending</th> <th>Number of Delays</th> </tr> </thead> <tbody> <tr><td>31/10/2022</td><td>10</td></tr> <tr><td>07/11/2022</td><td>10</td></tr> <tr><td>14/11/2022</td><td>10</td></tr> <tr><td>21/11/2022</td><td>10</td></tr> <tr><td>28/11/2022</td><td>10</td></tr> <tr><td>05/12/2022</td><td>10</td></tr> <tr><td>12/12/2022</td><td>10</td></tr> <tr><td>19/12/2022</td><td>10</td></tr> <tr><td>26/12/2022</td><td>10</td></tr> <tr><td>02/01/2023</td><td>10</td></tr> <tr><td>09/01/2023</td><td>10</td></tr> <tr><td>16/01/2023</td><td>10</td></tr> <tr><td>23/01/2023</td><td>10</td></tr> <tr><td>30/01/2023</td><td>10</td></tr> <tr><td>06/02/2023</td><td>10</td></tr> </tbody> </table> | Week Ending | Number of Delays | 31/10/2022 | 10 | 07/11/2022 | 10 | 14/11/2022 | 10 | 21/11/2022 | 10 | 28/11/2022 | 10 | 05/12/2022 | 10 | 12/12/2022 | 10 | 19/12/2022 | 10 | 26/12/2022 | 10 | 02/01/2023 | 10 | 09/01/2023 | 10 | 16/01/2023 | 10 | 23/01/2023 | 10 | 30/01/2023 | 10 | 06/02/2023 | 10 |
| Week Ending | Number of Handovers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/01/2023 | 113 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/01/2023 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15/01/2023 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22/01/2023 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29/01/2023 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/02/2023 | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/02/2023 | 79 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19/02/2023 | 127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26/02/2023 | 161 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/03/2023 | 173 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/03/2023 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19/03/2023 | 311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26/03/2023 | 178 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/04/2023 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09/04/2023 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16/04/2023 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23/04/2023 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30/04/2023 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06/05/2023 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Week Ending | Number of Delays | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31/10/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07/11/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14/11/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21/11/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28/11/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/12/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/12/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19/12/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26/12/2022 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/01/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09/01/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16/01/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23/01/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30/01/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06/02/2023 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Emergency Access Standards remained challenged in January, although improvements were realised across all key areas. Performance against the 4-hour Emergency Department target increased by 4% to 77.6%, (against the 95% standard), while the number of 12 hour Decision to Admit breaches also fell compared to the previous month. While below target, the Trust's 4-hour performance placed the organisation 2nd within the West Midlands region, reflecting the wider urgent and emergency care pressures across the system. Triage saw a bettering of performance in January compared to December with</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

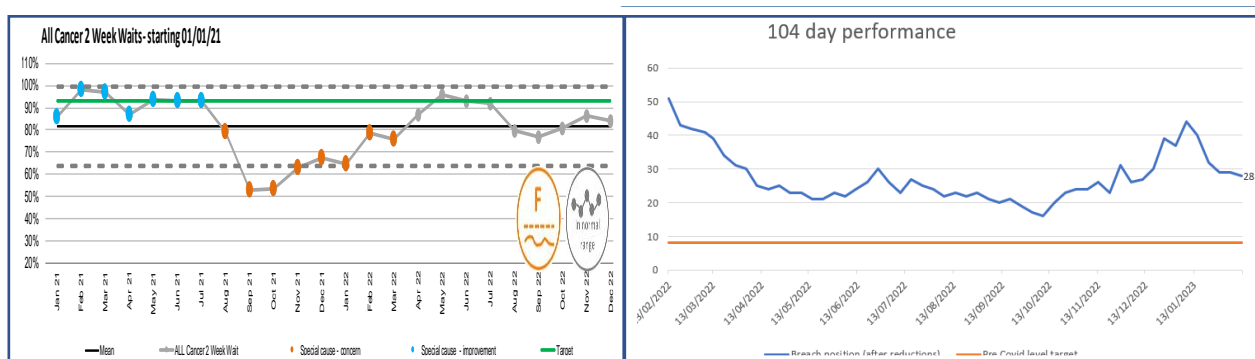
all 4 triage areas realising improved performance, partially reversing the decline seen during December. Ambulance triage remains the only triage measure above target.



