



Board of Directors Meeting Public Papers

Thursday 11th May 2023 10:00 – 13:20pm



BOARD MEETINGS PUBLIC INFORMATION SHEET

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

1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

Helen Attwood
Directorate Manager
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.attwood3@nhs.net

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 321114
Email: andrew.proctor5@nhs.net

Helen Board
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321124 ext 1124
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Helen Attwood
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THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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


Leadership

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




6 of

IN PUBLIC

Board of Directors
Thursday 11 May 2023 at 10:00am
via MS Teams Video Conference
AGENDA

ITEM		PAPER REF	LEAD	PURPOSE	TIME
Dermatology 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 9 March 2023 Action Sheet 9 March 2023	Enclosure 2	D Nicholson	For approval	10:20
4	Chief Executive's Overview	Enclosure 3	D Wake	For information & assurance	10:25
5	Chair's Update	Verbal	D Nicholson	For information	10:30
6	Public Questions	Enclosure 4	D Nicholson	For information	
7	Patient Story – Own Bed Instead.... introduced by L Abbiss				
8	GOVERNANCE				11.10
8.1	Board Assurance Framework	Enclosure 5	H Board	For approval	
8.2	Trust Strategy Quarterly report Q4 2022/2023	Enclosure 6	K Rose	For assurance	
8.3	Digital Trust Technology Committee upward report	Enclosure 7	C Holland	For assurance	
8.4	Audit Committee upward report	Enclosure 8	G Crowe	For assurance	
9	 Drive sustainability financial and environment Reduce the cost per weighted activity Reduce carbon emissions				11:45
9.1	Finance & Performance matters - Committee upward report - Finance report Month 12 (March 2023) and update of financial plan 2023/24	Enclosure 9 Enclosure 10	J Atkins K Stringer	For approval	

Comfort Break (5 mins)

10		Deliver right care every time CQC rating good or outstanding Improve the patient experience survey results				12:20
10.1	Quality & Safety Committee upward report		Enclosure 11	L Hughes	For approval	
10.2	Chief Nurse Report		Enclosure 12	K Lewis	For assurance	
10.3	CQC report April 2023		Enclosure 13	A Proctor	For assurance	
10.4	Charitable Funds update		Enclosure 14	J Atkins	For assurance	
11		To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results				12:55
11.1	Workforce & Staff Engagement - Committee upward report - Workforce key performance indicators		Enclosure 15 Enclosure 16	J Atkins A Duffell	For assurance	
11.2	National Staff Survey 2022		Enclosure 17	A Duffell	For assurance	
11.3	Guardian of Safe Working		Enclosure 18	F Chaudhry	For assurance	
11.4	Freedom to Speak Up		Enclosure 19	B Plant	For assurance	
12.		Improve Health and wellbeing Improve rate of early detection of cancers Increase planned care and screening for the most disadvantaged groups				13:15
12.1	Integrated Performance Dashboard		Enclosure 20	K Kelly	For assurance	
13.	Any Other Business		Verbal	All	For noting	13:20
14.	Date of next Board of Directors meeting (public session) Thursday 13 July 2023					
15.	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 MEMBERS

Title	Given name	Family name	Staff group	Declaration type	Description	Relevant from	Relevant to	Gift/Donation accepted	Value	Share holding %
Mrs.	Elizabeth	Abbiss	Board Member		Nil					
Mr.	Thuvarahan	Amuthalingam	Board Member	Outside employment or private clinical work	GP Salaried up until September 2022. Thereafter ad hoc locum work	01/09/2020	20/09/2022			
Mr.	Thuvarahan	Amuthalingam	Board Member	Outside employment or private clinical work	Candesic. Consultant. Strategic consultancy services	01/01/2015				
Mr.	Thuvarahan	Amuthalingam	Board Member	Shareholdings and other ownership interests	Managing director. Medcas Group Limited. Private clinical, training and consultancy services	23/09/2016				100
Mr.	Julian	Atkins	Board Member	Outside employment or private clinical work	Board Chair of Coventry and Warwickshire Chamber Training	01/06/2004				
Mr.	Julian	Atkins	Board Member	Outside employment or private clinical work	Non-Executive Director of an organisation called ENTRUST	01/09/2021				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Birmingham 2022 Commonwealth Games Medical Advisory Committee	02/05/2022	26/09/2022			
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Independent Non-Executive Director of Great Britain Table Tennis	01/12/2022				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work	01/05/2015				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Mencap Heart of England. Trustee. Charitable Trustee Role	01/05/2021				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Medical Panel Committee Member - England and Wales Cricket Board	02/05/2022				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job	01/09/2015				
Mr.	Gurjit	Bhogal	Board Member	Outside employment or private clinical work	Aston Villa Football Club, Doctor providing medical care for Aston Villa	01/10/2015				
Dame	Yve	Buckland	Board Member	Outside employment or private clinical work	Pro Chancellor Aston University	01/04/2020	31/08/2022			
Dame	Yve	Buckland	Board Member	Outside employment or private clinical work	Independent Chair of Birmingham and Solihull ICS (Integrated Care System)	16/01/2021	31/08/2022			
Professor	Gary	Crowe	Board Member	Outside employment or private clinical work	Non Executive Director, University Hospitals of North Midlands NHS Trust	01/09/2019				
Professor	Gary	Crowe	Board Member	Outside employment or private clinical work	Independent Member, The Human Tissue Authority	01/09/2019				
Professor	Gary	Crowe	Board Member	Outside employment or private clinical work	Occasional lecturer, Keele University	01/09/2019				
Mr.	Alan	Duffell	Board Member	Outside employment or private clinical work	Workforce SRO for the Black Country ICS/ICB	20/06/2022	12/09/2022			
Mr.	Alan	Duffell	Board Member	Outside employment or private clinical work	Interim CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust	20/06/2022				
Mr.	Alan	Duffell	Board Member	Outside employment or private clinical work	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.	20/06/2022				
Mr.	Alan	Duffell	Board Member	Outside employment or private clinical work	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust	01/12/2022				
Mr.	Alan	Duffell	Board Member	Outside employment or private clinical work	Workforce/HR SRO for the Black Country Provider Collaborative	01/07/2023				
Dr	William	Hobbs	Board Member		Nil					
Mr.	Jonathan	Hodgkin	Board Member	Shareholdings and other ownership interests	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	06/03/2019	31/07/2022			0
Ms.	Catherine	Holland	Board Member		Nil					
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Honorary Professor University of Birmingham	01/07/2008				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Honorary Professor University of Aston	01/09/2016				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Honorary Professor University of Worcester	01/03/2017				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust	01/04/1990				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Non Executive Director Birmingham and Solihull ICB	01/06/2022				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Medical Director Health Education England	03/09/2012				
Professor	Elizabeth	Hughes	Board Member	Outside employment or private clinical work	Professor of General Practice University of Bolton	01/01/2022				
Mrs.	Karen	Kelly	Board Member		Nil					
Sir	David	Nicholson	Board Member	Outside employment or private clinical work	Chair - Sandwell and West Birmingham Hospitals NHS Trust	01/09/2022				
Sir	David	Nicholson	Board Member	Outside employment or private clinical work	Visiting Professor - Global Health Innovation, Imperial College	01/09/2022				
Sir	David	Nicholson	Board Member	Outside employment or private clinical work	Non-Executive Director – Lifecycle	01/09/2022				
Sir	David	Nicholson	Board Member	Outside employment or private clinical work	Advisor to KPMG Global	01/09/2022				
Sir	David	Nicholson	Board Member	Shareholdings and other ownership interests	Sole Director - David Nicholson Healthcare Solutions	01/09/2022				100
Sir	David	Nicholson	Board Member	Sponsorship, patents and loyalty interests	Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust	01/09/2022	31/12/2022			
Sir	David	Nicholson	Board Member	Sponsorship, patents and loyalty interests	Appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS (full-time)	01/01/2023				
Sir	David	Nicholson	Board Member	Sponsorship, patents and loyalty interests	Member - IPPR Health Advisory Committee	01/09/2022				
Sir	David	Nicholson	Board Member	Sponsorship, patents and loyalty interests	Senior Operating Partner for Healfund (investor in healthcare Africa)	01/09/2022				
Mr.	Andrew	Proctor	Board Member		Nil					
Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Vice Chair of Birmingham Women and Children's Hospital	02/06/2014				
Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Chair, Trent Regional Flood and Coastal Committee, DEFRA	05/10/2020				
Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Board member of Aston University	06/10/2014				
Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Vice Chair of Birmingham Women and Children's Hospital	02/06/2014				
Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Chair, Trent Regional Flood and Coastal Committee, DEFRA	05/10/2020				

Mr.	Vijith	Randeniya	Board Member	Outside employment or private clinical work	Board member of Aston University	06/10/2014				
Mr.	Vijith	Randeniya	Board Member	Shareholdings and other ownership interests	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	01/08/2022				o
Miss	Kathleen	Rose	Board Member		Nil					
Miss	Mary	Sexton	Board Member		Nil					
Mr.	Kevin	Stringer	Board Member	Outside employment or private clinical work	Chief Financial Officer and Deputy Chief Executive The Royal Wolverhampton NHS Trust	14/06/2022				
Mr.	Kevin	Stringer	Board Member	Outside employment or private clinical work	Interim IT Director and SIRO Walsall Healthcare NHS Trust	14/06/2022				
Mr.	Adam	Thomas	Board Member	Shareholdings and other ownership interests	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	01/07/2019				0
Ms.	Diane	Wake	Board Member	Sponsorship, patents and loyalty interests	Provider CEO member on the BC ICB Board	04/07/2022				
Mr.	Lowell	Williams	Board Member	Shareholdings and other ownership interests	Lowell Williams Consulting Limited	01/12/2019				100
Mr.	Lowell	Williams	Board Member	Shareholdings and other ownership interests	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust	01/04/2021				0
Mr.	Lowell	Williams	Board Member	Outside employment or private clinical work	Principal & CEO National College for Advanced Transport & Infrastructure	01/01/2023				
Mr.	Lowell	Williams	Board Member	Sponsorship, patents and loyalty interests	Director - Transformational Technologies Partnership Ltd (which oversees the Black Country & Marches Institute of Technology)	01/04/2022				

UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)
held on Thursday 9 March 2023 10:00hr
virtually via MS Teams Video Conference

Present:

Julian Atkins, Non-executive Director (JA)
Gurjit Bhogal, Non-executive Director (GB)
Neill Crump, Interim Chief Information Officer (NC)
Alan Duffell, Interim Chief People Officer (AD)
Julian Hobbs, Medical Director (JHO)
Karen Kelly, Chief Operating Officer (KK)
Sir David Nicholson (SDN) **Chair**
Andy Proctor, Director of Governance (AP)
Vij Randeniya, Non-executive Director (VR)
Kat Rose, Director of Strategy & Partnerships (KR)
Mary Sexton, Chief Nurse (MS)
Kevin Stringer, Interim Director of Finance (KS)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Liz Abbiss, Director of Communications (LA)
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Simon Illingworth, Deputy Chief Operating Officer (SI)
Ruckie Kahlon, Chief Pharmacist (Staff Voice)
Karina Lloyd, AAA Screening Lead (item 7)
Georgia Malesi - Principal Pharmacist Cancer Services (Staff Voice)
Steven Shanu - Deputy Chief Pharmacist Pharmacy Operations (Staff Voice)
Lisa Stanton - Pharmacy Technician Research & Development (Staff Voice)
Jenny Workman - Pharmacy Project & Performance Manager (Staff Voice)

Apologies

Thuvarahan Amuthalingam, Associate Non-executive Director (TA)
Gary Crowe, Non-executive Director (GC)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
Adam Thomas, Interim Chief Operating Officer (AT)

Governors, Members of the Public and External attendees

Alex Giles, Public Elected Governor, Lead Governor
Alan Rowbottom, Public Elected Governor, Tipton & Rowley Regis
Maria Lodge-Smith, Public Elected Governor, Brierley Hill
Yvonne Peers, Public Elected Governor, North Dudley
Clare Inglis, Staff Elected Governor, AHP & HCS
Lizzie Naylor, Public Elected Governor, North Dudley
Sarah Baig, member of the public

Staff Voice – Pharmacy

The Board was joined by members of the Pharmacy Team. The Board noted that the staff voice is 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.

Alan Duffell introduced Steven Shanu, Deputy Chief Pharmacist, Lisa Stanton, Pharmacy Technician, Georgia Malesi, Principal Pharmacist, and Jenny Workman, Pharmacy Project and Performance Manager.

RK highlighted that medicines were a key factor of the Trust and touch all patients and was the most common modality for care. She welcomed the opportunity for the Pharmacy Team to update the Board on what it was like to work in the Pharmacy Department.

GM described what it was like to work in Pharmacy Cancer Services and also as an independent prescriber. SS, Deputy Chief Pharmacist for Operations was responsible for dispensing services across the hospital sites and described the transformation of services with the implementation of the new Pharmacy robot and enhanced digital technology. LS, Pharmacy Technician described her work with clinical trials, she described her role as busy, challenging and rewarding. JW worked in the Business and Performance Team in Pharmacy dealing with people, projects and performance.

AD asked the team what it was like to work within Pharmacy and the Trust. JW confirmed that staff received fantastic wellbeing support. AD welcomed this as wellbeing was an area that the Trust had been championing for a number of years. JHo thanked Pharmacy for their efforts during Covid, particularly with research. He asked what the Board could do to support Pharmacy to raise the profile of research and innovation. GM would welcome support to raise the profile of Pharmacy and make the Trust an attractive place to work and raising the awareness of genomics in particular. LS commented that she would like to see portfolios and disciplines aligned to research expanded.

KR welcomed the presentation and was impressed by the energy of the team. She asked about priorities and challenges for the next twelve months and how the Board could provide support. RK confirmed that there was a two year Strategy in place and the workforce needs to be aligned to the Strategy. They were using the Provider Collaborative to undertake benchmarking and sharing of best practice.

The Chair thanked the staff for their inspiring presentation and reflected on his recent visit to the Pharmacy Department and acknowledged the fantastic contribution made during Covid.

23/16 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.

23/17 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. The Chair thanks KS and AD for continuing in their interim roles for a further year, he also welcomed KK back to work following her period of absence.

23/18 Minutes of the previous meeting held on 12 January 2023

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

It was **RESOLVED**

- The minutes were approved

Action Sheet of 12 January 2023

All actions were completed or not yet due.

23/19 Chief Executive's Overview and Operational Update (Public)

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

The Trust was performing well with 78 week patients and was on track for zero breaches by the end of March although it was noted that the planned Juniors Doctors strike next week may impact. The Trust was working collaboratively with other providers across the Black Country and providing mutual aid. Cancer performance was improving and the Trust had achieved the 2 weeks wait standard and overall, the system has seen a reduction in 62 days breaches. Diagnostic waiting times had been slower to recover. The Hybrid Theatre opened two weeks ago and this was great news for patients requiring vascular procedures. Dudley was the Vascular Hub for the Black Country. The Da Vinci robot had arrived and was scheduled to be in use by 16th March; the Trust was particularly excited about this fantastic development.

The Junior Doctors strike was scheduled to take place over three days the following week and all teams were working closely together to manage the impact.

The staff survey results for 2022 had been published earlier in the day and it was pleasing to note that there had been no deterioration in the Trust's results. Improvements had been seen against a number of areas and this was really positive news. There were some areas for further development including improved performance in relation to appraisal outcomes.

There had been an unannounced Care Quality Commission (CQC) inspection on 22nd February 2023 to the Trust's Paediatrics Emergency Department where some concerns had been raised by the CQC. The Trust had subsequently received a letter of intent detailing the significant shortfalls they had identified in relation to the safeguarding of children and young people. The letter had also outlined their intention to consider whether it would invoke its powers pursuant to the urgent procedure under section 31 of the Health and Social Care Act 2008. The Trust has worked hard to provide its response in the form of an action plan. There had been a meeting with the CQC prior to the Board meeting. The CQC were assured by the action plan and confirmed that they did not intend to take any regulatory action. DW outlined the actions that had been put in place and confirmed there would be continuous oversight by the Executive team. An update on the Provider Collaborative was included in the report.

GB raised the impact of the strike on elective recovery and the 78 week target. DW confirmed that the strike will not result in the Trust failing to achieve the target.

The Chair asked about the staff survey and the culture of the organisation. DW confirmed that culture would be the main focus of the forthcoming Leadership Conference and would also be a key agenda item at the Board Workshops and Executive Development sessions. AD agreed that although the Trust had adopted a Behavioural Framework there was a need for a much simpler Cultural Framework and then work to embed across the organisation. JHo commented that culture was a broad term and it was imperative to be specific about expectations. Compassionate leadership was key to creating a strong positive culture.

JA stated that the staff view of the organisation is the golden thread to setting the culture and this would be monitored through the Workforce Committee. The Chair added that the Trust needed to develop effective metrics to be able to measure the results.

It was **RESOLVED** to

- Note the report

23/20 Chair's Update

The Chair confirmed that the issue of resources for the organisation was the main concern for the coming years. Having a workforce locked in discussions with the Government around pay and conditions would most certainly have an effect on patients and added that the Government needs to intervene to resolve the situation.

23/21 Public Questions

No questions submitted.

23/22 Patient Story – Abdominal Aortic Aneurysm (AAA) Screening

The Chair welcomed Karina Lloyd, Abdominal Aortic Aneurysm (AAA) Screening Lead to the meeting. LA shared the patient story video with the Board. The Board noted that the story related to the Trust's strategic goal of improving health and wellbeing. The video was of a local patient who had been called for routine AAA screening which showed up a large aneurysm that required urgent intervention. He was promptly seen by a surgeon and booked for theatre; all within 20 days of detection. The surgery went well and the patient became a huge advocate of the Trust and its screening programme. DW confirmed that the screening programme was one of the best in the country and had won a number of accolades.

GB congratulated the team on their work. He had visited them last year and commented on the compassion displayed to patients.

Karina confirmed that around 5,000 patients were screened each year and 1% of patients were diagnosed with a large aneurysm. Patients are usually seen within a week of detection and receive treatment within 8 weeks.

The Chair thanked Karina and her team for their efforts and confirmed that they were a huge asset to the organisation.

23/23 GOVERNANCE

23/23.1 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) summary document given as enclosure five. 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 a follow up meeting with the Good Governance Institute who provided positive feedback.

Only two BAF risks had seen changes to their scores. The Board were asked to note the positive assurance.

The Chair stated that he considered the BAF to be an excellent framework for assurance.

It was **RESOLVED** to

- Approve the BAF summary report and movement of risk scores and note that the BAF remained dynamic and continues to contribute to the shape and structure of Committee business.
- note the refresh of the Committee assurance level descriptors.

23/23.2 Trust Strategy Quarterly Report Q3 2022/23

KR summarised the report given as enclosure six noting that detailed progress updates had been submitted to the relevant Board Committees during January.

The report provided the quarter three update against the main strategic goals. RAG ratings remained unchanged from quarter two 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. Challenge remained around the financial position and cost improvement programme and significant work remained to be undertaken in these areas.

During quarter three, further 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. An improvement in the next quarter was expected in relation to the goal of being a brilliant place to work.

Support on expanding the Lung Check service into Dudley was underway. DW welcomed this work that formed a major part of the cancer screening programme.

LA confirmed that work is underway on encouraging young people to join the NHS and a Behind the Scenes event was planned for 20th March.

It was **RESOLVED** to

- note the Strategy progress report for Q3 2022/2023

23/23.3 Digital Trust Technology Committee Upward Report

VR presented the upward report from the Committee meeting held on 18th January 2023, given as enclosure seven.

The Committee had noted good progress made on CareCert. There was concern noted to flag poor attendance at the Committee meetings. Black Country ICB IT was provided by the Trust and this could be lost income should the ICB go out to tender.

Of the three red rated elements on the BAF, digital was also rated with negative committee level assurance. The Trust had a number of old and legacy systems which required investment. NC confirmed that a three year Digital Plan would be presented to Board to address the concerns relating to infrastructure and digital applications.

In response to the request for clarification, NC advised the Chair that operational capacity issues had impacted attendance. JHo confirmed that the forthcoming appointment of an Associate Medical Director would ensure senior medical attendance. DW confirmed that attendance would be picked up and addressed outside of the Board meeting.

It was **RESOLVED** to

- Note the report, the assurances provided by the Committee, the matters for escalation and the decisions made

23/24 Drive Sustainability Financial and Environment

23/24.1 Finance and Performance Committee Upward Report

LW summarised the reports from previous Committee meetings on 26th January and 21st and 23rd February 2023, given as enclosure eight and thanked all contributors to the meetings and for allowing clarity on finance and performance matters.

The Committee was pleased to note good performance in a number of areas.

Financial assurance around managing costs was received in terms of effective cost improvement programmes and use of agency staff. It was acknowledged that the forward financial forecast for the Trust and System would be very challenging.

Committee meetings were well attended and active.

DW commented on the focus of the Committee on productivity and this would be a key item of the Committee agenda that would be remain highlighted in the upward report to Board.

It was **RESOLVED**

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

23/24.2 Month 10 Financial Position

KS summarised the report for the month 10 (January 2023) financial position, given as enclosure nine noting the new report format for the public Board and welcomed any comments. At month 10 the Trust was £0.6m ahead of forecast and expected to meet the breakeven target. There were some risks associated with receiving monies from the Maternity Incentive Scheme.

He summarised the current challenges facing the 2023/34 position and noted that the Black Country Integrated Care Board had seen the 2nd lowest income growth despite significant health inequalities locally. The allocations for the coming year would see a significant reduction in Covid monies and support. An imposition of an efficiency factor for all providers would be applied.

The Chair noted the good financial performance for the current year and congratulated the team for their efforts.

It was **RESOLVED** to

- note the financial performance for January 2023 and note the potential risk associated with the maternity incentive scheme.

[five minute comfort break]

23/25 Deliver Right Care Every Time

23/25.1 Quality and Safety Committee Upward Report

GB summarised the upward reports from the Committee meetings held in November 2022, January and February 2023, given as enclosure ten.

In November there was concern around the introduction of the new Patient Safety Incident Response Framework (PSIRF) and the Trust's response to patient safety incidents. Positive assurance was received that the first phase was underway and further positive assurance on progress was noted at the last Committee meeting. Positive assurance was received from the Medicine Division relating to improved patient flow and ambulance offload times.

At the January meeting positive assurance was noted that Dudley was the only Trust locally that has a core team of patient safety partners integrated into its meeting and this should be celebrated. The Committee had held extensive discussions regarding the Trust's SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio) data and verbal assurance was provided to understand the Trust position further. 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 impact in practice.

At the February meeting the Committee had discussed neonatal death rates which were just above national rates and noted that work was underway to understand the reason for this. There were some delays to histopathology reporting and the Committee asked for a paper to come back to the Committee with a trajectory for improvement. Positive assurance noted around VTE, Research and the Maternity Services Peer Review from which there was outstanding assurance received relating to leadership.

JHo took assurance from the fall in SHMI and positive assurance received from AQuA. The issue in relation to Neonatal outcomes was not supported by national data where the Trust was not an outlier and a high level of assurance was available. The Trust has requested that the Black Country Pathology Service (BCPS) provide an improvement trajectory that would be monitored by the Finance and Performance Committee. DW confirmed that BCPS were part of the Cancer Board and were working to the trajectory with some improvement evident and noted that some of the issues could be resolved directly by the organisation. NC confirmed that there would be changes to the data set to allow for clearer mortality benchmarking of services.

The Chair welcomed the submission of the Board assurance paper that would support an in depth discussion about mortality later in the year. He noted that Pathology services had also been raised at the last Sandwell Board meeting with agreement that it was down to organisations to contribute to the solution.

It was **RESOLVED**

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

23/25.2 Chief Nurse Report

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

There were continued recruitment and retention efforts noting that a successful careers day was held in January and there are a number of events planned for the rest of the year.

Staffing skill mix remained a challenge. There had been a number of changes to the Infection Prevention and Control Board Assurance Framework including the changes to mask wearing requirements.

There had been three Maternity incidents referred to Healthcare Safety Investigation Branch (HSIB) and confirmed that the Trust was closely supporting the families.

In respect of the use of nitrous oxide that had recently been highlighted in the press, the Chief Nurse confirmed that the Trust had undertaken testing and levels of exposure were noted to be very low. Regular routine monitoring would continue.

JA noted the good progress made in recruiting qualified staff and asked when the fill rate position would improve. MS confirmed that a large number of international nurses were still to attain their PIN and once received, expected fill rates of substantive staff to significantly improve. Plans were in place to strengthen the Staff Bank function. Retaining staff remained an area of focus for the organisation.

In relation to safe staffing, the Chair asked about the consequence of the ban on agency staffing and its impact on staffing. MS confirmed that the issue did not solely relate to nurse agency and was a combination of the pressures on the organisation, having to open additional beds, high sickness levels and availability of agency and bank staff. This ran the risk of diluting the skill mix and impacting on the continuity of care. The indicators will see improvement as more staff come into the organisation. The Chair asked that the Board continues to monitor indicators over the coming months.

It was **RESOLVED**

- That the report be noted and assurances received and the Board continues to monitor indicators.

23/25.3 Integrated Performance Dashboard

The Board noted that the report had been refreshed to highlight material issues for the Board's attention. The full Integrated Performance Report (IPR) was contained within the further reading pack.

SI summarised the report given as enclosure twelve and highlighted the following key areas:

Urgent and Emergency care performance had improved since mid-January. Patients presenting with Covid-19 and flu had settled and actions that had been implemented had resulted in sustained improved performance.

Cancer performance for 2-week waits was good and the Trust expected to meet its target. Concern remained relating to 104 day waits that had been impacted by capacity pressures from December 2022.

There continued to be excellent work underway relating to transformation and Getting it Right First Time and noted the sustained progress to create a Plastic Surgery one stop pathway. The Trust continued to collaborate closely with the Local Authority on the Discharge to Assess pathway.

GB asked about Theatre usage improvements and late starts in Surgery. SI confirmed that whilst there were a number of measures where the Trust performed well e.g., utilisation rates, the Theatre Improvement Group was undertaking a piece of work to review late starts and high volume and, low complexity cases to reduce delays remained a focus.

In response to a query raised by the Chair, SI concurred that there had been a number of lessons learnt from the Winter Plan delivery and confirmed that the detailed debrief would be presented to the April Board meeting.

It was **RESOLVED** to

- receive the report and draw assurance from progress made and next steps to deliver against national standards and local recovery plans.

23/26 To be a Brilliant Place to Work and Thrive

23/26.1 Workforce and Staff Engagement Committee Report

JA summarised the report given as enclosure thirteen relating to Committee meetings held in January and February 2023.

Matters of concern include sickness levels and turnover in January and noted the improved position reported at the February meeting. Noted the work underway to address short term absence. Mandatory training continued to be a concern and noted that the Committee was provided with significant assurance that work was underway to address the position. The lack of optimisation of ESR was also an issue and the Committee would continue to review the situation.

Positive assurance was received around graduate and international nurses and the improved nurse vacancy situation. It was pleasing to learn that a junior doctor had volunteered as a wellbeing champion and acknowledged the positive impact on colleagues.

A medical trainee survey had shown disappointing results. A detailed action plan had been produced and JHo would present to the March Committee.

The Trust was working with Royal Wolverhampton to improve occupational health and wellbeing services. A nursing transfer window initiative had been launched that enabled staff to work in other areas rather than losing staff to other organisations.

A review of the Dudley People Plan was underway and would align with the Trust's Strategic Goals Strategy and would be supported by five journeys and have the 'golden thread' of culture running through them.

No change noted to the current Board Assurance Framework risks. There was inconclusive assurance around risk three.

NC confirmed that ESR is included in the 3 year Digital Plan. HB confirmed that there was continuous and supportive attendance by Governors at Committees.

It was **RESOLVED** to

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

23/26.2 Workforce KPIs

AD confirmed that the report, given as enclosure fourteen was provided for information. There were five key areas for noting:

- Sickness Absence
- Turnover/Vacancies
- Mandatory Training
- Appraisals
- Industrial Action

The Chair commented that in relation to appraisals, proper training was important.

It was **RESOLVED** to

- note the report and the five key areas highlighted

23/27 Any other Business

There was none raised.

23/28 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 11 May 2023.

23/29 Meeting Close

The Chair declared the meeting closed at 12:26 hr.

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






Date:

Paper for submission to the Board of Directors on 11 May 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 • Charity Update • Healthcare Heroes • Leadership Conference • Patient Feedback • Awards • Visits and Events

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: 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: 11 May 2023
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 11 MAY 2023

Operational Performance

Continued improvement against the cancer 2 week wait standard has resulted in the Trust attaining this target in February (last fully validated position). February's performance of 93.8% (against a target of 93%) is the highest since summer 2022 and follows the completion of a full demand and capacity modelling exercise that has been completed for all tumour sites through the Outpatient Improvement Group, with outputs resulting in an injection of additional baseline 2 week wait outpatient appointments and further development of 'straight to test' pathways. At the time of writing, data for March shows performance consistent with that seen in February, demonstrating two months of significant improvement and attainment of the standard.

Performance against national elective recovery targets remains in a positive position. At the end of March, the Trust reduced the backlog of patients waiting over 78 weeks to a total of 9 patients. The Trust also reported the 8th shortest median wait times across the 20 regional Trusts. Focus over coming months will centre on working towards achieving the next recovery and restoration target of zero 65 week + breaches.

Urgent and Emergency care continues to experience a challenging operating environment but is seeing some positive improvements; Emergency Department 4 hour performance remained below target at 72% during March, but is just short of the interim 76% target. March saw the busiest month since November 2022, with over 9,000 ED attendances which in part led to triage performance falling to 69.3%. The Emergency Department continues to increase the number of nurses who are ESI triage model trained, with a further training cohort having now been approved. The nursing teams have also devised new staffing rotas to provide x4 ESI trained triage nurses per shift, with this model commencing on 30th April.

Charity Update

The Superhero Fun Run is back this year with a family fun day element to the event alongside our colleagues in the Children's Department. It's taking place on Sunday 11th June 2023 at Himley Hall, with the race starting at 11am. All the funds raised will support our Children's Appeal. The event will consist of a 5km sponsored walk, run or jog and a family arena where there will be a variety of stalls and vendors including face painters, games and cake sales! All are welcome!

Healthcare Heroes

January 2023

January's team award went to our Medical Photography Department. They are a small team that caters for the entire hospital. They are highly devoted and extremely hardworking to make sure that they provide the best service possible for patients. The team play a huge role across the Trust and in the community, visually documenting the treatment of patients to aid in their treatment plans. They are an extremely specialised team, working closely with many departments and deserve for all their hard work to be appreciated.

January's individual award went to Daniel Mofina. Daniel was nominated by a colleague as they believed he deserved to be recognised for his commitment to patient care. Specifically, when he went the extra mile to care for a non-verbal patient. He knew that this patient had a love for Shakespeare so went out of his way to obtain a Shakespeare book and read to them. He has also been recently highlighted in the national AHP support worker awards by Health Education England under the category 'Supporting our People.'

February

In February, we presented a healthcare heroes team award to the Alcohol Care Team who provide invaluable service to the whole Trust. All their hard work over the last 12 months has helped reduce hospital admissions and allowed ward C7 to focus on more than just alcohol detox. The team has exceptional knowledge, helping nurses and doctors with detoxing patients and advising what to prescribe. They are a compassionate and caring team with years of experience and are extremely approachable and kind. They are an asset to our Trust.

The February individual award went to community professional development nurse April Burrows. April hasn't been in the role long; however, she has already proven to be a pillar of support to the community nursing teams, delivering key aspects of mandatory and clinical training to all staff. She has thrown herself into this role and is always there to guide any new members of staff and develop their skills. Her colleagues describe her as an advocate for student nurses and new members of staff, especially being an IT wizard! April was also recognised for her selfless support to the district nursing team, pausing her own workload to go out and visit patients in the community.

March

March's healthcare heroes individual award went to one of our midwives, Emma Oxford. Emma was nominated for her role within the Maternity Department as a professional midwifery advocate, meaning she has been providing amazing emotional support to many midwives. Emma has such a kind and compassionate nature and always makes sure to follow up with individuals for emotional wellbeing checks.

We presented another healthcare hero team award last month to the intermediate care team who are based at Tiled House. This small team was nominated for the excellent patient care they provide in the community every day. Their devotion to patient centred care, especially those who may be at the end of their life, doesn't go unnoticed. They are always there to support each other and have recently received feedback on the positive way they support student nurses joining the team.

Leadership Conference

We held our first leadership conference 26th April to support our strategic goals of 'Be a Brilliant place to work and Thrive' and 'Build innovative partnerships in Dudley and beyond'. Creating a culture of collaboration is key to the Trust and for our staff who need to thrive at work to provide excellent healthcare, improved health for all. Our leadership conference gave us some time and space to hear from experts, discuss future plans and consider how we will deliver them, and hear from some of our own shining stars who delivered amazing and insightful TedX style talks.

We were very pleased to welcome motivational speaker Paul McGee who provided insights, inspiration and practical tools to help us get the best from ourselves and others. More than 150 people attended and contributed to some fabulous ideas in our 'Dudley Ideas Den' and shared their thoughts about the culture of our organisation and how we can all help shape it. We are looking forward to sharing the content more widely across our organisation.

Patient Feedback

Accident & Emergency – We appreciated the speedy response to potential cardiac issues. All tests were done swiftly and we were in and out in three hours.

Ambulatory Emergency Care – Very good, very caring and calming towards me as I was very frightened with not being able to breath with my COPD complaint.

District Nurses (Out of Hours) - Staff were very patient, informative and able to find out the problem I was in.

GI Unit - The staff were friendly and accommodating, highly competent and inspired a relaxed treatment atmosphere.

Leg Ulcer - Staff were extremely caring and friendly. Took good care of me.

Maternity (Birth) - All staff we encountered were fantastic, friendly and reassuring. The atmosphere made me feel more relaxed as I am nervous.

Maternity - I am extremely grateful for the care that I received during my pregnancy, c-section and recovery after the birth of my daughter. Every single member of staff on the maternity ward and neonatal team that cared for us was very professional and very caring.

Ophthalmology - Quick attention, caring staff and clear explanations of findings and future procedures.

Ward A4 - All the staff were really friendly and professional; they all cared about me and how I felt. Great experience from checking in until after operation.

Ward C2 (Children's) - All staff were friendly, respectful, and helpful. They all spoke to my child asking how he felt asking if he needed anything. Made sure I understood things and asked if I needed anything.

Ward C7 - Nurse in renal was amazing. Excellent ward, great job. Amazing, gone above and beyond, treated me like I was her own father.

Awards

Committed to Excellence

We are looking forward to celebrating the outstanding work of our staff, who work clinically and non-clinically, at our annual staff awards in June. Committed to Excellence recognises individuals and teams who have made an outstanding contribution to their ward or department and who have, in some way, helped to make a real difference to patients. The 22 award categories this year include two lifetime achievement awards and a special award to mark the NHS 75th birthday. Winners will be announced at an awards ceremony on 16th June. We wish all the finalists the very best of luck!

The Safety and Health Excellence Awards

Our corporate resilience team has received a Highly Commended award at a national health and safety awards event. The team picked up the accolade at the The Safety & Health Excellence Awards 2023 in the category of 'best use of health & safety data to lower incident rates'. This is in relation to the data that has been collated using the in-house dashboard to monitor incidents, identify trends and implement actions to mitigate and control. Well done to the team for this well deserved recognition.

Visits and Events

01/03/23	Get it Right First Time (GIRFT) Review - High Volume Low Complexity Cases
02/03/23	Get it Right First Time (GIRFT) Review – Adult orthopaedic Trauma deep dive
02/03/24	Principled of Health Command training completed

12/03/23	Integrated Care Board Development Session
16/03/23	Black Country Provider Collaborate - Executive
17/03/23	MP Briefing
20/03/23	Integrated Care System Cancer Board
21/03/23	West Midlands Cancer Alliance Board
22/03/23	Black Country & West Birmingham Diagnostic Strategic Board
23/03/23	Black Country Provider Collaborative Clinical Summit
23/03/23	Black Country Quarterly System Review
28/03/23	Integrated Care System Productivity and Value Group
30/03/23	Black Country Integrated Care Board
03/04/23	Black Country Provider Collaborative – Executive
12/04/23	Integrated Care System Productivity and Value Group
13/04/23	DGFT Board of Directors Culture development
17/04/23	Integrated Care System Cancer Board
19/04/23	Integrated Care Board and NHS Trusts - NHS Leadership Event
25/04/23	Dudley Group and Black Country Healthcare Board to Board
25/04/23	Black Country and West Birmingham Diagnostic Strategic Board
26/04/23	Get it Right First Time (GIRFT) review – Outpatients

**Paper for submission to the Board of Directors
on 11 May 2023**

Title:	Board Assurance Framework Summary April 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 March and April 2023 and assigned an assurance level rating - note that the BAF remains dynamic and during quarter 1 2023/24 will be subject to a review and reset to reflect the roll over into the new financial year 2023/24 			

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 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 – March 2023

Responding to the request for increased cross committee oversight of risks, each BAF risk is summarised in this document for the reporting period as follows:

BAF Risk 1: Systemic failure to deliver safe, effective and high quality care which will impact on patient outcomes and Patient Safety Experience

At the Quality & Safety Committee meeting in March 2023 the request was to separate this risk out in order to more easily identify progress and gaps for the individual areas.

The former BAF 1 has now been separated out into three separate risks. Numbered 1a,1b and 1c in order to not impact the numbering of the other Trust BAF risks at this stage. Scoring and population of the full BAF is being finalised to align to:

- BAF Risk 1a: Patient Safety and Quality of Care: Failure to deliver safe, effective and high-quality care.

- BAF Risk 1b: Patient experience: Failure to improve patient experience and patient services including elective, cancer, diagnostic, urgent and emergency care, community, hospital discharge.
- BAF Risk 1c: Compliance and Regulatory: Failure to achieve Outstanding CQC rating. Comply with Internal and external reviews, reports, and inspections.

BAF Risk 2 – Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities

Current risk score is 12 (4x3) reduced from 15.