2. Cancer (Data to December 2022)

Cancer 2 week wait performance in December remained below target and broadly consistent with November, although unvalidated performance for January and February shows an improving picture, with February expected to deliver the 93% standard. A full demand and capacity modelling exercise has been completed for all tumour sites. The operational Divisions are implementing the report's recommendations to provide additional baseline 2 week wait outpatient capacity, particularly in the most challenged tumour sites of Skin and Urology.

In collaboration with Primary Care, digital triaging software was introduced in early February which aims to reduce the 2 week wait demand on outpatient clinics for suspected skin cancer referrals. This revised pathway is key to the recovery and long-term delivery of all cancer targets within the skin tumour site. The 104 day wait to treatment backlog has reduced, following a spike in December but remains off target. Key areas of focus include Skin, Urology and Colorectal, with these areas being prioritised for additional theatre sessions.



3. Elective Restoration and Recovery






The national priority and focus remains on reducing long waits for routine treatment. The Trust continues to be on track to deliver zero 78 week+ breaches by the end of March; 57 patients remain to be treated (as at week commencing 13th February), with all but 5 allocated a treatment date before 31st March 2023. DGFT has provided mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog. This performance places the Trust 6th out of 20 Midlands acute organisations, with the

organisation's backlog constituting just 0.27% of total breaches for the region. Furthermore, the number of non-admitted clock stops increased above the 2022/23 trajectory in January.

The clinical Divisions have developed plans to meet the next national target of reducing 65 week + breaches. Key to achieving this will be theatre productivity improvements. Some initiatives have already started to deliver, notably with regards to an increase in number of cases per list in Plastic Surgery and Orthopaedics, as well as a reduction in late theatre start times in a number of specialities.

The full data pack for the Integrated Performance Report can be viewed in the 'further reading' pack associated with this meeting

Impact on the Strategic Goals

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

Implications of the Paper:

| | | | |
|--|----------------------|--|--|
| Risk | Y | Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient | |
| | On Risk Register: Y | Risk Score: 15 | |
| Compliance and/or Lead Requirements | CQC | Y | Details: Compliance with Quality Standards for safe & effective care |
| | NHSE | Y | Details: Achievement of National Performance and Recovery targets |
| | Other | N | Details: |
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | Y | Date: 23/02/2023 |
| | Board of Directors | Y | Date: 09/03/2023 |
| | Other | N | Date: |

Enclosure 13

Paper for submission to the Board of Directors on 9th March 2023

| | |
|-------------------|---|
| Title: | Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 31 st January 2023 and 28 th February 2023 |
| Author: | Alan Duffell - Interim Chief People Officer/ Julian Atkins - Non-executive Director |
| Presenter: | Julian Atkins - Non-executive Director |

| Action Required of Committee / Group | | | |
|--|----------------------|------------------------|---------------------------|
| Decision N | Approval N | Discussion Y | Other Assurance |
| Recommendations: <p>The Board is asked to receive the summary report from the WSEC meetings in January and February and note: -</p> <ul style="list-style-type: none"> • Matters of concern. • Committee decisions in relation to the Medical Education Strategy and BAF Assurance Levels. | | | |

| Summary of Key Issues: |
|--|
| <p>The enclosed are upward reports from the Workforce & Staff Engagement Committee (WSEC) meetings held on 31st January 2023 and 28th February 2023. Key points for the Board to note: -</p> <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <p>Jan 2023</p> <ul style="list-style-type: none"> • In-month sickness increased in December to 6.39% and was consistently above the Trust target of 4%, however the rolling twelve-month absence had reduced from 6.5% in November to 6.34% in December 2022. • Turnover (all terminations) increased to 8.90% in December but was still under the national average. Assurance was given that focus would be on retention. • Mandatory training decreased from 89.1% in November to 86.68% in December, affected by operational winter pressures. <p>Feb 2023</p> <ul style="list-style-type: none"> • Corporate Risk COR1996 "Ability to achieve 70% uptake of flu vaccinations by frontline staff with patient contact due to the ESR denominator". All actions had been completed but risk remains until cycle ends on 31st March 2023. The increase in staff due to the Trust's lead employer role in the vaccination programme, has increased the denominator used to calculate uptake. It will remain on the Risk Register until March 2023 at which point it will be reviewed and closed. • Mandatory training had decreased from 86.68% in December 2022 to 85.27% in January 2023 and remains a challenge, despite focused attention over a period of time. • Corporate Risk COR1901 "lack of optimisation of ESR" had been increased as a result of DGFT rating 38% for ESR functionality in England and DGFT experiencing "an immediate skill and knowledge gap". The Committee were assured that recruitment was commencing to fill this gap. |