Whilst there are existing staffing challenges, there has been a reduction in vacancy level to 7% and low turnover (7.84% in February 2023). In addition, whilst this remains low, there remains low temporary staffing shift fill (70% for registered staff and 75% for un-registered staff) this has remained static despite the reduction in agency usage and absence has reduced to 5.06% in February 2023.

Updates have been added against mitigations actions that remain in progress for the gaps in control and new actions added. Completed actions from 2022/23 have been removed.

BAF Risk 3 – Failure to improve and sustain staff satisfaction and morale

The current risk score is 12 (3x4) and unchanged.

Given the improvements in key indicators of staff satisfaction the likelihood is deemed to be 'possible' The impact of this risk, should it be realised, would be 'major'. There are a range of mitigating actions in place, which will reduce the risk score (Post Mitigation Risk Score) to 8 (major/unlikely) during 2022/23.

Whilst there has been reduced staff turnover/improved staff and retention and reduced the vacancy levels and sickness absence. the Trust has remained stable in terms of results with scores performing around benchmark position for all people promises and staff engagement and morale themes. Key areas to note are improvements across 'we work flexibly' and 'we are a team.' Between 2021 and 2022, performance across the nine promises and themes has remained the same for six out of the nine indicators. We have improved in two out of the nine and declined in one out of the 9.

To note that mitigating actions that have completed and have been moved to become a key control: MDT Recruitment & Retention Group, Quarterly pulse surveys. Similar to BAF risk 2, new actions have been added.

BAF Risk 4: Failure to reduce cost to better than England average

The current Q4 risk score is 16 (4x5) and unchanged based on a likely and major impact assessment. This will be subject to review as the final year end position unfolds. Review and reset activity is underway to reflect the challenge in achieving financial plans for the coming year and external attention has been drawn to the Trust due to decreased productivity.

BAF Risk 5: Failure to achieve carbon reduction emissions in line with NHSE Net Zero targets

The current risk score is 12 (4x3) and unchanged.

BAF Risk 6: The Trust fails to deliver on its ambition to build innovative partnerships in Dudley and beyond

The current risk score is 12 (3x4) and unchanged.

BAF Risk 7: Failure to achieve operational performance requirements and deliver strategic goals

The current risk score 20 (5x4) and unchanged. This is on the basis that the current likelihood is “almost certain”. The impact of this risk, should it be realised, for the Trust’s services, is ‘major’.

BAF Risk 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

The current risk is 20 (4x5) unchanged.






The current Digital, Data and Technology (DDaT) capacity is already exceeded. The pace of digital solution delivery is managed by strict priority criteria due to capacity constraints. This is rate-limiting the Trust’s delivery of strategic objectives. Executive Leads have identified issues as a result of this, therefore the consequent risks are highly likely to manifest. Analytics, IT capacity and technology requirements of all strategic goals are identified as underpinning major dependent strategic consequences.

Committee Assurance levels

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 10 risks now listed, committee assurance ratings have been assigned, see appendix 1:

- Four assigned a ‘positive’ rating
- Two assigned an ‘inconclusive’ rating
- One assigned a ‘negative’ rating
- Three are to be confirmed

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 – March & April 2023
	Board of Directors		Y	Date: 11/05/2023
	Other		N	Date:

Summary Board Assurance Framework (BAF): April 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

Tables relating to above scoring and ratings are given on page 2.

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
1a	Patient Safety & Quality of Care	Failure to deliver safe, effective and high-quality care	Director of Governance	Quality and Safety	March 2023	25 (5x5)	20 (5x4)	8 (2x4)	Cautious	Tbc
1b	Patient experience	Failure to improve patient experience and patient services including elective, cancer, diagnostic, urgent and emergency care, community, hospital discharge	Chief Nurse	Quality and Safety	March 2023	25 (5x5)	tbc	12 (3x4)	tbc	Tbc
1c	Compliance and Regulation	Failure to achieve Outstanding CQC rating. Comply with external reviews, reports, and inspections	Director of Governance	Quality and Safety	March 2023	25 (5x5)	tbc	12 (3x4)	Open (Proposed)	Tbc
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)	Open	Positive 25/4/23
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)	Open	Inconclusive 25/4/23
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)	Open	Inconclusive 27/04/23
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)	Open	Positive 27/04/23
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 27/04/23
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)	Open	Positive 27/04/23
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)	Open	Negative 22/03/23

Risk Scoring Levels					
Consequence score	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
	5 Almost certain	5	10	15	20
	4 Likely	4	8	12	16
	3 Possible	3	6	9	12
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)

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.	

Risk Appetite	Descriptor
None	Avoidance of Risk is a key organisational objective
Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
Cautious	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential
Open	Willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward
Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

Paper for submission to the Board of Directors on 11th May 2023

Title:	Strategy progress report – Q4 2022/23
Author:	Ian Chadwell, Deputy Director of Strategy
Presenter:	Kat Rose, Director of Strategy & Integration

Action Required of Committee			
Decision	Approval	Discussion Y	Other
Recommendations:			
<ul style="list-style-type: none"> To note the strategy progress report for Q4 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 April 2023. The committees received the reports as being a comprehensive reflection.</p> <p>There was only one change to the RAG ratings from the previous quarter, with the rating for 'reduce the vacancy rate' turning to green in recognition that the target 7% has been achieved 3 months ahead of plan. The only measure rated as red is 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.</p>

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	Y		Risk Description: All BAF risks
	On Risk Register:	Y/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	Y	Date: Various in April 2023
	Board of Directors	Y	Date: 11 th May 2023
	Other	N	Date:

STRATEGY PROGRESS REPORT – Q4 2022/23

Report to Board of Directors on 11th May 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 April. The committees received the reports as being a comprehensive reflection. There was only one change to the RAG ratings from the previous quarter, with the rating for 'reduce the vacancy rate' turning to green in recognition that the target 7% has been achieved 3 months ahead of plan. The only measure rated as red is 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.

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 reports in April 2023 as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success. Only one change to RAG rating has been proposed between Q3 and Q4.

Progress to highlight from quarter 4

- Sustained improvement in the vacancy rate during quarter 4 with the target of 7% being achieved ahead of schedule
- Overall stable staff survey results with improvement observed in some dimensions against a difficult picture nationally
- Sustainability training run in conjunction with Dudley College and annual staff travel survey completed
- Successful event with four local academy schools run to promote NHS career opportunities
- Strong elective recovery with mutual aid offered to system partners
- Same day skin cancer pathway implemented on a substantive basis
- Successful research scholarship for one of our consultants and research and innovation seminar held in February

Areas of challenge during quarter 4

- Cost Improvement Programme for the current financial year delivered a small shortfall. Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme in 2023/24
- Trust faced considerable pressures around urgent & emergency care although improvements in handover delays were realised towards the end of the quarter

Next Steps

Communications:

Communications team continue to produce a monthly staff interview that highlights how individual staff are helping the trust achieve our goals. These are published via 'In the Know' and stored on the Hub ([Strategy and Transformation - Strategy interviews](#)).

Operational planning:

Current progress against the strategy informs local priorities for the annual business plan for 2023/24. There will be a renewed focus on monitoring progress against the elective activity plan as this directly affects Trust income with monthly reporting to Financial Improvement Group and then Finance & Performance Committee.

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 Q4 2022/23.

Ian Chadwell
Deputy Director of Strategy
2nd May 2023

APPENDICES:

Appendix 1 – Summary of status for 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	No change in current rating. 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 maternity survey have been published and the trust has been flagged as 'much worse than expected'		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 7% which is a reduction from 9% in previous quarter 3. 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 results for 2022 have been published. The Trust is above or the same for five out of the nine promises/themes, with the remainder being slightly below benchmarked average. Compared to 2021 performance across the nine promises and themes has remained the same for six out of nine		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical and nursing costs by 2024/25	Whilst agency expenditure reduced in February and March and the cost improvement programme was delivered, the predicted deficit for 23/24 has led to national escalation		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Annual staff travel survey completed; sustainability training delivered to 10 staff in conjunction with Dudley College		
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 is 65%; successful event with local schools will be replicated to increase awareness of NHS careers		

	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider Collaborative; implementation of integrated model of care in Dudley being progress		
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)	Local implementation team working on lung cancer pathways. Confirmation that trust will invited to be part of the phase 4 expansion of targeted lung health programme		
	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		

Paper for submission to the Board of Directors on 11th May 2023

Title:	Digital Trust Technology Committee Report – Public Board
Author:	Catherine Holland (Digital Committee Chair)
Presenter:	Catherine Holland (Digital Committee Chair)

Action Required			
Decision	Approval	Discussion	Other Y






Recommendations:

Note the report.

Summary of Key Issues:

- Positive assurance provided by the ongoing CareCERT management process
- The deployment of Multi-Factor Authentication across the Trust is challenging, a paper is in production to outline a revised approach
- During March 2023, the Digital, Data and Technology (DDaT) team provided additional support and materials during the recent Junior Doctors Strike along with focused assistance in the production of the Trust's response to the Care Quality Commission
- The Digital Plan will be presented at the Finance & Performance Committee in April 2023 and to the Trust Board in May.

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

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 11 th May 2023
	Other	N	Date:

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 22nd March 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The ongoing adoption of Multi-Factor Authentication (MFA) across the Trust has been slow to progress with staff unwilling to utilise their own mobile phones for authentication purposes. MFA will become mandatory for all new starters on 3rd July 2023 and mandatory for all staff groups by 29th March 2024. A recommendations paper is in production and will be presented to Exec in May 2023 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Following a clarification request from Exec's and further discussions with Finance the Digital Plan will be presented to F&P in April 2023 and Trust Board in May. This plan provides an approach in relation to minimum digital foundations delivery and some aspects of cloud transition and workforce capacity however does not address the corporate infrastructure risk
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance provided by the ongoing CareCERT management process The Digital, Data and Technology (DDaT) team provided swift support for the completion of the Trust response to the Care Quality Commission (CQC) During the Junior Doctors strike, the DDaT team provided enhanced support and onsite presence along with additional training materials and other support documentation The quality of the reports presented to this Committee are continually improving providing clear and concise information to support effective decision making 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Following the changes to the definitions of the BAF assurance ratings and ongoing progress it was agreed that the BAF risk 8 assurance level should be changed to amber
<p>Chair's comments on the effectiveness of the meeting: Good detailed discussions with the quality of the reporting at this Committee continually improving</p>	

Paper for submission to the Board of Directors on 11 May 2023

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

Action Required of Committee / Group			
Decision	Approval	Discussion	Other For assurance
Recommendations: The Board is asked to note the issues discussed at the Audit Committee held on 20 March 2023.			

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

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

Implications of the Paper:			
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: 11 May 2023
	Other	N	Date:

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 20 March 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> None 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Received update from External Audit on their audit of financial statements for 2022/23, especially around Value For Money
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Board Assurance Framework (BAF) showed good progress supporting the work of the committees and that it continued to mature Clinical effectiveness reporting is demonstrating consistency in reporting and Quality and Safety Committee will have oversight in future Cross Committee assurance to continue to be developed Internal Audit on track to conclude 2022/23 plan Positive Head of Internal Audit Opinion for 2022/23 was expected 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Internal Audit Plan 2023/23 approved Local Counter Fraud Workplan 2023/24 approved Risk Management Strategy approved Accounting Policies 2022/23 approved Segmental Analysis 2022/23 approved Property Valuation prior period adjustment approved
<p>Chair's comments on the effectiveness of the meeting: Meeting held face to face with good attendance and participation by all present. Good timing of meeting and focus on key items. Property valuation presented well to explain difficult accounting treatment required.</p>	

Paper for submission to the Board of Directors on 11 May 2023

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

Action Required of Committee / Group			
Decision N	Approval Y	Discussion Y	Other N
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. The Board is asked to endorse the: <ul style="list-style-type: none"> • Revision to the Committee's Terms of Reference 			

Summary of Key Issues:
Summaries from the Finance and Performance Committee meetings held on 30 March 2023 and 27 April 2023. On conclusion of the annual review of committee effectiveness, the committee considered minor changes to the Terms of Reference see appendix 1 - to rename NHSI to NHSE and to explicitly include productivity. There has been some rephrasing to align and emphasise the committee's role in seeking assurance. The Committee agreed to submit to the Board of Director for endorsement.

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: Achievement of financial and performance targets
	Other	Y	Details: Value for money
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 30 March 2023 & 27 April 2023
	Board of Directors	Y	Date: 11 May 2023
	Other	N	Date:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 30 March 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Risk that breakeven will not be achieved in 2022/23 • Unacceptable System and DGFT financial plan for 2023/24 • Deterioration in Emergency Access Standard performance • Slippage against some mandated cancer targets 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Workforce bridge assessment to be undertaken showing move from 2019/20 to 2022/23 • Review of financial recovery plans to gain understanding of non-delivery • Focus on Trust cash position • Medicine to report on triage performance • Review health inequalities dashboard
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Reduction in ambulance handover delays • A good performance against national recovery targets 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Integrated Sexual Health Tender was supported
<p>Chair's comments on the effectiveness of the meeting: None.</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 27 April 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Long term cash position• The significant level of unidentified Cost Improvement Programme (CIP) for 2023/24• Emergency and urgent care activity challenge	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Process of post implementation reviews for business cases to be reinvigorated
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• The Trust achieved a small financial surplus in 2022/23• There is encouraging progress towards an acceptable financial position for 2023/24• A positive improvement had been seen for cancer 2 week waits.• Improvement seen in elective waiting times with the 78 week zero wait target achieved• The Trust is a high performer in the Black Country for performance KPIs• The vaccination bureau had been concluded and closed down	DECISIONS MADE <ul style="list-style-type: none">• Updated Committee Terms of Reference to be presented to Board for endorsement (appendix 1)• Revised financial plan for 2023/24 of £21.4m deficit to be presented to Board for approval• Managed print business case recommended to Board for approval
Chair's comments on the effectiveness of the meeting: The quality of the papers was commended. There was a good understanding of the financial position in real time. The meeting was good, with a debate against all agenda items. The Committee thanked all staff involved for their excellent work in producing the financial bridge. They also thanked all staff for their hard work enabling the Trust to achieve its 2022/23 financial plan.	

FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

1. Constitution

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

2. Membership

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

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

3. Attendance

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

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

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

4. Quorum

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

5. Frequency of meetings

- 5.1. The Committee will meet monthly. It is expected that there will be at least 10 meetings a year and members will attend at least 75% of the meetings. The Agenda will be circulated with papers 7 days before the meeting. Late papers will only be accepted following

discussion between the Chair of the Committee and the Director of Finance.

- 5.2. Additional meetings may be held at the discretion of the Chairman of the Committee following discussion with the Director of Finance.

6. Authority

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

7. Purpose of the Committee

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

Strategic and Business Planning

- 7.3. Scrutinise the Trust Annual Plan, Cost Improvement Plan and Budgets before they are submitted to the Board of Directors to assure itself that they are realistic, financially sound and appropriately stretching.
- 7.4. Consider and provide assurance to the Board on regular financial performance reports and forecasts, focusing particularly on risks and assumptions.
- 7.5. Monitor performance compared to the Annual Plan, Cost Improvement Plan and Budgets; investigate variances and seek assurance that appropriate actions are in place to remediate any shortfalls.
- 7.6. Monitor the underlying financial position and oversee multi-year financial plans and seek assurance they are accurate and realistic.
- 7.7. Oversee the development, management and delivery of the Trust's capital programme.
- 7.8. Consider financial aspects of Business Cases for significant revenue or capital expenditure, ensuring benefits realisation is detailed and appropriate. For further assurance, the Committee will receive benefits realisation reviews for all Business Cases for return on investment/benefits realization.
- 7.9. Review opportunities for increasing activity/income from market intelligence analyses.

Performance Management

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

Legally Binding Contracts with Third Parties

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

Trust Subsidiary Companies

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

8. Policies

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

9. Reporting

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

9.3. The minutes of the meetings of the Committee shall be made available to all Board members.

10. **Review of Effectiveness**

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

10.2. The Terms of reference of the Committee shall be reviewed by the Board of Directors at least annually.

Paper for submission to the Public Board of Directors on 11 May 2023

Title:	Month 12 Financial Position
Author:	Kevin Stringer, Interim Director of Finance
Presenter:	Kevin Stringer, Interim Director of Finance

Action Required of Committee / Group			
Decision N	Approval Y	Discussion Y	Other N
Recommendations: The Trust Board are asked to note the financial performance for year ended March 2023.			

Summary of Key Issues:
<p>The Trust achieved a final year end position of a £0.024m surplus.</p> <p>The end of year position included the additional £12.7m income from the System risk share and the full write back of the annual leave accrual of £4.060m. Other balance sheet flexibility of £4.672m has been included.</p> <p>There were a number of significant adjustments required in March which were funded via external income. These included the year end pension adjustment of £11.437m, a further sum of £10.162m linked to the revised pay award (in relation to 22/23) and £0.967m linked to donated PPE consumables.</p> <p>The 3 pressures/risks referenced in previous reports were all fully accounted for in the year end position, i.e. revaluation, Maternity Incentive Scheme rebate and the change to the PDC dividend due to the Trust increased asset base and poor cash position.</p> <p>The 2023-24 cash flow profile for the Trust originally showed the Trust running out of cash in August, however an agreement on income distribution and an agreement to transfer cash through a PDC transfer has been agreed in principle. Detailed cashflow plans at organisational and ICB level will be required to ensure all organisations have sufficient working capital.</p> <p>The final System outturn (subject to audit) equates to a surplus of £0.356m.</p> <p>Work has been ongoing within providers and the ICB to agree a financial plan for 2023/24 and the final agreement with the ICB/Trust regulator NHS England.</p> <p>Given the significant reductions in Covid funding and non-recurrent monies used in 2022/23 then it is likely that the ICB and Dudley Group will be presenting a deficit plan. This will be described in more detail in the next report as the planning deadline is the 4th May.</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: BAF 4	
	On Risk Register: Y	Risk Score: Risk 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	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: F&P 27/04/2023
	Board of Directors	Y	Date: 11/05/2023
	Other	N	Date:

REPORTS FOR ASSURANCE AND DECISION
FINANCE REPORT
REPORT TO PUBLIC BOARD OF DIRECTORS ON 11 MAY 2023

1. EXECUTIVE SUMMARY

- 1.1 **The Trust achieved a final year end position of a £0.024m surplus.**
- 1.2 The end of year position included the additional £12.7m income from the System risk share and the full write back of the annual leave accrual of £4.060m. Other balance sheet flexibility of £4.672m has been included.
- 1.3 There were a number of significant adjustments required in March which were funded via external income. These included the year end pension adjustment of £11.437m, a further sum of £10.162m linked to the revised pay award (in relation to 22/23) and £0.967m linked to donated PPE consumables.
- 1.4 The 3 pressures/risks referenced in the previous report were all fully accounted for in the year end position, i.e. revaluation, Maternity Incentive Scheme rebate and the change to the PDC dividend due to the Trust increased asset base and poor cash position.
- 1.5 The above risks were fully mitigated by securing increased levels of income plus benefits regarding consumables and stock adjustments.
- 1.6 The cash position at the end of March was £0.338m higher than the previous month's forecast. Other healthcare income was £547k below forecast. This related to Specialised Services claw back of cancer drug funds.
- 1.7 The 2023-24 cash flow profile for the Trust originally showed the Trust running out of cash in August, however an agreement on income distribution and an agreement to transfer cash through a PDC transfer has been agreed in principle. Detailed cashflow plans at organisational and ICB level will be required to ensure all organisations have sufficient working capital.
- 1.8 The final System outturn (subject to audit) equates to a surplus of £0.356m.
- 1.9 Work has been ongoing within providers and the ICB to agree a financial plan for 2023/24 and the final agreement with the ICB/Trust regulator NHS England.
- 1.10 Given the significant reductions in Covid funding and non-recurrent monies used in 2022/23 then it is likely that the ICB and Dudley Group will be presenting a deficit plan. This will be described in more detail in the next report as the planning deadline is the 4th May.

2.0 INCOME AND EXPENDITURE (APPENDIX 1)

2.1 The Trust achieved a final year end position of a £0.024m surplus.

- 2.2 The end of year position included the additional £12.7m income from the System risk share and the full write back of the annual leave accrual of £4.060m. Other balance sheet flexibility of £4.672m has been included.
- 2.3 Prior to consolidation of DCSL, the Trust incurred a year end deficit of £0.322m. Incorporation of DCSL reduced this deficit to £0.093m. Specific technical changes of £0.117m resulted in the year end surplus of £0.024m. Consequently, the Trust has achieved the System requirement of ensuring a breakeven position.
- 2.4 There were a number of significant adjustments required in March which were funded via external income. These included the year end pension adjustment of £11.437m, a further sum of £10.162m linked to the revised pay award (in relation to 22/23) and £0.967m linked to donated PPE consumables.
- 2.5 Staff increased by a further 34 WTEs in March. This was largely attributable to international nurses moving from support workers to registered nurses plus further growth of both medical staff and scientific staff/AHPs.
- 2.6 Agency costs remained low as the ban continued to remain in place for non-medical staff. Some minor, time-limited exceptions have been agreed due to specific circumstances.
- 2.7 Bank spend remained high in March, partly as a result of staff picking up the shifts vacated by agency staff and also linked to incentivising more banks shifts via enhanced rates. Since week ending 15th January, there has been an average of 1,143 registered nurse bank shifts per week compared to 927 in the preceding year. This includes use of NHS Professionals from week ending 19th March. There was an increase in the number of shifts requested in the last 3 weeks of March.
- 2.8 WLI costs in March include a risk linked to backdated claims. Overtime costs include an assessment for the Flowers ruling.
- 2.9 Non pay spend increased in March but was distorted by the additional one off cost of PPE consumables equating to £0.967m (funded). Pass through items were also £0.453m higher than average (a proportion funded via Specialised Services).
- 2.10 The 3 pressures/risks referenced in the previous report were all fully accounted for in the year end position, i.e. revaluation, Maternity Incentive Scheme rebate and the change to the PDC dividend due to the Trust increased asset base and poor cash position.
- 2.11 The Trust rejected any proposals from the System to take a share of the £4m risk regarding the WMAS risk share issue and this was ultimately resolved without any impact on Dudley Group by other organisations taking a disproportionate share (The Royal Wolverhampton and the ICB).
- 2.12 The above risks were fully mitigated by securing increased levels of income plus benefits regarding consumables and stock adjustments.

3. CAPITAL AND CASH

- 3.1 The cash position at the end of March was £0.338m higher than the previous month's forecast. Other healthcare income was £547k below forecast. This related to Specialised Services claw back of cancer drug funds. Non-patient income was £437k above forecast. This related to additional income from central allocations and other NHS bodies paying quicker than forecast. Suppliers were £239k higher than forecast. This was only a small movement from forecast and related to increased volume of invoices in March. Capital payments were £656k lower than forecast. This related to the timing of invoices received in March with payment now taking place in April/May.
- 3.2 The 2023-24 cash flow profile for the Trust originally showed the Trust running out of cash in August, however an agreement on income distribution and an agreement to transfer cash through a PDC transfer has been agreed in principle. Detailed cashflow plans at organisational and ICB level will be required to ensure all organisations have sufficient working capital.
- 3.3 Older debt stands at £742k at month 12. Older NHS debt relates to non-clinical charges to Black Country ICB. Older Non-NHS debt includes vaccination charges to PCN's, local authorities, research and development grants and overseas visitor charges.
- 3.4 Compliance with the Better Practice Payment Code was 93.8% in terms of number of invoices paid to non-NHS suppliers as at 31st March 2023. This had slightly fallen behind the target of 95% due to issues with getting Pharmacy invoices processed within Pharmacy. This is being addressed with the Head of Pharmacy.
- 3.5 The capital programme expenditure as at 31st March 2023 was £17.167m. This was £6.111m higher than the plan. Additional PDC was received of £7.153m which was not included in the original plan. £220k of donations non-cash were received which were not included in the original plan. £224k of capital receipts funding was not included in the original plan. This was offset by a reduction of £598k in Trust own cash spend as a result of PDC backed schemes contributing towards system capital plan.
- 3.6 The Trust achieved its capital control target for 2022-23.

4.0 INTEGRATED CARE SYSTEM (ICS) AND OUTLINE FINANCIAL PLAN.

- 4.1 The final System outturn (subject to audit) equates to a surplus of £0.356m and is detailed below:

Organisation	£000
Black Country ICB	38
Black Country Healthcare	9
Dudley Integrated Health Care	45
Sandwell and West Birmingham	99
The Dudley Group	24
The Royal Wolverhampton	91
Walsall Healthcare	51
West Midlands Ambulance Service	0
TOTAL	356

- 4.2 Work has been ongoing within providers and the ICB to agree a financial plan for 2023/24 and the final agreement with the ICB/Trust regulator NHS England.
- 4.3 Given the significant reductions in Covid funding and non-recurrent monies used in 2022/23 then it is likely that the ICB and Dudley Group will be presenting a deficit plan. This will be described in more detail in the next report as the planning deadline is the 4th May.

5. RECOMMENDATIONS

- 5.1 The Trust Board are asked to note the financial performance for year ended March 2023.

Kevin Stringer
Interim Director of Finance
May 2023

TRUST I&E PERFORMANCE as at MARCH 2023

	CURRENT			CUMULATIVE YTD		
	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
INCOME						
Pat Care	£38,568	£63,345	£24,777	£453,498	£507,259	£53,761
Outside	£0	£7	£7	£9,450	£6,142	-£3,308
Other	£2,008	£5,579	£3,571	£22,679	£31,447	£8,767
	£40,576	£68,931	£28,354	£485,627	£544,848	£59,221
EXPEND.						
Pay	-£25,275	-£48,421	-£23,147	-£310,132	-£349,592	-£39,460
Non-Pay	-£12,049	-£15,089	-£3,040	-£146,147	-£164,531	-£18,384
Other	-£2,486	-£4,125	-£1,639	-£29,553	-£30,819	-£1,266
	-£39,809	-£67,635	-£27,826	-£485,831	-£544,941	-£59,110
TOTAL	£767	£1,295	£528	-£204	-£93	£111

Commentary:

March consolidated surplus of £1.295m (cum. deficit £0.093m).

Technical changes of £0.117m result in **final position of a £0.024m surplus**.

The Trust has thus achieved the required financial target.

The Trust did not take a share of the £4m System risk from WMAS.

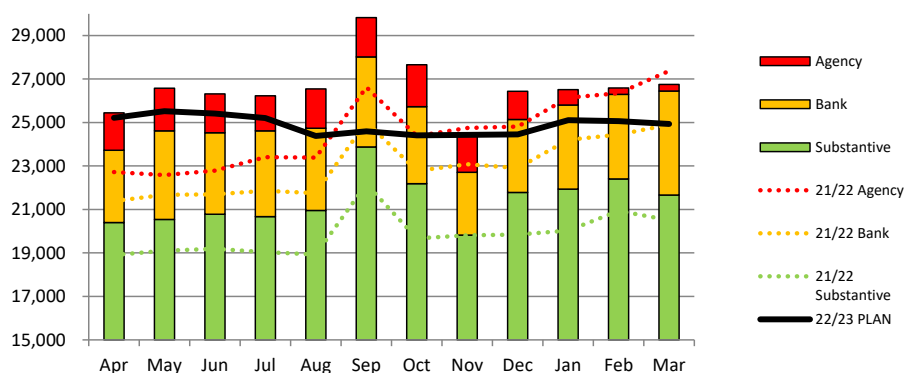
Non achievement of Maternity Incentive Scheme accrued in full.

No clawbacks were actioned for ERF in line with National advice.

Position includes £4.672m balance sheet flex, £4.060m annual leave write back and £12.7m risk share System income.



PAY ANALYSIS



Commentary:

Adverse pay variance distorted by 2 tranches of additional pay award (fully funded) and year end pension adj. Also includes annual leave write back. Agency spend remained low in March. Some minor, time limited exceptions have been agreed.

48% of in-month agency spend is medical staff.

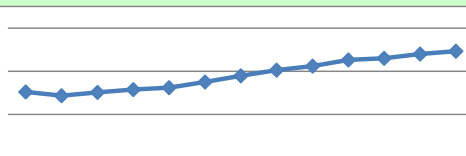
Phased agency ban commenced 12/12 and has resulted in significantly reduced shifts and spend.

Bank spend increased to cover agency reduction and includes enhanced rates.



WHOLE TIME EQUIVALENT YEAR ON YEAR COMPARISON

	20/21	Plan	Current
Nursing	2,490.79	2,958.53	2,807.94
Doctors	699.54	836.86	781.70
AHPs	854.52	1,022.29	894.59
A&C	1,066.31	1,166.21	1,099.22
Total	5,111.16	5,983.89	5,583.45



Commentary:

WTE increased in Mar by 34 (qualified nurses, medical staff & Scientific/AHP).

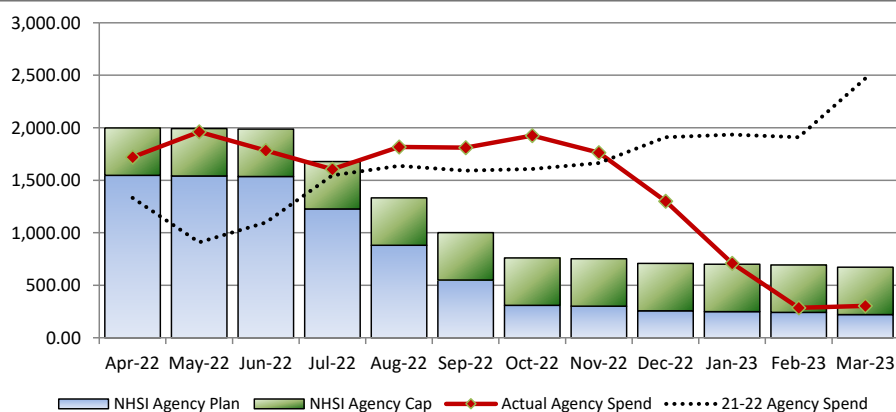
472 WTE increase on last year.

Vacancies c400 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.

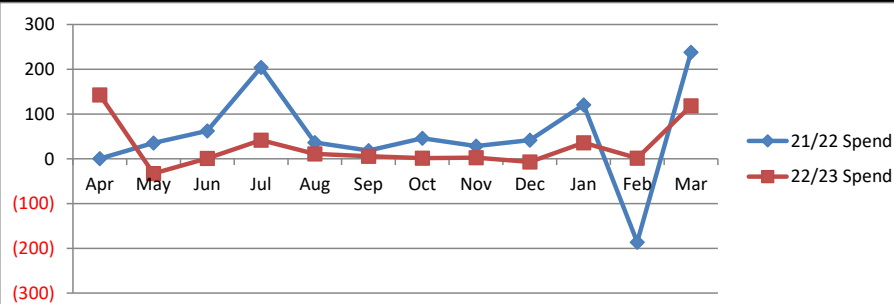
Cap based on 30% reduction from 21/22.

Future target focusing on limiting agency to 3.7% of the paybill (DGH YTD = 5.5% but in-month = 1.1%)

Positive start to agency ban. Spend across registered nursing, AHPs, non clinical approx 52% of total and relates to agreed exceptions.



CONSULTANCY



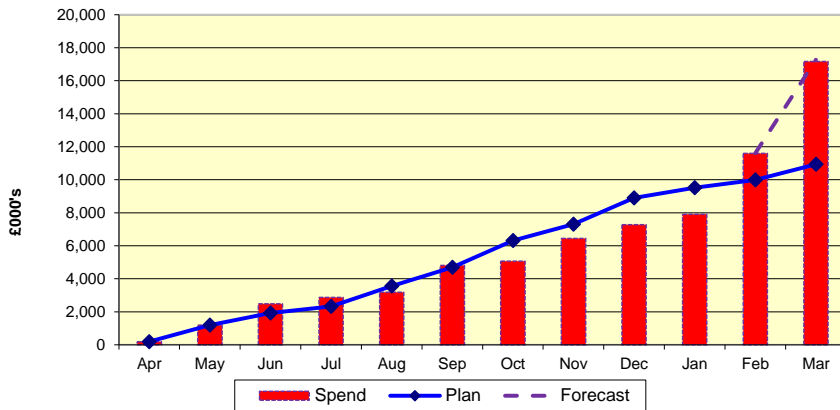
Commentary:

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

£119k spend in March. £70K for frontline digitisation funded externally. Remainder for professional estates advice, HR solutions, acute & emergency care improvement.



CAPITAL EXPENDITURE 2022/23

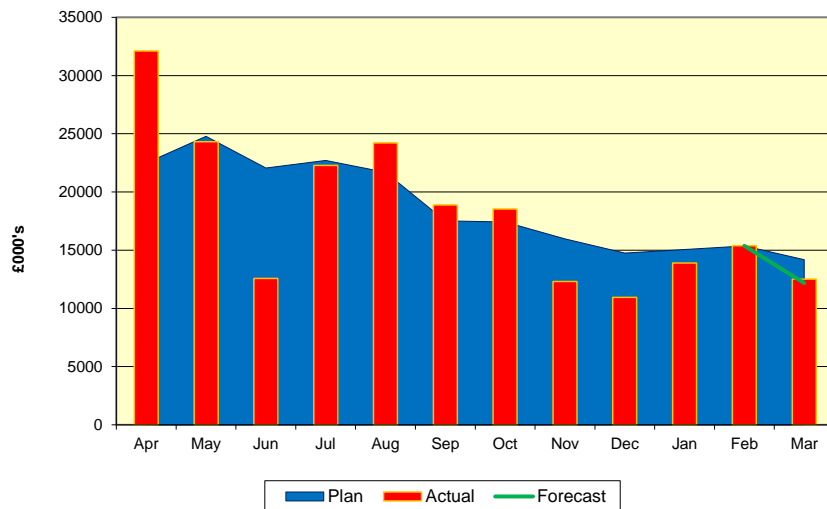


Commentary:

Expenditure of £17.167m against the plan of £11.056m. This was £6.111m higher than the plan. Additional PDC of £7.153m not included in original plan. £220k of donations non-cash not included in original plan. £224k of capital receipts not included in original plan. Reduction of £598k in Trust own cash spend as a result of PDC backed schemes contributing towards system capital plan. The Trust achieved the 2022-23 capital control total.



CASH FLOW 2022/23

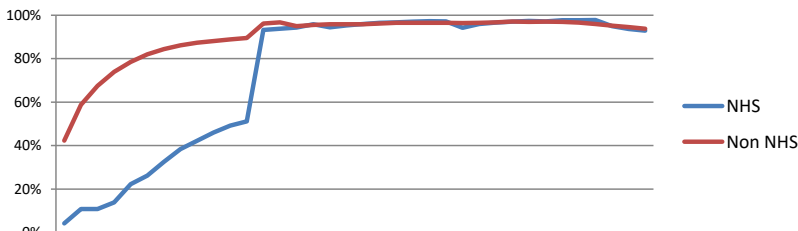


Commentary:

Actual position at the end of March was £0.338m higher than the forecast. Other healthcare income was £547k below forecast. This related to Specialised Services clawback of cancer drug funds. Non-patient income was £437k above forecast. This related to additional income from central allocations and other NHS bodies paying quicker than forecast. Capital payments were £656k lower than forecast. This related to the timing of invoices received in March with payment now taking place in April/May. Current 2023-24 cash flow profile shows the Trust running out of cash in August. Further work on-going to agree final 2023-24 I&E plan which will then allow a final cash flow forecast to be produced.



BETTER PAYMENT PRACTICE CODE (APRIL 2020 TO DATE)



Commentary:

The Trust is required to pay both NHS and Non-NHS suppliers within 30 day terms. The better payment practice code performance was missed in March for both Non-NHS and NHS suppliers with just under 95.0% compliance.

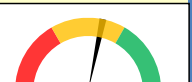


EFFICIENCY PROGRAMME

	Target	YTD Plan	YTD Act.	YTD Var	Forecast	FC Var
Medicine	£2,362	£2,362	£2,364	£2	£2,364	£2
Surgery	£4,661	£4,661	£3,958	£703	£3,958	£703
Clin Supp	£3,926	£3,926	£3,936	£10	£3,936	£10
Corporate	£4,868	£4,868	£4,617	£251	£4,617	£251
Other	£6,138	£6,138	£8,441	£2,303	£8,441	£2,303
Unidentified	£2,513	£2,513	£0	£2,513	£0	£2,513
TOTAL	£24,468	£24,468	£23,316	£1,152	£23,316	£1,152

Commentary:

Agreed target of £24.468m (short of NHSEI plan of £29.668m) Outturn of £23.316m is £1.152m behind plan. Adverse variance largely due to Maternity Incentive Scheme.