POSITIVE ASSURANCES TO PROVIDE

Jan 2023

- The overall vacancy rate had reduced from 9% to 8%.
- Total nursing vacancies had reduced from 17% in November to 15% in December 2022. The Committee heard that 191 WTE graduate and international nurses were in post and awaiting their Objective Structures Clinical Examination (OCSE); on completion the nursing vacancy figure would be 103.4 WTE.
- The appraisal rate had increased from 60.1% in November to 62.3% in December and the divisions gave an update on recovery plans.
- The number of starters had exceeded the number of leavers in the Trust since October 2021; staff numbers were 5481 in December 2022 compared to 5050 in April 2022.
- The success rate of the nursing transfer window initiative in March 2022 was 77%.
- The recruitment event held in January 2023 had been very successful with over 800 attendances.
- Positive updates were received from the Network Inclusion Leads.
- A timetable was provided on the national staff survey results.

Feb 2023

- In-month sickness absence had reduced from 6.39% in December 2022 to 5.43%; the rolling twelve-month figure had also reduced from 6.34% to 6%. Post COVID the Trust had started to experience some consistency in the absence rates. Assurance was provided that long-term sickness absence was well managed and that short-term absence was the current focus.
- There was an improving position in respect of the Occupational Health provision following the partnership with the Royal Wolverhampton Trust (RWT).
- The overall vacancy rate remained static at 8% in January, with total vacancies at 494 WTE. It was noted that there were 180 WTE graduate nurses and international nurses in post awaiting either their registration or completion of their OSCE and on completion, this would reduce the nursing vacancy figure to 87.01 WTE.
- The appraisal rate had slightly increased from 62.3% in December 2022 to 63.7%.
- The Committee were pleased to hear of the success of one of the Trust's Wellbeing Champions (a junior doctor).
- The three-year Workforce EDI Journey was outlined to the Committee.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

Jan 2023

- An update was given on the results of the National Training Survey (NTS) and the range of actions in progress to achieve improvements. The National Education & Training Survey results were due for publication at the end of January 2023 and an update would be brought to WSEC in March 2023.
- The Committee heard that the Dudley People Plan was being refreshed with a renewed focus on the next three years.

Feb 2023

- There was significant work underway to develop an externally available webpage for staff to access training externally.
- A review of the Dudley People Plan was presented, including its development since 2019 and progress to date. The proposed framework for the Dudley People Plan 2023-2025 was presented, which incorporated an over-arching Dudley People Plan, aligned to the Trust Strategy and included five key workforce journeys (Recruitment & Retention, Development Opportunities, Health & Wellbeing, Equality, Diversity & Inclusion and Continuous

Improvement) providing clear people priorities and objectives around the employee lifecycle.

- A working draft of the Recruitment and Retention Journey was presented for discussion. The Committee's feedback would be incorporated, and a new draft produced.
- The Committee received assurance regarding several Equality, Diversity, and Inclusion workstreams underway including Gender Pay Gap, Equality Delivery System 2022, Rainbow Badge Phase II – Accreditation, Recruitment Training – 'The Candidate Journey'.

DECISIONS MADE






Jan 2023

- The Medical Education Strategy was approved and ratified.
- The Board Assurance Framework risks relating to workforce were discussed and a conclusion reached that the position was unchanged, i.e., Risk 2 was considered Positive assurance and Risk 3, Inconclusive assurance.

Feb 2023

- The Committee approved the final draft of the Workforce Equality, Diversity, and Inclusion (EDI) Journey and subsequent actions to launch, i.e. submission to the Board and publication in April.
- The Equal Opportunity & Diversity Policy was approved by the Committee for publication.
- The Committee approved the Gender Pay Gap (GPG) report for submission to Board and publication on 31st March 2023.
- The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from January.