CUMULATIVE COVID ADDITIONAL COSTS





	Budget	Spend	Var	COVID	Ad Var
Medicine	£153,643	£157,361	£3,718	£464	£3,254
Surgery	£141,890	£146,840	£4,949	£1,503	£3,446
Clin Supp	£79,248	£77,048	£2,200	£686	£2,886
Corporate	£68,612	£58,923	£9,689	£409	£10,098
Other	£29,553	£31,048	£1,495	£0	£1,495
DCSL	£0	£229	£229	£0	£229
Inc/Res	£472,742	£470,897	£1,845	£0	£1,845
TOTAL	£204	£93	£111	£3,062	£3,173

Commentary:

Budgets as per agreed envelopes with CIP of £24.5m. Covid costs reported of £3.062m to March. 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 11 May 2023

Title:	Quality and Safety Committee 28 th March & 25 April 2023		
Author:	Andy Proctor – Director of Governance		
Presenter:	Liz Hughes – Non Executive Director		
Action Required of Committee / Group			
Decision	Approval	Y	Discussion
			Y
			Other
Recommendations:			
<p>The Board is asked to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee. The Board is asked to endorse the:</p> <ul style="list-style-type: none"> Revision to the Committee's Terms of Reference 			
Summary of Key Issues:			
<p>Summaries from the Quality & Safety Committee meeting held on 30 March and 25 April 2023.</p> <p>On conclusion of the annual review of committee effectiveness, the committee considered minor changes to the Terms of Reference see appendix 1 - to rename NHSI to NHSE and to update the voting arrangements. There had been some amendments made to the job titles of attendees and some rephrasing to emphasise the committee's routine business in respect of the CQC, inclusion of the Clinical Effectiveness Annual Report and the addition of the End of Life Working Group as a sub group. The Committee agreed to submit to the Board of Director for endorsement.</p>			
Impact on the Strategic Goals			
 Deliver right care every time	YES		
 Be a brilliant place to work and thrive	YES		
 Build innovative partnerships in Dudley and beyond	YES		
 Improve health and wellbeing	YES		
Implications of the Paper:			
Risk	Y	Risk Description:	
	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:
	Committee	Y	Date: 28/03/23 Quality and Safety Committee
	Board of Directors	Y	Date: 11/05/23
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 28/3/23

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none">• The Committee noted worsening performance on VTE assessment compliance with limited assurance provided regarding plans for improvement. Discussions were held regarding learning from other provider organisations that have successfully implemented improvement measures. In response, the Committee requested that the chair of the Thrombosis Group attend the next meeting to further understand the barriers to improved compliance and any support requirements.• The timely completion of the patient swallow assessment on the Stroke ward was highlighted as a concern particularly during out of hours. A plan to train nursing staff in the completion of this assessment was discussed but it was noted that recent high numbers of new recruits to the ward was impacting on the timeliness of ensuring their competence.• Concerns were discussed regarding the number of unnecessary MET calls for patient with DNAR in place and the challenges regarding the accurate identification and subsequent communication of DNAR status. The Divisions were asked to review practice and implement improvements.	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none">• None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none">• The Committee received good levels of assurance with respect the actions implemented/underway and the monitoring in place to address the concerns raised by the CQC following an unannounced inspection of Paediatric Emergency Department.• The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Women's and Children Division; noting numerous examples of celebrating success.	<p>DECISIONS MADE</p> <ul style="list-style-type: none">• The Committee considered the report from the annual committee effectiveness review. It was agreed to submit the updated Terms of Reference for the Quality and Safety Committee to the next meeting of the board.

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 25/4/23

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Increase in Serious incidents and the impact on the patient safety team • Non compliance and validations on washers in the GR unit, authorised engineer advises safe to use but not in validation. • Estate issues relating to maintenance back logs, completion of work related to Mitie and their performance 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive movement on the reduction of serious incident actions over 90 days overdue however still more work to be done in closing down the remaining • Good assurance on the CQC ED action plan and the progress made • Positive assurance provided following the ICB's quality assurance visit 	<p>DECISIONS MADE</p> <p>The Committee has accepted the splitting of BAF risk 1 into 3 separate BAF risks and note the development needed in updating and refreshing the actions within these</p>

QUALITY AND SAFETY COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Board of Directors resolves to establish a Committee of the Board to be known as the Quality and Safety Committee. The Quality and Safety Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

2. Membership

- 2.1 The Committee shall comprise of four Non-executive Directors, one of whom shall be the Chair.

The membership of the Quality and Safety Committee shall also include:

- Chief Nurse
- Medical Director
- Chief Operating Officer

The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

The members set out above shall be expected to attend all meetings and such attendance shall be reported in the Committee's Annual Report to the Trust Board.

The Quality and Safety Committee reserves the right to hold discussions in private (Part B).

- 2.2 The Chair of the Committee shall be a Non-executive Director appointed by the Trust Board.
- 2.3 In the absence of the Chair the Chair will elect a Non-executive Director to chair the meeting.
- 2.4 A member of the Quality and Safety Committee may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.
- 2.5 On each occasion, the member should approach the Chair; cc the Committee Secretary, to ask agreement for the named deputy to attend in their stead, to count towards the quorum and to have full voting rights.
- 2.6 If it appears that the meeting will have a minority of full members, the Chairman will confer with the Board Secretary as to whether the meeting should be re-arranged.

3. Attendance

- 3.1 The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. The Chairman, Chief Executive or other executive Director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that director.

In addition to members of the Committee, the following required attendees shall normally attend all meetings and may contribute, but have no voting rights nor contribute to the quorum:

- Chiefs of Service/Divisional Leads
- Chief Pharmacist
- Chief People Officer
- Board Secretary
- Director of Governance
- Patient Safety Partners

3.2 The Board Secretary will be responsible for providing secretarial support to the Committee. Agendas for forthcoming meetings will be agreed with the Committee Chair and papers distributed to members in advance of the meeting as agreed. Meeting papers will be available to other members of the Board for information.

3.3 The Committee will establish an Annual Work Programme, summarising those items that it expects to consider at forthcoming meetings and that support the Committee discharging its responsibilities.

4. Quorum

4.1 Any three members including at least two Non-executive Directors. Attendance at the meeting may be teleconference or video conferencing at the discretion of the Committee Chair.

4.2 Any Non-executive Director may attend a meeting of the Quality and Safety Committee and will count towards the quorum.

5. Voting

In accordance with Standing Orders, if it is necessary to resolve an issue at a meeting of the Committee by way of a vote, this shall be determined by a majority of the votes of the Members present and voting and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

6. Frequency of Meetings

6.1 Meetings of the Committee shall take place at a frequency and timing necessary to enable discharge of its responsibilities and the Committee will routinely meet at least six times in each financial year.

7. Authority

7.1 The Quality and Safety Committee has no delegated powers other than those specified in these Terms of Reference. The Quality and Safety Committee is authorised to investigate any activity within its Terms of Reference and all Trust employees are directed to co-operate with any request made by the Committee.

7.2 The Quality and Safety Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

7.3 The Quality and Safety Committee is established to provide scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit, in order to provide assurance and make appropriate reports or recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience.

8. Duties and Key Responsibilities

8.1 Quality and Clinical Governance Assurance

The Quality and Safety Committee will:

- Oversee the development and implementation of the Trust's Quality Strategy and Priorities.
- Provide oversight of the Board Assurance Framework risks relating to the delivery of Trust strategy relating to Quality and Safety.
- Oversee the operation of the Trust's clinical governance systems and processes at a corporate and Divisional level to:
 - (a) Promote safety and excellence in patient care;
 - (b) Identify, prioritise and manage risk arising from clinical care on a continuing basis;
 - (c) Ensure the effective and efficient use of resources through evidence-based clinical practice;
- Oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that learning is disseminated within the Trust and beyond if appropriate.
- Provide oversight of the delivery of the Patient Safety Strategy.
- To approve, challenge and monitor reports relating to the delivery of the Maternity transformation programme including safer births, CNST, Ockenden and the work of the Maternity Safety Champions.
- In respect of Patient Experience:

Oversee data and trends in patient safety, experience and outcomes to provide assurance to the Board on performance and undertake 'deep dives' as appropriate at the discretion of the Committee.

 - agree the Annual Patient Experience Plan and monitor progress;
 - assure that the Trust is reliable, real time, up-to-date information about what it is like being a patient experiencing care administered by the Trust, so as to identify areas for improvement and ensure that these improvements are effective;
 - identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey/PALS and ensure appropriate action is taken;
 - monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate;
 - consider ethnicity data in relation to service user groups and their experience of care.
- Make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference.
- Approve the Trust's annual Quality Account before submission to the Board.

8.2 Regulatory Compliance

The Quality and Safety Committee will assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and that immediate and effective action is taken where there is variation.

The Quality and Safety Committee will promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care and compliance with the requirements of the Duty of Candour.

8.3 Clinical Risk Management

The Quality and Safety Committee will:

- Monitor progress against actions to mitigate quality and safety risks on the Corporate Risk Register in line with the Board's risk appetite.
- Ensure that risks to patients are minimized through the application of a comprehensive risk management system including, without limitation:
 - To ensure the Trust incorporates the recommendations from external bodies e.g. the National Confidential Enquiry into Patient Outcomes and Learning from Deaths or Care Quality

- Commission, as well as those made internally e.g. in connection with serious incident reports and adverse incident reports in practice and has mechanisms to monitor their delivery;
- To ensure those areas of risk within the Trust are regularly monitored and that effective disaster recovery plans are in place;
- To assure that there are processes in place that safeguard children and adults within the Trust.
- Approve additions, deletions and changes in risk rating to items on the Corporate Risk Register that fall within the Committee's Terms of Reference.

9. Key Responsibilities

The Quality and Safety Committee will receive reports on the following issues for scrutiny, challenge, approval and monitoring:

9.1 Routine Business

- Reports concerning regulatory compliance in respect of that applied by the Care Quality Commission, NHS England and other regulatory bodies that falls within the remit of this committee
- Updates on Trust-wide Learning
- Integrated Performance and Quality Dashboard Report
- Corporate Risk Register and BAF risks assigned to the Committee
- Serious Incidents Data and compliance to the incident management framework
- Learning from deaths
- Estates and facilities
- Research and Development
- Safeguarding
- Reports of the Reporting Groups (refer section 10)
- Infection Prevention and Control
- Procedural documents
- Patient Safety
- Maternity Standards
- Claims Report
- Divisional Governance Reports

9.2 Strategies

Strategies:

- Patient Experience Strategy
- Patient Safety Strategy
- Quality Account
- Learning Disability Strategy
- End of life and palliative care strategy
- Dementia Strategy
- Nursing, Midwifery, and AHP Strategy
- Childrens Services Strategy
- Quality Strategy

9.3 Annual Reports

The Quality and Safety Committee will consider the following Annual Reports before being submitted to the Trust Board for ratification:

- Annual Report of the Health and Safety Committee (Statutory)
- Infection Prevention and Control Annual Report (Statutory)
- Patient Experience and Complaints Annual Report (Mandatory)
- Safeguarding Annual Report (Statutory)
- Neonatal Unit Annual Report

- Children Services Annual Report
- Medicines Management Annual Report
- End of Life Annual Report
- Learning Disabilities Annual Report
- Learning from Deaths Annual Report
- Incident Management Annual Report
- Clinical Audit and Effectiveness Annual Report

The Quality and Safety Committee can request a report on any subject or issue relevant to its terms of reference.

10. Reporting

10.1 The Quality and Safety Committee will approve the Terms of Reference and membership of its reporting groups annually (as may be varied from time-to-time at the discretion of the Quality and Safety Committee). It will oversee the work of those groups, receiving reports from them in accordance with their Terms of Reference for scrutiny, challenge, approval and monitoring.

- Patient Experience Group
- Infection Control Group
- Mortality Surveillance Group
- End of Life Working Group
- Risk and Assurance Group
- Internal Safeguarding Board
- Research and Development Group
- Quality and Safety Group
- Medicines Management Group
- Health Safety and Fire Assurance Group
- Divisional Governance Groups

10.2 Policies will be received by the Committee as part of the consultation prior to submission for ratification on subjects related to the Committee Terms of Reference.

10.3 The Quality and Safety Committee will consider matters referred to it by the Trust Board and the Audit Committee.

10.4 The Quality and Safety Committee will conduct an annual review of the Committee effectiveness.

10.5 The Quality and Safety Committee will upwardly report to the Trust Board matters of concern and any variation gaps in assurance.

11. Review

11.1 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

Reviewed May 2023

Paper for submission to the Board of Directors on

Thursday 11th May 2023

Title:	Chief Nurse Report
Author:	Helen Bromage - Deputy Chief Nurse
Presenter:	Karen Lewis – Deputy Chief Allied Health Professional (AHP)

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
Recommendations: For the board 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>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>We have seen an increase in the number of Deprivation of Liberty Safeguards applications made. This increase is largely influenced by the embedded changes of the mental health team.</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 against our position and the progress being made in delivery of a safe IPC and Maternity service.</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: Various – detailed in report
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: all domains
	NHSE/I	N	Details:
	Other	Y	Details: Ockenden Standards
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: IPC BAF and Maternity report to QSC on 25th April 2023
	Board of Directors	Y	Date: 11 th May 2023
	Other	N	Date:

Chief Nurse Report

Report to Board of Directors (Public) on Thursday 11th May 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. Due to this report being at the end of the year it also includes a year end note on the services and key activities within the Chief Nurses portfolio.

2. SAFE STAFFING

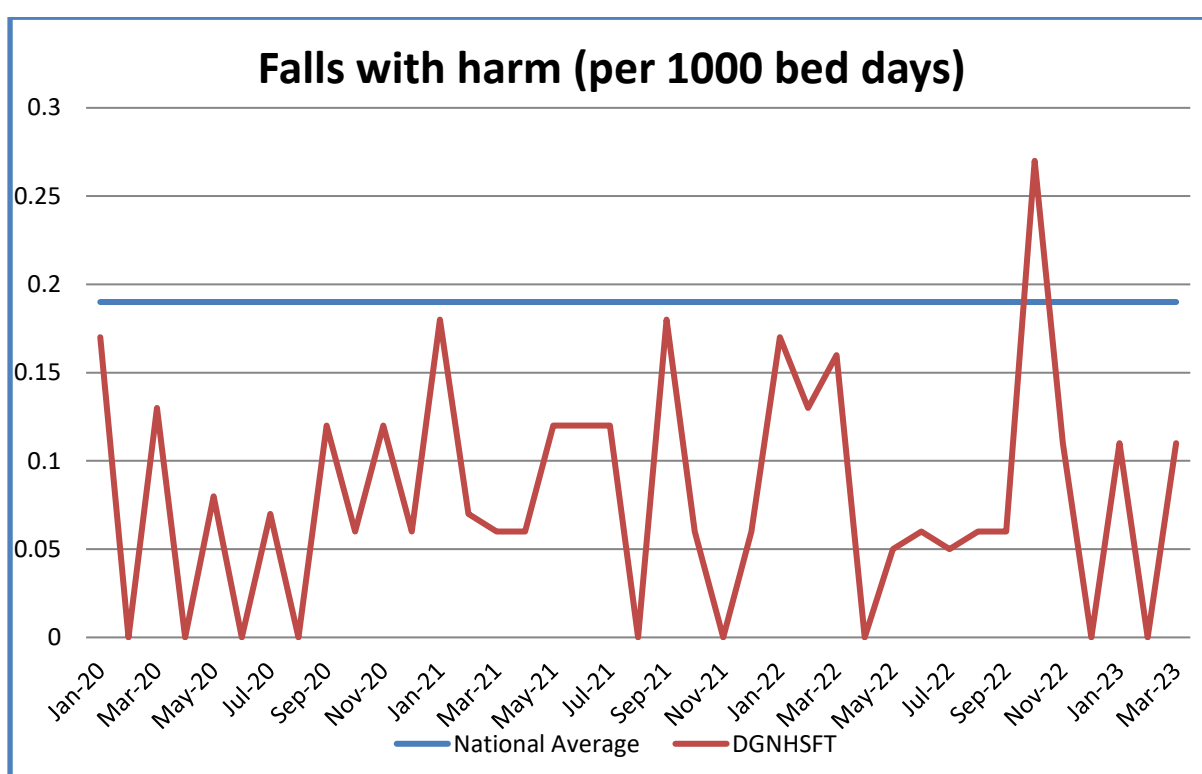
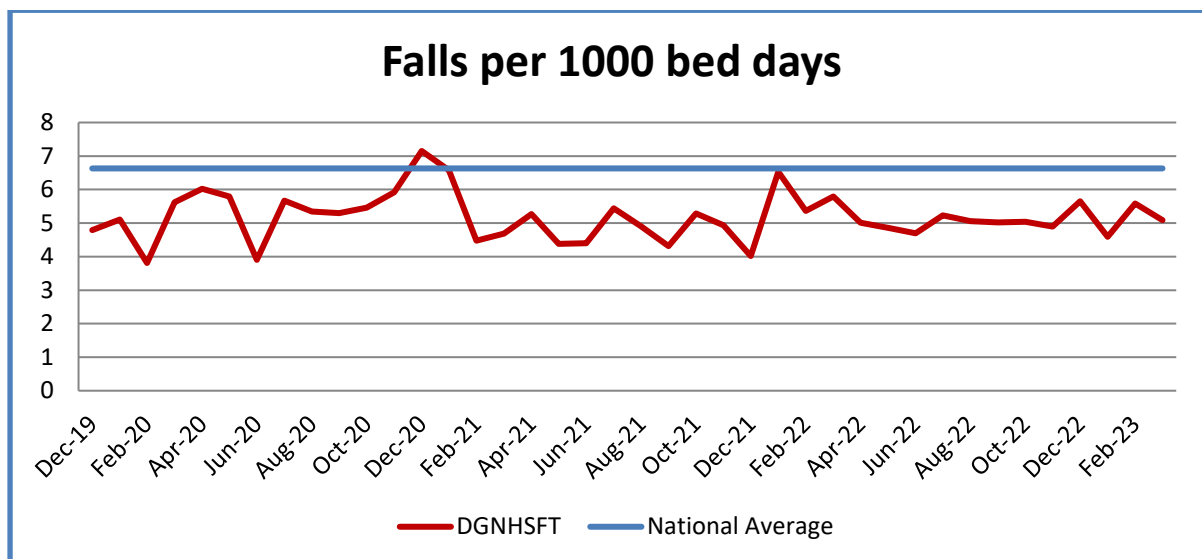
- 2.1 Ensuring our clinical areas continue to be staffed by the right staff with the necessary skills continues to be challenging. The challenges are being exacerbated by an increase in short term sickness and the acuity of the patients. Each clinical area undertakes a shift-by-shift dynamic risk assessment 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, variation in the required screening for sepsis, and recognition of the deteriorating patient and an increase in falls. This impact 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.
- 2.2 The below chart demonstrates the months position of planned and actual cover of shifts with the overall RAG of fill for the month of March. 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.

Ward	Day RN		Day CSW		Night RN		Night CSW		Qual Day %	UnQual Day %	Qual N %	UnQual N %	Sum 24:00 Actual CHPPD Occ			
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered Care staff Total			
A2 /A4	97	72	62	56	63	62	63	63	74%	90%	98%	99%	385	4.07	3.69	7.77
B1	134	93	68	58	86	65	64	52	70%	86%	75%	81%	477	3.78	2.66	6.44
B2(H)	124	86	201	182	94	82	182	171	70%	91%	87%	94%	738	2.74	5.61	8.35
B2(T)	124	94	180	134	94	74	139	118	76%	74%	79%	85%	721	2.79	4.19	6.98
B3	192	146	165	133	217	151	137	139	76%	81%	70%	102%	1,161	3.01	2.82	5.83
B4	228	185	253	214	158	150	204	184	81%	84%	95%	90%	1,304	3.01	3.65	6.67
B5	241	174	162	133	262	206	126	105	72%	82%	79%	83%	604	7.73	4.61	12.34
C1	254	224	295	248	186	179	239	202	88%	84%	96%	84%	1,467	3.22	3.68	6.90
C2	283	212	79	63	254	188	78	66	75%	80%	74%	84%	525	8.94	2.88	11.82
C3	217	197	409	377	187	152	415	409	91%	92%	81%	98%	1,600	2.62	5.77	8.39
C4	210	155	68	72	124	89	63	86	74%	106%	72%	137%	658	4.33	2.77	7.10
C5	273	193	250	236	249	223	189	186	71%	94%	90%	98%	1,458	3.46	3.47	6.93
C6	97	86	104	92	93	82	77	71	89%	88%	88%	92%	576	3.43	3.39	6.82
C7	217	168	206	172	155	135	209	195	77%	84%	87%	93%	1,075	3.30	4.10	7.40
C8	259	245	221	167	217	198	193	176	95%	75%	91%	91%	1,322	3.93	3.12	7.04
CCU_PCCU	251	238	71	58	217	209	40	32	95%	81%	96%	80%	730	7.18	1.47	8.65
Critical Care	560	475	124	79	560	485			85%	64%	87%		486	23.72	1.96	25.68
EAU AMU 1	574	426	459	355	556	400	462	361	74%	77%	72%	78%	2,266	4.28	3.79	8.07
Maternity	1,026	758	372	231	584	435	217	171	74%	62%	75%	79%	1,251	9.02	3.77	12.79
MECU	92	92	34	31	93	91			100%	92%	98%		247	8.89	1.38	10.28
NNU	162	130			149	149			81%		100%		437	7.70	0.00	7.70
TOTAL	5,613	4,451	3,783	3,089	4,596	3,805	3,098	2,786	79%	82%	83%	90%	19,488	4.88	3.58	8.46

The chart above demonstrates a reduction in the percentage fill rate for nurses over the month.

3. NURSE SENSITIVE INDICATORS

- 3.1 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 in receipt of care acquired tissue damage.
- 3.2 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 reported patient safety incident with more 240,000 reported in acute hospitals and mental health trusts in England and Wales.



Here at the Dudley Group we continue to work hard and strive to reduce our number of falls in hospital. Recent months 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.

- 3.3 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.

4. NATIONAL EDUCATION AND TRAINING SURVEY REPORT

The National Education and Training Survey results have been publicised. The Trust wide results have been presented at the Workforce and Staff Engagement Committee previously. This report looks at the results for the Nursing, Midwifery and Allied Health Professional learners. The results do show some improvement and place the results within the 'acceptable' (interquartile range) area for this survey.

The results do give us areas of further focus to improve, these are understanding the distribution of workload for all learners, learner support sessions for all professions and the understanding of expectations across the clinical areas of learners and their abilities. Work is underway to address this areas working closely with the divisional leadership teams.

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 The below table shows the quarterly and end of year figures for the number of complaints received.

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Year Total
Complaints	217↑	256↑	276↑	289↑	1038

5.3 Complaints has seen an increase in Quarter 4 (Q4) 2022/2023 from the preceding year by 40.2% (206 complaints received in Q4 2021/22). Historically, Q2 tends to have the most complaints received so this does show a change in trend with both Q3 and Q4 being the busiest quarters. Complaints received centre around waits to be seen (waits for admission/to be seen on attendance) indicating issues with patient flow which has been challenging for the Trust this quarter and waits for appointments and procedures due to the recovery of services.

6. SAFEGUARDING, DEPRIVATION OF LIBERTY AND MENTAL HEALTH

- 6.1 Deprivation of liberty (DOLs) 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. In March 2023, we have had the highest number (64) of DOLs applications made since April 2021. It is fair to note that we have seen a very steady increase in the number of applications since the workforce changes and developments with the supporting Mental Health team.

	A	M	J	J	A	S	O	N	D	J	F	M
No Dols	20	44	25	31	27	28	39	41	48	32	59	64

- 6.2 In March there were 3 detentions under the Mental health Act at Dudley Group. 1 patient detained with a section 2 and 2 others with a section 17. The section 17 patients were discharged back to Bushy Fields. 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 further reading bundle]. The data set gives factual information on the number of births, neonatal deaths and foetal losses throughout February and March.


Helen Bromage
Deputy Chief Nurse
Friday 28th April 2023

Paper for submission to the Board of directors 11 May 2023

Title:	Care Quality Commission report - April 2023
Author:	Andy Proctor, Director of Governance
Presenter:	Andy Proctor, Director of Governance

Action Required of Committee / Group			
Decision N	Approval N	Discussion Y	Other N
The Board is asked to <ul style="list-style-type: none"> Note the activity and information relating to recent Care Quality Commission (CQC) visits and the actions taken to provide assurance to the CQC. 			

Summary of Key Issues:
<p>The Trust has recently received the following CQC inspections:</p> <ul style="list-style-type: none"> An unannounced inspection of paediatric Emergency Department on the 22 February 2023. An unannounced inspection of the Emergency Department on the 20 April 2023 An announced Maternity Inspection on the 27 April 2023 as part of the national maternity inspection programme which was delayed from December 2023 <p>For the inspection of Paediatric Emergency Department on the 22 February 2023. The action plan for this inspection has now been completed, the CQC updated, and the report has since been published.</p> <p>The unannounced inspection of the Emergency Department on the 20 April 2023 following an incident relating to a mental health patient. Initial feedback has been received and the Trust is currently awaiting the draft report.</p> <p>The announced Maternity Inspection on the 27 April 2023 as part of the national maternity inspection programme which was delayed from December 2023. Initial feedback has been received and the Trust is currently awaiting the draft report.</p>

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: all domains
	NHSE	Y	Details: Provider license
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: various dates Jan - April
	Board of Directors	Y	Date: 11/05/2023

Inspection of Paediatric Emergency Department

On the 22 February 2023 the Trust received an unannounced inspection of the Paediatric Emergency Department and initial feedback provided to the Trust from the CQC.

A letter of Intent with possible urgent enforcement action, Section 31 of the Health and Social Care Act 2008 was received. The Trust responded to the letter with immediate actions identified, the CQC then provided positive feedback on the actions taken to date and the assurances given. The Trust advised the CQC of the reporting groups the actions taken are going to and the Chief Executive updated the Board on the 9 March 2023.

The actions have since been completed and report which does not impact the Trusts CQC ratings was published on the 6 April 2023.

Learning events have been arranged to share the learning identified to all staff to be held in the Trusts lecture theatre and online during May 2023.

Inspection of the Emergency Department

On the 20 April 2023 the Trust received an unannounced inspection of the Emergency Department following an incident relating to a mental health patient. Initial feedback has been received and the Trust is currently awaiting the draft report.






Announced Maternity Inspection

As part of the national maternity inspection programme the Trust received notification of the inspection to the Maternity department on the 27 April 2023. This inspection had originally been planned to be undertaken in December 2022 however the CQC had to rearrange.

Initial feedback has been received and the Trust is currently awaiting the draft report.

Andy Proctor
Director of Governance
May 2023

Paper for submission to the Board of Directors on 11th May 2023

Title:	Charitable Funds Committee Summary Report		
Author:	Julian Atkins, Charitable Funds Committee Chair		
Presenter:	Julian Atkins, Charitable Funds Committee Chair		
Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other
Recommendations:			
The Board is asked to: <ul style="list-style-type: none"> - note the contents of the report. - Endorse the Committee Terms of Reference 			
Summary of Key Issues:			
Summary of key issues discussed and approved by the Charitable Funds Committee on 13 th April 2023.			
On conclusion of the annual review of committee effectiveness, the committee considered and approved minor changes to the Terms of Reference to align to the Trust's schedule of authorised limits for expenditure. See appendix 1.			
Impact on the Strategic Goals			
 Deliver right care every time			Y
 Be a brilliant place to work and thrive			Y
 Drive sustainability (financial and environmental)			
 Build innovative partnerships in Dudley and beyond			
 Improve health and wellbeing			Y
Implications of the Paper:			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE	N	Details:
	Other	Y	Details: Charity Commission
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 13/04/2023
	Board of Directors	Y	Date: 11/05/2023
	Other	N	Date:

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 13 April 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">There were no matters of concern or key risks to escalate.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">Mrs Patel informed the Committee that a site had been identified for the staff wellbeing hub. Costs are estimated to be in the region of £400k. £60.5k has already been received from NHS Charities Together towards this and a further £60.5k grant will be made on or near to completion of the project. The Trust's charity will also be contributing to the project and further funding options are being considered.Mrs Wake reported that the cost of living initiatives approved in December 2022 had made a positive impact and helped many people. These had included shopping vouchers, subsidised meals, a staff pop up shop and a financial support fund. In line with the actions of neighbouring Trusts, it was agreed to continue to offer staff subsidised meals for a further six months. This will be subject to a further review.It was noted the fundraising events for the remainder of the year included the Virtual London Marathon, the Superhero Fun Run, the NHS Big Tea event, Park Run 75 and the Glitter Ball.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">Mrs Patel reported that the Dudley Group NHS Charity had been successful with an application for £30k from the NHS Charities Together development fund.It was noted that George Green LLP were aiming to raise £5k for the baby bereavement appeal.Mr Walker reported that income for the year to 28th February 2023 was £648k whilst expenditure was £474.5k. Total fund balances stood at £2.72m.	DECISIONS MADE <ul style="list-style-type: none">It was agreed to make a retrospective change to the Charity's purpose. Because the Charity has funded welfare grants to some staff, it was agreed to broaden the defined purpose of the Charity to include 'the prevention or relief of poverty'.A proposal to recruit an additional person to the Charity team, to focus on appeals and campaigns, was approved. The position will be self-funding.Minor changes to the Committee's Terms of Reference were agreed and would be submitted to the Board.Two bids were approved :<ul style="list-style-type: none">A display screen for the Day Surgery Unit with fixtures and fittings (£2,995).Items to support the promotion of Insulin Safety Week (£950)
Chair's comments on the effectiveness of the meeting: The meeting was quorate and effective. Members reflected positively on the fundraising actions being undertaken.	

CHARITABLE FUNDS COMMITTEE
(Registered Charity Number 1056979)

TERMS OF REFERENCE

1. Constitution

- 1.1 The Board of Directors resolves to establish a sub-committee of the Board to be known as the Charitable Funds Committee. The Charitable Funds Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a sub-committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Charitable Funds Committee.

2. Membership

Core Membership – All voting Board members are exofficio members of the Sub-Committee. Core membership:

Non-executive Director (Chair)
Two further Non-executive Directors
Chief Executive
Director of Finance & Information

In attendance when required:

Deputy Director of Finance – Financial Reporting
Head of Communications
Financial Services Manager

The Committee will request the presence of any other Manager to consider items on the Committee's agenda.

3. Attendance

- 3.1 All other members of the Trust Board shall be entitled to attend and receive papers to be considered by the sub-Committee.
- 3.2 Other managers/staff may be invited to attend meetings depending upon issues under discussion.
- 3.3 The Trust Secretary will ensure that an efficient secretariat service is provided to the Sub-Committee.

4. Quorum

- 4.1 A quorum shall be three members, of which one should be Non-executive Director.

5. Frequency of meetings

- 5.1 The Charitable Funds Committee will meet at least four times a year.

- 5.2 The Chair may at any time convene additional meetings of the sub-committee to consider business that requires urgent attention.

6. Authority

- 6.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference.
- 6.2 The Committee is authorised by the Board of Directors as Trustee to obtain reasonable external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience or expertise, if it considers this to be necessary.
- 6.3 The Committee has the authority to approve bids received that are funded from the General Fund and in line with the Trust's Standing Financial Instructions (SFI's).

7. Duties

The duties of the Committee can be categorised as follows:

- 7.1 To manage the affairs of the Charity within the terms of its declaration of Trust, and appropriate legislation.
- 7.2 To manage the investment of funds in accordance with the Trustee Act 2000 and if necessary to appoint fund managers to act on its behalf.
- 7.3 To set out annual objectives.
- 7.4 To determine a Charitable Funds Marketing Strategy, to ensure the fundraising element of the Charitable Funds Strategy works within recognised good practice frameworks and identifies methods of fundraising appropriate for the Charity.
- 7.5 To ensure funding decisions are appropriate and are consistent with the Charity's objectives, to ensure such funding provides added value and benefit to the patients and staff of the Trust, above those afforded by the Exchequer funds.
- 7.6 To receive regular reports on the performance of the charitable fundraising activities.
- 7.7 To implement as appropriate, procedures and policies to ensure that accounting systems are robust, donations received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.
- 7.8 To approve the annual report and accounts and to ensure that relevant information is disclosed.

8. Reporting

- 8.1 The proceedings of each meeting of the Charitable Funds Committee shall be reported to, and approved by, the next meeting of the Board of Directors in order to discharge the Board's role as Corporate Trustee of the Charity.

9. Review

- 9.1 The Terms of Reference of the Committee shall be reviewed by the Board of Directors at least annually.

Reviewed March 2023

Paper for submission to the Board of Directors on 11th May 2023

Title:	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 28 th March and 25 th April 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	Approval	Discussion Y	Other Assurance
Recommendations: The Board is asked to receive the summary report from the Workforce & Staff Engagement Committee meetings in March and April 2023 and note: - <ul style="list-style-type: none"> • Matters of concern. • Committee decisions in relation to the BAF Assurance Levels. 			

Summary of Key Issues:
The enclosed are upward reports from the Workforce & Staff Engagement Committee (WSEC) meetings held on 28 th March and 25 th April 2023. Key points for the Board to note: -
MATTERS OF CONCERN OR KEY RISKS TO ESCALATE Mar 2023 <ul style="list-style-type: none"> • The results of the National Education & Training Survey (NETS) and updates on improvements made following the National Training Survey (NTS) and Pulse Survey were received. Action plans to be brought back to April WSEC with current survey results to be shared in May. • The industrial action by junior doctors took place on 13-15th March 2023. Apr 2023 <ul style="list-style-type: none"> • The in-month sickness absence for March had increased slightly from February, which was partly related to March being a longer month for reporting purposes. The rolling twelve-month absence rate had reduced from 5.90% in February to 5.81% in March, with a downwards trend over the last six months. • Compliance had decreased across resuscitation subjects, due to failed attendance of booked places and as a result of the junior doctors' industrial action.
POSITIVE ASSURANCES TO PROVIDE Mar 2023 <ul style="list-style-type: none"> • Increases in appraisal compliance since January 2023 and two-year action plan developed to improve and maintain compliance. • The Committee noted positive improvements in workforce KPI's for absence, turnover and vacancies. • Overall compliance for mandatory training had slightly increased since January 2023. The three other Trusts in the system would be consulted to check their position for this subject to facilitate learning.

Apr 2023

- Positive performance across all KPI factors except the in-month sickness absence.
- The Committee noted a triangulated position in terms of vacancies, turnover and retention. The vacancy level was reported at 7%, turnover had decreased, and retention was reported favourably at 89.10%, which provided a positive triangulated picture of recruitment and retention.
- A metrics paper with refreshed key workforce indicators was presented, which was aligned to the Dudley People Plan review. The proposed introduction of retention and time to hire metrics, together with revised targets for sickness, turnover and vacancies for 2023/24, were noted by the Committee.
- An update from the Freedom To Speak Up (FTSU) Steering Group was given.
- Positive reports were received from the Wellbeing and Equality, Diversity & Inclusion Steering Groups.
- The Committee was asked to note the update on the Race Code.
- The results of the Gender Pay Gap (GPG) benchmarking exercise carried out across the four organisations in the system were shared with the Committee. The Dudley Group was in an inferior position compared to other organisations across the system, as the mean calculation (the average pay between the male and female workforce) for the Dudley Group was 32.6%, which was the highest pay gap. A deep dive was planned to enable further analysis.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

Mar 2023

- The 2022 national staff survey results were presented. Key highlights were a response rate of 49% and although a decrease of 10% compared to 2021, it was higher than the national average response rate of 44.5%. Overall the Trust results remained stable, with scores performing around the benchmark position for all People Promises and staff engagement and morale themes.
- The Dudley Improvement Practice team gave an update about the launch of twelve months of improvement work to support the Dudley Clinical Hub and District Nursing teams.

Apr 2023

- The Committee was asked to note the results from the National Education Training Survey (NETS) and the action plans in place to achieve improvements in the education and training of junior doctors in the Trust. A revised induction programme with named leads had been developed, along with a junior doctor handbook, refurbished mess facilities and additional teaching and simulations sessions provided. The results of the General Medical Council (GMC) survey would be brought back to WSEC in May or June 2023.
- The Committee heard that NHS England had released a publication which outlined the expectation for all Trusts to align improvement methods to the national approach.
- The three divisions Community with Clinical Core Services (CCCS), Medicine & Integrated Care (MIC) and Surgery, Women's & Children (SWC) presented their respective 2022 national staff survey results and corresponding action plans. Divisions would present an update at the September WSEC.
- A discussion took place on leadership development; a summary of national and regional training packages would be brought to the June WSEC.

DECISIONS MADE

Mar 2023






- The Board Assurance Framework risks relating to workforce were discussed. It was agreed that the position was unchanged i.e., Risk 2 was considered positive assurance and Risk 3

inconclusive assurance. This would be reviewed following the deep dive into the staff survey results in April, when the divisional plans would be presented.

Apr 2023

- The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels would remain unchanged at present, 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. Risk 3 would be reviewed in September when the divisions updated the Committee on their actions in respect of the 2022 national staff survey results.