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 | |
| | CQC | N | Risk Score: Risk 2 20 (4x5) Risk 3 12 (3x4) Details: |

| | | | |
|--|-------|---|----------|
| Compliance and/or Lead Requirements | NHSE | N | Details: |
| | Other | N | Details: |

| | | | |
|--|----------------------|---|--------------------------------------|
| Report Journey/ Destination | Working / Exec Group | N | Date: |
| | Committee | Y | Date: WSEC 31/01/2023 and 28/02/2023 |
| | Board of Directors | N | Date: 09/03/2023 |
| | Other | N | Date: |

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 31st January 2023

| | |
|---|--|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • In-month sickness had increased in December to 6.39% from 5.80% in November and is sitting consistently above Trust target of 4%. However, the rolling twelve-month absence shows a reduction from 6.50% in November 2022 to 6.34% in December 2022, indicating some stability. • Turnover (all terminations) had increased from 8.50% in November to 8.90% in December 2022 but was still under the national average. Assurance was provided that focus is given to retention. • Mandatory training had decreased from 89.1% in November to 86.68% in December, largely affected by operational pressures. | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • An update on the results of the National Training Survey (NTS) and National Education & Training Survey (NETS) was given. The NTS results showed the Dudley Group ranked second to bottom for “overall satisfaction” by trainees across the West Midlands. A range of actions were in place to achieve improvements. The NETS results were due to be published at the end of January 2023. Dr Hobbs would bring an update to WSEC in March 2023. • The Committee heard that the Dudley People Plan is being refreshed, with a renewed focus on the next three years. |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee heard that the vacancy rate had reduced from 9% in November to 8% in December. Total vacancies stood at 495.04, a reduction from 561.41 WTE in November. Assurance was given that there would be an increased focus on retention. • The total nursing vacancies had reduced from 17% in November 2022 to 15% in December 2022 and it was noted that 191 WTE graduate nurses and international nurses were in post awaiting either registration or completion of their Objective Structured Clinical Examination (OSCE); on completion this would give a nursing vacancy of 103.4 WTE. • The appraisal rate had increased from 60.1% in November to 62.3% in December and there was assurance provided from the divisions in terms of recovery plans. • Starters had exceeded leavers in the Trust since October 2021 – there had been a steady increase in staff in post since 01/04/22 from 5,050 to 5,481 in December 2022. | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee approved and ratified the Medical Education Strategy. • The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from December, 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. |

- The 77% success rate of the March 2022 nursing transfer window was noted.
- The “New Year New Career” recruitment event held on 14/01/23 had been very successful with over 800 attendances and 100 interviews.
- The Committee was pleased to hear the positive results from the Inclusion Network leads.
- A timetable was provided on the national staff survey results, further reports to WSEC and Board were due in line with the national results publication in March.

Chair’s comments on the effectiveness of the meeting:

The meeting was positive and received good feedback from attendees. It was pleasing to hear of so many workforce initiatives and to receive excellent presentations from the Network Chairs. The meeting was effective with good participation from those attending.

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 28th February 2023

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|--|--|
| <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Corporate Risk COR1996 "Ability to achieve 70% uptake of flu vaccinations by frontline staff with patient contact due to the ESR denominator" - all actions had been completed but risk remained due to the Trust's lead employer role in the vaccination programme. National recording shows uptake as 42.7%, second highest in the Black Country. It will remain on the Risk Register until March and assurance was given that it would then be closed from 1st April as next cycle begins. Mandatory training had decreased from 86.68% in December 2022 to 85.27% in January 2023 and remains a challenge, despite focused attention over a period of time. Corporate Risk COR1901 "lack of optimisation of ESR" had been increased as a result of DGFT rating 38% for ESR functionality in England and DGFT experiencing an immediate skill and knowledge gap. The Committee were assured that recruitment is commencing to fill this gap. | <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee heard that there was significant work underway to develop an externally available webpage for staff to access training externally. A review of the Dudley People Plan was presented, including its development since 2019 and progress to date. The proposed framework for the Dudley People Plan 2023-2025 was explained, which incorporates an over-arching Dudley People Plan, aligned to the Trust Strategy and includes five key workforce journeys (Recruitment & Retention, Development Opportunities, Health & Wellbeing, Equality, Diversity & Inclusion and Continuous Improvement) providing clear people priorities and objectives around the employee lifecycle. A working draft of the Recruitment and Retention Journey was presented for discussion. The Committee's feedback would be incorporated, and a new draft produced. The Committee received assurance regarding several Equality, Diversity, and Inclusion workstreams underway including Gender Pay Gap, Equality Delivery System 2022, Rainbow Badge Phase II – Accreditation, Recruitment Training – 'The Candidate Journey'. |
| <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee were pleased to hear that the in-month sickness absence figure had reduced from 6.39% in December to 5.43% in January, the rolling twelve-month figure had also reduced from 6.34% in December to 6%. The Committee heard that post COVID the Trust had started to experience some consistency in the absence rates. Assurance was provided that long-term sickness absence was well managed and short-term absence was the current focus. Karen Brogan would provide an update on short-term and long-term sickness absence to Julian Atkins to complete an action from Finance & Performance Committee. | <p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee approved the final draft Workforce Equality, Diversity, and Inclusion (EDI) Journey and subsequent actions, i.e. submission to the Board and publication in April. The Equal Opportunity & Diversity Policy was approved by the Committee for publication. The Committee approved the Gender Pay Gap (GPG) report for submission to Board and publication on 31st March 2023. The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from January, i.e., Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational |

- The Committee heard that there was an improving position with the Occupational Health provision following the partnership with the Royal Wolverhampton Trust (RWT).
- Turnover had decreased from 8.90% in December 2022 to 8.04% in January (remaining under the national NHS average of 10-12%).
- The overall vacancy rate remained static at 8%; total vacancies were 494. In respect of nursing vacancies, the Committee were asked to note that there were 180 WTE graduate and international nurses in post awaiting either their registration or completion of their Objective Structured Clinical Examination (OSCE). On completion this would provide a nursing vacancy figure of 87.01 WTE.
- The appraisal rate had slightly increased from 62.3% in December 2022 to 63.7% in January 2023.
- The Committee were pleased to hear of the success of one of the Trust's Wellbeing Champions (a junior doctor). The Committee felt that more staff stories were needed at Committee/Board to give an understanding of lived experience.

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.

Chair's comments on the effectiveness of the meeting:

The agenda was long, with the meeting duration two and a half hours. It was agreed that two hours should be the objective for future meetings and that the agenda would be carefully reviewed to ensure that there was sufficient time to discuss key topics. Feedback from this meeting was however very positive. The agenda prompted good discussion and challenge and there were significant contributions from most of those attending. The meeting was therefore effective.

Paper for submission to the Board of Directors on 9th March 2023

| | |
|-------------------|--|
| Title: | Workforce KPI Report |
| Author: | Karen Brogan, Deputy Chief People Officer |
| Presenter: | Alan Duffell, Interim Chief People Officer |

| Action Required of Committee / Group | | | |
|---|---------------|-----------------|------------|
| Decision N | Approval N | Discussion Y | Other N |
| Recommendations: 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 five key areas highlighted are:</p> <ul style="list-style-type: none"> • Sickness Absence • Turnover/Vacancies • Mandatory Training • Appraisals • Industrial Action <p>The full Workforce KPI Report is contained within the 'further reading' pack associated with this meeting.</p> |

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

| Implications of the Paper: | | | |
|---|----------------------|-----|---|
| Risk | | Y | Risk Description: 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 wellbeing. 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: |
| Compliance and/or Lead Requirements | CQC | Y/N | Details: |
| | NHSE | Y/N | Details: |
| | Other | Y/N | Details: |
| Report Journey/ Destination (if applicable) | Working / Exec Group | Y | Date: 09/03/2023 |
| | Committee | Y/N | Date: |
| | Board of Directors | Y/N | Date: |
| | Other | Y/N | Date: |

Workforce KPI Report

January 2023

Alan Duffell

Interim Chief People Officer



The Dudley Group
NHS Foundation Trust



Summary

| | | | |
|-----------------------|--------|--------|--|
| Absence – In Month | 5.43% | ↓ | <u>Sickness Absence</u> <ul style="list-style-type: none"> In-month sickness absence for January is 5.43%, a decrease from 6.39%, in December 2022. The rolling 12-month absence shows a reduction from 6.34% in December 2022 to 6.00% in January 2023. This data has increased absence due to COVID-19 being represented across the full year figure. |
| Absence - 12m Rolling | 6.00% | ↓ | |
| Turnover | 8.04% | ↓ | <u>Turnover</u> <ul style="list-style-type: none"> Turnover (all terminations) has decreased from 8.90% in December 2022 to 8.04% in January 2023. Normalised Turnover (voluntary resignation) has decreased from 4.67% in December 2022 to 4.17% in January 2023. |
| Normalised Turnover | 4.17% | ↓ | |
| Vacancy Rate | 8% | ↓ ↑ | <u>Vacancy Rate</u> <ul style="list-style-type: none"> The vacancy rate has remained at 8%. The total vacancies are 494.10, which remains consistent with December. 2022. |
| Mandatory Training | 85.27% | ↓ | <u>Mandatory Training</u> <ul style="list-style-type: none"> Statutory Training has decreased from 86.68% in December 2022 to 85.27% in January 2023 (as of 23/02/23 - this is 86.10%). |
| Appraisals | 63.7% | ↑ | <u>Appraisals</u> <ul style="list-style-type: none"> The appraisal rate has increased from 62.3% in December 2022 to 63.7 in January 2023 (as of 01/03/23- this is 67.4%). |

Exceptions/Improvement/Actions

| <u>METRIC</u> | <u>SUMMARY</u> |
|--------------------------------|--|
| Absence | <p>Whilst absence is sitting above Trust target of 4% there has been a decrease in January. The in-month absence rate is still subject to variation due to the impact of COVID, but is starting to show some consistency and improvement. The rolling twelve-month sickness absence figure is consistently above target due to COVID-19 being represented across the full year figure, but has shown consistent improvement over the last six months.</p> <p>Long-term absence continues to decline (3.03%). Whilst we are above target, the data is showing improvement, indicating long-term absence is well managed. Short-term absence 2.97% has had a significant amount of variation, directly correlated to COVID-19, there is some evidence that the rate is now becoming consistent, but it is above target.</p> |
| Turnover/ Vacancies | <p>Turnover (all terminations) has decreased in January and continues to perform under the national average for the NHS between 10-12%. A Recruitment and Retention journey is in development which will focus on maintaining the success of our recruitment by focusing on retention.</p> <p>The vacancy rate has remained static for January. The overall in year picture has seen the vacancy rate reduce from 14% in April 2021 to 8% in January 2023, a reduction from 852.25 WTE in April 2022 to 481.15 WTE in January 2023 (this also accounts for a 79.47 WTE increase to budget during this period).</p> <p>Contracted WTE for nursing staff has increased from 1688.98 in December 22 to 1711.30 in January 2023. This is 155.54 WTE under the workforce plan. The total nursing vacancies reported stands at 267.01, a reduction from 294.5 WTE in December 2022. This is a reduction from 15% to 14%.</p> <p>It should be noted that there are 180 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 87.01 WTE.</p> |

Exceptions/Improvement/Actions

| METRIC | SUMMARY |
|--------------------|---|
| Mandatory Training | <p>Statutory Training overall compliance has dipped below target after having been above target throughout some periods of 2022. The five subjects requiring most improvement are Resuscitation Paediatric, Safeguarding Children Level 2, Safeguarding Adults Levels 3 & 2 and Resuscitation Adult.</p> <p>There is a declining statutory training compliance trend in Q4, which is a replication of the same trend over the previous two years. However, overall compliance in Jan 23 is 2.23% lower than Jan 22. Factors which could be contributing towards this: the subject owners for Moving and Handling have a backlog of data entry which may falsely decrease reported compliance rate and the email reminder for those whose training was expiring ceased to function for an undefined number of months in Q3/4. This system error has been rectified.</p> <p>A Priority 1 SMT meeting resulted in an agreement to re-align subjects with the Core Skills Training Framework. Other Black Country Provider Collaborative SMT leads have also agreed to the same aim, which could result in alignment of statutory and mandatory training across BC PC Trusts in the future.</p> |
| Appraisals | <p>Appraisal compliance is currently reported at 63% which is significantly below the organisation's target expectations of 90%. This has increased to 67.4% as of 1st March 2023.</p> <p>Improvement is slow across divisions with operational pressures continuing to limit the rate of improvement. The Corporate Division is now above 85% and CCCS above 77%.</p> <p>Regular reporting through the dashboard and HR Business Partners is supporting Divisional actions plans. These were reported to WSEC in January with targets established to reach compliance before the end of March 2023.</p> <p>Work will continue to prioritise those who have not yet received an appraisal in 2022/23 whilst activity also focuses on increased engagement and preparation for 2023/24.</p> |

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

| | <u>SUMMARY</u> |
|-----------------------------|---|
| Industrial Action Continued | <p><u>CSP (Chartered Society of Physiotherapists)</u></p> <ul style="list-style-type: none"> Ballot opened on 5th December, closing on 9th January 2023. We have 79 members. We have met the threshold for strike action and have received notification of proposed action on 22nd March 2023. <p><u>The Hospital Consultants and Specialists Association (HCSA)</u></p> <ul style="list-style-type: none"> Ballot opened 14th December and closes 20th January 2023. we have 3 members. We have met the threshold for strike action and have received notification of proposed action on 13th, 14th and 15th March 2023. <p><u>BMA (British Medical Association)</u></p> <ul style="list-style-type: none"> Ballot opens 9th January and closes 20th February 2023; we have 172 members. The Junior Doctors have now met the threshold for strike action, and we have received notification of proposed action on 13th, 14th and 15th March 2023. <p><u>WMAS (West Midlands Ambulance)</u></p> <ul style="list-style-type: none"> There is proposed action on 6th and 20th March 2023 by the GMB and Unison members at qualifying Ambulance Trusts. DGFT are planning for any consequential operational impact from action proposed. <p><u>NEU (National Education Union)</u></p> <ul style="list-style-type: none"> Further education strikes are scheduled for 1st, 15th and 16th March 2023. DGFT are planning for any consequential operational impact from action proposed. <p><u>RMT (Rail, Maritime and Transport Union)</u></p> <ul style="list-style-type: none"> Further dates are planned for 16th, 18th, 30th March and 1st April. West Midlands Railway - expects to run a "very limited service" with no trains on some parts of the network. DGFT are planning for any consequential operational impact from action proposed. <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> |

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

| | SUMMARY |
|-------------------------------|---|
| Staff Survey and People Pulse | <p>The initial management report from the Trust's survey provider (PICKER) has been provided during December. This provides a historical comparison with our own data from 2021 and earlier trend data. There is some limited ability to benchmark with the 65 Acute and Community Trusts that also used PICKER as their provider. The Trust data is embargoed for publication and is for internal only use until the national survey publication date in March 2023.</p> <p>Early indications are that the response rate is lower than expected but reasonably on par with others. There are some assurances based on the proportion of positive question responses in comparison with our previous performance - so 97 questions can be compared, 26 are significantly better, 69 show no significant change and two are significantly worse.</p> <p>The national benchmark report will be available to the Trust by 22/02/23 although remains embargoed until 09/03/2023.</p> <p>The quarterly People Pulse ran during January 2023. As per January 2022, there was a shorter survey period with light touch communications in recognition of the operational priorities and lag between national Staff Survey results/potential survey fatigue. Plans are already in place to secure an increased response rate for April 2023 with additional focused communication with teams.</p> <p>There were 503 responses (9%). The survey was focused on flexible working, financial wellbeing and current mood. Results are being compared currently to provide a benchmark summary.</p> <p>In relation to the key engagement theme, the overall engagement score was 6.5 with 49.3% responding positively to the question around would recommend as a place to work. This is 3% above the People Pulse average. 50.9% would recommend as a place for care – this is 2% below the People Pulse average.</p> <p>With focused questions on financial wellbeing and flexible working, 71.4% know where to access help and support (8% higher than comparators) and 47.7% of respondents feel the organisation champions flexible working.</p> |