Impact on the Strategic Goals

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

Implications of the Paper:

Risk		Y	Risk Description: BAF Risk 2 Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities BAF Risk 3 Failure to improve and sustain staff satisfaction and morale	
	On Risk Register:	Y	Risk Score: BAF Risk 2 20 (4x5) BAF Risk 3 12 (3x4)	
Compliance and/or Lead Requirements	CQC	N	Details:	
	NHSE	N	Details:	
	Other	N	Details:	
Report Journey/ Destination	Working / Exec Group	N	Date:	
	Committee	Y	Date: WSEC 28/03/2023 and 25/04/2023	
	Board of Directors	N	Date: 11/05/2023	
	Other	N	Date:	

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE

Date Committee last met: 28th March 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Dr Julian Hobbs provided the Committee with the results of the National Education & Training Survey (NETS), and updates on improvements made following the National Training Survey (NTS) and Pulse Survey. Areas of most concern from the NETS were Foundation Training (Medicine), Obstetrics & Gynaecology, Paediatrics and Operating Department Practice - action plans had been drafted prior to 24/03/23. Updated plans and results of the current survey in progress to be brought back to May WSEC. The strike by junior doctors took place on 13-15th March; this was well managed by the Trust's industrial action taskforce. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Rachel Andrew presented the 2022 national staff survey results. Key highlights were a response rate of 49%, a decrease compared to the Trust's response rate in 2021 which was 58.7%, but higher than the national average response rate of 44.5%. Overall, the Trust results remained stable, with scores performing around the benchmark position for all People Promises and Staff Engagement and Morale themes. Key areas to note were improvements across "we work flexibly" and "we are a team". Several of the areas identified as the poorest performers in the 2021 survey had been identified in the 2022 survey as requiring ongoing focus in 2023. Additional departments had been identified for support based on lower than benchmark scores or continued low performance. Divisions are developing detailed action plans to inform a deep dive at the WSEC in April 2023. The Committee heard about the launch of the improvement work at the beginning of March, with the Dudley Improvement Practice supporting the Dudley Clinical Hub and District Nursing teams, (Kat Rose as the Executive Sponsor and Paul Hudson as the Clinical Sponsor). This piece of work will run for one year and will see multi-organisational collaboration.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee noted the increases in appraisal compliance since January and the 2-year action plan to improve and maintain compliance. The Committee noted positive improvements in the workforce KPI's around absence, turnover, and vacancies. Mandatory training overall compliance had slightly increased from 85.27% in January to 85.45% in February. It was explained that the three other Trusts in the system would be consulted to see what their position was for mandatory training to facilitate learning. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged, 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; this would be reviewed following the deep dive into the staff survey at the April WSEC when the divisional action plans would be presented.
<p>Chair's comments on the effectiveness of the meeting: A well-attended and effective meeting. The consensus was that it had been a good meeting and the agenda had enabled good discussions, in particular on the medical workforce survey and staff survey. The improvements in all the workforce KPI's were noted and welcomed.</p>	

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 25th April 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The score for Corporate Risk COR2012 (if staff decide to strike this would reduce the workforce and impact services, patient safety and the Trust's ability to provide care) had increased due to the junior doctors' industrial action. • Compliance had decreased across resuscitation subjects; failed attendance of booked places remained a significant challenge. Industrial action was also a factor due to training cancellation. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee was asked to note the results from the National Education Training Survey (NETS) and the action plans in place to achieve improvements in the education and training of junior doctors in the Trust. A revised induction programme with named leads had been developed, along with a junior doctor handbook and refurbished mess facilities and additional teaching and simulations sessions had been provided. The results of the General Medical Council (GMC) survey would be brought back to WSEC in May or June 2023. • The Dudley Improvement Practice (DIP) Director Peter Lowe explained that NHS England had released a publication which outlined the expectation for all Trusts to align their improvement methods to the national approach. • The three divisions; Community with Clinical Core Services (CCCS), Medicine & Integrated Care (MIC) and Surgery, Women's & Children (SWC) presented their respective 2022 national staff survey results and the corresponding action plans. Divisions will present an update at the September WSEC. • A discussion took place on leadership development; a summary of national and regional training packages would be brought back to the June Committee.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • There was positive performance across all KPIs except the in-month sickness absence which had increased by 0.36%. • The Committee noted a triangulated position in terms of vacancies, turnover and retention. The vacancy level was reported at 7%, turnover had decreased, and retention was reporting favourably at 89.10%, which provided a positive triangulated picture of recruitment and retention. • A metrics paper with refreshed key workforce indicators aligned to the Dudley People Plan review was presented. The Committee was asked to note the proposed introduction of retention and time to hire 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels would remain unchanged at present, 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. Risk 3 would be reviewed in September when the divisions were due to provide an update on their actions in respect of the 2022 national staff survey results.

metrics, together with revised targets for sickness, turnover and vacancies for 2023/24.

- An update from the Freedom To Speak Up (FTSU) Steering Group was given, the number of FTSU Champions had increased from 20 to 25. The results from the Patient Safety Incident Response Framework (PSIRF) Steering Group's analysis of concerns showed a slight increase in the number of staff who felt safe to raise a concern with the Trust slightly above the national average (60.5% compared to 60.3%).
- Positive reports were received from the Wellbeing and Equality, Diversity & Inclusion Steering Groups.
- The Committee was asked to note the update on the Race Code.
- The results of the Gender Pay Gap (GPG) benchmarking exercise carried out across the four organisations in the system were shared with the Committee. The Dudley Group was in an inferior position compared to other organisations across the system, as the mean calculation (the average pay between the male and female workforce) for the Dudley Group was 32.6%, which was the highest pay gap. Black Country Healthcare had the lowest mean pay gap at 14.3%. RWT's mean GPG was 24.8%, with Walsall at 29.5%. A deep dive was planned to enable further analysis. It was noted that Dudley's position could in part be due to a number of roles, such as porters, being outsourced.

Chair's comments on the effectiveness of the meeting:

The meeting was well attended and effective. It was encouraging to see the ownership of the staff survey results by the three divisions and the ensuing action plans.

Paper for submission to the Board of Directors on 11th May 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	Approval	Discussion Y	Other
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 for 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' 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: <i>Inc risk ref number</i> COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff Wellbeing. COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff well-being. COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance COR1303 - There is a risk of low Staff engagement and Morale impacting on Absence, Turnover and Retention COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services.	
	On Risk Register:	Y	Risk Score:	
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		Y	Date: 25/04/2023
	Board of Directors		Y	Date: 11/05/2023
	Other		N	Date:

Workforce KPI Report

Alan Duffell
Interim Chief People Officer



The Dudley Group
NHS Foundation Trust



Summary

Absence – In Month	5.42%	↑	<u>Sickness Absence</u> <ul style="list-style-type: none"> In month sickness absence for March is 5.42% an increase from 5.06% in February. The rolling 12-month absence shows a reduction from 5.90% in February to 5.81% in March 2023. The impact of COVID-19 being represented across the full year figure is starting to reduce.
Absence - 12m Rolling	5.81%	↓	
Turnover	7.38%	↓	<u>Turnover</u> <ul style="list-style-type: none"> Turnover (all terminations) has decreased from 7.84% in February to 7.38% in March 2023 Normalised Turnover (voluntary resignation) has decreased from 4.14% in February to 3.99% in March 2023.
Normalised Turnover	3.99%	↓	
Vacancy Rate	7%	↔	<u>Vacancy Rate</u> <ul style="list-style-type: none"> The vacancy rate has remained at 7% The total vacancies in March are 402.33 WTE a reduction from 434.13 WTE in February 2023
Mandatory Training	86.82%	↑	<u>Mandatory Training</u> <ul style="list-style-type: none"> Statutory Training has increased from 85.45% in February 2023 to 86.82% in March 2023 . (As of 25/04/23 – this is 87.61%)
Appraisals	70.8%	↑	<u>Appraisals</u> <ul style="list-style-type: none"> The appraisal rate has increased from 68.7% in February 2023 to 70.8% in March. The 22/23 appraisal window has now closed and the 23/24 window runs from April-July (As of 25/04/23– this is 3.%)

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

<u>METRIC</u>	<u>SUMMARY</u>
Absence	<p>Sickness absence continues to sit above the Trust target of 4% and there has been an increase in in-month absence in March despite seeing marginal reductions across both short-term and long-term absence, this reflects March being a longer month than February (previous reporting period).</p> <p>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, with a declining trend continuing.</p>
Turnover/Vacancies/ Retention	<p>Turnover (all terminations) has decreased in March and continues to perform under the national average for the NHS between 10-12%. This mirrors the retention metric which has seen improvement across both the 12 and 24 month figures.</p> <p>Contracted WTE for nursing staff has increased from 1762.74 in February 2023 to 1785.09 in March 2023. This is 151.75 WTE under the workforce plan. The total nursing vacancies reported stands at 199.57, a reduction from 221.93 WTE in February 2023. This is a reduction from 11% to 10%.</p> <p>It should be noted that there are 165 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 34.57 WTE.</p> <p>Retention is a new metric for DGFT, first reported in February 2023. The 12 month retention rate has shown a slight increase from 88.1% in February to 89.10% in March, which compares favourably when benchmarked with our peers across the Provider Collaborative.</p>

Exceptions/Improvement/Actions

METRIC	SUMMARY
Mandatory Training	<p>Statutory Training overall compliance remains below target after a period of decline during winter operational pressures. This is now beginning to improve, and the team have experienced higher levels of queries and data entry during March and April. Mandatory training is part of Appraisal conversations, and this is expected to provide an additional prompt re maintaining compliance.</p> <p>The five subjects requiring most improvement are Resuscitation Paediatric, Safeguarding Children Level 2, Safeguarding Adults Level 3 & 2 and Resuscitation Adult. There have been improvements in Safeguarding Children Level 3 due to increased face-to-face training available, combined with promotion through teams and central communications. Safeguarding Children Level 3 and neonatal Resus are now amber rated as above 80%.</p> <p>Further action on the continued non-compliance on Resus and Safeguarding is being undertaken, including targeted follow up at both individual and department level. Plans are now in place to reduce persistent non-compliance to zero by May across all Divisions for Resus training. Paediatric Resus requires focused action as is now below 70% compliance.</p>
Appraisals	<p>Appraisal compliance for 2022/24 has now closed below target.</p> <p>The 2023/24 Appraisal window has now opened with a focus on ensuring all appraisals are completed before 31st July 2023. Divisions/areas below compliance have been asked to focus on poorest compliance areas first for the new year.</p> <p>Appraisal reporting will revert to reporting on compliance during the first quarter only with the compliance rate being fixed at the end of the Appraisal window from 2023/24.</p> <p>Current compliance is 1.9% - it is expected that this will begin to rise more rapidly as the first two weeks in April have been Easter holidays and further complicated by Junior Doctor strike action impacting operational delivery. Teams are being prompted weekly with reports on compliance.</p>

<u>METRIC</u>	<u>SUMMARY</u>
Industrial Action	<p><u>BMA (British Medical Association)</u></p> <ul style="list-style-type: none">• Strike action took place on 11th – 14th April, which saw between 98 and 115 junior doctors participating in strike action. <p><u>Agenda for Change Staff</u></p> <ul style="list-style-type: none">• Royal College of Nursing (RCN) members have voted to reject a pay deal from the government, after UNISON members in the NHS voted in favour of the offer.• The 48-hour walkout from 20:00 on 30 April to 20:00 on 2 May will include staff working in emergency departments, intensive care units, cancer care and other services not previously involved in the strike action. The threshold for strike action was not met at DGFT – however further balloting has been indicated.• Ambulance workers in England are also voting on the same offer that nurses and midwives have received, the results of the votes will be known by the end of April <p><u>NEU (National Education Union)</u></p> <ul style="list-style-type: none">• Members of the National Education Union in England will strike on Thursday 27 April and Tuesday 2 May

Paper for submission to Board on Tuesday 11th May 2023

Title:	2022 NHS National Staff Survey Results and Action Plans
Author:	Rachel Andrew - Head of People for Learning & Organisational Development
Presenter:	Alan Duffell - Interim Chief People Officer

Action Required of Committee / Group			
Decision N	Approval N	Discussion Y	Other N
Recommendations: <ol style="list-style-type: none"> The Board is asked to note the outline summary of the Staff Survey report attached and to note a full, detailed report in the reading pack. The Board is asked to note the improving position of the staff survey and positive comparisons with benchmark peers. 			

Summary of Key Issues:
<p>A summary of the survey results is provided to enable a comparison between benchmark peers and historical scores, identify areas of progress and areas for further improvement and key actions.</p> <ul style="list-style-type: none"> Performance across the nine promises and themes has remained the same for six out of the nine indicators. Improvements made in two out of the nine. Decline in one out of the nine. Significant improvement made in two areas 'We work flexibly' and 'We are a team'. Staff engagement scores have remained consistent over the last five years. Dudley is a positive outlier for the core engagement question of 'Would recommend as a place to work' (one of only two Trusts in the Midlands to see a positive trend over the last three years).

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

Implications of the Paper:			
Risk		Y	Risk Description: COR COR1303 There is a risk of low Staff Engagement and Morale impacting on Absence, Turnover and Retention
	On Risk Register:	Y	Risk Score: 16
Compliance and/or Lead Requirements	CQC	Y	Details: Safe and Well-Led
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	Y	Date: 21/03/2023
	Committee	Y	Date: WSEC 28/03/2023 and 25/04/2023
	Board of Directors	Y	Date: 11/05/2023
	Other	N	Date:

REPORTS FOR ASSURANCE

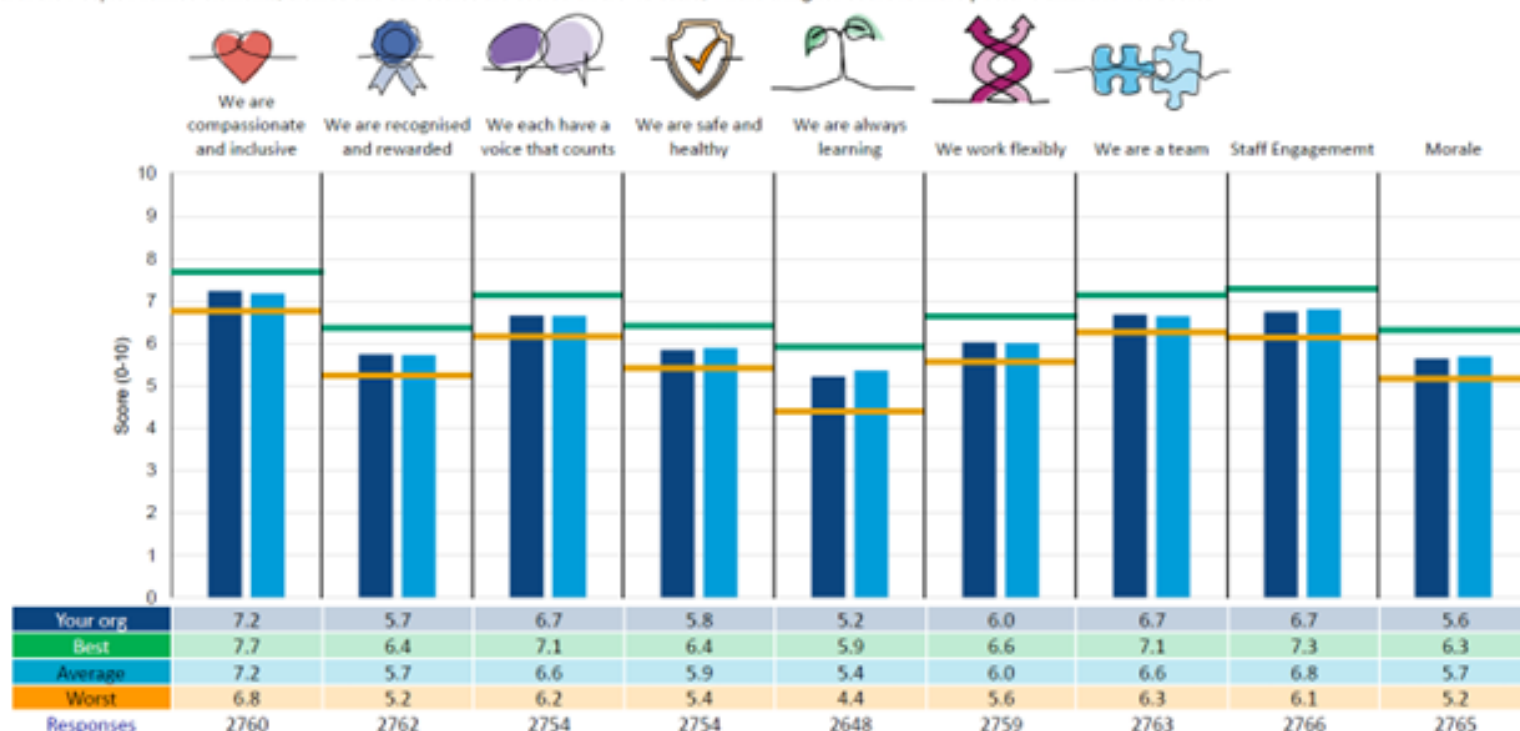
National Staff Survey 2022 Results and Action Plans for 2023

Report to Board - 11th May 2023

1 EXECUTIVE SUMMARY

- 1.1 The Staff Survey provides an annual report on how staff experience working within the organisation. It is a core metric in measuring the impact of our People Plan and supporting management of risks around staff engagement, recruitment, and retention as well as inclusion and wellbeing.
- 1.2 The national Staff Survey was held between 3rd October and 25th November 2022. All staff employed on 1st September 2022 (5743 staff members) were invited to complete an online survey.
- 1.3 The final response rate for 2022 is 49% (2768 members of staff). This is 10% lower than the previous year, it is above the benchmark average for similar organisations (Acute and Acute & Community Trusts) for 2022 which is 44.5%.
- 1.4 The table below is an extract from the full benchmark report, showing the overall position of Dudley rated against the people promise and theme results.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



- 1.5 Between 2021 and 2022, performance across the nine promises and themes has remained the same for six out of the nine indicators. We have improved in two out of the nine and declined in one out of the nine. Improvement is significant in two areas: we work flexibly, and we are a team.

- 1.6 Scores on Staff Engagement have remained consistent over the last five years – with a slight improvement in 2020 to 6.8; the four remaining years in the period have seen a Staff Engagement score of 6.7.
- 1.7 The HSJ publish a national comparison annually on the core engagement question of ‘would recommend as a place to work.’ For 2022 results, they highlight Dudley as a significant positive outlier in this area – both across the Midlands and nationally. There are 2 trusts within the Midlands to see a positive trend in this area over the last 3 years – Dudley is one of those.
- 1.8 Staff Morale - overall, performance in this area has remained the same since 2021 in terms of actual scores and in comparison to benchmark average.
- 1.9 Areas identified for improvement are:
- **We are always learning.**
 - **We are safe and healthy.**
 - **Staff Engagement**
- 1.10 It is important to recognise an improving trend across the following themes:
- **We are a team.**
 - **We are safe and healthy.**
 - **We work flexibly.**
 - **We are compassionate and inclusive.**
- 1.11 The divisional overview provides a summary against people promises and compares to organisational and national benchmark performance:
- **Core Clinical and Community Services** has two areas that are worse than organisation and benchmark average – we are always learning, and we work flexibly.
 - **Medicine** has one area – we are safe and healthy - below organisation and benchmark average.
 - **The Surgery, Women and Children’s Division** has the largest number of People Promises that are below organisation and benchmark average.

For the last two years, the Trust has identified key strategic actions to support ongoing organisational change and positively impact staff survey results. These areas of focus have been:

- Health and Wellbeing
 - Equality, Diversity, and Inclusion
 - Manager effectiveness
 - Development and career progression
- 1.12 The above thematic approach aims to embed changes at an organisational level and provide sustained improvement by developing long-term plans. The Trust People Plan and associated People Journeys (currently in development) set out the short, medium, and long-term direction to support the organisation to improve the employee experience. These will directly contribute to improvements across all seven People Promises and Staff Engagement and Morale themes.
- 1.13 At an organisational level there are three areas with focused actions:
- **Action area 1: We are always learning.**

For 2022, the poor compliance against appraisals across the organisation has directly impacted this Staff Survey measure. In order to improve performance for 2023 we will need to deliver the Trust target for appraisals between April and July 2023. The revised process should ensure that this element of the survey improves.

- **Action area 2: We are safe and healthy.**

Although performance in this area is at benchmark average, there are some areas where performance has declined – around the experience of Bullying and harassment – particularly reporting incidents. Work was planned around this during 2022/23 linked to the 'Be Kind' campaign – this will continue through 2023/24. In addition, to support this a full review of the current behaviour framework has commenced with a specific Culture task group established to support this work.

A detailed action plan will be developed as part of this workstream with the goal of ensuring the enablers of a positive culture are embedded.

- **Action area 3: Staff Engagement**

This continues to be an area of below benchmark performance and will remain a focus for sustained action during 2023/24. There are links between this indicator and staffing, recruitment, and retention as well as absence. This will continue to have priority through the recruitment and retention workgroup, embedding actions within the recruitment and retention journey – alongside continuing to embed the People Pulse and Staff Survey and engagement forums within divisions. A key part of the work around the Trust's Culture and behaviour framework will see engagement with staff across the wider organisation.

1.14 **Divisional Plans and Challenge Areas**

In addition to the pan organisational actions, there are more targeted actions required depending on the division or department within the organisation. In order to address this variation, the Divisional leadership teams have prepared a more detailed outline of planned actions tailored to their divisions in response to the key people promises requiring improvement across each division.

These were outlined in the Divisional Action Plans submitted to Workforce and Staff Engagement Committee on 25th April 2023. Alongside Divisional action plans, each divisional leadership team has outlined the planned activity to support areas key areas/departments of focus within each division and will be supported by Corporate Services through divisional support triumvirates (HR, OD, and Improvement representatives).

CCCS Divisional Plan and Approach to Challenge areas:

- We are always learning.
Actions include ensuring that appraisals are conducted within timescale, leads undertake appraisal training, quarterly reviews of 1-1s following appraisal window, reviewing quarterly People Pulse results.
- We are compassionate and inclusive.

Bespoke training within the division being designed by HR/OD, micro-aggression training to be rolled out division wide to support action on bullying and harassment, active participation in review of behaviour framework/culture task group.

- We work flexibly.
Specific departments asked to review flexible working arrangements and requests and to identify opportunities to improve, managers to attend flexible working information sessions.
- **Medicine and Integrate Care Divisional Plan and Approach to Challenge areas:**
- We are always learning.
Actions include ensuring that appraisals are conducted within timescale, leads undertake appraisal training, promote learning and development prospectus across teams.
- Morale
Conduct a sample of stay interviews throughout the division, offer/promote living the values sessions for teams to improve relationships, ensure all managers have completed Manager's Essentials during 2023/24.
- Engagement
Promote access to and information on Dudley Improvement Practice to support skill development and focus on ability to demonstrate initiative/improve services, consultation/engagement with staff on how to improve core areas as part of Staff Survey cascade.
- **Surgery Women and Children Divisional Plan and Approach to Challenge areas.**
- We are a team.
Delivery of Living the Values sessions to key areas, Manager's Essentials targeting areas with historically low take-up and where indicated by line manager questions, appraisal training for managers, team huddles to be introduced or relaunched.
- We are recognised and rewarded.
Local recognition schemes utilising handovers/huddles, appraisal training for managers, promotion of Greatix and thank you cards,
- We are safe and healthy.
Local plans to be delivered in core areas, stress audits to be undertaken in areas flagged in survey responses, Wellbeing Champions to be instated in all services, all managers to attend new sickness absence training, promotion of disability staff network.
- We work flexibly.
Flexible working audit across the division, commitment to advertising all posts with flexible working options highlighted.

- 1.15 The Board is asked to note the improving position of the staff survey and positive comparisons with benchmark peers. They are asked to note the areas of challenge and support the clear organisational and divisional action plans.

- 1.16 The results will continue to be reviewed and further supported with quarterly data to inform progress or flag risks. Regular reports will be provided through the WSEC on action plans and progress from April 2023 through to September 2023 when the next survey is planned to launch.






Rachel Andrew
Head of OD, Leadership and Culture
03/05/2023

Paper for submission to the Board of Directors 11 May 2023

Title:	Guardian of Safe Working Report
Author:	Mr Fouad Chaudhry – Guardian of Safe Working Hours
Presenter:	Mr Fouad Chaudhry – Guardian of Safe Working Hours

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

Summary of Key Issues:
<p>This is the second report from the Guardian of safe working (GSW) and covers the period 27th December 2022 to 02 May 2023.</p> <p>There have been 13 exception reports raised in the period from 27th of December 2022 till 2nd of May 2023. Nine have been fully closed with four pending.</p> <p>No fines have been issued in this reporting period. There are currently 35 vacancies in the junior workforce.</p>

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

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

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

REPORT FOR ASSURANCE

Guardian of Safe working Report to Trust Board May 2023

1 EXECUTIVE SUMMARY

This is the second report from the Guardian of safe working (GSW) and covers the period 27th December 2022 to 02 May 2023.

There have been 13 exception reports raised in the period from 27th of December 2022 till 2nd of May 2023. Nine have been fully closed with 4 pending.

No fines have been issued in this reporting period. There are currently 35 vacancies in the junior workforce.

2 BACKGROUND INFORMATION

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

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

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

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

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

This is the 20th GSW report and covers the period from 27th December 2022 to 2nd May 2023. This is the second report from the current guardian (Fouad Chaudhry). The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, and finance to establish his role in the Trust and build relationships.

Exception Reports by Department – 27-12-2022 till 02-05- 2022 total = 13

Number of exceptions carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	13	9	4	Acute Medicine:4 General Medicine: 3 Haematology:2 General Surgery :1 Obs/Gynae:1 Urology:1 Vascular surgery: 1

Exception Reports by Grade

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –
FY1: 3 FY2: 4 CT1: 2 CT3:1 ST4: 1 ST8: 2	2	2	9	4

Historic Data

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

Exception Reports and Fines

- No fines submitted.
- 8 exception reports still pending.

Medical Vacancies – Training

Medical Vacancy - Doctors in training

Total number of doctors in training 224

Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST	ST Higher	
Acute internal medicine	0	0	1	1	2
Anaesthetics	0	0	0	0	0
Cardiology	0	0	2	0	2
Chemical Pathology	0	0	0	0	0
Clinical Radiology	0	0	0	0	0
Dental Core Training	0	0	0	0	0
Dermatology	0	0	0	0	0
Emergency Medicine	0	0	3	0	3
Endocrinology and Diabetes Mellitus	0	0	1	0	1
Gastroenterology	1	1	1	1	4
General Practice	0	0	0	0	0
General Psychiatry	1	0	0	0	1
General Surgery	0	1	0	1	2
Geriatric Medicine	0	0	2	1	3
Haematology	0	0	0	1	1
Intensive Care Medicine	0	0	1	0	1

Obstetrics and gynaecology	0	0	3	0	3
Ophthalmology	0	0	0	0	0
Oral and maxillofacial surgery	0	0	1	0	1
Otolaryngology	0	0	2	0	2
Paediatrics	0	0	5	1	6
Palliative Medicine	0	0	0	0	0
Stroke	0	0	1	0	1
Renal Medicine	0	0	2	1	3
Respiratory Medicine	0	0	2	1	3
Rheumatology	0	0	0	0	0
Trauma and Orthopaedic Surgery	0	0	0	0	0
Urology	0	0	0	0	0
Vascular Surgery	0	0	0	0	0
Total	0	0	27	8	35

Mitigations:

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

- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution.
- The number of exception reports during the reporting period is 13. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy.
- The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.
- A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.
- Reminder emails are sent to the educational supervisors about the process. They are encouraged to arrange the meeting at the earliest with the trainee, once the exceptional report is submitted.
- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

Fouad Chaudhry
Guardian of Safe Working
May 2023

Paper for submission to the Board of Directors 11 May 2023




Title:	Freedom to Speak Up
Author:	Rebekah Plant – Freedom to Speak up Guardian
Presenter:	Rebekah Plant – Freedom to Speak up Guardian

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

Summary of Key Issues:

This is the upward report from the Freedom to Speak Up Steering Group.

Impact on the Strategic Goals

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

Implications of the Paper:

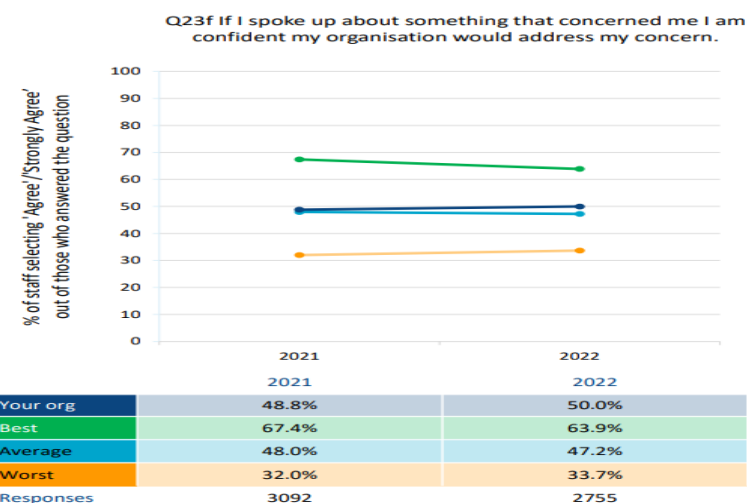
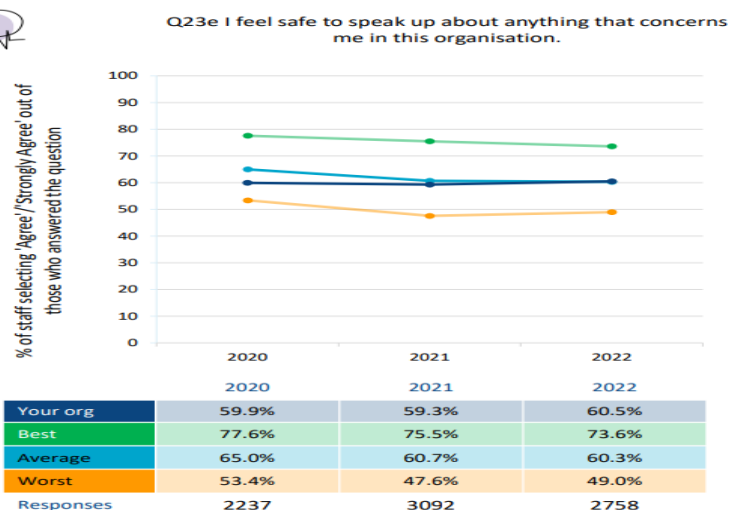
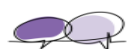
Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE	Y	Details: Review completed 2020
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date:
	Board of Directors	N	Date: 11/05/2023
	Other	N	Date:

Freedom to Speak Up Steering Group highlights summary to the Board of Directors

Meeting	FTSU steering group	Chair	Diane Wake	Quorate		Declarations of Interest made	
Meeting Date	27 th March 2023	Report completed by	Rebekah Plant	Yes	NO		None

Item	Details	Action as a result	Update / Progress
1.	<p>The 2023/2024 Freedom to Speak up Improvement plan was presented and this contains 8 recommendations.</p> <ul style="list-style-type: none"> - Recommendation 1: Senior Leaders consistently demonstrate that speaking up is valued – four elements - Recommendation 2: Role-modelling speaking up. - Recommendation 3: Communicating about speaking up. - Recommendation 4: Responding to speaking up. - Recommendation 5: Learning from speaking up. - Recommendation 6: Supporting Freedom to Speak up Guardians. - Recommendation 7: Tackling Barriers to speaking up. - Recommendation 8: Continually improve speaking up culture in the organisation. 	<p>The recommendations will be set out as agenda items in forthcoming steering group meetings.</p>	<p>Each recommendation contains a number of elements which are RAG rated. Currently there are:</p> <ul style="list-style-type: none"> - 12 green elements/completed and assurance received. - 14 amber elements where there is some assurance but ongoing work to achieve. These include planned updates to the FTSU policy and strategy along with refreshing comms material. - 2 red elements relating to incorporating lived experience into shared learning when staff have raised concerns. HR and Comms are supporting with these elements.
2.	<p>Champion update: the group has increased from 20 volunteers to 25 including 1 new representative from maternity, 1 from the children's ward.</p>	<p>Further representation continues to be sought to ensure maximum coverage is established across the organisation.</p>	<p>One international nurse has been recruited (still to complete the relevant FTSU training) and a request has been made for expressions of interest from the neonatal unit.</p>

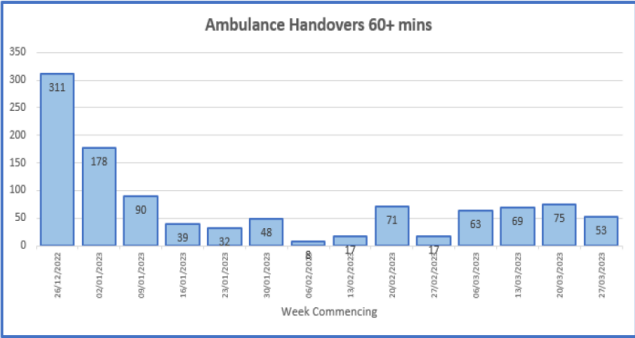
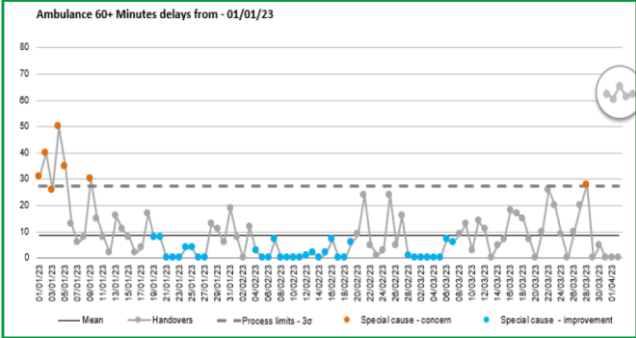
3.	FTSU related staff survey results	Please see below	It is reassuring to note that the Trust shows a slight increase in staff feeling safe to raise concerns: especially when compared to a slight drop in the national average for this question.
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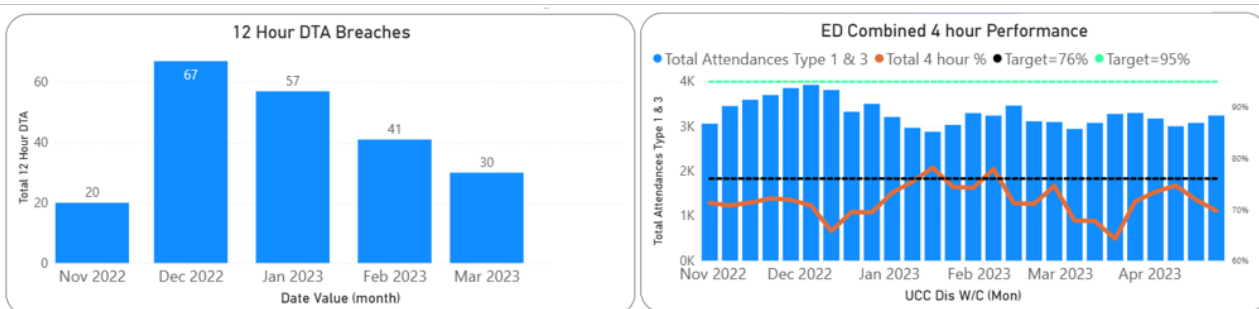


Paper for submission to Board of Directors on 11th May 2023

Title:	Integrated Performance Report for March 2023
Author:	Jonathan Boulter, Associate Director of Performance
Presenter:	Karen Kelly, 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 March 2023 (February 2023 for Cancer). The Board is asked to note performance.</p>			

Summary of Key Issues:
<p>1. <u>Urgent and Emergency Care</u></p> <p>Urgent and Emergency Care continues to experience challenges; following a noticeable reduction in the number of ambulance handover delays over 60 minutes during both late January and February, March saw a small uptick in delays in this category. This is within the context of an increase in ambulance conveyances to the Trust during the month; the Emergency Department received 3,298 ambulance arrivals in March, eclipsing volumes seen during December and January. Total ambulance delays however, remained significantly lower than those experienced in December and early January.</p> <div style="display: flex; justify-content: space-around;">   </div> <p>Emergency Department 4 hour performance remained below target at 72% during March, but is just short of the interim 76% target. March saw a decrease in the number of 12 hour Decision to Admit breaches compared to February, which represents a reduction for the third consecutive month.</p>

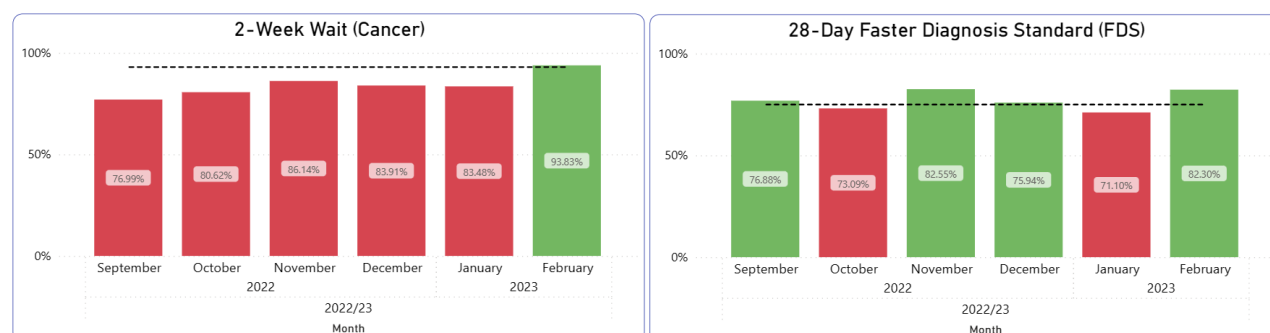


March saw the busiest month in the Emergency Department since November 2022, with over 9,000 attendances. Emergency Department triage performance fell for the third consecutive month to 69.3%. This deterioration has largely been driven by Majors and See & Treat, while Ambulance triage remains the only triage measure to perform above target. The Emergency Department continues to increase the number of nurses who are ESI triage model trained, with a further training cohort having now been approved. The nursing teams have also devised new staffing rotas to provide x4 ESI trained triage nurses per shift, with this model commencing 30th April.

2. Cancer (Validated Data to February 2023)

Cancer 2 week wait saw a marked improvement in February, with the Trust attaining the 93% standard. February's performance of 93.8% is the highest since summer 2022 and follows the completion of a full demand and capacity modelling exercise that has been completed for all tumour sites through the Outpatient Improvement Group, with outputs resulting in an injection of additional baseline 2 week wait outpatient appointments and expansion of 'straight to test' pathways. Improvement was realised across the majority of tumour sites with 7 of 9 specialties delivering 93% or above, up from 2 tumour sites in January. In addition, the number of 2 week wait appointments delivered in February was greater than in December and during January, equating to improved clinic throughput.

62 day and 31 day performance remains below standard; 31 day improved slightly in February compared to January and performance against 62 day remained consistent with January following several consecutive months of falling performance. The Trust continues to work with Primary Care partners to scale up newly implemented initiatives in Colorectal (FIT testing) and Skin (submission of photography upon GP referral) that aim to streamline and reduce pathway times that should translate into a reduction in wait times. Performance against the 28 Day Faster Diagnosis target increased to 82.3% in February, reversing January's reduction, and marking a return to above-target performance.








3. Elective Restoration and Recovery

National focus remains on reducing long waits to routine treatment. DGFT has provided mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog, with particular focus on supporting Royal Wolverhampton and Walsall. At the end of March, the Trust 78 week + backlog was reduced to 9 patients.

The operational Divisions have developed plans to meet the next national target of reducing 65 week + breaches. Key to this will be a series of productivity gains that are being led through the Theatre Improvement Group. Furthermore, the Surgical Division has now implemented 'High Volume, Low Complexity' theatre lists in ENT and Urology to support improved throughput and plan to scale these up further. The Trust continues to focus on offering a timely elective service, reporting the 8th shortest median wait times of the 20 Midlands acute Trusts.

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	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	Y	Risk Description: 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: 27/04/2023 (F&P)
	Board of Directors	Y	Date: 11/05/2023
	Other	N	Date: