





IN PUBLIC

Board of Directors
Thursday 13 July 2023 at 10:00am
via MS Teams Video Conference
AGENDA

ITEM		PAPER REF	LEAD	PURPOSE	TIME
Community Nurse Practice Development Team 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 11 May 2023 Action Sheet 11 May 2023	Enclosure 2 Enclosure 2a	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	10:40
6	Public Questions	Enclosure 4	D Nicholson	For information	
7	Patient Story – The Dudley Improvement Practice have worked with the Dudley Clinical Hub and District Nursing Teams as part of their 2023 community value stream. Our latest patient story is 85 year old Elaine who tells us why the St James District Nursing Team are so essential to her ongoing treatment in her home and overall quality of life. Introduced by M Sexton				
8	Drive sustainability financial and environment Reduce the cost per weighted activity Reduce carbon emissions				11:05
8.1	Finance & Performance matters - Committee upward report - Finance report Month 2 (May 2023)	Enclosure 5 Enclosure 6	L Williams K Stringer	For approval	
8.2	Emergency preparedness, resilience and response (EPRR) annual report	Enclosure 7	K Kelly/ L Lewis	For approval	
8.3	Final Trust annual business plan 23/24	Enclosure 8	K Rose	For approval	
Comfort break (5 mins)					

9		Deliver right care every time CQC rating good or outstanding Improve the patient experience survey results				11:30
9.1	Quality & Safety Committee upward report	Enclosure 9	L Hughes	For approval		
9.2	Chief Nurse Report	Enclosure 10	M Sexton	For assurance		
9.3	7 Day services update	Enclosure 11	K Kelly	For assurance		
9.4	Charitable Funds Committee update	Enclosure 12	J Atkins	For approval		
9.6	Learning from Deaths	Presentation	J Hobbs	For assurance		
10		To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results				12:10
10.1	Dudley People <i>Plan deferred to Sept. '23</i>					
10.2	Workforce & Staff Engagement - Committee upward report - Workforce key performance indicators	Enclosure 13 Enclosure 14	J Atkins A Duffell	For approval		
10.3	Freedom to Speak up annual report 2022/23 and Strategy 2023/24	Enclosure 15	R Plant	For assurance		
11.		Build Innovative Partnerships in Dudley & beyond Increase the proportion of local people employed Increase the number of services jointly across the Black Country				12:30
11.1	Integration Committee upward report	Enclosure 16	V Randeniya	For approval		
12.		Improve Health and wellbeing Improve rate of early detection of cancers Increase planned care and screening for the most disadvantaged groups				12:40
12.1	Integrated Performance Dashboard	Enclosure 17	K Kelly	For assurance		
13.	GOVERNANCE				12:50	
13.1	Board Assurance Framework	Enclosure 18	H Board	For approval		
13.2	Digital Trust Technology Committee - upward report	Enclosure 19	C Holland	For approval		
13.3	Audit Committee - upward report - Annual committee report	Enclosure 20	G Crowe	For approval		
14.	Any Other Business	Verbal	All	For noting	13:10	
15.	Date of next Board of Directors meeting (public session) Thursday 14 September 2023					
16.	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.						

Enclosure 1

Board of Directors Register of interests 01/04/2023 - 31/03/2024

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage Of Shareholding
Elizabeth Abbiss	Director of Communications	26/06/2023	Nil			
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day per week as Strategic Communications Advisor			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work			
Thuvarahan Amuthalingam	Associate Non-Executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy services			100
Julian Atkins	Non-Executive Director	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training			
Julian Atkins	Non-Executive Director	01/09/2021	Non-Executive Director of an organisation called ENTRUST			
Gurjit Bhogal	Non-Executive Director	01/10/2015	Aston Villa Football Club, Doctor providing medical care for Aston Villa			
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work			
Gurjit Bhogal	Non-Executive Director	02/05/2022 - 26/09/2022	Birmingham 2022 Commonwealth Games Medical Advisory Committee			
Gurjit Bhogal	Non-Executive Director	24/08/2021 - 01/12/2021	Co-Chair of the ICC T20 Cricket World Cup Biosecurity Advisory Committee			
Gurjit Bhogal	Non-Executive Director	01/12/2022	Independent Non-Executive Director of Great Britain Table Tennis			
Gurjit Bhogal	Non-Executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board			
Gurjit Bhogal	Non-Executive Director	01/05/2021 - 01/05/2023	Mencap Heart of England. Trustee. Charitable Trustee Role			
Gurjit Bhogal	Non-Executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job			
Karen Brogan	Director of Operational HR	30/06/2023	Nil			
Helen Board	Board Secretary	01/11/2022	Nil			
Gary Crowe	Deputy Chair	01/09/2019	Independent Member, The Human Tissue Authority			
Gary Crowe	Deputy Chair	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust			
Gary Crowe	Deputy Chair	01/09/2019	Occasional lecturer, Keele University			
Alan Duffell	Chief People Officer	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust			
Alan Duffell	Chief People Officer	20/06/2022	CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust			
Alan Duffell	Chief People Officer	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.			
Alan Duffell	Chief People Officer	01/07/2023	Workforce/HR SRO for the Black Country Provider Collaborative			
Joanne Hanley	Non-Executive Director	01/01/2004	Executive employment with Lloyds Banking Group			
Anthony Hilton	Non-Executive Director	01/03/2020	Aston University - Pro-vice Chancellor and Executive Dean			
Anthony Hilton	Non-Executive Director	01/01/2010	Director, Microbiology Consulting Limited			
William Hobbs	Medical Director - Operations	26/06/2023	Nil			
Catherine Holland	Senior Independent Director	26/06/2023	Nil			
Elizabeth Hughes	Non-Executive Director	03/09/2021	Medical Director Health Education England			
Elizabeth Hughes	Non-Executive Director	02/08/2021	Appointed Honorary Professor at Warwick Medical School			
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust			
Elizabeth Hughes	Non-Executive Director	20/06/2021	Development of educational material for Novartis			
Elizabeth Hughes	Non-Executive Director	01/04/2018	Director Dinwoodie Charitable Company			
Elizabeth Hughes	Non-Executive Director	26/11/2021	Educational Speaker for Amgen			
Elizabeth Hughes	Non-Executive Director	08/05/2021	Educational Speaker for Sobi educational material preparation			
Elizabeth Hughes	Non-Executive Director	06/10/2020	Educational Speakers Bureau Daiichi Sankyo -occasional lecture			
Elizabeth Hughes	Non-Executive Director	01/09/2016	Honorary Professor University of Aston			
Elizabeth Hughes	Non-Executive Director	01/07/2008	Honorary Professor University of Birmingham			
Elizabeth Hughes	Non-Executive Director	01/03/2017	Honorary Professor University of Worcester			
Elizabeth Hughes	Non-Executive Director	01/06/2022	Non-executive Director - chair of Quality Committee for Birmingham and Solihull ICS			

Elizabeth Hughes	Non-Executive Director	01/01/2022	Professor of General Practice University of Bolton			
Elizabeth Hughes	Non-Executive Director	01/04/2022	Speakers Bureau Amarin occasional lecture			
Elizabeth Hughes	Non-Executive Director	03/07/2007	Trustee HEARTUK charity			
Elizabeth Hughes	Non-Executive Director	08/03/2023	Honorary Professor (Vice Chancellor) University of Coventry			
Karen Kelly	Chief Operating Officer	26/06/2023	Nil			
David Nicholson	Chairman	01/04/2023	Chair - Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust			
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust			
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Advisor to KPMG Global			
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Non-Executive Director – Lifecycle			
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College			
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Sole Director - David Nicholson Healthcare Solutions. Voluntary liquidation requested.			100
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Member - IPPR Health Advisory Committee			
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Senior Operating Partner for Healfund (investor in healthcare Africa)			
David Nicholson	Chairman	01/01/2023	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating			
David Nicholson	Chairman	01/09/2022 - 31/12/2022	Spouse was Chief Executive of Birmingham Women's and Children's NHS Foundation Trust			
Andrew Proctor	Director of Governance	26/06/2023	Nil			
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University			
Vijith Randeniya	Non-Executive Director	01/05/2023	Chair of Birmingham Women and Childrens facilities management company called Vital services.			
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA			
Vijith Randeniya	Non-Executive Director	02/06/2014 - 30/04/2023	Vice Chair of Birmingham Women and Children's Hospital			
Vijith Randeniya	Non-Executive Director	01/08/2022	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Kathleen Rose	Director of Strategy & Performance	26/06/2023	Nil			
Mary Sexton	Chief Nurse	26/06/2023	Nil			
Kevin Stringer	Unknown	14/06/22 - 30/11/22	Chief Financial Officer and Deputy Chief Executive The Royal Wolverhampton NHS Trust			
Kevin Stringer	Unknown	14/06/2022	Interim IT Director and SIRO Walsall Healthcare NHS Trust			
Kevin Stringer	Unknown	01/12/2022	Group Chief Financial Officer - The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Unknown	15/07/2023	Group Deputy Chief Executive Officer – The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Unknown	01/01/2013	Brother-in-law – Chief Executive of Midlands and Lancashire CSU for more than ten years			
Kevin Stringer	Unknown	01/03/2023	Daughter – employed part time at National Institute of Healthcare Research			
Kevin Stringer	Unknown	01/01/1990	Member of Healthcare Financial Management Association (HFMA) since around 1990 and the West			
Adam Thomas	Chief Information Officer	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the Black Country ICB Board			
Diane Wake	Chief Executive	01/03/2023	Spouse: Peter Williams, appointed non-executive director at University Hospitals Birmingham NHS			
Lowell Williams	Non-Executive Director	01/01/2023	Principal & CEO National College for Advanced Transport & Infrastructure			
Lowell Williams	Non-Executive Director	01/08/2017	Chair, Dudley Academies Trust			
Lowell Williams	Non-Executive Director	01/01/2023	Principal & CEO National College for Advanced Transport & Infrastructure			
Lowell Williams	Non-Executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Lowell Williams	Non-Executive Director	01/12/2019	Lowell Williams Consulting Limited			100
Lowell Williams	Non-Executive Director	01/04/2022	Director - Transformational Technologies Partnership Ltd (which oversees the Black Country &			
Lowell Williams	Non-Executive Director	04/05/2023	Elected as a Councillor to Warwick District Council on behalf of the Green Party			

UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)
held on Thursday 11 May 2023 10:00hr
virtually via MS Teams Video Conference

Present:

Liz Abbiss, Director of Communications (LA)
Thuvarahan Amuthalingam, Associate Non-executive Director (TA)
Julian Atkins, Non-executive Director (JA)
Gurjit Bhogal, Non-executive Director (GB)
Gary Crowe, Non-executive Director (GC)
Alan Duffell, Interim Chief People Officer (AD)
Julian Hobbs, Medical Director (JHO)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
Karen Kelly, Chief Operating Officer (KK)
Sir David Nicholson (SDN) **Chair**
Andy Proctor, Director of Governance (AP)
Vij Randeniya, Non-executive Director (VR)
Kat Rose, Director of Strategy & Partnerships (KR)
Kevin Stringer, Interim Director of Finance (KS)
Adam Thomas, Chief Information Officer (AT)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Rachel Andrew, Head of Learning and Organisational Development (RA)
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Fouad Chaudhry, Guardian of Safe Working for Guardian of Safe Working Report (FC)
Gemma Coleyshaw for Own Bed Instead Patient Story (GCo)
Rebecca Fletcher, Dermatology Staff Voice (RF)
Paul Hudson, Associate Medical Director (PH)
Karen Lewis, Deputy Chief Nurse for Chief Nurse Report (KL)
Claire MacDiarmid, Head of Midwifery (CM)
Becky Plant, Freedom to Speak Up Guardian for Freedom to Speak Up Report (BP)
Atiq Rehman, Director of Medical Education (AR)
Emma Swain, Dermatology Staff Voice (ES)
Hannah Williams, Dermatology Staff Voice (HW)

Apologies

Mary Sexton, Chief Nurse (MS)

Governors and Members of the Public and External attendees

Arthur Brown, public elected, Brierley Hill
James Burgess, Registrar, Royal Orthopaedic Hospital
Syed Gilani, staff elected governor, AHP and HCS
Alex Giles, public elected governor, Stourbridge, Lead Governor
Sandra Harris, public elected governor, Halesowen
Dr Atef Michael, staff elected governor, Medical and Dental
Yvonne Peers, public elected governor, North Dudley
Karen Wilshaw, Aspirant Non-executive

Staff Voice – Dermatology

The Board was joined by members of the Dermatology Team based at the Corbett Outpatients Centre. The Board noted that the staff voice was an opportunity for those staff working at an operational level to talk about their role and in their own words say what it was like to work in the Trust and any key challenges they face.

Alan Duffell introduced Emma Swain, Hannah Williams and Rebecca Fletcher to the meeting.

The team explained their roles within the Dermatology Service, in particular the work to help bring down Cancer waiting times. The team enjoyed working in Dermatology and particularly the support received from their Lead Nurse, Kath Massey. HW confirmed that there were no progression routes for Clinical Support Workers to become nurses within Outpatients and opportunities for progression would be welcomed. Challenges on a daily basis included lack of administrative support and managing the waiting list and the length of appointment time not always being sufficient to hear the patient's detailed history.

CH asked what could be done to help in their roles. HW confirmed that the opportunity to progress would be her main focus. ES stated that having time for undertaking additional duties would be helpful.

LW asked what it was like to look after the patients. The team confirmed that generally most patients were very happy to be helped and grateful of the care they received and there had been little aggression witnessed by the staff. ES commented that giving the patient more time in their appointment helped with the patient experience.

LH asked if staff had the opportunity to use telemedicine. RF confirmed that this was done during the COVID-19 pandemic and the Trust was seeking to implement a tele-Dermatology service. HW commented on the number of inappropriate GP referrals and suggested that a nurse triage service would help reduce the number of unnecessary appointments.

SDN thanked the team for their hard work and confirmed that the Trust would look at progression opportunities and try and help with the balance of administrative duties.

23/30 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.

23/31 Declarations of Interest

The Chair declared that he was the shared Chair of Sandwell and West Birmingham NHS Hospitals Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare Trust. KS and AD as Directors at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. DW confirmed that her spouse was a non-executive Director at University Hospitals Birmingham NHS Foundation Trust.

23/32 Minutes of the previous meeting held on 8 March 2023

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

It was **RESOLVED**

- To approve the minutes

Action Sheet of 8 March 2023

All actions were closed.

23/33 Chief Executive's Overview and Operational Update

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

The main area of focus was managing the increase in emergency care patients and ambulance handover delays. Other areas of focus were clearing the 78 week waits for elective care and cancer performance.

There had been three Care Quality Commission (CQC) inspections in the last six weeks, two of which had been unannounced and one scheduled announced visit that had been rescheduled from December the previous year. There had been no major concerns identified and reports were expected in the coming weeks.

A Superhero fun run was taking place on 11th June 2023 at Himley Hall to support the Trust's Children's appeal.

The Trust had held a leadership conference on 26th April with extremely positive feedback from all who had attended. A follow up session would be arranged for next year.

Recognising staff achievement was a priority and the Committed to Excellence Awards are to take place on Friday 16th June 2023.

The Corporate Resilience Team had received a highly commended award at a national event which was wonderful news.

SDN commented on the impressive leadership event, particularly the staff talks which were truly inspirational.

It was **RESOLVED**

- That the report be noted

23/34 Chair's Update

The Chair updated the Board on his appointment as Chair of Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and felt honoured and privileged to be Chair of the four organisations. Work was underway to produce a governance system to support the Black Country Provider Collaborative process and promote good practice across the Black Country. Deputy Chairs had been appointed and SDN congratulated GC on his appointment as Deputy Chair for The Dudley Group. A summit of the four organisation Board's would be arranged in the coming months.

23/35 Public Questions

There had been none submitted.

23/36 Patient Story – Own Bed Instead

LA welcomed Gemma Coleyshaw to the Board meeting and shared the patient story video with the Board.

The Board noted that the story related to the Own Bed Instead initiative. The patient in question was discharged home following a total hip replacement and required the support of the team to manage his mobility at home. The patient could not thank the staff enough for their help and highlighted the wonderful service that allows patients to be safely discharged home.

GCo commended the service and felt honoured to watch the video and hear the excellent feedback that reflected on the hard work of the staff involved.

JHo commented on the outstanding team efforts by therapists, pre-operative assessment team and orthopaedic team which by working together delivered great outcomes for patients.

JA thanked GCo for the work of the team and commented on the experiences of his father following a fractured hip when there were no such services to support him.

KL thanked GCo team and commented on the great rehabilitation work provided by the team.

In response to the Chairs question regarding any obstacles faced by the team, GCo confirmed that staffing was a challenge.

The Chairman asked that a note of thanks be extended to GCo and her team for their fantastic work. The Chair requested that a review of the patient story plan for the remainder of the year be undertaken.

Action Review pipeline to ensure alternation of topics for Staff voice, patient story and staff story
Board secretary

23/37 GOVERNANCE

23/37.1 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.

Some changes had been seen in Q1. BAF risk one related to the failure to deliver safe, effective and quality care and in relation to this risk there was to be a disaggregation to be able to identify progress and therefore this will be separated into two or three sub risks.

BAF risk two has seen the score reduced due to the reduction in vacancy levels. Other risk scores remained unchanged. During quarter one, all BAF risks would be subject to review and reset to reflect the current challenges for 2023/24.

The summary document was given at Appendix one and reflective of the Trust's priorities and key risks.

HB outlined the next steps to ensure that the BAF remained effective and the ongoing development work to ensure connection to the overall Trust's risk management processes. An 'All things risk' workshop facilitated by the Good Governance Institute (GGI) had been arranged for June 2023.

CH welcomed the splitting of the first risk and asked about BAF risk eight and its negative assurance and the deferment again of the three year costed Digital Plan.

GB commented that the BAF was a very good piece of work and asked about BAF 1C commenting that the Trust's aim to achieve outstanding care should be a focus for all.

LW agreed that the BAF document was excellent.

SDN observed that the document needed to reflect the scale and challenge of the financial plan and time and all effort was needed to resolve the Digital risk.

It was **RESOLVED** to

- Approve the BAF summary report subject to the preamble to this minute

23/37.2 Trust Strategy Quarterly Report Q4 2022/23

KR summarised the report given as enclosure six.

The report gave an update at Quarter four against the main strategic goals.

The RAG rating of 'being a brilliant place to work' and vacancy rate has changed to green which aligned to the BAF and noted there was more work to do in some particular workforce areas.

The main challenge remained for delivery of the Trust's Cost Improvement Programme.

It was **RESOLVED** to

- Note the Strategy progress report for Q4 2022/2023

23/37.3 Digital Trust Technology Committee Upward Report

CH presented the upward report from the Committee meeting held on 22nd March 2023, given as enclosure seven. The reports presented to the Committee were noted to be of high quality.

The main area of concern raised at the Committee was the slow progress being made for the uptake of Multi Factor Authentication (MFA) noting that a number of staff were unwilling to use their own mobile phones for the authentication process.

Positive assurance was received around the management of CareCert cyber security.

The Committee noted that that IT Team was very quick to support CQC inspection visits and this was congratulated as well as the support provided during Junior Doctors industrial action.

The Digital Plan had been deferred and would be presented to a future Board meeting. SDN confirmed that the Digital Plan would be discussed in the Private Board meeting that would follow.

DW congratulated the work of the IT team and confirmed the Executive Team's frustrations around the lack of funding to support the organisation's Digital Plan.

AT raised multifactorial authentication and confirmed that other Black Country Providers had agreed to apply a single zero tolerance policy.

It was **RESOLVED** to

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

23/37.4 Audit Committee Upward Report

GC presented the upward report from the Committee meeting held on 20th March 2023, given as enclosure eight.

The internal auditors had confirmed the Trust was on track to receive a positive assurance rating for the year although some further enhancements were identified.

The Committee had received reports from the auditors around the management of serious incidents and clinical effectiveness reviews with positive results.

The Trust was reviewing the planning of the annual audit exercise. The Trust's sustainability would be subject to further commentary in the annual report as expected as a result of current financial challenges.

A property valuation change had occurred providing clearer understanding about the size of the Trust's properties.

The internal audit plan for the following twelve months was approved by the Committee.

It was **RESOLVED** to

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

23/38 Drive Sustainability Financial and Environment

23/38.1 Finance and Performance Committee Upward Report

LW summarised the reports from previous Committee meetings on 30th March and 27th April 2023, given as enclosure nine and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

A break even position was achieved at 2022/23 year end. The cash position of the Trust remained an area of focus.

A revised Financial Plan was taken to Board which was noted to be extremely challenging with an emphasis to improve productivity with work underway to address. LW thanked members of the Committee for the time they have spent on recent work on the matter.

Positive performance was noted particularly around Cancer and Elective waiting times with more work to do to resolve the challenge around Urgent and Emergency Care.

The positive feedback from the CQC inspections was noted.

The Committee had updated its Terms of Reference and agreed to submit to the Board of Directors for endorsement. A tender and business case were also approved in the reporting period.

JA commented that the Committee welcomed the real time information received.

GC raised the focus of productivity and whether this change had been reflected in the Terms of Reference. LW confirmed that this had been reflected in the revised Terms of Reference. HB noted that the Terms of Reference had also been reinforced to emphasise the Committee's role in seeking assurance and ensuring that the data and quality of papers presented to the Committee supported this. The Terms of Reference were for the Board's endorsement.

In response the query raised by VR, LW confirmed that discharge planning report was included in the Performance Report. JR confirmed that the Discharge Improvement Group had met the previous day and there were issues with discharge planning in Surgery.

It was **RESOLVED**

- to note the report the assurances provided by the Committee, the matters for escalation and the decisions made.
- to approve the updated Committee Terms of Reference

23/38.2 Month 12 Financial Position

KS summarised the report for the month 12 (March 2023) financial position, given as enclosure ten.

The Trust had achieved all statutory targets and delivered a £24k surplus. KS thanked the Executive Team and Budget Managers for financial delivery.

The System was working closely together and all had delivered break even or a small surplus.

KS confirmed that the forward plan that identified key financial risks and challenges would be presented to the next Board meeting.

The Black Country was noted to be a net importer of emergency activity and the negative impact related to the withdrawal of COVID-19 monies. A cross-system Productivity Group had been established to analyse and leverage System opportunities.

It had been agreed to move cash around the local System to ensure that there was sufficient liquidity for all organisations.

It was **RESOLVED**

- to note the financial performance for March 2023 and note the potential risks associated with achieving the 2023/24 financial plan

[There was a five minute comfort break]

23/39 Deliver Right Care Every Time

23/39.1 Quality and Safety Committee Upward Report

LH summarised the upward reports from the Committee meetings held on 30th March and 25th April 2023, given as enclosure eleven.

The Committee had considered the plan for improvements following the CQC visit to the Paediatric ED. Good levels of assurance received related to the quality of services in Women's and Children's.

The Committee escalated the worsening performance in respect of Venous Thromboembolism (VTE) assessment compliance performance and had challenged what could be done to realise meaningful improvements. This would be considered in detail at the next Committee meeting. It was noted however that outcomes for patients did not show any evidence of detriment to their care.

The Committee had also flagged concerns related to

- timely completion of swallow assessments on the Stroke Unit and noted that all new ward staff would be trained to undertake assessments.
- the number of do not attempt resuscitation (DNAR) calls to the Resuscitation Team and noted the need to raise awareness more widely across the organisation.

The Committee considered the report from the annual effectiveness review and had amended its Terms of Reference to reflect this. These were attached to the report for approval.

In response to the query raised by the Chair, JHo asked the Board to note the organisations good VTE outcome data and noted that assessment compliance needed to improve and actions were in place to address. A report would be presented to the Committee in September 2023 to demonstrate the outcome of interventions.

SDN asked about the swallow assessments. KL confirmed that this relied on Therapists and confirmed that she would pick this up directly with the teams.

JHo confirmed that in relation to the DNAR calls to the Resuscitation Team, work was underway to develop a more visible system to allow staff to make judgements around resuscitation calls.

It was **RESOLVED**

- to note the report, the assurances provided by the Committee, the matters for escalation and the decisions made
- to approve the Committee Terms of Reference that have been subject to some change on conclusion of Committee effectiveness review work

Action Speech and Language provide update on improvement journey in respect of patient swallowing assessment resourcing **Chief Nurse**

23/39.2 Chief Nurse Report

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

Work on safe staffing was ongoing, with some challenges noted following the ban on the use of agency staff.

The majority of international nurses had now completed their competency assessments and would receive their NMC pin.

Falls continued to be an area of focus on wards. Pressure ulcer numbers were fluctuating with work underway to understand the incidents and share best practice to improve performance.

The National Education and Training Survey (NETS) had recently been published demonstrating the Trust as acceptable.

There had been an increase in the number of complaints received during the last quarter in particular relating to patient waiting times and was an area of focus for improvement. A steady increase in the number of Deprivation of Liberty Safeguards (DOLS) applications had been seen and thanks was given to the Mental Health Teams support.

Maternity and Neonatal information was provided in the further reading pack for information.

In response to a query raised by VR relating to safe staffing and skill mix of nurses, KL confirmed that there were different ratios depending on ward and acuity of patients. A dynamic approach was adopted to move staff around wards to maintain safe staffing levels.

CH raised recruitment and retention, and flexible working and how practice could vary across wards and departments. KL confirmed that flexible working was key to maintaining the workforce and the nursing management team were working with HR to look at how this could improve whilst maintaining staffing skill mix.

AD confirmed that a common framework was applied and noted the flexibilities amongst wards depending on staff mix.

SDN commented on the wording in the report in relation to safe staffing. KL confirmed that gaps in staffing remained an issue and this was monitored on a daily basis to keep safe staffing and maintain good quality of care delivered to patients.

DW confirmed that she would address the wording in the report with the Chief Nurse. A deep dive would be undertaken into staffing levels and included in the next report. JHo confirmed that data was available and demonstrated safe care was being delivered.

LW asked for consideration to be given to where the report is presented. The report bridges a number of issues, quality, safety, performance and cost and it does not necessarily sit well for consideration by the Finance and Performance Committee.

SDN welcomed a deep dive taking place and the results presented to the Quality and Safety Committee prior to submission to the Board.

It was **RESOLVED**

- That the report be noted and assurances received

Action Submit assurance report to Quality & Safety Committee on the period of eight weeks referenced in CN report to May Board providing data and oversight of impact of staff availability (safer staffing) on patients. **Chief Nurse**

23/39.3 Care Quality Commission (CQC) Report April 2023

AP provided a summary of visits by the CQC in recent months for announced, unannounced and focused visits, given as enclosure thirteen.

The action plan arising from the February visit had been completed and robust assurance provided. Learning events following the inspections would be held for staff across the organisation.

The draft report from the recent visit was awaited. AP thanked the teams for their support during the visit and in responding to information requests by the CQC.

GC thanked AP for a strong report on regulatory oversight. He asked how recommendations would be monitored and embedded. AP confirmed that learning identified must be embedded and this will be addressed by the Quality and Safety Group and upwardly reported to the Quality and Safety Committee. The Trust was on a trajectory to be an outstanding organisation and was able to identify and evidence recent positive advancements at the Trust. GC suggested that improvements following regulatory action would be a welcomed story at Board. AP confirmed that the Trust's Patient Safety partners would welcome the opportunity to feedback.

VR commented that the Trust would benefit from normalising improvements and move away from solely producing lists and action plans. AP agreed that it was important to culturally embed learning. The CQC had particularly noted the positive wider learning and engagement of staff.

KS raised the sharing of best practice and commented that this had taken place at the Workforce Committee and was included in all cross divisional learning. The staff survey work had demonstrated the impact of this.

SDN welcomed the report and requested that common themes were highlighted in future reports. He agreed with GC that it would be good to see a story following a regulatory visit to Board.

It was **RESOLVED**

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

Action Prepare staff/patient story to illustrate example of improvement following action taken as a result of regulatory action and the improvement **Director of Communications**

23/39.4 Charitable Funds Update Report

JA summarised the upward report from the Committee meeting held on 13th April 2023, given as enclosure fourteen.

There were no matters of concern to escalate.

Positive assurance was noted around the receipt of donations.

The balance stood at just over £2.4m. Income was £650k and expenditure £475k. A site has been identified for the staff wellbeing hub with costs estimated to be around £400k.

A package of cost of living initiatives was agreed in December.2022 and had been well received by staff. Subsidised meals would continue for a further six months prior to further review.

The superhero fun run, big tea event and glitterball were events scheduled for the coming months.

The Committee would extend its role further to include the prevention of poverty. The Committee considered and approved two schemes; screen for Day Surgery and items to support insulin safety week.

The Terms of Reference were updated and are included for Board approval.

SDN asked if the inclusion of poverty support was included in the Terms of Reference. JA confirmed that this related to the Charities Commission requirement. HB confirmed that the matter was included at section 7.5 in the Terms of Reference.

It was **RESOLVED**

- to note the report, the assurances provided by the Committee, the matters for escalation and the decisions made and to endorse the Terms of Reference that have been subject to some change on conclusion of Committee effectiveness review work

23/40 To be a Brilliant Place to Work and Thrive

23/40.1 Workforce and Staff Engagement Committee Report

JA summarised the report given as enclosure 15 relating to the Committee meetings held on 28th March and 25th April 2023.

The Junior Doctors strike was addressed at both meetings.

The Committee were concerned about the results of the junior doctors and clinical trainees survey. Indications were that Dudley results were poor compared to other Trust's in the Black Country. A detailed action plan had been produced and would be monitored by the Committee.

Mandatory training compliance remained a concern although slow improvement was noted. Resuscitation training remained an issue.

Positive assurance was noted in respect of appraisal rates which were slowly improving. Staff survey results were received in March 2023 and the Divisions presented their plans for improvement at the April meeting. Work was underway on actions. The Divisions would provide an update to the Committee in September.

The Committee was pleased to note the reduction in vacancy levels and positive assurance around recruitment and retention. New KPIs were being agreed including time to hire. Dudley had an issue with regard to the gender pay gap and a deep dive would be undertaken to investigate further.

Dudley Improvement Practice presented on recent developments.

The Committee risks remained unchanged. Staff satisfaction and morale was included until the update was received on divisional action plans in September.

It was **RESOLVED**

- That the Board noted the report, the assurances provided by the Committee, the matters for escalation and the decisions made

23/40.2 Workforce KPIs

AD confirmed that the report, given as enclosure 16 was provided for information. Key areas for noting were:

The overall medical vacancy rate had fallen to 7%.

Work was well underway in relation to delivering the health and wellbeing agenda.

A successful recruitment event was held in April with over 300 attendees.

On 2nd May it was collectively agreed to approve the pay deal and this would be enacted nationally at the end of June. Industrial action would continue.

It was **RESOLVED**

- That the Board note the report and the key areas highlighted for assurance

23/40.3 National Staff Survey 2022

AD summarised the report given as enclosure 17, including the following highlights:

The Board noted the decline in the national position although Dudley had remained stable.

AD raised the nine key themes highlighted in the document. The Trust had seen an improvement in the recommendation as a place to work.

The staff survey results remained an areas of focus at an organisational level. Divisions had highlighted a number of key areas for review in the action plan.

In response to the chairs request for an overall opinion, AD confirmed that Dudley was middle of the pack and had maintained a stable position. The Trust was not an outlier but improvements were still needed.

VR noted the improvements in feedback about staff wellbeing. He commented that planning was underway for the next survey and there would be no gap in the survey planning cycle. AD agreed and he confirmed that staff are focussing on two or three key areas for improvement given the tight timeframe for turnaround. SDN confirmed that following conversations with staff he would class the organisation as better than average. Improved response rates are key. AD commented that the Trust needs to focus on 'hotspots'.

LW asked about how the survey was communicated. JA suggested that we need to achieve a 60% response rate and be innovative around how it could be achieved. He also agreed that the Trust feels above average.

LA commented that it remained a challenge to improve response rates and would welcome suggestions of innovative ways to encourage completion. It was important to highlight what changes happened locally as a result of the survey.

CH commented on the amount of pride shown by the staff but we need to recognise messages from the survey.

GC commented that the Trust would need to listen and act but also to be ambitious about the way staff were lead and supported. The leadership work and work on culture would help noting that effective line management would potentially have the biggest impact on the survey.

KL asked if the granularity of feedback to services was correct and whether this was reaching the frontline. AD confirmed that there was feedback shared through Divisions.

It was **RESOLVED**

- That the Board noted the report and key areas highlighted and work underway

23/40.4 Guardian of Safe Working

FC presented the Guardian of Safe Working Report given as enclosure 18, including the following key highlights:

In the last quarter there were 20 exception reports, none of which related to patient safety. All reports had been addressed with four reports awaiting closure.

Exception reports were spread evenly over specialties indicating that that an open environment for reporting had been created.

SDN asked JHo for an update on the recent doctor surveys. JHo confirmed that the reports did not show that junior doctors were unhappy. There was room to improve the offering for junior doctors and targeted visits were included in the action plan. Advice had been taken from the Wolverhampton ruTst and we now have a detailed grip on the wellbeing of junior doctors and providing supportive packages for those that need it.

JHo confirmed that FC was very visible to junior doctors and it was well received. A reduction in the number of exception reports was noted. The Trust was in line with neighbouring Trusts. The Trust must continue to improve the offer for junior doctors and improve the junior doctors induction process ahead on the new intake in August 2023. The issue in the last report related to one individual and exception reports in relation to the matter had now ceased.

GC asked about the low reporting. FC confirmed that when a report is raised there are three outcomes, one is time off work in lieu, one is a compensation payment and the fine only related to disputes. GC asked if he could discuss further with FC outside of the meeting.

TA thanked FC for his work. He suggested that it would be helpful to see a breakdown by actions. He also asked about medical vacancies. FC confirmed that there were 25 vacancies but these had been filled by training doctors.

SDN thanked FC for his efforts and improvements.

It was **RESOLVED**

- That the Board note the report and the key areas highlighted. FC to discuss further with GC outside of the meeting

Action link up with Guardian of Safe Working Mr Chaudhry outside of the meeting **Deputy chair**

23/40.5 Freedom to Speak Up

RP presented the Freedom to Speak Up Report given as enclosure 19 for information.

CH acknowledged the work of the Guardians and Champions. It was good to see the slight increase in the number of staff that felt safe to speak and noted the percentage of staff who may not feel able to do so. RP commented that she had seen improvements in partnership working.

AD confirmed that Wolverhampton undertook engagement with targeted areas where staff had not been engaged with the Guardian. RP had undertaken work to identify areas of low engagement and confirmed that these would receive focused work.

JA confirmed that he had recently joined a national call and Dudley were well advanced compared to other Trusts.

SDN observed that the Trust was now rated above average for its staff that felt safe to speak up in the national staff survey results. He asked that the Board's thanks were passed to the Champions for their efforts.

It was **RESOLVED**

- That the Board note the report and the key areas highlighted

23/41 Improve Health and Wellbeing

23/41.1 Integrated Performance Dashboard

The Board noted that the report has been refreshed to highlight material issues to flag to Board. The full Integrated Performance Report containing comprehensive data sets was contained within the further reading pack.

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

Urgent and Emergency care was increasingly challenging. Ambulance delays had increased during March and into April. Recovery post Bank Holiday was difficult. 9,000 attendances had been seen within the month.

Majors triage was much improved with four Emergency Severity Index (ESI) trained nurses in place.

Cancer services were performing well and noted that April had been difficult and numbers were being validated. Additionally the team were undertaking demand and capacity modelling with a view to increase clinic slots. Focus has been on 2 week wait performance and 62 day waits, improvement was expected to follow.

There was a national focus on elective recovery. The Trust was part of a project with Prof. Briggs in respect of 78 week waits as the Trust has been identified as an area of excellence.

Further work following Getting it Right First Time (GIRFT) recommendations in high volume specialties.

The Trust was first for its four week waits in the Midlands region.

Work continued to support the patient initiated follow ups (PIFU) initiative.

GC acknowledged the work on performance.

SDN welcomed the great work but commented that there was more to do in terms of our ambition to deliver excellent care for our patients.

It was **RESOLVED**

- The Board received the report and drew assurance from progress made and next steps to deliver against national standards and local recovery plans.

23/42 Any other Business

There was none raised.

23/43 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 13 July 2023.

23/44 Meeting Close

The Chair declared the meeting closed at 13:18 hr.

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Sir David Nicholson **Chair**

Date:

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 11th May 2023

Item No	Subject	Action	Responsible	Due Date	Comments
23/39.1	Quality & Safety Committee upward report	Requested Speech and Language provide update on improvement journey in respect of patient swallowing assessment resourcing	Karen Lewis	September 2023	Not due
23/39.2	Chief Nurse report	Submit assurance report to Quality & Safety Committee on the period of eight weeks referenced in CN report to May Board providing data and oversight of impact of staff availability (safer staffing) on patients.	Mary Sexton	July 2023	Complete report submitted to meeting of Quality & Safety Committee 4/7/23
23/39.3	CQC report April 2023	Prepare staff/patient story to illustrate example of improvement following action taken as a result of regulatory action and the improvement	Liz Abbiss	September 2023	Not due
23/40.4	Guardian of Safe Working	Deputy chair to link up with Guardian of Safe Working Mr Chaudhry outside of the meeting	Gary Crowe	May 2023	In progress

Paper for submission to the Board of Directors on 13 July 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 Care Quality Commission Black Country Provider Collaboration NHS Long Term Workforce Plan Charity Update Healthcare Heroes 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: 13 July 2023
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 13 JULY 2023

Operational Performance

Restoration & Recovery

Performance against national elective recovery targets remains in a positive position. At the end of May, the Trust reduced the backlog of patients waiting over 78 weeks further while also providing mutual aid to other Black Country Trust. The Trust also reported the 8th shortest median wait times across the 20 regional Trusts. The Divisions continue to focus on delivering robust plans to deliver the next national elective recovery target of reducing long waits beyond 65 weeks and has delivered improved theatre productivity in some key specialities, which is a key enabler of attaining this target. The Outpatient Improvement Group continues to focus on reducing long waits to first outpatient appointment, with this backlog stabilising and remaining steady. Outpatient productivity and improved clinic throughput is also a focus of the Outpatient Improvement Group; notably Gynaecology has significantly increased the number of patients seen for a specific cohort of virtual clinics from 12 in a conventional session to 45 patients per virtual clinic while reducing the backlog of the most longest waiting patients.

Urgent and Emergency Care

Urgent and Emergency Care continues to experience a challenging operating environment; Emergency Department 4 hour performance in May was consistent with April at 73% - within the context of a record month for attendances; May saw the highest number of ED attendances over the last 12 month period with total attendances reaching over 9,500, eclipsing those seen during winter months. Average triage performance remained broadly similar in May compared to April at 77.7% but remains below the 95% target. Deteriorations in the See & Treat and Paediatric triage areas were experienced last month. The ED team have now enacted workforce plans to increase the number ESI triage trained nurses to 4 per shift.

Ambulance Handovers

During May, ambulance conveyances to the Trust remained consistent with volumes experienced in April, however, ambulance handover delays of 60 minutes and over increased near to levels seen in March 2023. This was largely driven by an increase in patients requiring admission from Emergency Department to Acute Medical Unit and base wards and high Emergency Department attendance numbers, increasing pressure on bed capacity and impacting on patient flow and ambulance handovers.

Cancer (data to April)

Having achieved the cancer 2 week wait standard for two consecutive months, performance deteriorated in April chiefly due to a worsening of performance within the skin tumour site. A mixture of workforce challenges and an increase in demand constitute the main drivers for a fall-back in performance in skin. Temporary and strictly time-limited additional medical resource is being utilised to drive down the skin backlog. Whilst still below target, performance against the 31 day and 62 day standards remains consistent with March with both sustaining the improvements made in recent months. 62 day performed at just short of 60% in both March and April, up from just above 40% during January and February. At a tumour site level, productivity has improved within the Breast tumour site, with the number of treatments being delivered increasing for the third consecutive month in April. The 104 day backlog is also reducing following a number of weeks of it increasing in size.

Care Quality Commission

There have been several Care Quality Commission activities in recent months. In my last report I advised of the following three inspections

- **Unannounced Inspection of the Paediatric Emergency Department** on 22 February relating to Safeguarding and professional curiosity. This report is now in the public domain and had no impact on Trust ratings.
- **Unannounced inspection of the Emergency Department on the 20 April 2023** relating to Mental Health. The report has been received and published it will have no impact on ratings.

Announced inspection of Maternity on the 27 April 2023 . This was part of the national maternity inspection programme. The report was published on 29 June 2023 (see reading pack for full report)

Our previous ratings last updated in May 2019 for maternity were “Requires Improvement” overall with the domains rated as

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires Improvement (May 2019)	Good (May 2019)	Good (May 2019)	Good (May 2019)	Requires Improvement (May 2019)	Requires Improvement (May 2019)
From the 29 June 2023 the revised Maternity ratings became						
Maternity	Good (June 2023) ↑	Good (May 2019)	Good (May 2019)	Good (May 2019)	Good (June 2023) ↑	Good (June 2023) ↑

Unannounced inspection of the Emergency Department on the 17 and 18 May. The high-level feedback we received at the end of the second day provided some positive feedback around:

The review of the revised deteriorating patient pathway was a positive change and staff reported to them they felt this was well embedded and gave them reassurance that these patients were being identified and seen in a timely manner.

They also saw the new Health zone application being used, and staff told them how effective this was in supporting their day-to-day work and learning.

They felt the development of the nurse led discharge for paediatric head injuries was innovative and had been reported to help the patient flow and waiting times within the department.

The Care Quality Commission did raise with us three areas to look at:

Identification of patients who have been in the Urgent & Emergency department for a longer period and could require a move from a trolley to a bed taking into consideration the relevant risk assessment.

The recruitment, development, and retention of paediatric nursing staff to ensure safe staffing of the department with experienced nursing staff.

The resuscitation area which is currently 4 bays and does not meet the needs of the demand on the department.

Data requests have been responded to and we now await the draft report. This will come with updated ratings.

Our current ratings last updated in April 2021 for Urgent and Emergency Care is “Requires Improvement” overall with the domains rated as:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement (April 2021)	Requires Improvement (May 2019)	Good (May 2019)	Requires Improvement (April 2021)	Requires Improvement (April 2021)	Requires Improvement (April 2021)

Unannounced inspection of Children and Young People on the 7 & 8 June 2023

The high-level feedback we received at the end of the second day provided some r positive feedback around:

They saw there was a strong emphasis on improvement evidenced through huddle boards, improvement huddles, staff awareness about recent incidents and changes implemented following recent incidents.

Good, dedicated theatre recovery areas.

Clear improvements made around safeguarding including professional curiosity.

They observed a lovely interaction between consultant and a family in the outpatient’s department.

Implementation of a virtual ward.

The Care Quality Commission did raise with us,

Qualified in specialty trained staff in neonatal unit.

Gaps in record keeping.

Some safeguarding concerns had not been picked up from the electronic system so were not shared at the huddle.

They saw that a risk assessment around a patient with mental health had not been consistently completed/reviewed.

Following the verbal high-level feedback and the follow up letter confirming the above the Trust has provided a robust response to the concerns raised above.

Data requests have been responded to and we now await the draft report. This will come with updated ratings.

Black Country Provider Collaboration

Key Messages on the Provider Collaborative Executive – June 2023

The following are the key messages from the Black Country Provider Collaborative meeting on the 5th June 2023.

1) Clinical Improvement Programme

a. New Collaborative work priorities (Outline Briefs)

The Collaborative Executive (CE) received a set of Outline Briefs identifying proposed new priorities for review, comment, and approval at its 4th May meeting. It was explained that the drivers for these proposed priorities broadly fell into one or more of the following:

- A potential fragile service
- A desire to repatriate out of Integrated Care System activity back into the Black Country for the good of the patient
- An opportunity to consolidate for better service delivery and resilience, and to reinforce our commitment to 'Strengthening Collaboration / One hospital system'

Discussion at the 5th June CE meeting concluded that the proposed new priorities be progressed with careful consideration be given to leadership for each. D Wake and S Khalid to review this and timescales for delivery asap.

b. Review of 2022/23 Priorities

The Black Country Provider Collaborative Managing Director shared a brief paper co-authored with the Black Country Provider Collaborate Chief Medical Officer, following through on a commitment from the February 2022 Collaborative Executive 'away day' to review all of the Clinical Improvement priorities being progressed by the Clinical Networks to support improvements in Cancer health outcomes and elective recovery.

It was confirmed that steady progress is being made with a third of the priorities either 'closed / completed' (with a few on hold), and the remaining two thirds have been rolled forward for completion within 2023/24. The majority of the 41 residual priorities will be completed in 2023/24 with 7 rolling forward into 2024/25 (as they are transformative projects e.g. North Hub).

Details are provided in Appendix A to C as follows:

- Appendix A – Completed & Closed Priorities
- Appendix B – Priorities 'On-hold'
- Appendix C – Residual & 'Live' Priorities from 2023/24

For completeness, 'New' proposed priorities (the Outlined Briefs) are listed in Appendix D. And finally, Appendix E restates the priorities agreed at the May 4th Collaborative Executive meeting identifying some 'draft measures of success' in the final column. These will continue to be reviewed and strengthened over the course of the financial year.

A 2022/23 Annual Report is currently in development and will be presented in draft at the July Collaborative Executive meeting.

2) Corporate Improvement Programme

The Collaborative Executive (CE) received three short presentations / updates on the Phase 1a priorities for Corporate 'back-office' functional reviews. These are summarised as follows:

- Procurement** – Brief update paper with next steps and timelines shared with the Collaborative Executive. General agreement on the direction of travel with Dudley Group Foundation Trust and Sandwell and West Birmingham Hospital likely to transition to the new arrangements at the same time. Further detailed work to commence, with a particular focus on assessing the current contract end dates.
- Payroll** – Brief presentation on an options appraisal provided by the Responsible Officer for Payroll (Kevin Stringer). Preferred option was to 'combine into one partnership model' which strengthens resilience and quality and was supported by the Collaborative Executive. A timeline for next steps (including the development of business cases and further engagement activity) is to be provided to the July Collaborative Executive meeting.

- c. **HR (Mandatory Training)** – A paper was presented by the Responsible Officer for Human Resources (Alan Duffell) outlining the options and case for progressing a consolidated delivery model for Mandatory Training. An Expression of Interest (EOI) is to be issued to 5 organisations (4 Partner Trusts and the Black Country Integrated Care Board) to establish a level of support to provide this service. Responses to the Expression of Interest and next steps will be shared at the next Collaborative Executive meeting.

3) **Governance (Collaboration Agreement & ‘Joint Provider Committee’)**

The Black Country Provider Collaborative Managing Director provided an update to the Collaborative Executive on the further development of the draft ‘Joint Provider Committee’ terms of Reference and the Collaboration Agreement.

An ‘*Engagement Presentation*’ was co-presented with colleagues from Hill Dickinson LLB, quickly summarising the journey undertaken over the last year, whilst focusing on the key sections around the ‘legislative Instruments’ and the ‘Implications and Opportunities’ for Partner organisations.

The opportunity to ask some practical and technical questions was provided and a Question and Answer document has also been shared responding to many of the points raised through the first draft process.

The next drafts of both documents will be completed by 9th June and shared with all Partners, with a view to receiving any final feedback comments by the 22nd June. It is hoped that all Partners will discuss and review through internal organisational process and confirm sign up to the proposed arrangements by the early summer.

4) **Digital as an enabler**

The Black Country Provider Collaborative system lead for Data, Digital and Technology presented two short papers:

- **Digital Maturity Assessment** - a position paper on the use of this tool within the Black Country. Regionally and nationally, the next steps are being worked through, but in the interim it does enable the Black Country system to reflect on its assessment as it progresses digital developments.
- **IBABs** – A short paper proposing the convergence of Trust Governance systems to allow committees in common as well as sovereign meetings to be managed was presented and received support from the Collaborative Executive to proceed.

5) **Integrated Care Board Delegations Policy**

The Collaborative Executive received a draft Integrated Care Board Delegation policy together with an excel spreadsheet containing a list of functions that can be delegated. Partners were asked to comment back to the Integrated Care Board by the 9th June 2023, highlighting revisions or amendments that would strengthen the policy.

NHS Long Term Workforce Plan

The NHS Long Term Workforce Plan was published on the 30 June 2023 (*see reading pack for full Plan*).

There are three priority areas:

- **Train:** significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- **Retain:** ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
- **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

The Trust will develop action plans to deliver these priority areas.

Charity Update

NHS Big Tea

Many of our department joined in the NHS Big Tea to help mark the NHS 75 Birthday on 5th July. It was a great way to raise money for our Trust charity. The money provides extra support for staff, patients and volunteers across the NHS. Our Dudley Group NHS Charity has been successful in a number of bids to NHS charities together with significant sums of money helping our charity at a local level. The Trust has lots of plans across the year to mark the birthday and pay tribute to our wonderful staff by saying thank you for all their hard work.

Superhero Fun Run

Over 200 members of the public joined our staff for a charity fun run at Himley Hall recently raising more than £5,000 for our Trust charity. Many arrived dressed as their favourite superhero taking part in the 5k fun run. The money is going to the children's ward at Russells Hall Hospital to support children and young patients while they are in hospital.

There was also a family fun day filled with children's activities, a fun fair, stalls and refreshments available. HSBC UK Wolverhampton Market and Inlife Designs sponsored the event and members from Dudley Kingswinford Running Club supported with the running route and as marshals. Well-known local busker Billy Spakemon provided musical motivation for the runners alongside Black Country Radio and its hosts Paul and Christine.

Healthcare Heroes



May's Healthcare Heroes individual award went to physician's associate Richard Tullett. Described as a great mentor who is always very compassionate towards patients, ensuring they receive outstanding holistic care and taking the time to tailor treatment to their needs. In particular, Richard was recognised for the care he provided a young patient who required a knee amputation. This was obviously a very upsetting time for the patient but Richard's dedication to ensuring all aspects of their care were managed resulted in a positive outcome for the patient.



The team award went to the plastic surgery medical secretaries.

Described as a well-oiled team, working together to ensure patients' needs are met, even when challenges get in the way. All of their motivation ensures that appointment lists are utilised without delay and that cancer breach dates are met. Without unsung heroes like these, the hospital wouldn't be able to run effectively, and their work certainly doesn't go unrecognised.

Patient Feedback

Breast Surgery - I had a mammogram therefore very nervous but I was made to feel very relaxed, and I didn't have to wait long for it – plus I was told the good news straight away.

CAU (Cardiac Assessment Unit) – All staff were friendly and approachable. Very polite and very professional. Kindest staff I've ever encountered.

Gastroenterology Unit (GI) - I was greeted in a friendly and courteous manner. Seen on time. Informed of the procedure and assisted and supported throughout. All the staff were marvellous. Thank you for the excellent service.

Long-term conditions nurses – The long-term conditions nurse was very good in explaining everything to me and I could understand her very clearly.

Maternity (Birth) - Everyone was very polite and caring. They were always there to help. Everyone was very informative.

Minor Procedures Room - Dealt with in a professional manner; staff were wonderful and a first-class service which is appreciated.

Paediatrics Emergency Department - Friendly, communicated with my child calmly and told him what was going to be done.

Pulmonary Rehabilitation Team - Great exercise programme and education. I learnt a lot about my illness and how to use my inhaler. Keep up the great work!

Trauma & Orthopaedics (Outpatients) – The Clinical Support Worker I saw was very lovely and made us very comfortable and the time had flown by. She is very pleasant and smiling and is a credit to the department.

Ward B1 - I was made to feel comfortable from the moment I was on the ward. Everything was well organised and the staff on B1 worked as a well-oiled team. The ward was very airy and spotlessly clean.

Awards

Committed to Excellence

We celebrated the hard work and dedication of our staff at our annual awards, Committed to Excellence, at an awards ceremony at Grand Station in Wolverhampton recently. It was a fabulous night and fantastic to see so many finalists enjoying the evening. Olympic medallist Denise Lewis hosted the evening which, as always, enjoyed the support of generous sponsors who this year were our PFI partners Mitie (Platinum sponsor), Summit (Gold sponsor), and Silver the University of Worcester, How to Find a Care Home and Hill Dickinson (Silver sponsors). We are always very grateful for sponsorship to help fund the awards.

Former Trust cardiologist honoured

I am delighted to announce that the Trust's retired former lead cardiologist Dr Jane Flint has been awarded a lifetime achievement for her services to British cardiology. Dr Flint received the Mackenzie Medal 2023 from the British Cardiovascular Society recently. Congratulations to Jane.

Deteriorating patient team shortlisted in health awards

Well done to our deteriorating patient team for being shortlisted in two categories in the prestigious Health Service Journal (HSJ) Patient Safety Awards. The team is shortlisted in the Deteriorating Patient and Rapid Response Initiative of the Year category and also in the Category: Safety Improvement through Technology Award. Judging takes place on 24th July.

Windrush Day

National Windrush Day on 22nd June marked the 75th anniversary of the arrival of the passengers of the Empire Windrush to the UK. The day celebrates the contribution and achievements of the Windrush generation and their descendants.

Our staff network, EmbRACE, held an exciting meeting that focused on closing the ethnicity gap and celebrating Windrush Day. They were honoured that Professor Dame Elizabeth Anionwu joined them and was in conversation with our imaging matron Pamela Beckford to discuss key aspects of Dame Elizabeth's life and career, drawing from her 2021 memoirs 'Dreams From My Mother'.

Dame Elizabeth was born in Birmingham and identifies herself as of Irish and Nigerian heritage. She started her career as a school nurse assistant at the age of 16 and went on to become Britain's first nurse specialist on the blood disorders sickle cell anaemia and thalassaemia. During this time, she obtained a PhD. She became a Professor of Nursing at the University of West London where she set up the Mary Seacole Centre for Nursing Practice.

The network was also joined by Tony Newman, from the Nursing and Midwifery Council (NMC), who talked about the equality, diversity and inclusion work the NMC is undertaking.

Visits and Events

02/05/23	Dudley Group/NHSE Oversight and Assurance Quarterly Review
03/05/23	West Midlands Cancer Alliance – Cancer Priorities Workshop
04/05/23	Black Country Provider Collaborative Executive
04/05/23	Black Country Integrated Care Board Private Board
11/05/23	Dudley Group Public and Private Board of Directors
24/05/23	West Midlands Cancer Alliance Board
24/05/23	Black Country and West Birmingham Elective Strategic Board
25/05/23	Black Country Integrated Care Board
26/05/23	Local MPs Update
01/06/23	Integrated Care System Productivity and Value Group
05/06/23	Dudley Group Extra-ordinary Finance and Performance Committee
05/06/23	Black Country Provider Collaborative Executive
06/06/23	Integrated Care System Chief Executive meeting
07/06/23	Dudley Integrated Healthcare Project Board
08/06/23	Dudley Group Private Board of Directors
08/06/23	Dudley Group Risk Workshop
09/06/23	Opening of Walsall Hospital new Urgent and Emergency Care Centre
16/06/23	Dudley Group Staff Committed to Excellence Awards
19/06/23	Integrated Care System Cancer Board
21/06/23	Dudley Integrated Healthcare Project Board
21/06/23	Regional Cancer Board
22/06/23	Dudley Group Charitable Funds Committee
22/06/23	Dudley Group Council of Governors
27/06/23	Integrated Care System Productivity and Value Group

28/06/23	Integrated Care Board Public and Private Board meetings
28/06/23	Black Country & West Birmingham Elective Diagnostic Strategic Board
29/06/23	Dudley Group Finance and Performance Committee
29/06/23	Dudley Group Integration Committee – Inaugural meeting
30/06/23	Suzanne Webb MP visit to Maternity and Theatres
30/06/23	Local MPs briefing

Paper for submission to the Board of Directors on 13th January 2023

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

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

Summary of Key Issues:
<p>Public Questions</p> <p>The Trust Board will continue to invite governors and members of the public to attend 'virtually'. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been provided to our five local MPs and foundation trust members.</p> <p>We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net</p> <p>Question received:</p> <p>TW, member of the public enquiry received via email</p> <p>Q. It is even more beyond, my direct control but we can all ask for our local Cycle-Walk Mudway to be transformed, as a very easy win in our fight for a more sustainable society. We can speak up for a community that is less addicted to finite fossil fuels that are also dangerously enhancing the natural greenhouse effect to make for a runaway greenhouse effect that was so devastating for our twin or sister planet venus (see Wikipedia).</p> <p>You wrote, "there maybe underlying factors as to why it is not suitable as a cycle path." I can assure you, Diane, it has been used for decades as an unofficial cycle path. I have used it for years, as have others but you have to use a mountain bike to get through the mud in the Dudley section less than a mile from your hospital. It can be made and USED as an active travel route for staff, patients and visitors, like me. But you do have to be assertive and insistent and be very patient but, certainly not passive or aggressive of course!</p> <p>You are doing so much but I would appeal to you that you please join me in emphasising the urgency of finishing what you call the "Kingswinford Railway Walk" so that we can all use it to get to and from RHH by cycle and on foot instead of always by car.</p> <p>Everything else you are working on is brilliant, as I have read. However, please Diane speak to the WMCA and Dudley Council about giving our cycle-walkway - only 800 metres from the hospital - a much higher priority in their active travel list of work to be completed. Otherwise, we will continue to be passed over, ignored, seen as unimportant and thus forgotten for many more years. We are already the poor relation, the forgotten Cinderella to Big Brother Brum that gets all the attention.</p>

£62 million for their cycle-walkways last decade but only for them. Please, let's stand up for ourselves!

I would urge you, Diane and all your Trust members to get fully behind in agreeing with and supporting the fine work done by Henry Dimbleby on fighting obesity and the ill health it brings. Do you all do so already and how? What do you, yourself, think Diane of Dimbleby's recommendations? Can you lobby local MPs and national government to help Henry? Do you think that in light of the importance of personal good health, if only to take the pressure of the NHS that is under great strain, we all need to be much more active? Could your nearby, downgraded and much neglected but major urban-rural-urban 22 Kms cycle-walkway be important in playing a part in reducing obesity, ill health and the demands on your hospital?

Have you now put one or two Sheffield cycle stands where I have suggested? By the main patients' entrance, on the other side of the main entrance from where many more were in use for many years? Many thanks, if you have.

A. Ninette Harris, Sustainability Lead, Strategy & Transformation

Following on from this request, our Sustainability Lead has met with the Balraj Johal, the Public Health Manager (Healthy Places) for Dudley Metropolitan Borough Council.

In these meetings we have discussed the future of travel and the wider benefits to health. It has been noted that the Local Authority submitted plans to improve the Kingswinford Railway Walk, however it was unsuccessful in receiving funding. The application will be ready when suitable funds become available in the future. In the interim we will continue to work closely with the local authority to ensure our sites, service users and staff have the best access to sustainable and active travel.

We've outline serval next steps:

- finalise travel plans for our sites - currently in draft
- survey patient, visitors and other service users across our sites
- continue to support active and sustainable travel initiatives (previously outlined in the first response)
- work with local authorities and Transport for West Midlands (TfWM) to improve the provision of bike hire and mobility hubs
- Dudley Council will begin to develop a new transport strategy (2024), we will collate suggestions from previous survey (staff/patient/visitors) to ensure the needs of the Trust and users are met.

Balraj Johal has extensive experience within public health, he has worked with the Council in developing initiatives to improve access to physical activity and promoting healthy weight and there is detail of this on the Council website: [Weight Management Services - Lets Get \(lets-get.com\)](https://www.dudley.gov.uk/weight-management-services-lets-get-lets-get.com).






In 2017, Dudley's Health and Wellbeing Board, of which the Trust is an active member, selected promoting healthy weight as one of their three priorities. There is an output report due in the Autumn which details the extensive efforts undertaken to improve the health of the Dudley population and makes some recommendations for the future. This will be a public document made available on the Health and Wellbeing pages of the Council website: [Dudley Health and Wellbeing Board](https://www.dudley.gov.uk/dudley-health-and-wellbeing-board).

We know that despite the significant effort and investment, levels of obesity have not reduced as we would have liked in Dudley. In fact, levels of obesity continue to increase for children in year 6.

This is similar to what has been seen in other areas in England and indeed globally. Significant work listening to our communities identified that unless the root causes of obesity such as poverty, safety fears and mental health were addressed, we would be unlikely to see sustainable changes in eating or physical activity habits and as such the local authority has increasingly focused limited resources and efforts on working with communities to address their needs. The Trust will continue to support efforts to tackle obesity and has committed to improve health and wellbeing as one of our strategic goals.

We are working with our Estates Team to improve cycling facilities across all our sites, there is currently ample storage at Russells Hall Hospital to meet the demand. The cycling stands that were lost due to the hospital expansion have been replaced, these are run parallel to the emergency road that runs between the main entrance towards the Emergency Department.

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	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	N	Details:
	Other	N	Details:






Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13/07/23
	Other	N	Date:

Paper for submission to the Board of Directors on 13 July 2023

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

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

Summary of Key Issues:
The committee has considered and robustly discussed all matters relating to financial challenges, focused on performance against related targets and reviewed the workforce bridge and related productivity. Please receive the summaries from the Finance and Performance Committee meetings held on 25 th May 2023, 5 th June 2023 and 29 th June 2023.

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

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

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13 July 2023
	Other	N	Date:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 25 May 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • PFI performance particularly in the operation in the estate was a concern • Risk of delivering CIP targets in full as a number of CIPs are not yet identified • Risk in delivering the elective recovery fund in full • The weak cash position may be compromised by the system being behind target • Concerns around ongoing challenges in urgent and emergency care, particularly the four hour performance and emergency access standards • The performance of BCPS was improving but will take some time to reach the standard required • High and increasing morbidity in Dudley around mental health, obesity and alcohol dependency 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Review of the board assurance approach to the Green Plan • An assessment of temporary staffing spend removing out strike and waiting list initiatives • Revised approach to nurse staffing report
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive assurance was received against full compliance against the business continuity planning core standards • Very positive assurance around the delivery of the Green Plan • Positive assurance was given around the effectiveness of procurement practices • Ongoing and clear reduction in agency spend • Continued improvement in cancer 2 week waits and elective recovery and an improved position in triage • High level of assurance from the deep dive into medicine and integrated care 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approval of the EPRR report 2022/23 • The Climate Action Plan was approved • The Terms of Reference for the Green Plan, the Green Working Party and the Energy and Estates Sub-group were approved • Recommendation of the business case for a paediatric staffing model to Board for approval
<p>Chair's comments on the effectiveness of the meeting: Good meeting with very good assurance across a number of areas. Commended the quality of papers and presentation especially for Medicine and Integrated Care division.</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 5 June 2023 (Extra-ordinary meeting)

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• None	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• None
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• None	DECISIONS MADE <ul style="list-style-type: none">• The Committee noted the revenue risks related to development of the ED redesign Short Form Business Case and gave its support for it to be produced and submitted to NHSE if ICB support was forthcoming• The Committee supported and recommended approval of the Board of the 3 Year Digital Development Plan (2022-23 to 2024-25)
Chair's comments on the effectiveness of the meeting:	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 29 June 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There is an unidentified CIP of £15.2m and a risk of finding sufficient recurrent CIPs• A potential cash challenge in September if CIPs are not delivered• A high proportion of medical spend on bank staff, partly driven by the junior doctors strikes meant a potential challenge ahead• Ongoing challenges in urgent and emergency care• Further work needed to be done the Acute Medical Unit (AMU) around the length of patient stay	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• The committee requested a greater insight into the work of the Financial Improvement Group
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• There is an invigoration of the CIP process and a commitment to post implementation review of business plans• The performance report showed a continued improvement in wait times including cancer• There had been a strong performance against national elective recovery targets• Positive assurance was given by the Trust providing support to other Trusts in the system and working in partnership• Same day emergency care provision had been highly effective• Very high levels of confidence from clinical support services was given from their presentation	DECISIONS MADE <ul style="list-style-type: none">• None
Chair's comments on the effectiveness of the meeting: A helpful discussion was held at the beginning of the meeting. Presentations were very clear, and papers were accessible.	






Enclosure 6

**Paper for submission to the Public Board of
Directors on 13 July 2023**

Title:	Month 2 Financial Position
Author:	Kevin Stringer, Chief Financial Officer
Presenter:	Kevin Stringer, Chief Financial Officer

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 the month of May 2023.			

Summary of Key Issues:
<p>The Trust Board approved a deficit plan of £19.35m at the Extraordinary Board meeting on 2nd May. This was part of a system wide deficit plan of £68.9m which was submitted on 4th May. The system have now received a letter from Dale Bywater (dated 19th June) detailing a number of issues. With regard to the financial deficit plan as this was not within the expected tolerance additional inflation funding has been withheld and the system has been asked to 'strive towards delivering a breakeven plan for the year'.</p> <p>For the Trust prior to consolidation of Dudley Clinical Services Limited (DCSL) the Trust incurred a deficit of £5.451m to May. Incorporation of DCSL reduces this deficit to £5.422m. Specific technical changes of £32k results in a May cumulative position of a £5.390m deficit. This position is £222k better than the phased plan submitted to NHSE.</p> <p>Elective Recovery Fund (ERF) performance for April is expected to result in a shortfall of £385k. This was attributable to the junior doctor strikes. For May, the position shows an improvement to an estimated £164k surplus although there remains a high degree of estimation given the high proportion of uncoded episodes. The net risk has not been factored into the position based on national guidance stating no variance should be accounted for (either adverse or favourable).</p> <p>Agency costs remained low as the policy of non-use continues to remain in place for non-medical staff. Some minor, time-limited exceptions have been agreed due to specific circumstances. As a result, medical staff now comprise 70% of the total agency spend.</p> <p>The cash position at the end of May was £1.118m higher than the previous month's forecast at £8.4m.</p> <p>The integrated Care System reported an actual deficit for May which was materially adverse to plan. Given the deficit plan and deficit against that plan the system (and providers) have been escalated to a national review around 20th July.</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 29/06/2023
	Board of Directors	Y	Date: 13/07/2023
	Other	N	Date:

REPORTS FOR ASSURANCE AND DECISION
FINANCE REPORT
REPORT TO PUBLIC BOARD OF DIRECTORS ON 13 JULY 2023

1. EXECUTIVE SUMMARY

- 1.1 The Trust Board approved a deficit plan of £19.35m at the Extraordinary Board meeting on 2nd May. This was part of a system wide deficit plan of £68.9m which was submitted on 4th May. The system have now received a letter from Dale Bywater (dated 19th June) detailing a number of issues. With regard to the financial deficit plan as this was not within the expected tolerance additional inflation funding has been withheld and the system has been asked to 'strive towards delivering a breakeven plan for the year'.
- 1.2 For the Trust prior to consolidation of DCSL, the Trust incurred a deficit of £5.451m to May. Incorporation of DCSL reduces this deficit to £5.422m. Specific technical changes of £32k results in a **May cumulative position of a £5.390m deficit**. This position is £222k better than the phased plan submitted to NHSE.
- 1.3 It should be noted that the deficit plan reduces as we progress through the year (see below). This reflects the current high level of unidentified CIP where delivery is expected later in the year (reductions in spend required from June onwards).
- 1.4 Elective Recovery Fund (ERF) performance for April is expected to result in a shortfall of £385k. This was attributable to the junior doctor strikes. For May, the position shows an improvement to an estimated £164k surplus although there remains a high degree of estimation given the high proportion of uncoded episodes. The net risk has not been factored into the position based on national guidance stating no variance should be accounted for (either adverse or favourable).
- 1.5 Agency costs remained low as the policy of non-use continues to remain in place for non-medical staff. Some minor, time-limited exceptions have been agreed due to specific circumstances. As a result, medical staff now comprise 70% of the total agency spend.
- 1.6 The cash position at the end of May was £1.118m higher than the previous month's forecast at £8.4m. There were no material movements against the receipts forecast position as they were only £5k above the forecast position in May. Salaries were £81k higher than plan with the majority of this again relating to additional bank payments. Payments to suppliers were £886k lower than forecast. This predominantly related to the timing of the payment run and is therefore a timing difference. Capital payments were £191k higher than forecast. This related to the timing of invoices received in May for old year expenditure with a larger reduction in capital creditors than forecast.
- 1.7 The integrated Care System reported an actual deficit for May which was materially adverse to plan. Given the deficit plan and deficit against that plan the system (and providers) have been escalated to a national review around 20th July.

2.0 INCOME AND EXPENDITURE (APPENDIX 1)

- 2.1** The Trust Board approved a deficit plan of £19.35m at the Extraordinary Board meeting on 2nd May. This was part of a system wide deficit plan of £68.9m which was submitted on 4th May. The system have now received a letter from Dale Bywater (dated 19th June) detailing a number of issues. With regard to the financial deficit plan as this was not within the expected tolerance additional inflation funding has been withheld and the system has been asked to 'strive towards delivering a breakeven plan for the year'.
- 2.2** For the Trust prior to consolidation of DCSL, the Trust incurred a deficit of £5.451m to May. Incorporation of DCSL reduces this deficit to £5.422m. Specific technical changes of £32k results in a **May cumulative position of a £5.390m deficit**. This position is £222k better than the phased plan submitted to NHSE.
- 2.3** It should be noted that the deficit plan reduces as we progress through the year (see below). This reflects the current high level of unidentified CIP where delivery is expected later in the year (reductions in spend required from June onwards).

	Plan
April	(2,608)
May	(3,034)
June	(3,007)
July	(1,663)
August	(1,751)
September	(2,018)
October	(1,437)
November	(1,253)
December	(496)
January	(847)
February	(683)
March	(553)
TOTAL	(19,350)

- 2.4** The income figures include an assumption of additional funding for the increased agenda for change pay award (based on an extra 1.6% uplift to contract values in line with guidance).
- 2.5** Elective Recovery Fund (ERF) performance for April is expected to result in a shortfall of £385k. This was attributable to the junior doctor strikes. For May, the position shows an improvement to an estimated £164k surplus although there remains a high degree of estimation given the high proportion of uncoded episodes. The net risk has not been factored into the position based on national guidance stating no variance should be accounted for (either adverse or favourable).
- 2.6** Staff increased by 7 WTEs in April. The figures include the movement of international nurses from Healthcare Support Workers to Registered Nurses (as at the end of May there were still 61 international nurses without their pin). The Trust has 498 WTE more staff than one year ago. The number of vacancies equates to 387 WTE.
- 2.7** Agency costs remained low as the policy of non-use continues to remain in place for non-medical staff. Some minor, time-limited exceptions have been agreed due to specific circumstances. As a

result, medical staff now comprise 70% of the total agency spend.

- 2.8** Meetings are being held with the 3 largest users of medical agency (Elderly Care, Paediatrics and ED) with a view to agreeing an exit plan.
- 2.9** Bank spend in May reduced in comparison to April but remained comparatively high. Prior to the agency ban, average weekly bank shifts equated to 923. Following the ban up until the end of March, this increased to 1,137 bank shifts per week. From April to the middle of June, the bank shifts have reduced to an average of 1,103 per week.
- 2.10** WLI costs in May were slightly lower than April. The previous month included some payments linked to the junior doctor strike but this has been largely negated by additional elective weekend sessions.
- 2.11** The Trust received funding of £10.162m at the end of 22/23 for the non-consolidated elements of the pay award. This will be paid in June and the cost is expected to be £517k higher than the national funding. The Trust has accrued this in full within the May figures.
- 2.12** The original NHS funding included a pay uplift assumption of 2.1%. Only a small proportion of this has been paid from April (via abolishing the entry level for band 2 posts). In April, the Trust accrued for the difference. However, guidance for May required the Trust to accrue for the increased, agreed offer for agenda for change staff.
- 2.13** The medical pay award is still not agreed and therefore the accrual is as per the baseline funding. Additional allocations will be distributed when agreement is reached.
- 2.14** Higher levels of activity in May resulted in increased non pay costs for clinical supplies and drug costs. However, the cumulative spend remains within plan.

3. CAPITAL AND CASH

- 3.1** The cash position at the end of May was £1.118m higher than the previous month's forecast at £8.4m. There were no material movements against the receipts forecast position as they were only £5k above the forecast position in May. Salaries were £81k higher than plan with the majority of this again relating to additional bank payments. Payments to suppliers were £886k lower than forecast. This predominantly related to the timing of the payment run and is therefore a timing difference. Capital payments were £191k higher than forecast. This related to the timing of invoices received in May for old year expenditure with a larger reduction in capital creditors than forecast.
- 3.2** The Current cash forecast reduced by £1.254m from plan. This relates to the shortfall on central cash payment to cover the 22/23 agenda for change pay award and ICB contract adjustments. The forecast and plan assume £20m of Public Dividend Capital cash support transfers to ensure the Trust remains liquid. £20m on account was paid by ICB in June to assist with cash flow for pay award payments. This is to be returned in September. Current risks to delivery of financial plan, namely unidentified CIP are driving the downside cash forecast. If these materialise then the Trust will run below the minimum cash balance in September and require additional cash support.
- 3.3** Compliance with the Better Practice Payment Code was 92.0% in terms of number of invoices

paid to non-NHS suppliers and 95.2% for NHS suppliers as at 31st May 2023.

- 3.4** The capital programme expenditure as at 31st May 2023 was £0.227m. This was £0.226m lower than the plan. This is not a material difference and at this stage the Trust is forecasting it will achieve its 2023-24 capital control total.

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

- 4.1 The integrated Care System reported an actual deficit for May which was materially adverse to plan. Given the deficit plan and deficit against that plan the system (and providers) have been escalated to a national review around 20th July.

5. RECOMMENDATIONS

- 5.1 The Trust Board are asked to note the financial performance for the month of May 2023.

Kevin Stringer
Chief Financial Officer
July 2023

TRUST I&E PERFORMANCE as at MAY 2023

	CURRENT			CUMULATIVE YTD		
	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
Pat Care	£40,466	£42,242	£1,776	£80,872	£82,117	£1,245
Other	£1,743	£1,905	£162	£3,499	£3,857	£358
INCOME	£42,209	£44,146	£1,937	£84,371	£85,973	£1,602
Pay	-£27,780	-£29,381	-£1,601	-£55,145	-£56,943	-£1,798
Non-Pay	-£14,551	-£14,743	-£192	-£29,095	-£28,737	£358
Other	-£2,912	-£2,870	£42	-£5,773	-£5,715	£58
SPEND	-£45,243	-£46,994	-£1,751	-£90,013	-£91,395	-£1,382
TRUST	-£3,034	-£2,847	£187	-£5,642	-£5,422	£220
Adjust	£426		-£426	-£0		£0
NHSI	-£2,608	-£2,847	-£239	-£5,642	-£5,422	£220

Commentary:

Consolidated deficit to May of £5.422m (£220k better than NHSI plan). Technical changes of £32k reduce deficit to £5.390m. This is £222k better than the phased NHSI plan.

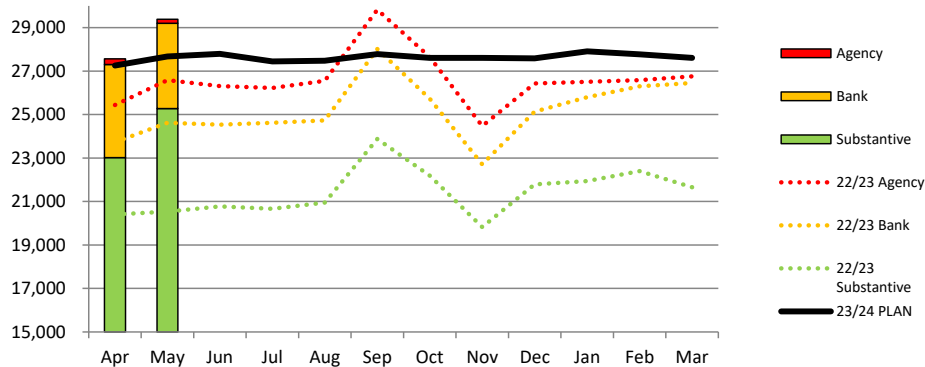
Income includes estimate for additional agenda for change pay award.

Pay includes £517k pressure for shortfall on 22/23 pay award, £107k net pressure for junior doctor strikes and estimate for new year pay award.

Non pay remains within plan.

There is no adjustment for ERF in line with national guidance.

PAY ANALYSIS



Commentary:

Over plan to May due to 22/23 pay award, junior doctor strike and estimate for 23/24 pay award.

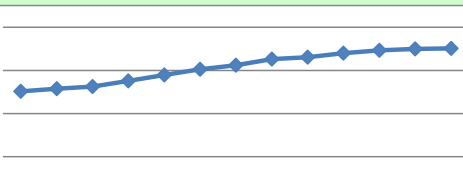
Plan to be adjusted when pay award funding agreed.

Bank usage remains high but has reduced from April. Limited enhancements linked to exceptions.

WLI costs remain slightly above average for the year. Some links to junior doctor strike in April.

WHOLE TIME EQUIVALENT YEAR ON YEAR COMPARISON

	22/23	Plan	Current
Nursing	2,506.43	3,000.85	2,812.96
Doctors	704.12	823.05	794.61
AHPs	840.92	1,006.63	893.18
A&C/Other	1,055.53	1,161.48	1,104.06
Total	5,107.00	5,992.01	5,604.81



Commentary:

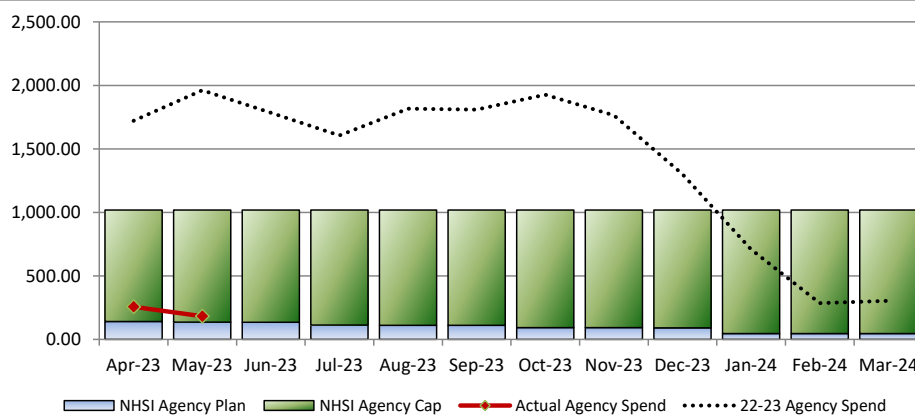
WTE growth of 7 in May.

498 WTE increase on last year.

Vacancies c387 WTE.

Establishment refined to posts that can be recruited.

AGENCY PERFORMANCE 2023/24



Commentary:

System cap of £68m for 23/24.

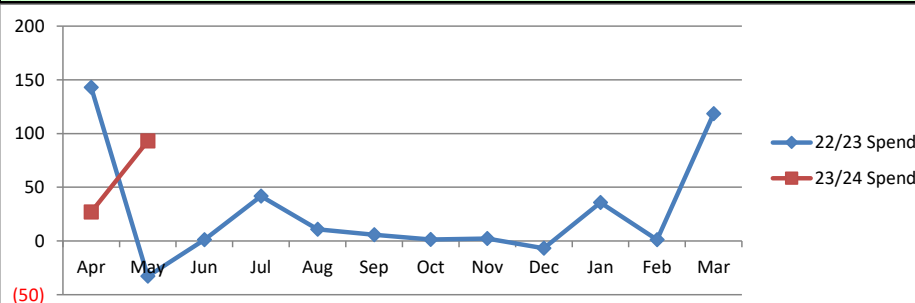
Cap based on limiting agency to 3.7% of paybill.

Trust are significantly below cap (0.8% of paybill) but slightly above plan.

70% of spend medical staff. Remainder generally relates to agreed time limited exceptions. Last non clinical agency post ended in May.

Reviews in process for Paediatrics, ED and Elderly Care medical agency with expectation of agreeing timing of when agency will cease.

CONSULTANCY

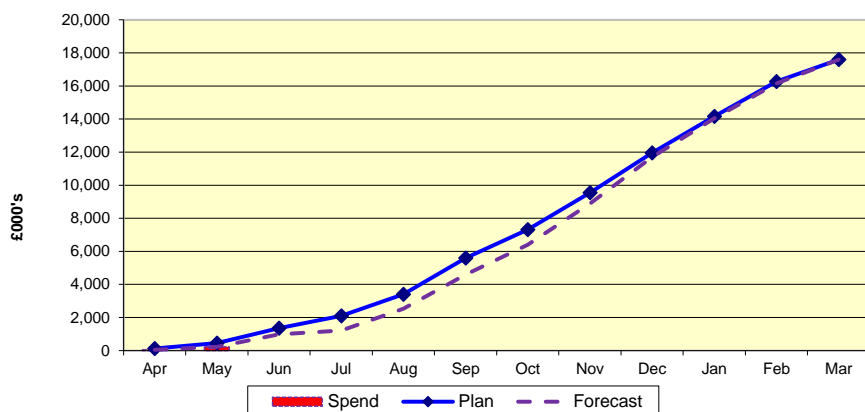


Commentary:

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

£120k consultancy spent within IT for frontline digitisation BC. No prior approval sought from NHSE on basis that NHSE approved initial bid.

CAPITAL EXPENDITURE 2023/24

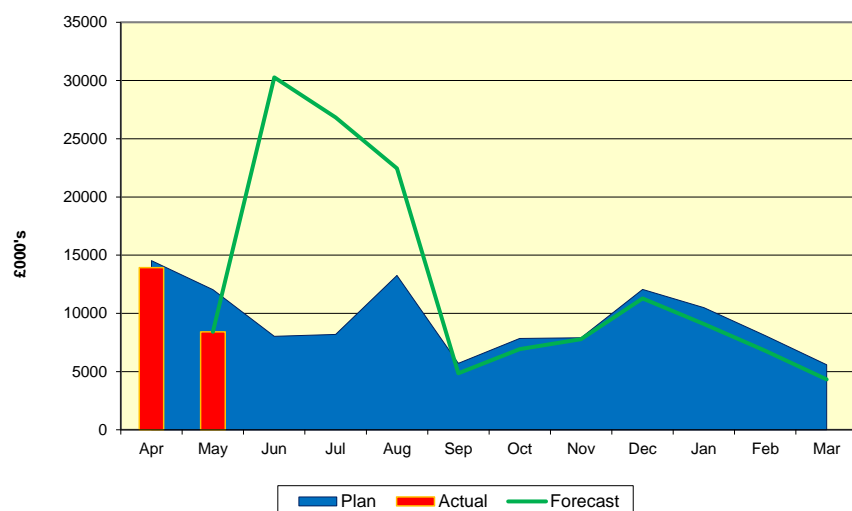


Commentary:

Expenditure of £0.227m against the plan of £0.453m. Underspend due to carry forward Front Line Digital from 22/23 delayed as schemes continue to be worked up by the IT Department

At this stage of the year the Trust is forecasting that it will achieve its 2023-24 capital control total. A number of schemes are still progressing through the business case approval process within the Trust which may result in changes to the forecast dependant on expenditure profiles.

CASH FLOW 2023/24



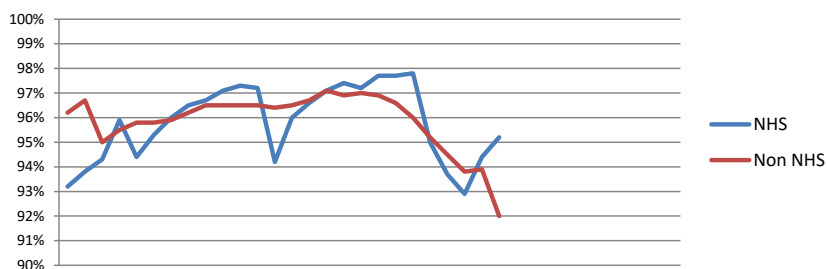
Commentary:

Actual position at the end of May was £1.118m lower than the forecast.

The main contributor to the variance was payments to suppliers which were £886k lower than forecast. This predominantly related to the timing of the payment run and is therefore a timing difference.

Current forecast reduced by £1.254m from plan. This relates to the shortfall on cash payment to cover 22/23 pay award and ICB contract adjustments. Forecast and plan assume £20m of PDC cash support transfers to ensure the Trust remains liquid. £20m on account paid by ICB in June to assist with cash flow for pay award payments. This is to be returned in September.

BETTER PAYMENT PRACTICE CODE (APRIL 2021 TO DATE)

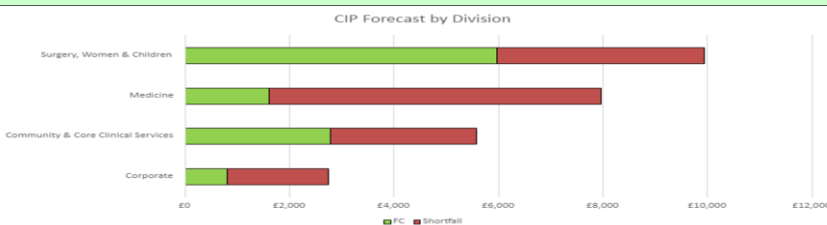


Commentary:

The Trust is required to pay both NHS and Non-NHS suppliers within 30 day terms.

The better payment practice code was achieved for NHS suppliers year to date in May for number of invoices paid. The target of 95% was only slightly missed for Non-NHS and is forecast to improve in June.

EFFICIENCY PROGRAMME



Commentary:

Total efficiency target of £26.233m

This has been fully devolved to Divisions/Corporate.

Unidentified element of £17.072m in plan phased from Q2 onwards.

Green bars represent identified amounts by Division. This equates to £11.168m.

The Trust is required to deliver a further £15.065m savings. Recurrent schemes needed to address one off items in 23/24.

PERFORMANCE BY DIVISION

	YTD Bud.	Spend	YTD Var	Budget	Forecast	Var
Medicine	£26,664	£26,899	-£235	£153,611	£153,611	£0
Surgery	£23,879	£24,023	-£144	£140,927	£140,927	£0
Comm & CCS	£14,049	£14,030	£19	£82,276	£82,276	£0
Corporate	£12,179	£15,639	-£3,460	£71,879	£71,879	£0
Other	£5,773	£5,744	£29	£35,221	£35,221	£0
DCSL	-£25	-£29	£4	-£150	-£150	£0
Inc/Res	-£76,877	-£80,885	£4,008	-£464,564	-£464,564	£0
TOTAL	£5,642	£5,422	£220	£19,200	£19,200	£0

Commentary:

Medicine and Surgery both show small overspends to May.

Comm & CCS have a small surplus to May.

The overspend on corporate is linked to the pay award accrual. This is counter-balanced by additional anticipated income and reserves and budgets will be adjusted in June.

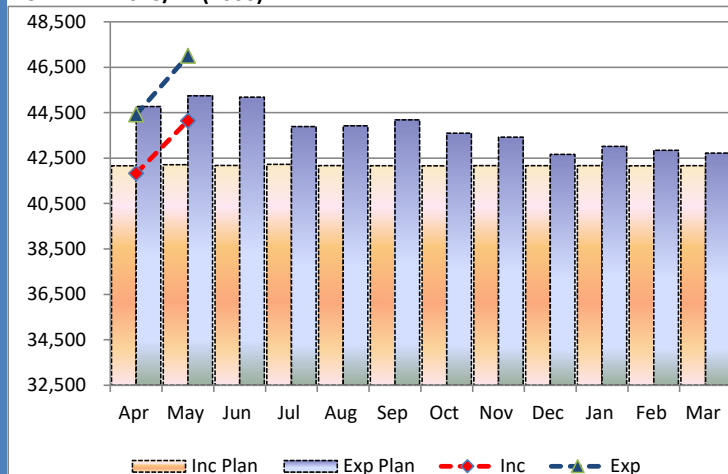
CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

	CURRENT		
	PLAN	ACTUAL	VAR
PATIENT CARE INCOME	£40,466	£42,242	£1,776
OTHER INCOME	£1,743	£1,905	£162
PAY EXPENDITURE	-£27,780	-£29,381	-£1,601
NON PAY EXPENDITURE	-£14,551	-£14,743	-£192
OTHER EXPENDITURE	-£2,912	-£2,880	£32
PRE CONSOLIDATION	-£3,034	-£2,857	£177
DUDLEY CLINICAL SERVICES LTD	£13	£10	-£3
FINAL POSITION	-£3,021	-£2,847	£174

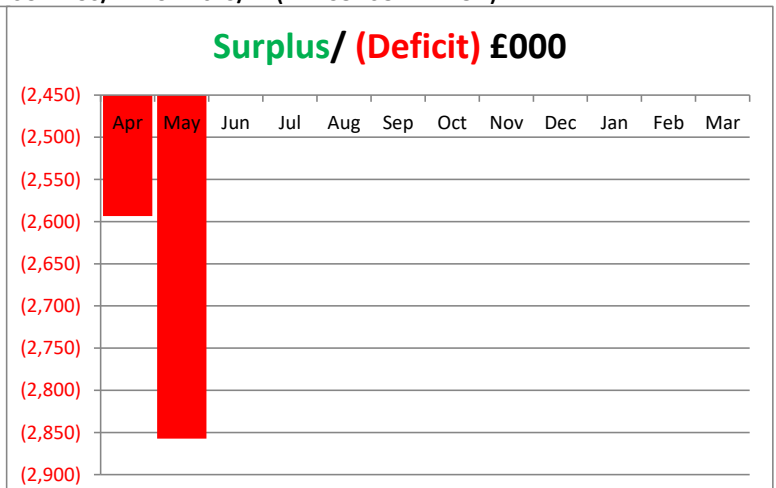
	CUMULATIVE YTD		
	PLAN	ACTUAL	VAR
PATIENT CARE INCOME	£80,872	£82,117	£1,245
OTHER INCOME	£3,499	£3,857	£358
PAY EXPENDITURE	-£55,145	-£56,943	-£1,798
NON PAY EXPENDITURE	-£29,095	-£28,737	£358
OTHER EXPENDITURE	-£5,773	-£5,744	£29
PRE CONSOLIDATION	-£5,642	-£5,451	£191
DUDLEY CLINICAL SERVICES LTD	£25	£29	£4
FINAL POSITION	-£5,617	-£5,422	£195

	FORECAST		
	PLAN	ACTUAL	VAR
PATIENT CARE INCOME	£485,421	£485,421	£0
OTHER INCOME	£20,679	£20,679	£0
PAY EXPENDITURE	-£332,814	-£332,814	£0
NON PAY EXPENDITURE	-£157,415	-£157,415	£0
OTHER EXPENDITURE	-£35,221	-£35,221	£0
PRE CONSOLIDATION	-£19,350	-£19,350	£0
DUDLEY CLINICAL SERVICES LTD	£150	£150	£0
FINAL POSITION	-£19,200	-£19,200	£0

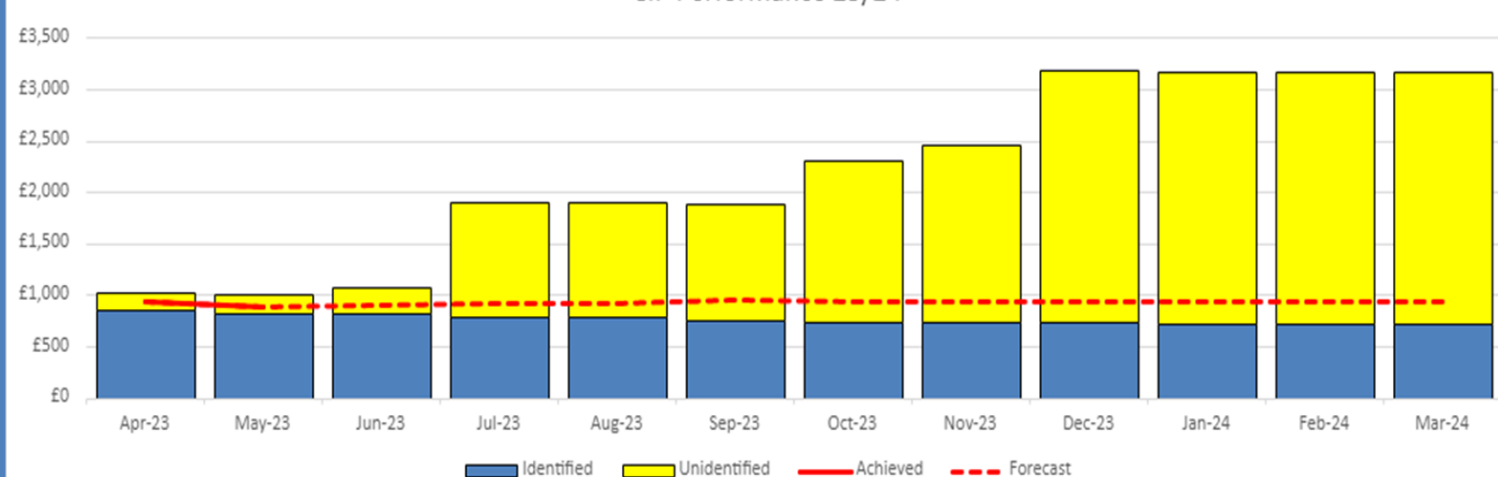
RUN RATE 2023/24 (£000)



SURPLUS/DEFICIT 2023/24 (PRE CONSOLIDATION)



CIP Performance 23/24



Pre consolidation deficit of £2.857m in May resulting in cumulative deficit of £5.451m.

Post consolidation deficit of £2.847m in May resulting in cumulative deficit to £5.422m.

The above position is adjusted for technical items equating to £0.032m resulting in a **reported M2 deficit of £5.390m**. This is £0.222m better than plan.

It is not expected that the Trust will have any balance sheet flexibility to assist with the position (as per planning assumptions).

Whilst the run rate appears to have deteriorated in May, this is due to the requirement to accrue for the impact of the increased agenda for change pay award (in April the Trust accrued for 2.1% based on the funding in baselines). Additional funding will flow through for the increased offer.

The increased level of patient care income is linked to the above point. Plans will be adjusted in June once funding has been agreed. The impact of ERF has been excluded from the position in line with national guidance requiring no variance (either positive or adverse) to be shown as at May.

CIP target of £26.233m. At present, £15.065m remains unidentified.

**Paper for submission to the Board of Directors on
Thursday 13th July 2023**

Title:	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2022/23
Author:	Luke Lewis – Head of Corporate Resilience
Presenter:	Karen Kelly – Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other
Recommendations: For the Board of Directors to approve the Emergency Preparedness Resilience and Response (EPRR) annual report for 2022/23.			

Summary of Key Issues:

This report was considered by the Finance and Performance Committee on Thursday 25th May 2023 and is now being submitted to the Board of Directors for approval.

The EPRR annual report has been generated to provide an overall assessment of the EPRR activity during 2022/23 and details areas of improvement required during 2022/23.





This document supports the requirements under the NHS EPRR Core Standards, the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 and associated guidance.

Key points covered:

- Business Continuity plans updated for 2022/23.
- All legislative requirements met for 2022/23.
- Retained good levels of compliance against NHS England EPRR Core Standards.
- Further engagement with offsite departments i.e. Community Services, Corbett and Guest.
- Increase in EPRR staff who are now train the trainer trained (CBRN, Loggist).
- Support into the COVID 19 Response.
- Support into Industrial Strike Action Response.

Potential areas of improvement:

- Training compliance for the ED CBRN.
- Increase in exercises across the Trust.
- Increase in training compliance generally across the Trust.

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	N	Details:
	NHSE	Y	Details: NHS England EPRR Core Standards
	Other	Y	Details: Civil Contingencies Act 2004 EPRR Framework 2015 Health and Social Care Act 2012 NHS Standard Contract Section 46 & 47 ISO 22301 & 22313

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 25/05/2023
	Board of Directors	Y	Date: 13/07/2023
	Other	N	Date:

Emergency Preparedness, Resilience and Response

ANNUAL REPORT 2022/23

Prepared by:

Luke Lewis, Head of Corporate Resilience

Adam Woodhall, EPRR and Business Continuity Advisor

Contact: luke.lewis@nhs.net

adam.woodhall@nhs.net

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1.0 Executive Summary

Dudley Group NHS Foundation Trust has a responsibility to ensure that it is properly prepared to respond to, and recover from an emergency as defined by the Health and Social Care Act 2012 (S46) and the Civil Contingencies Act 2004 as supported by NHS Emergency Preparedness, Resilience, Response and Recovery Guidance

Health and Social Care Act 2012 Section 46

Indicates the requirements for the trust as a category 1 responder to ensure that we are prepared for and able to respond to and recovery from emergencies:

“The Board (NHS England) must take such steps as it considers appropriate for securing that each relevant service provider is properly prepared for dealing with a relevant emergency, this must include monitoring compliance of the service provider with any requirements imposed on it by its service arrangements for the purpose of securing that it is properly prepared for dealing with a relevant emergency.”

Civil Contingencies Act 2004

Under this Act the trust is defined as a Category 1 responder and as such has six core duties that must be fulfilled during its planning process

- Risk Assessment
- Emergency Planning
- Business Continuity Management
- Communicating with the public
- Co-operation
- Information sharing

Business Continuity

The trust is also required to be aligned to ISO 22301 in respect to Business Continuity; this is a requirement under the NHS England Core Standards process.

This annual report covers the resilience activities of the trust and provides indication and assurance of the trust's activities in respect of:

- Review and update of emergency plans
- Business Continuity Management
- Specialised resilience planning
- Training and Exercising
- Response- Live events
- Partnership working
- EPRR Core Standards Process for 2018
- Priorities for 2019/20

This report provides assurance to the trust board of its compliance with legislation and policies, and provides a summary of EPRR arrangements, principle activities and performance for 2022/23.

The report assures the Board that there are adequate arrangements, policies, systems and procedures in place for the management of any potential incidents linked to EPRR that may affect the organisation.

2.0 Highlights

- ❖ Business Continuity plans updated for 2022/23
- ❖ All legislative requirements met for 2022/2
- ❖ Retained good levels of compliance against NHS England EPRR Core Standards
- ❖ Further engagement with offsite departments i.e. Community Services, Corbett and Guest
- ❖ Increase in EPRR staff who are now train the trainer trained. (CBRN, Loggist)
- ❖ Support into the COVID 19 Response
- ❖ Support into Industrial Strike Action Response

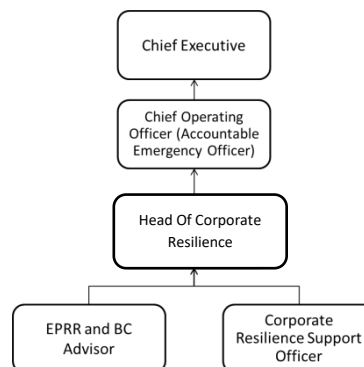
3.0 Potential issues and areas of work/improvement

- ❖ Training compliance for the ED CBRN
- ❖ Increase in exercises across the Trust
- ❖ Increase in training compliance generally across the trust

4.0 EPRR Governance

4.1 Reporting Lines for EPRR

EPRR is ultimately the responsibility of the Chief Executive, this is however delegated to the accountable emergency officer (AEO) who is the Chief Operating Officer, they have responsible for the delivery of EPRR activity and ensuring that the trust is prepared for any potential incidents. In order to manage and deliver on this programme a Head of Corporate Resilience is in place to provide subject matter expertise and guidance in relation to the delivery of this work programme.



4.2 EPRR Governance

The EPRR Group meets quarterly and has responsibility for monitoring all EPRR related issues and compliance applicable to the Trust. It assures management arrangements are in place, to monitor and review the implementation of EPRR. The Executive Lead is the Chief Operating Officer and the Chair the Deputy Chief Operating Officer. The Group triangulates data, receives assurance, challenges and identifies gaps and risks. It is ultimately accountable to the Board and the Chief Executive of the organisation and reports directly to the Finance and Performance Committee, a designated committee of the board and through that committee up to Board.

5.0 Progress against 2022/23 objectives

A number of objectives were set for 2021/22 of which the following table provides a summary, evidence of progress and actions outstanding for completion:

Objective	Outcomes	Action outstanding
Improvement in ED training for CBRN, new process in place supported by e-learning	<ul style="list-style-type: none"> ❖ Investigation into other forms of training completed and sessions on Powered Respirator Protective Suit were rolled out to ensure compliance ❖ Ron Grimley Undergraduate Centre worked with EPRR team to develop a new package 	<ul style="list-style-type: none"> ❖ No actions outstanding
Update of the Business Continuity process to services not areas, this will enable rapid updates of plans and clear ownership of the process at a divisional level	<ul style="list-style-type: none"> ❖ This was completed with support from an external consultant all BC plans for critical areas were reviewed and plans re-issued 	<ul style="list-style-type: none"> ❖ No actions outstanding
Increase of exercising across the trust to test multiple areas	<ul style="list-style-type: none"> ❖ Business Continuity Exercises also tested to measure resilience within the trust. 	<ul style="list-style-type: none"> ❖ Trust wide and regional exercises are ongoing.
To hold an Emergo exercise to allow staff to work through a Major Incident scenario in real time	<ul style="list-style-type: none"> ❖ Cancelled due to COVID 19 	<ul style="list-style-type: none"> ❖ To plan an Emergo exercise to test the new major incident and mass casualty policy in 2022/23
To attain full compliance in regard to EPRR Core Standards	<ul style="list-style-type: none"> ❖ Completed, core standards were achieved. 	<ul style="list-style-type: none"> ❖ No actions outstanding
For EPRR awareness to be included in the trust induction workbook.	<ul style="list-style-type: none"> ❖ Document drafted and sent to learning and development. ❖ RGUC worked with EPRR team to develop a new interactive training package for to promote EPRR awareness amongst staff 	<ul style="list-style-type: none"> ❖ No actions outstanding

Objective	Outcomes	Action outstanding
To continue to improve the ICC resilience e.g auditing, training and documentation	❖ Incident Control Centre has been open during 2022/23 and remains open, there is a good demonstration of resilience.	❖ No actions outstanding

6.0 Corporate Resilience

During 2022/23, EPRR was under the remit of the Corporate Resilience team allowing closer working of the Health and Safety and Fire Teams. This has been beneficial to the team and the trust with dealing issues raised and reducing the risk to an acceptable level.

7.0 COVID-19

During 2022/23 the team have continued to support the COVID-19 Response.

8.0 COVID-19- Incident Room

During 2022/23 the Incident Room dealt with aspects of compliance and other elements of risk. The informatics team have also assisted in this process to ensure compliance.

9.0 BREXIT

During 2022/23 the trust continued to review and monitor the potential effects of BREXIT on staff, patients and the trust alike.

Remaining risks are being managed and a 'watching brief' maintained on the key areas and any potential impacts being escalated immediately to NHS England via the Incident Control Room.

10.0 EPRR Training

Note: Majority of EPRR training is not currently mandatory for the trust

Type	Number
On Call Manager/Executive	96%
EPRR awareness	100%
Loggist	100%
ED/AMU Chemical, Biological, Radiological and Nuclear	61%
Figures correct of 03/2023	

An objective for 2022/23 is not only to improve compliance but also to utilise new methods to reach staff members ensuring they are prepared for any type of emergency or incident affecting the trust. This is further supported by the online training package available since quarter 2.

11.0 EPRR Exercises

Under our commitments under the Civil Contingencies Act 2004, live exercise every 3 years, annual tabletop and a 6 monthly communications test, we have met the below:

Live exercise	2
Table-top exercise	6
Communication Test	2

12.0 EPRR Policies and Standard Operating Procedures (SOPs)

During 2022/23 all EPRR policies and Standard Operating Procedure that required update were completed. The Major Incident and Critical Incident policies formed the core of the updates during 2022/23 and inclusions into all relevant documents of COVID 19 specific sections to assist in the response to other incidents if required.

13.0 Business Continuity

During 2022/23 the EPRR team completed the annual update with business continuity leads of the Business Continuity arrangements for the trust. Partnership working

During 2022/23 we have reengaged with the following groups:

- Safety Advisory Group (SAG)
- Health Protection Group
- Dudley Local Resilience Forum (LRF)

The EPRR team continues to work closely with local providers in the Black Country and Shropshire to ensure multi-agency work can continue in the absence of the Local Health Resilience Forum or Local Health Resilience Partnership meetings.

14.0 EPRR Incidents

Separate to COVID the EPRR Team has also supported in the response to a few other incidents that have affected the trust. Post these incidents the team has produced a Post Incident Report which has allowed the update to trust process and procedures:

Incident	Incident Type	Date
Road Traffic Collision (Corbett Hospital)	Business Continuity	15 th August 2022
Generator Failure and MRI Quench (RHH)	Business Continuity	31 st August 2022
Telephone Line Failure (RHH)	Business Continuity	26 th October 2022
Capacity (RHH)	Critical Incident	11 th – 12 th December 2022
Capacity (RHH)	Critical Incident	19 th – 20 th December 2022
Capacity (RHH)	Critical Incident	28 th – 29 th December 2022
Clinical Safety, Capacity (RHH)	Critical Incident	30 th December 2022 – 6 th January 2023

15.0 Core Standards 2022/23

The trust provided NHS/E evidence of compliance in the form of Core standard completion. This confirmed the trust has maintained substantial compliance in relation to the EPRR core standards

16.0 Forward Plan and Priorities for EPRR for 2023/24

Priorities	Plan
Improvement to the Business Continuity Processes following new guidance released by NHSE	Following the Business Continuity Toolkit update and release by NHSE in May 2023. Documentation and processes to be updated, in line with the new guidance and Core Standards.
Plan and deliver a live exercise for the trust	To plan and deliver a major incident clinical exercise supported by an emergo element
Update to the trust Adverse weather SOP and Mass Casualty Policy	The Major Incident and Mass Casualty Policy requires update post COVID 19 to ensure that new learning is included, also to drive further improvements in key areas such as ED and surgery to ensure preparedness for a Major Incident event
Updates to key policies and SOPs	To ensure that all key policies and documents are updated to reflect the changing environment of EPRR
Increase awareness across the trust for EPRR	EPRR team to promote EPRR awareness training across the Trust.
To improve major incident methodology for on-call staff	To improve battle box information, documentation, means to record major incidents and ensure all necessarily equipment is readily available in each of the three strategically placed battle boxes throughout the trust

**Paper for submission to Board of Directors
on 13th July 2023**

Title:	Final Trust annual business plan and budget 2023/24
Author:	Ian Chadwell, Deputy Director of Strategy Richard Price, Deputy Director of Finance (Strategy & Performance)
Presenter:	Kat Rose, Director of Strategy & Integration Kevin Stringer, Director of Finance

Action Required of Committee / Group				
Decision	N	Approval N	Discussion Y	Other Y/N
Recommendations: To note: <ul style="list-style-type: none"> The final version of the trust annual business plan following the various iterations that have taken place since the submission at the end of March 2023; the developments that have been proposed by operational divisions and corporate services that are not in a position to be funded at the current time 				

Summary of Key Issues:
<p>The Board of Directors approved a draft version of the Trust Annual Business Plan for 2023/24 including the narrative plan at its meeting on 24th March ahead of submission to the ICB and NHSE on 30th March.</p> <p>Given the deficit within the Trust and system plans, there has been intense discussion over the intervening weeks to reduce the deficit which resulted in a revised submission made on 4th May. This was approved at an extraordinary Trust Board on 2nd May showing a planned deficit of £19.35m.</p> <p>To date, no further request for the Trust or system to re-submit its plans has been received. As emphasis now needs to shift to monitoring implementation of the plan, this document is intended to support this and prepare the way for quarterly monitoring starting at the end of the first quarter.</p> <p><u>Planning trajectories</u></p> <p>The only change made to the activity and performance trajectories since the submission in mid-March has been to the percentage waiting over 6 weeks for a diagnostic test which has reduced from 22% to 12%. This now means that the Trust meets the planning expectation and monitoring will be undertaken against this revised trajectory.</p> <p>The trajectory for patient-initiated follow-up (PIFU) does not yet meet the minimum expectation of 5%. Work is ongoing within the Outpatient Improvement Group to</p>

accelerate improvement by following the clinically-led outpatient guidance published by Getting It Right First Time (GIRFT). Progress is being monitored via the monthly Financial Improvement Group (productivity and efficiency).

Workforce

Leadership and culture are one of the key areas of focus for the year. A leadership conference was held on 26th April and there are plans to conduct a 'big culture conversation' with staff over the coming months.

The numerical workforce plan is summarised on slide 23. This has been revised slightly based on more up-to-date financial profiles and intelligence gathered by HR Business partners.

The key messages around changes in staffing profile remain:

- no new posts unless these come with earmarked funding;
- international nurses moving from pre-pin to post-pin;
- CDC staffing growth predominantly in Scientific, Therapeutic and Technical staff group.

Draft narrative plan

Slides 4-11 of the deck summarise the key priorities across the trust for 2023/24 organised according to the five goals in our strategy 'Shaping #OurFuture'. More detailed narrative content is found in Appendix 2. Sections pick up the themes from the Planning Guidance and summarise how the Trust will implement both our strategy and address national priorities.

The assumption is that all the actions can be delivered within the existing financial plan although it should be noted that there are planned actions that are dependent on business cases being signed off by the ICB relating to the revenue consequences of capital cases (minimum digital foundations and ED redevelopment). In the case of Targeted Lung Health Checks, additional revenue has been earmarked centrally but a business case will need to be developed by the trust.

As the current financial plan is in deficit, this position could change should the financial plan mean that all planned actions are not deliverable.

Financial Plan

Board of Directors approved a deficit plan of £19.350m on 2nd May and this was submitted to ICB and NHSE on 4th May.

The submitted plan requires delivery of a Cost Improvement Programme totalling £26.2m. At the time of submission £9.16m had been identified. The Trust has re-intensified efforts to identify further efficiencies in order to reduce the unidentified amount with a focus on recurrent savings. At the end of May, £15.065m remained unidentified.

The capital plan has been agreed by Directors. The detail is set out in slide 25.

Revenue and capital priorities

The planning process identified priority developments from the divisions and corporate services. Divisions generated a short list of priorities and executive directors reviewed these on 21st March. Appendix 3 shows the revenue priorities by division. Directors had discussed that some of these should proceed and these are highlighted. Green denotes those developments that are already underway whilst amber denotes ones that have not started. Given the financial position only one of these (Paediatric Consultants) has been included in the current financial plan submitted on 4th May. A business case has subsequently gone to Board of Directors although the financial value was different from what was assumed in the 4th May submission.

Appendix 4 shows a list of priorities identified for capital developments. None of these have been included in the trust's capital plan at the present time. The only way these could be affordable would be for slippage in the current programme or additional resources being identified for specific services. The list is in two parts; the first priorities from a system perspective and would be those schemes which would be a call on any capital made available to the ICS; the second local priorities that the Trust would aim to fund from any slippage in the published capital programme or if targeted resource was made available. See further reading pack for the following appendices:

Appendix 1 – Annual Business Plan 2023-24 summary

Appendix 2 – Trust Annual Business Plan 2023-24

Appendix 3 – Revenue priorities identified by divisions

Appendix 4 – Capital priorities identified by divisions






Next steps

Ongoing discussion to close the financial gap and agree revised distribution of resources.

Quarterly monitoring against delivery of key actions and trajectories in the plan.

Plans to mitigate risks associated with the delivery of this plan.

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
	On Risk Register:	Y	Risk Score: Various
Compliance and/or Lead Requirements	CQC	Y	Details: Well-led
	NHSE	Y	Details: Operational planning is an NHSE requirement
	Other	Y/N	Details:
Report Journey/ Destination	Working / Exec Group	Y	Date: 13 th June 2023
	Committee	Y	Date: F&P 29 th June 2023
	Board of Directors	Y	Date: 13 th July 2023
	Other	Y/N	Date:

Annual Business Plan 2023-24 summary



Contents

- Our strategic plan
- Key priorities
- Activity
- Performance
- Workforce
- Finance
- Annex: priorities and key actions



Shaping #OurFuture

Vision

Excellent health care, improved health for all



Values



Goals



Deliver right care every time



To be a brilliant place to work and thrive



Drive sustainability financial and environment



Build innovative partnerships in Dudley & beyond



Improve health and wellbeing

Measures of success

Care Quality Commission rating good or outstanding

Improve the patient experience survey results

Reduce the vacancy rate
Improve the staff survey results

Reduce cost per weighted activity
Reduce carbon emissions

Increase the proportion of local people employed
Increase the number of services jointly delivered across the Black Country

Improve rate of early detection of cancers
Increase planned care and screening for the most disadvantaged groups

Programmes

Black Country system service transformation

Local leadership to address health inequalities

Research and development, education and innovation



Dudley Improvement Practice

Three key strategic areas

- Leadership and Culture
- Discharge and Patient Flow
- 3-year financial framework

With a focus on the following clinical areas:

- Maternity
- Paediatric ED
- Paediatrics

Full narrative plan developed organised around the Trust's five strategic goals (see Appendix 2)



- Elective recovery
 - Maximise throughput in minor procedure rooms
 - Maximise theatre utilisation and undertake high volume low complexity (HVLC) lists
 - Implementation of tele-dermatology service
 - Outpatient transformation to realise capacity to see more new patients
- Diagnostics
 - Roll-out of Community Diagnostic Centre in line with approved business case
- Cancer
 - Improve performance against Faster diagnosis Standard and reduce numbers waiting over 62 days





Deliver right care every time priorities



The Dudley Group
NHS Foundation Trust

- Urgent and Emergency Care
 - Delivery of Emergency Access Standard (76%) throughout the year
 - Develop sustainable model for Same Day Emergency Care including expansion of surgical pathways
 - Development of paediatric ED, improving link between ED and Paediatric Assessment Unit
- Community Services
 - Provision of single point of access within the Clinical Hub
 - Expansion of Dudley Clinical Hub
 - Expansion of virtual wards and evaluation of impact
- Discharge
 - Implementation of discharge to assess models and increase weekend discharges





- Maternity Services
 - Demonstrate achievement against essential actions from nationally published maternity safety reports (Ockenden and East Kent)
 - Development of the workforce (midwifery and consultants)
- Paediatrics
 - Separate consultants for neonates and paediatrics
 - Implement Deloitte recommendations when published
 - Work with partners on tender for 0-19 service commissioned by local authority
- Digital
 - Focus on supporting Minimum Digital Foundations
 - Strategic direction for Black Country Provider Collaborative





Be a brilliant place to work and thrive priorities



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- Finalise and launch the Dudley People Plan with a focus on leadership and culture
- Launch and deliver Leadership and Learning Journey and Equality Diversity and Inclusion Journey
- Strengthen trust bank
- Continue and embed focus on staff wellbeing





Drive sustainability priorities



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- Deliver the financial plan
 - Identification and delivery of Cost Improvement Programme
 - Maintain ban on agency for non-medical staffing
- Productivity and efficiency
 - Use Model Hospital and GIRFT recommendations to identify opportunities to improve productivity
- Implement the Green Plan
 - Develop long-term plan for decarbonisation of the estate





Build innovative partnerships priorities **NHS**

The Dudley Group
NHS Foundation Trust

- Lead and actively contribute to Black Country Provider Collaborative
- Build innovative partnerships in Dudley place
 - Make active contribution to new Health & Wellbeing Strategy
 - Progress implementation of model for integration
- Strengthen role as an anchor institution
 - Embed social value into contracts for procurement
 - Improve employment opportunities for local people
 - Partner to local schools to raise awareness of NHS careers
- Research & Development, Education and Innovation





Improve health and wellbeing priorities

NHS

The Dudley Group
NHS Foundation Trust

- Develop local action plan to address health inequalities
 - Review population access to screening and elective services by ethnicity and deprivation
- Implementation of prevention programmes
 - Phase 4 of Targeted Lung Health Check Programme
 - Tobacco treatment service
 - Specialist alcohol team with Dudley Integrated Liver Service



Summary of planning indicators



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Planning indicator	Period	Target	Trust value	Comment
Elective Recovery Fund	Full year	106%	106%	Based on trust calculation against NHSE published baseline. ICB calculation pending
Total elective activity vs 19/20	Full year		112%	Counting and coding change applied to baseline
Total First OP vs 19/20	Full year		104%	Counting and coding change applied to baseline
Total OP follow-ups vs 19/20	Mar-24	<=75% of 19/20 March	109%	Additional midwife follow-up activity now being captured that was previously not
PIFU	Mar-24	5%	2%	Revise plans via Outpatient Improvement Group and quantify impact to reach accelerated trajectory
RTT 65+ weeks	Mar-24	0	0	
RTT 52+ weeks	Mar-24	<22/23	1412	Flagged red as Mar-24 position greater than Apr-23 and high risk that reducing 52 week waiters to zero by Mar-25 will not be possible
Diagnostic waiting list over 6 weeks	Mar-24	15% by Mar-24	12%	
Diagnostic activity vs 19/20	Full year	120% vs 19/20?	129%	
G&A bed occupancy	Mar-24	<=92%	92%	Trust submitted plan averages 92% over whole year
G&A total beds	Apr-23 vs Mar-24	increase	3%	
Virtual ward occupancy	Sep-23	80%	81%	
Beds occupied by medically fit for discharge/no criteria to reside	Apr-23 vs Mar-24	<23/24	-1%	

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Slide 12 - Annual Business Plan 23/24



Summary of planning indicators

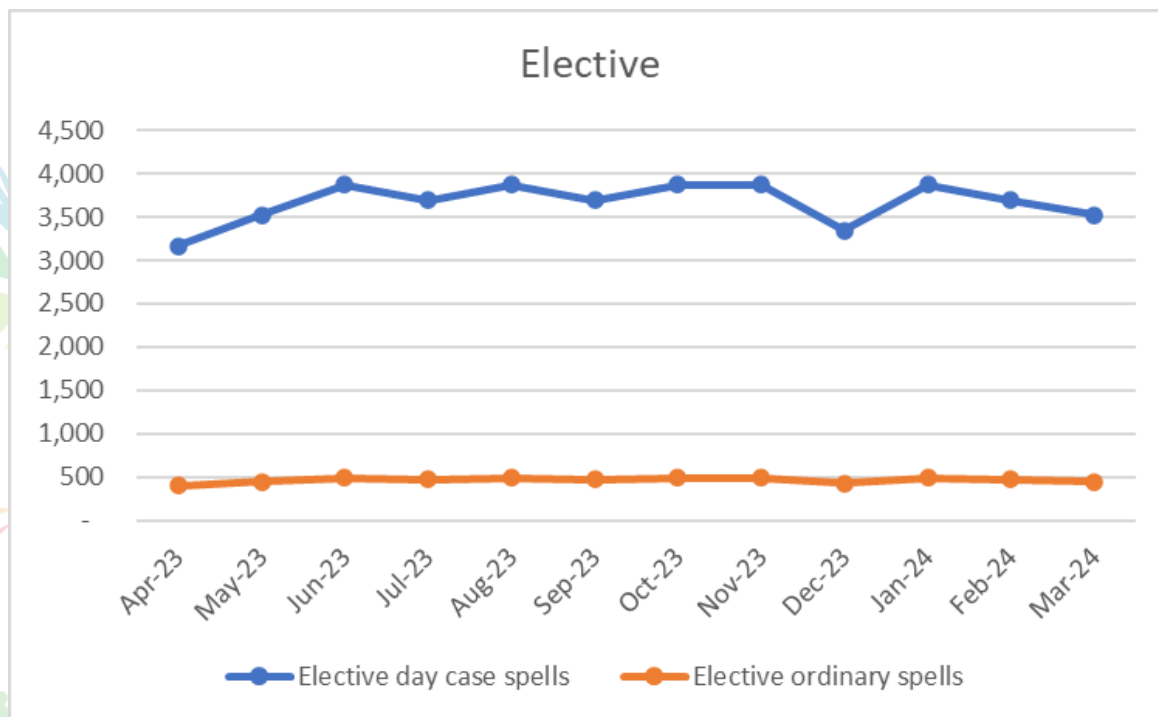
Planning indicator	Period	Target	Trust value	Comment
Cancer Faster Diagnosis Standard	Mar-24	$\geq 75\%$	75%	
Cancer 62 day	Mar-24	118	118	
Cancer 62 day variance to target	Mar-24	0	0	
A&E 4 hour	Mar-24	$\geq 76\%$	76%	

Activity Plan 2023/24

- Discussions with Directorates through Dec/Jan to set baselines based on availability of workforce and facilities
- Assumption that all theatres available including new minor procedure rooms
- Assumptions that combined outpatient transformation workstreams (utilisation, reduction in DNA, patient-initiated follow-up) will deliver increase in capacity for new outpatients
- Submitted plan delivers 106% of 19/20 activity (value weighted)
- Subsequent slides show activity plan for
 - Elective including outpatients
 - Urgent and Emergency care
 - Diagnostics (DM01)

Elective activity plan

Electives	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Electives Total	49,903	49,592	3,571	3,967	4,364	4,166	4,364	4,166	4,364	4,364	3,769	4,364	4,166	3,967
Elective day case spells	43,964	43,980	3,167	3,518	3,870	3,694	3,870	3,694	3,870	3,870	3,342	3,870	3,694	3,518
Elective ordinary spells	5,939	5,612	404	449	494	471	494	471	494	494	427	494	471	449

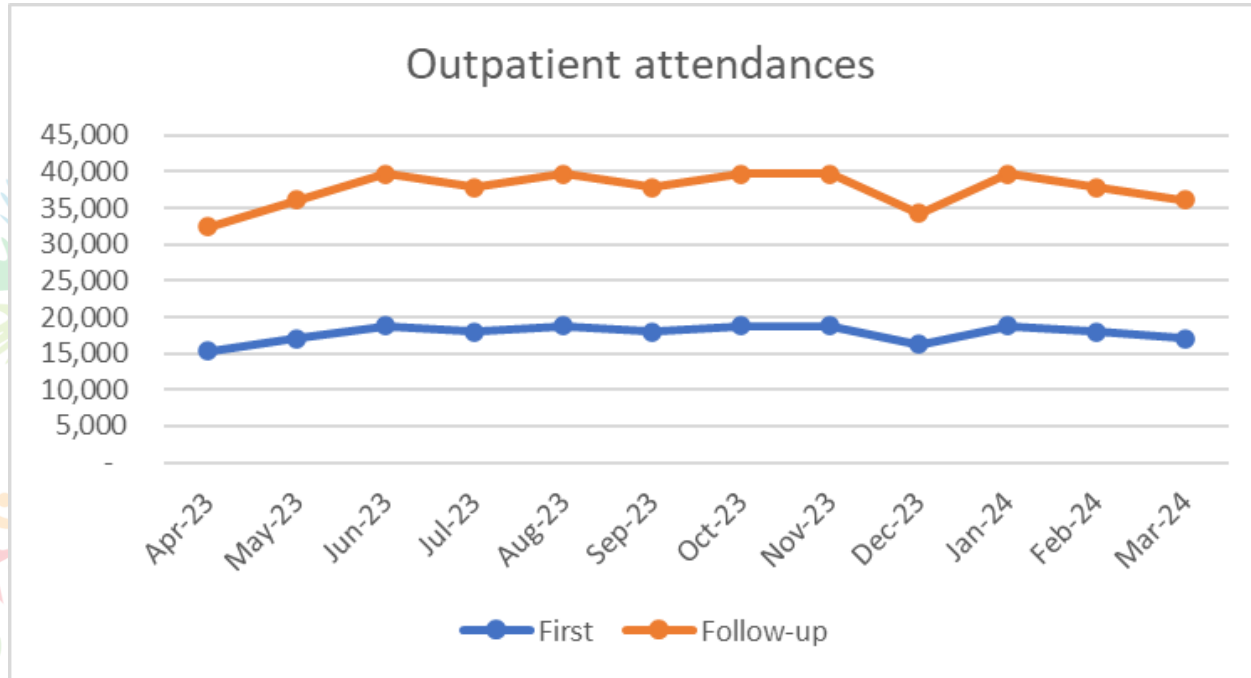


Published 19/20 figure from NHSE is unadjusted for counting and coding changes that have taken place.

The adjusted baseline is 44,284 meaning the plan is 12% higher than baseline

Outpatient attendances

Total outpatient attendances	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total	628,433	664,195	47,822	53,136	58,449	55,792	58,449	55,792	58,449	58,449	50,479	58,449	55,792	53,136
First	215,735	213,345	15,361	17,068	18,774	17,921	18,774	17,921	18,774	18,774	16,214	18,774	17,921	17,068
Follow-up	412,698	450,850	32,461	36,068	39,675	37,871	39,675	37,871	39,675	39,675	34,265	39,675	37,871	36,068

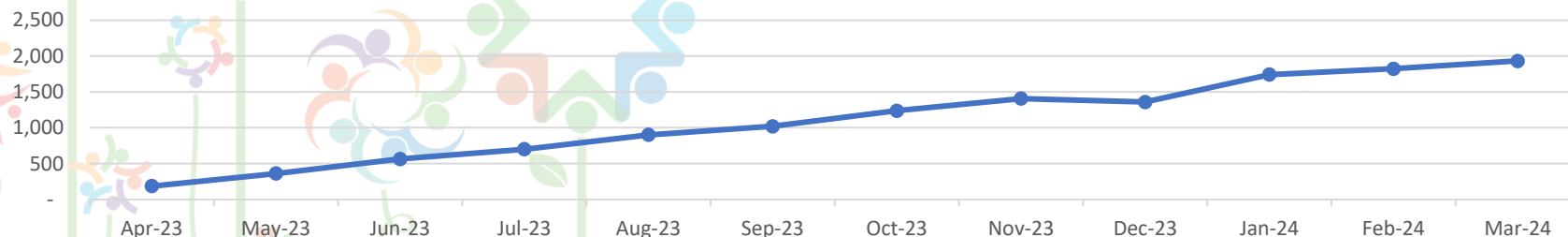


Counting and coding change applied to first outpatient baseline to reflect change in recording of Same Day Emergency Care (SDEC). Plan against adjusted baseline is 4% higher

Patient-initiated follow-up

Patient initiated follow-up	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of episodes moved or discharged to patient initiated outpatient follow-up pathway as an outcome of their attendance	-	13,223	186	360	564	699	900	1,020	1,237	1,405	1,358	1,741	1,822	1,931

Number of episodes moved or discharged to patient initiated outpatient follow-up pathway as an outcome of their attendance

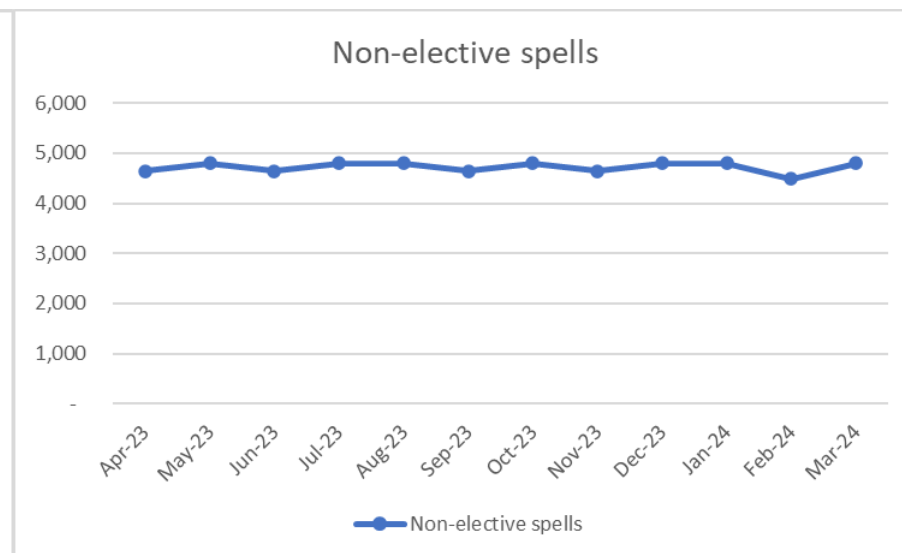
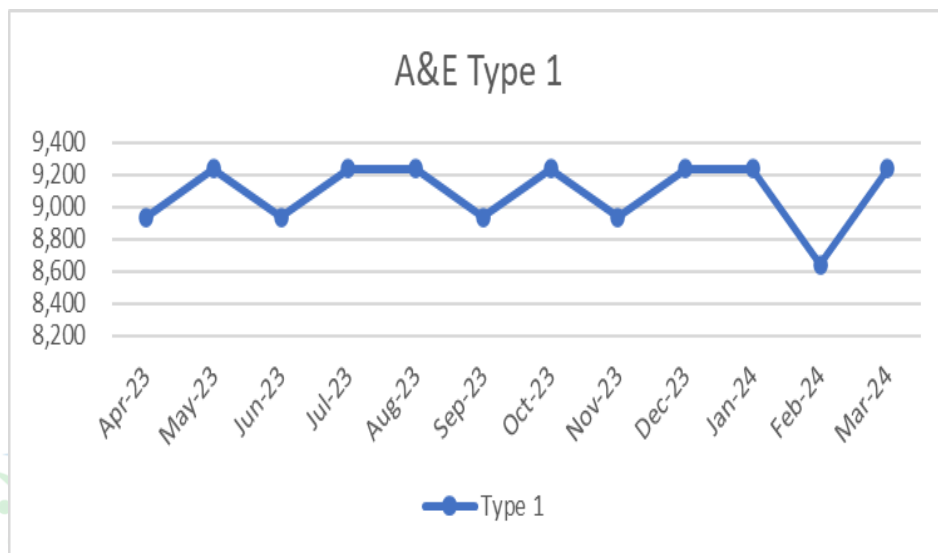


Urgent and Emergency Care activity plan



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A&E attendances excluding planned follow-ups	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Type 1	109,450	109,034	8,937	9,235	8,937	9,235	9,235	8,937	9,235	8,937	9,235	9,235	8,639	9,235
Non-Electives	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Non-elective spells	40,476	56,662	4,644	4,799	4,644	4,799	4,799	4,644	4,799	4,644	4,799	4,799	4,490	4,799

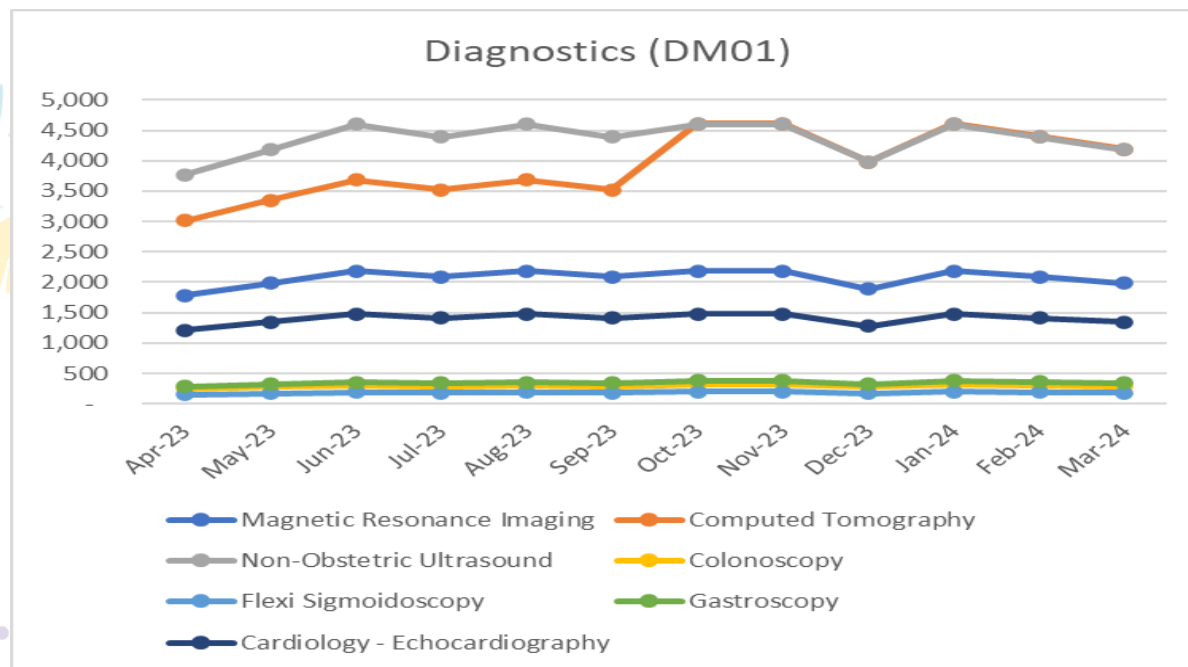


Planned increase in non-elective spells due to a change in the way that Same Day Emergency Care (SDEC) is reported which took effect in October 2022



Diagnostics (DM01) activity plan

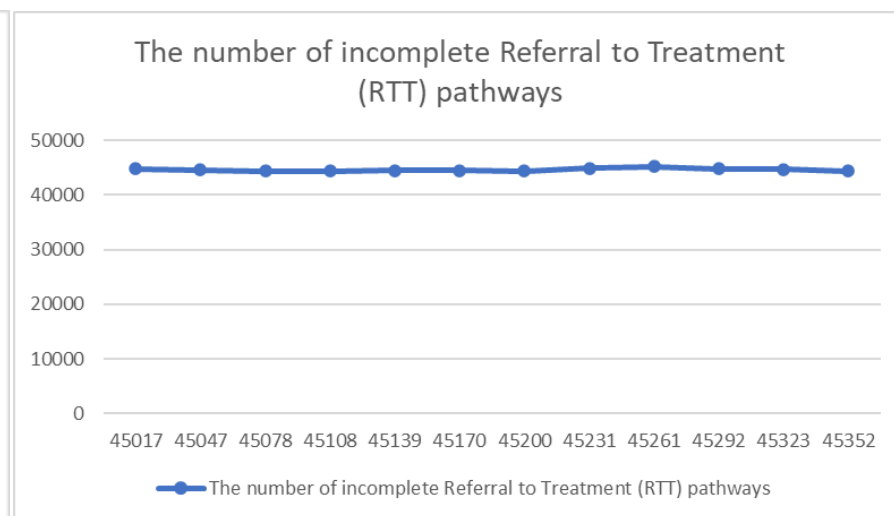
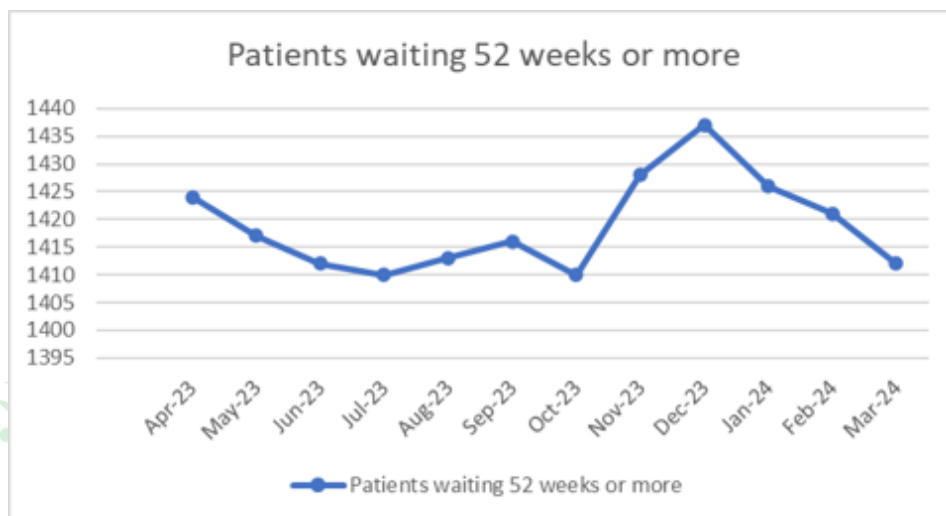
Diagnostic tests	Apr 2019-Mar 2020	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Magnetic Resonance Imaging	22,080	24,841	1,788	1,987	2,186	2,087	2,186	2,087	2,186	2,186	1,888	2,186	2,087	1,987
Computed Tomography	31,255	47,215	3,017	3,352	3,688	3,520	3,688	3,520	4,615	4,615	3,985	4,615	4,405	4,195
Non-Obstetric Ultrasound	46,039	52,327	3,768	4,186	4,605	4,395	4,605	4,395	4,605	4,605	3,977	4,605	4,395	4,186
Colonoscopy	1,684	3,513	245	272	299	286	299	286	319	319	275	319	304	290
Flexi Sigmoidoscopy	2,911	2,183	152	169	186	178	186	178	198	198	171	198	189	180
Gastroscopy	2,604	4,155	289	322	354	338	354	338	377	377	326	377	360	343
Cardiology - Echocardiography	10,171	16,798	1,210	1,344	1,478	1,411	1,478	1,411	1,478	1,478	1,277	1,478	1,411	1,344



Includes activity associated with CDC business case

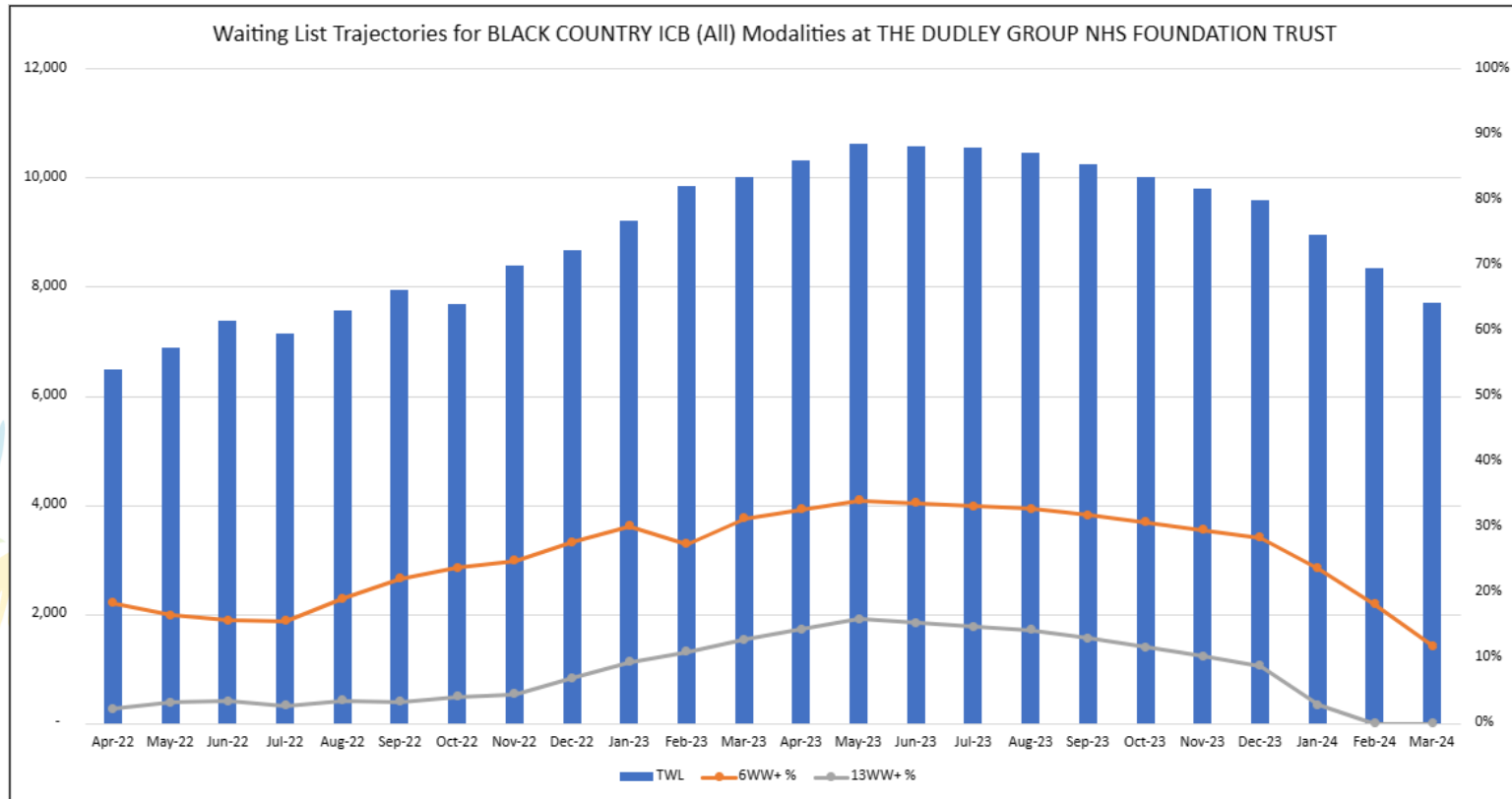
Performance trajectories: RTT >52 weeks, >65 weeks

Incomplete RTT pathways		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Patients waiting 52 weeks or more	1,419	1,424	1,417	1,412	1,410	1,413	1,416	1,410	1,428	1,437	1,426	1,421	1,412
Patients waiting 78 weeks or more	196	488	420	353	294	230	182	135	85	75	60	35	-
Patients waiting 104 weeks or more		-	-	-	-	-	-	-	-	-	-	-	-
The number of incomplete Referral to Treatment (RTT) pathways	44,626	44,788	44,568	44,411	44,348	44,442	44,536	44,348	44,914	45,197	44,851	44,694	44,411



Performance trajectories

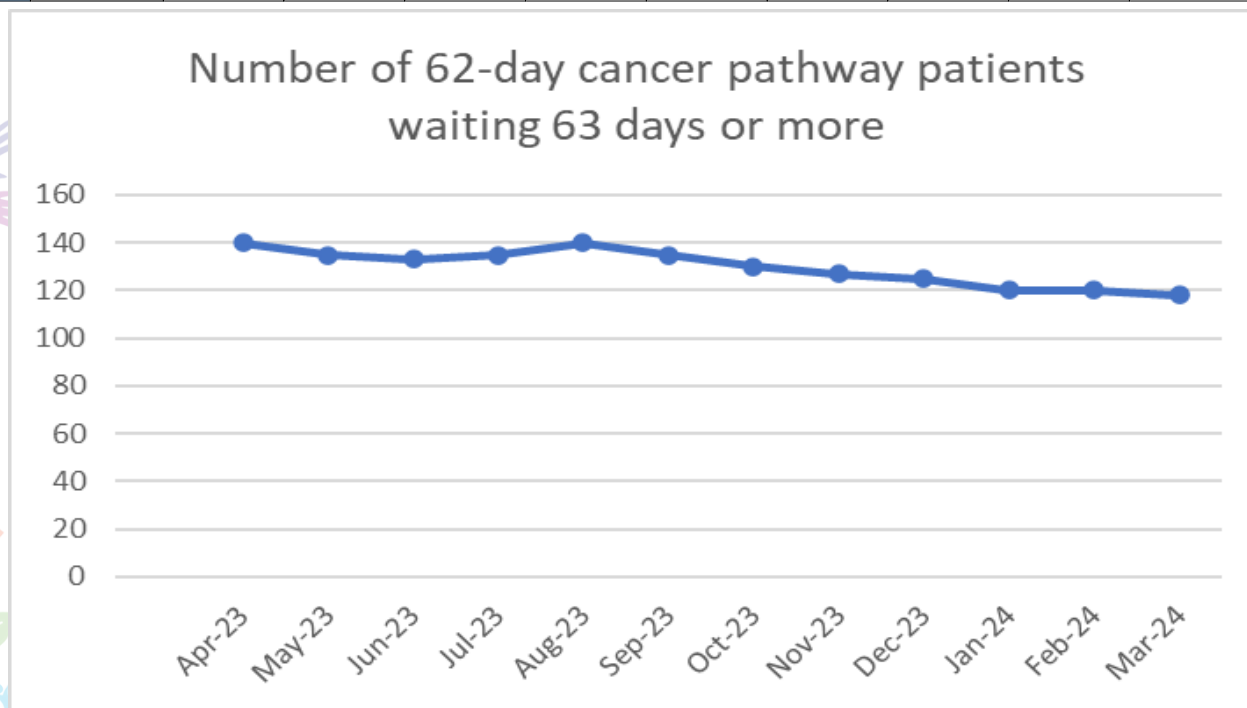
Diagnostics > 6 weeks



This includes all diagnostic modalities, trajectory achieves 12% over 6 week waiters by March 2024

Performance trajectories: cancer

Cancer	Apr 2023-Mar 2024	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of 62-day cancer pathway patients waiting 63 days or more	130	140	135	133	135	140	135	130	127	125	120	120	118
Cancer 28-day waits (Faster diagnosis standard): number of patients within 28 days	852	792	843	877	951	942	920	920	878	831	774	735	765
Cancer 28-day waits (Faster diagnosis standard): total number of patients	1,133	1,055	1,120	1,166	1,268	1,256	1,226	1,222	1,161	1,108	1,021	977	1,017
Cancer 28-day waits (Faster diagnosis standard): percentage of patients	75	75	75	75	75	75	75	75	76	75	76	75	75



Workforce

- Main reason for increase in planned establishment is CDC business case and additional staff associated with developments started in 2022/23
- Plan expects remaining international nurses to move from unqualified to qualified
- Minimal use of agency built into the plan

Workforce	Baseline		Plan - As at the end of												Establishment - As at the end of
Staffing Categories	Staff in post outturn	Establishment	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
	31-Mar-23	31-Mar-23													
	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total Workforce (WTE)	6383.27	5965.2	6266.0	6304.4	6290.3	6325.5	6320.4	6319.0	6336.7	6333.7	6325.6	6331.6	6323.6	6321.3	6213.94
Total Substantive	5582.92	5965.2	5608.0	5667.5	5674.5	5727.5	5734.5	5753.5	5770.9	5768.9	5785.9	5795.9	5793.9	5811.7	6213.94
Total Bank	768.87	0	639.3	618.9	597.8	586	573.9	553.5	559.2	558.2	533.1	532.1	526.1	506	0
Total Agency	31.48	0	18.7	18	18	12	12	12	6.6	6.6	6.6	3.6	3.6	3.6	0

Financial Deficit Plan £19.350m



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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Patient Care Income	40,374	40,412	40,380	40,427	40,377	40,385	40,389	40,391	40,389	40,393	40,390	40,392	484,699
Other Income	1,788	1,797	1,796	1,798	1,793	1,780	1,771	1,778	1,778	1,776	1,771	1,775	21,401
Pay	(27,224)	(27,646)	(27,763)	(27,438)	(27,480)	(27,778)	(27,623)	(27,619)	(27,600)	(27,972)	(27,835)	(27,676)	(331,654)
Agency	(141)	(136)	(135)	(113)	(111)	(111)	(93)	(93)	(91)	(46)	(46)	(46)	(1,162)
Non Pay	(14,541)	(14,546)	(14,373)	(13,411)	(13,397)	(13,377)	(12,922)	(12,766)	(12,019)	(12,007)	(12,007)	(12,011)	(157,377)
Non Operating	(2,864)	(2,915)	(2,912)	(2,926)	(2,933)	(2,917)	(2,959)	(2,944)	(2,953)	(2,991)	(2,956)	(2,987)	(35,257)
Deficit	(2,608)	(3,034)	(3,007)	(1,663)	(1,751)	(2,018)	(1,437)	(1,253)	(496)	(847)	(683)	(553)	(19,350)

Required Efficiency Target £26.233m

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Identified Efficiency	849	827	826	779	779	759	734	731	734	714	713	716	9,161
Unidentified Efficiency	171	172	242	1,128	1,127	1,129	1,571	1,725	2,451	2,453	2,452	2,451	17,072
Total Efficiency	1,020	999	1,068	1,907	1,906	1,888	2,305	2,456	3,185	3,167	3,165	3,167	26,233

Slide 24 – Annual Business Plan 23/24

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Capital Plan 2023/24



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Capital Programme 2023-24	
	2023-24
Scheme	£000's
Operational	
Replacement Medical Equipment	3,000
Imaging Enabling Work	250
North Wing Lifecycle	250
Statutory Standards/Minor Works	858
IT PC Replacement Programme	0
North Block Fire Works	1,401
Temperature Monitoring Medicine Rooms	446
Pathology Laboratory Move	200
Frontline Digital C/F	450
IT Infrastructure/Cloud Stage 2	620
Self-Financed Capital	7,475
Front Line Digitalisation	3,693
Community Diagnostics	4,045
ED Development RHH	0
PDC Financed Capital	7,738
PFI Lifecycle	1,979
PFI MTS Equipment	400
PFI Capital	2,379
Total	17,592

Slide 25 – Annual Business Plan 23/24






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Main risks associated with delivery

- Identification and delivery of Cost Improvement Programme
- Loss of income if elective activity not delivered according to plan
- Disruption to services caused by industrial action
- Failure to retain all services currently out for tender by the local authority
- Balancing the need to treat urgent/cancer patients and long waiters with finite resource
- Failure to retain staff resulting in higher turnover and increased use of temporary staffing
- Lack of funding to support investments needed to mitigate risks associated with digital agenda e.g. transition to cloud

Paper for Submission to the Board of Directors 13th July 2023

Title:	Quality and Safety Committee 23 rd May, 13 th June & 4 th July 2023		
Author:	Amanda Last – Deputy Director of Governance		
Presenter:	Gurjit Bhogal – Non-executive Director Liz Hughes – Non Executive Director		
Action Required of Committee / Group			
Decision	Approval	Y	Discussion Y Other N
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.</p> <p>The Board is asked to note that an extraordinary meeting of the Quality and Safety Committee met on 13th June, the purpose of the meeting was to review and approve the annual reports required to be submitted to the Committee. Significant positive assurances were provided to the Committee, the report details the matters for escalation and the decisions made by the Committee.</p>			
Summary of Key Issues:			
The key issues are identified in the attached report.			
Impact on the Strategic Goals			
	Deliver right care every time	YES	
	Be a brilliant place to work and thrive	YES	
	Drive sustainability (financial and environmental)		
	Build innovative partnerships in Dudley and beyond	YES	
	Improve health and wellbeing	YES	
Implications of the Paper:			
Risk		Y	Risk Description: various related to quality, safety and effectiveness
	On Risk Register:	Y	Risk Score: Numerous across the Board Assurance Framework, Corporate Risk Register and divisional risk registers
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 23/05/23 Quality and Safety Committee & Extraordinary meeting held 13/06/23
	Board of Directors	Y	Date: 13/07/23
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE MAY 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee welcomed the timelier data sets received with respect to the Integrated Performance Report, however raised concerns regarding the compliance with Trust quality metric targets for stroke. Although it was accepted that the most recent data had not yet been validated, further assurance was requested through a separate assurance report to Committee. The Medicine Division was asked to review any delays in the stroke thrombolysis pathway; it was suggested that CT scan delays are a contributory factor. The number of ongoing internal (yellow) incident investigations was raised as an exception from Risk and Assurance Group; the Committee recognised the capacity impact this was having on the Patient Safety Team and were made aware that this has been documented on the Governance Team risk register with respect to delays in learning. It was also discussed how the Patient Safety Incident Response Framework should help address the large numbers of reviews in the future. Negative assurance was received regarding safeguarding training data however data reliability was questioned; this is being investigated and a report back to Committee was requested. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Division of Medicine and Integrated Care to provide an assurance report in respect of the stroke pathway.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received good levels of assurance regarding the progress made with the actions taken in response to the Ockenden Review; of note there are now no 'red' recommendations (those with limited or non-compliance) Positive assurance was received in terms of recruitment, innovation and service user/family engagement. Concern was raised regarding the medical leadership, acknowledging the recruitment and training plans in place, it was requested that the next update to the Committee is delivered from the full MDT. The Committee received good levels of assurance regarding the quality and safety of services provided by the Medicines and Integrated Care Division, noting improvements in Friends and Family Test results, management of complaints and the review of procedural documents. Concerns and required improvements with respect to partial booking management and backlogs and the Chest Pain Pathway were discussed. Positive assurance was received regarding the Trust-wide position on the review and ratification of procedural documents, noting the additional support in place to help the Community with Core Clinical Service who have seen minimal improvement in document reviews following the service restructure. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee reviewed the draft Patient Safety Incident Response Plan and associated documents. The Committee supported the proposals made, noting that this will be finalised and represented with the policy to the Committee for final ratification in the Summer.

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 13 June 2023

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Mandatory training compliance was raised as a triangulated concern across numerous service specific annual reports; concerns were raised regarding the capacity of staff to complete their training requirements within the allocated time. The Committee were informed that this is a focus area for the organisation with imminent review and improvement planned. • Limited assurance was received from the Health and Safety report regarding the timely review of substances requiring COSHH assessment; the data provided did not provide the necessary assurance. The committee requested specific data to clarify the Trusts current compliance position. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • None
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good levels of assurance were shared with the Committee through the presentation of the service specific annual reports with numerous examples of exemplar practice on a national level being demonstrated by the End of Life service, Children's Services, Safeguarding and the Pharmacy team. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • All annual reports reviewed were approved, these included: <ul style="list-style-type: none"> ○ Paediatrics ○ Safeguarding ○ Complex Vulnerabilities ○ End of Life ○ Clinical Audit and Effectiveness ○ Infection Prevention and Control ○ Learning From Deaths ○ Medicines Management ○ Health and Safety ○ Incident Management ○ Patient Experience ○ Complaints

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 04 July 2023

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Concerns were raised regarding poor mandatory training compliance for obstetricians namely adult and neonatal resuscitation, obstetric multidisciplinary skills drills and CTG training. Although the Committee received assurance regarding actions being taken to help address this, the Committee deemed this to be a significant risk in a high risk speciality. It was also noted that version 3 of the Saving Babies Lives assessment tool was released in May 2023 and that work was underway to review compliance; this will be presented at the next meeting. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> None
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received notable positive assurance with respect to the VTE assessment process and subsequent compliance. The mandated system changes that have been trialled in two areas have resulted in significant improvements in compliance data. A wider roll out plan is in progress. The Committee were assured to hear that the request process will also include nurse prescribers following due competency assessment. The Committee acknowledged the positive assurance regarding Maternity Services following the publication of the CQC report with an improved rating of Good. In addition, the Committee received assurance regarding the improved staffing position; noting that the required 16 consultants were now in post (with a plan for all to be substantive positions in the near future) and a trajectory for full midwifery establishment by September 2023. The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Womens and Children Division acknowledging notable improvements in the number of overdue procedural documents requiring review and mandatory training compliance. The introduction of a psychological wellbeing practitioner in the TCAP service was described as exemplar practice in supporting the wellbeing of the staff. The Committee welcomed the separation of the aligned BAF risk regarding quality and safety into two separate risks. It was noted that further work was required on both risks to define timescales and assurance sources but the Committee had good discussion on the content and the assurance levels presented. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> The Terms of Reference for the following reporting Groups were approved <ul style="list-style-type: none"> Quality and Safety Group Mortality Surveillance Group






Enclosure 10

**Paper for submission to the Board of Directors on
Thursday 13th July 2023**

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

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

Summary of Key Issues:
<p>Nursing Midwifery and AHP strategy was launched in May with an array of events to promote the key work streams. This new strategy has been reflected in this report.</p> <p>There has been an increased focus on the staffing of the clinical areas and gaining assurance that the Trust is in as safe as possible position to deliver the right care that is person centred. The impact relating to the reduction in agency staff is now settling as the internationally educated (award winning) recruits are establishing themselves within the workforce. Whilst there continues to be shifts which do not have the optimal staffing requirements, the substantive nature of the coverage in place appears to be mitigating the issues and concerns. We continue to keep this under review with twice daily reviews of all staffing allocations to mitigate risk.</p> <p>Digitisation of the nursing documentation continues with a Trust wide launch of the project at the end of July. Energy is building across the Trust as training continues in preparation for this key milestone to change a lot of the working practices and become less paper dependent. Once fully live this will also allow for increased assurance related to key nurse sensitive indicators.</p> <p>Retention of our workforce remains challenging, the team have looked at novel ways to support, develop and retain our workforce. This has seen the launch of the Chief nurse fellows (12-month secondment), hidden talent project focusing on our workforce who are internationally education and have not come through the wider programme and the innovation investors (Dragon's Den style) looking to support those to make a difference to the workplace, pathways, or collaboration partnerships with others.</p> <p>Communication and patient care (nutrition & hydration) continue to be our top reasons for a complaint being received at the Trust. As the ward staffing improves it is expected that these will dissolve over the coming months.</p> <p>The infection control Board Assurance Framework has been changed nationally. This will be fully discussed at the next Infection Control Group, the initial gap analysis does not highlight any 'red' areas.</p>

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

Implications of the Paper:			
Risk		Y	Risk Description: COR1791 Impact of absence of service delivery
	On Risk Register:	Y	Risk Score: 4 x 4 (16)
Compliance and/or Lead Requirements	CQC	Y	Details: All care domains
	NHSE/I	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13 th July 2023
	Other	N	Date:

Chief Nurse Report

Report to Board of Directors (Public) on Thursday 13th July 2023

1. EXECUTIVE SUMMARY

- 1.1 In May 2023 the Nursing, Midwifery and AHP strategy was launched. The strategy is ambitious in its nature with a 3 year plan to deliver. The strategy was developed by clinical leaders across the trust with a significant input into the development of the strategy from staff who will be implementing the strategy.
- 1.2 Throughout the development it was overwhelming clear that a combined Nursing, Midwifery and AHP strategy was wanted and not individual profession specific. This was wonderful to hear that everyone has the same vision with the patient at the centre and a new challenge for senior leaders to keep so many professional groups content and enthused with the content and the ask.

2. THE STRATEGY



OBJECTIVE 1 – COMPASSIONATE AND STRONG LEADERSHIP

<p>There is strong inclusive and diverse leadership at all levels across the nursing, midwifery and AHP workforce, which is compassionate, open, and transparent.</p>	<p>The Chief Nurse Fellowship Programme was launched in 2023 as a development programme for 5 professional groups - Nurse, Midwife, Allied Health Professional (AHP), Operating Department Practitioner (ODP) and Nursing Associate (NA). The programme commenced in May 2023 with 2 fellows (nurse and AHP) and will be re-advertised in September 2023 to recruit 3 further fellows from the other disciplines.</p> <p>The Trust hosts the Black Country AHP and Nursing Faculty. The Faculty Supports and facilitates system collaboration with the aim of addressing current workforce challenges. DGFT identified the potential of this model and put themselves forward to undertake this system leadership role. A significant amount has been achieved in the last 12 months including the development and delivery of an ICS wide AHP system preceptorship programme, a suite of workstreams to deliver clinical placement expansion and a project focus upon the implementation of the NHSE AHP Support Worker framework.</p>
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OBJECTIVE 2 – DEVELOPING THE NURSING, MIDWIFERY AND AHP WORKFORCE

<p>There is a competent, knowledgeable workforce of nurses, midwives and AHPs to deliver care reflecting best practice which meets the needs of the local population.</p>	<p>At the University of Worcester's recent mentor awards our acute surgery Physiotherapy department won the Outstanding Practice Learning Environment at University of Worcester this is the 2nd year in succession winning the AHP category.</p> <p>We were delighted when the international nurses received the NHS 75th Birthday Award at the Trust's Committed to Excellence Award.</p> <p>Workforce Success Story</p> <p>Speech and Language Therapy (SLT) attended the Trust career event in January. An individual was offered a shadowing opportunity within SLT and is now employed on bank as an SLT Assistant being supported through the training for this role. She was motivated to pursue a career in SLT and with support from the team, has been offered a place to study SLT at BCU, starting this September. This is a brilliant example of a 'grow your own' approach which supports the individual and the team.</p> <p>The past couple of months have seen the Trust more formally develop links with Newman University based in South Birmingham. The Trust is continuing our efforts to support with learner placements for Nursing and Physiotherapy students and have been confirmed as a lead practice partner from this September.</p>
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OBJECTIVE 3 – DELIVERING THE FUNDAMENTALS OF CARE EVERY TIME

We will care consistently deliver high quality, safe and compassionate care to patients. All patients and significant others will have their fundamental care needs met and be involved in developing individual care plans that are tailored to their goals.

Mental Health Act - In April and May there were 4 Patients detained under Section 2 of the MHA.

1 Patient was detained under Section 5(2) of the MHA.

4 Patients were transferred to us under S17 Leave.

No applications were made to the appeals tribunal.

Deprivation of Liberty Standards (DoLs) – In April there were 51 Dols applications made.

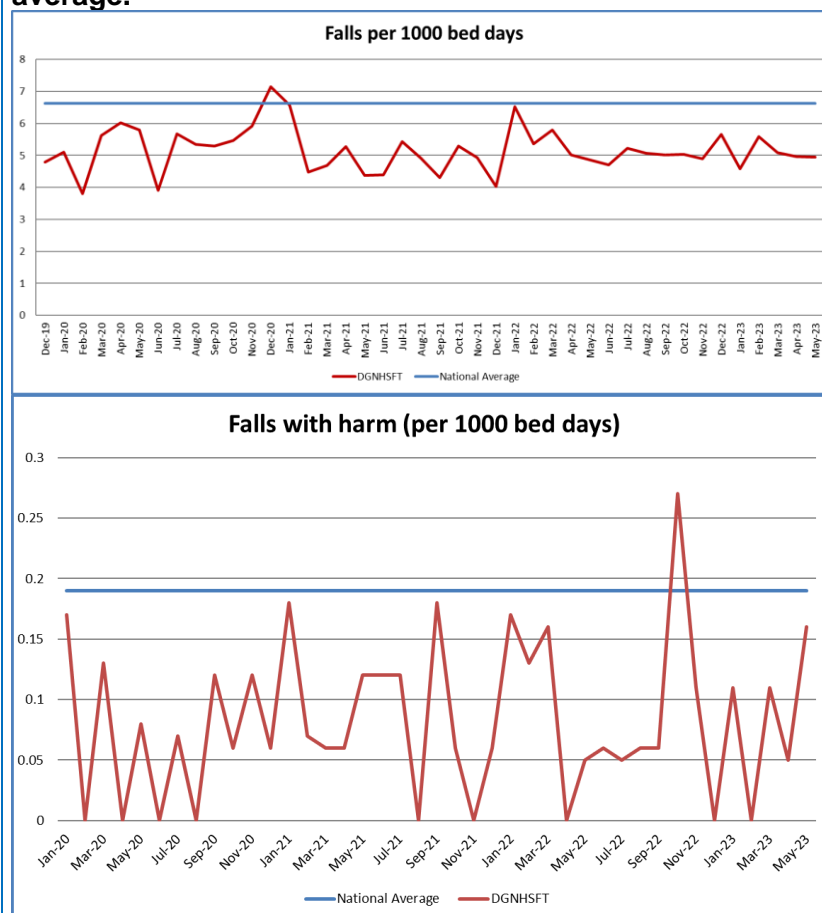
In May there were 60 Dols applications.

Education and training continue to be a priority focus for the trust.

In April there were 97 inpatient falls. 1 fall was reportable to the ICB.

In May there were 98 inpatient falls. 2 falls were reportable to the ICB, and 1 was graded as moderate harm, however, this did **not meet** the Serious Incident criteria.

The number of falls and falls with harm remain **below the National average**.



Work continues to strive toward implementing the After Action Review (AAR) tool.

Ensuring we have adequate staff cover to deliver care to our patients remains a top priority for the Nursing Directorate. This ask is persistently challenging and had been exacerbated by the cessation of agency use across the Trust. However, the impact relating to the reduction in agency staff is now settling as the internationally educated (award winning) recruits are establishing themselves within the workforce. Whilst there continues to be shifts which do not have the

optimal staffing requirements, the substantive nature of the coverage in place appears to be mitigating the issues and concerns. We continue to keep this under review with twice daily reviews of all staffing allocations to mitigate risk. It is recognised that whilst there remains some unfilled temporary staffing shifts the ward areas are predominantly staffed by substantive staff who are invested to deliver the best care.

Safer Staffing Summary May Days In Month 31

	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day %	UnQual Day %	Qual N %	UnQual N %	Sum 24:00 Occ	Actual CHPPD	Registered	Care staff	Total
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual									
A2 /A4	102	85	63	60	68	67	63	61	83%	95%	90%	90%	370	4.80	3.91	8.71	
B1	135	126	68	63	93	62	63	54	78%	94%	80%	86%	453	4.70	2.97	7.67	
B2(H)	124	87	197	191	95	85	182	179	71%	97%	89%	96%	742	2.79	5.85	8.64	
B2(T)	124	99	146	122	96	79	138	114	80%	83%	82%	83%	728	2.94	3.88	6.82	
B3	192	166	165	132	211	178	136	117	86%	80%	85%	86%	1,075	3.76	2.77	6.53	
B4	227	214	248	190	156	148	196	173	94%	76%	95%	88%	1,295	3.26	3.36	6.63	
B5	250	194	162	130	271	238	124	103	77%	80%	88%	83%	920	5.76	2.97	8.73	
C1	253	244	287	254	188	184	227	200	90%	89%	98%	88%	1,475	3.40	3.69	7.09	
C2	281	238	66	59	248	197	64	68	85%	90%	83%	100%	471	10.83	3.17	14.00	
C3	218	206	422	375	187	160	411	415	98%	89%	80%	101%	1,576	2.78	5.89	8.68	
C4	209	171	68	67	124	97	62	80	82%	99%	76%	129%	671	4.67	2.53	7.19	
C5	265	236	285	264	248	235	227	221	89%	93%	89%	99%	1,464	3.50	3.98	7.87	
C6	97	90	109	97	96	83	94	80	93%	89%	87%	86%	565	3.61	3.76	7.37	
C7	216	196	225	184	156	148	230	203	91%	82%	95%	88%	1,099	3.67	4.23	7.90	
C8	259	239	217	183	222	212	188	156	92%	84%	95%	83%	1,322	4.00	3.08	7.08	
CCU_PCCU	244	231	69	68	212	208	41	41	95%	95%	98%	100%	716	7.19	1.83	9.02	
Critical Care	563	505	129	81	565	500			90%	63%	88%		506	23.83	1.92	25.75	
EAU AMU 1	582	482	466	410	561	468	466	385	83%	88%	83%	83%	2,285	4.88	4.18	9.06	
Maternity	1,000	806	367	264	579	481	217	179	81%	72%	83%	82%	1,249	9.78	4.15	13.93	
MEDU	93	93	37	34	95	95			100%	91%	100%		224	10.07	1.66	11.73	
NNU	162	123			149	142			76%		96%		290	11.02	0.00	11.02	
TOTAL	5,596	4,828	3,795	3,226	4,619	4,068	3,129	2,829	86%	85%	88%	90%	19,496	5.25	3.69	8.95	

There has been a number of discussions surrounding the wider 6monthly staffing report and which committee is best placed to receive this. The Quality Committee will now receive this report going forwards as it predominately relates to the safety of patients, reflecting the acuity /dependency demand on the nursing teams. A separate finance report on Nurse spend will be provided to the Finance Committee.

Tissue Viability related documents have been worked through with the Digital team to ensure pressure ulcer risk assessments and pressure ulcer prevention and care plans will be captured electronically. New pressure ulcer categorisation cards have been launched including photographic images of skin damage of patients of all skin tones to be more inclusive. Education and training continue with our community teams

Collaborative working has continued with the Digital team in preparation for Nursing Documentation to go live at the end of July. Due to the substantial volume of documents this first set have been classified at used 80% of the time for 80% of the patients. User Acceptance Testing (UAT) has been undertaken and a variety of training materials are in creation ready for the training opportunities to go live.

OBJECTIVE 4 – LISTENING AND LEARNING FOR IMPROVEMENT

We will listen to what the workforce tells us about their concerns or what would help them improve. We will learn from when

What are we doing in the directorate to achieve

Complaints for May and June (as of 27 June 2023- data not yet fully complete for June 2023):

The Trust received 80 new complaints in May 2023 and 79 for June 2023. All complaints were acknowledged within three working days.

things that go wrong, embedding new practice and shared learning to improve our services and patient outcomes.

For May 2023, the largest number of concerns raised across divisions related to the following:

Patient Care including Nutrition and Hydration	43
Communications	36
Admissions, discharges, and transfers (excluding delayed discharge due to absence of package of care)	23
Clinical Treatment - Surgical Group	21
Values and Behaviours (Staff)	17

For June 2023, there remain the same themes.

Communications	38
Patient Care including Nutrition and Hydration	26
Clinical Treatment - Surgical Group	18
Values and Behaviours (Staff)	16
Admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)	14
Clinical Treatment - Accident and Emergency	14

The Trust received no new Local Government Office (LGO) cases in May and June 2023 and there are currently no cases open.

The Trust received one new Parliamentary Health Service Office (PHSO) case in May 2023 and closed one case in May 2023, leaving three cases under investigation (including the new case). There was a new PHSO case for June 2023.

Early resolution complaints have seen a good response rate. For May 2023, there were 13 complaints suitable for early resolution. Of those 13, 10 were closed within 30 working days, one breached due to learning by division waiting to be recorded (this is now closed) and two remain open and have not yet breached.

For June 2023, there have been seven complaints suitable for early resolution and of those seven, two have been closed within 30 working days with five remaining open and under investigation. These have not yet breached.

Patient Advice Liaison Service (PALS) for May and June 2023

In May 2023, PALS received 366 concerns, 14 comments and 59 signposting contacts totalling 439. The main theme being appointment delays and cancellations in respect of waiting time for appointments

(services are breaching Referral to Treatment (RTT) timescales) and cancellation of appointments at short notice.

For June 2023, PALS received 313 concerns, 11 comments and 81 signposting contacts totalling 405. The main theme continues to be regarding appointments.

No of days open for May and June 2023	No of PALS concerns and comments
1 day	351
2 days	114
3 days	51
4 days	37
5 days	17
5 days plus	108
Currently open	22

There have been 14 PALS concerns escalated to a complaint for May 2023 and 13 PALS concerns for June 2023.

Patient Experience

As part of our Engagement Plan 2023, we held our first 'Spotlight Session' to showcase all the good work that is taking place to improve the patient experience. The Pulmonary Rehabilitation team were on the Hub, sharing information about the service, promoting learning and action taken to improve the service, and share compliments and feedback about the service. Two patients were also in attendance. In June 2023 we celebrated Volunteers Week to say thank you to our volunteers who kindly give up their time to provide invaluable support to the Trust and help us to improve patient experience. A variety of activities took place throughout the week such as a 'thanks a latte' session to present certificates to our volunteer mentors. The patient experience team took a 'thank you' book around the wards and asking staff to write a 'thank you' message to our volunteers and were on the Health Hub throughout the week to ask patients, staff, and visitors to complete a 'thank you' card for our volunteers.

The Trust Governors participated with visits to the wards to support our 'Talk to Us' trolley which provides the opportunity for patients to give feedback about their experience as an inpatient at the hospital.

During 2022/2023 the DGFT Freedom To Speak Up (FTSU) service handled 102 concerns brought by 122 members of staff (some people prefer to raise concerns in small groups). One formal concern of detriment/disadvantageous treatment was reported as a result of raising concerns through the FTSU service, and this was escalated and managed at executive level.

	<p>FTSU is participating in the culture and behaviour working group (organised by the OD team) to contribute to trust wide organisational culture work.</p> <p>Communications are supporting the FTSU service to tell positive stories about speaking up and the changes it can bring.</p> <p>The past couple of months have seen regulatory and arm's length bodies peer review or inspect the Trust numerous times in a variety of areas. Whilst we continue to welcome the support and the opportunity to identify areas for improvements, the number of reviews has been challenging for the staff. The staff have embraced the opportunities to showcase their good practice and the learning which has happened.</p>
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OBJECTIVE 5 – PATIENT SAFETY AND IMPROVED QUALITY AND CARE OUTCOMES

<p>We will through quality improvement and governance frameworks have a programme of continual quality improvement. This will maintain patient safety, improve care outcomes, and achieve maintenance of national policy and standards.</p>	<p><u>Infection Prevention Control</u></p> <p>There is a national directive that the board are sighted on the current Infection Control Board Assurance Framework. A new IPC BAF has been received from NHSE and will be presented to the IPC Group in July. There are currently no red areas on the framework and one amber area relating to CPE (carbapenemase-producing Enterobacterales) testing which is currently under review by the ICB. This is listed as a risk on the Trusts risk register.</p> <p>New HCAI thresholds have been received and have been distributed. The IPC annual programme of works and CDI Improvement plan have been approved by the IPC Group in April and work continues to progress the workstream to reduce the risk.</p> <p><u>Maternity</u></p> <p>In line with the perinatal surveillance model, we are required to report Maternity information outlined in the data measures proforma monthly to the trust board. Data contained within this report (within reading pack) is for April and May 2023, unless otherwise specified throughout. It should be noted that mortality data shows a deterioration for stillbirths, and early neonatal deaths. The deaths are all being reviewed using the nationally recognised perinatal mortality review (PMRT) and reports are discussed at the Trust Mortality Group. Family perspective is gained for all reviews.</p> <p>A Maternity Workforce paper is included within the pack to show an improved position for the vacancy within the midwifery workforce, and current position and rectification plans for Maternity and mandatory training for obstetrics and midwifery.</p> <p><u>Tissue Viability</u></p> <p>The Pressure Ulcer Scrutiny Group is held weekly to provide a forum to present information regarding any patients that acquired a category 3,4 or unstageable pressure ulcer during our care. This meeting allows any potential lapses in care and learning opportunities to be identified as well as determining the level of investigation required. Input is provided from safeguarding, governance and relevant clinical leads. A bi</p>
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	<p>monthly report on Tissue Viability activities is presented at Quality and Safety Group.</p> <p>The June issue of the Medical Device Education and Training Journal has featured The Dudley Group. Our Core Skills Medical Device Trainer identified a training tool which could be acronymic to CRAFTED as a tool to support with the device training. Follow this link for the full article https://www.flipsnack.com/6B8ED86D75E/mdet-june-2023.html</p>
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OBJECTIVE 6 – SUSTAINABILITY AND GROWTH

<p>We will support and actively participate in sustainability and growth to ensure we have the right workforce now and for the future and invest in our local community.</p>	<p>In 2023, we reviewed our approach to graduate nurse recruitment to ensure all student nurses who trained with us were able to easily transition into a band 5 graduate nurse role on qualification. The process ensures everyone has an equal opportunity to be interviewed and guaranteed a position within the trust.</p> <p>Innovation Investors scheme rolled out in May 2023, offering dragons den style opportunity for staff present their innovative idea to gain support (financial or time) to assist with delivery.</p> <p>Hidden Talent Programme was launched in June 2023. This programme enables us to support existing Healthcare Support Workers already working for the trust who are internationally educated nurses but currently do not possess all the required criteria to gain NMC registration.</p> <p>Our first 18-month Acute Care Graduate Nursing Rotation was commenced in January 2023. The rotational posts cover critical care, coronary care unit, theatres recovery and VASCU/POCU. The first cohort are due to rotate at the end of June, currently feedback being received is very positive.</p>
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3. COMMITTEE AND GROUP UPWARD HIGHLIGHTS

- 3.1 There is a national directive that the Board of Directors are sighted on the current Infection Control Board Assurance Framework. As previously mentioned, this has been reviewed nationally and a gap analysis will be discussed and presented at Infection Control Group in July. An updated version will be included in the next report.
- 3.2 There is a national directive that the Board of Directors are sighted on the Maternity and Neonatal Safety and Quality Dashboard [included in further reading bundle]. The data set gives factual information on the number of births, neonatal deaths and foetal losses throughout May and June 2023 as part of the perinatal surveillance model.

- 3.3 There was an extraordinary Quality and Safety Committee held in June where the annual reports of the Patient Experience Group and the Safeguarding annual report was reviewed. Highlights have been included in the Quality and Safety Committee report and the full reports are included in the reading pack.

Helen Bromage
Deputy Chief Nurse
Thursday 29th June 2023

Paper for submission to the Board of Directors on 13 July 2023

Title:	7 Day Service Standards (7DS)
Author:	Dr Paul Hudson, Operational Medical Director
Presenter:	Dr Julian Hobbs, Medical Director

Action Required of the Board			
Decision N	Approval N	Discussion Y	Other N
Recommendations:			
The Board is asked to note the updated 7DS position.			

Summary of Key Issues:
<p>This paper updates the Trust's position against the national BAF document, progress to embed the standards and planned work.</p> <p>A small number of specialities are being monitored via the job planning process to address risk to compliance.</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)	
 Build innovative partnerships in Dudley and beyond	
 Improve health and wellbeing	

Implications of the Paper:			
Risk	N	Risk Description:	
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13 July 2023
	Other	N	Date:

REPORT FOR ASSURANCE

Report to Board of Directors July 2023

7 Day Service Standards Board Assurance

1 EXECUTIVE SUMMARY

The 7 Day Service (7DS) programmes aim is to provide a standard of consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. This paper will outline the Trust position against the national BAF document (1), progress to embed the standards and planned work.

2 BACKGROUND INFORMATION

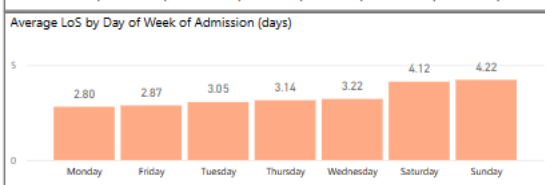
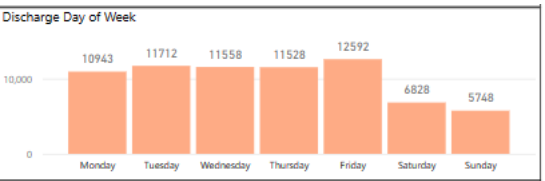
2.1 National BAF

The 7DS were first introduced in 2013 by NHS Improvement as 10 standards of which four were identified as clinical priorities in 2016 on the basis of their potential to positively affect patient outcomes. The four 7DS programme prioritised clinical standards are:

- **Standard 2 and 8** relating to consultant presence (time to first review and ongoing daily review)
- **Standard 5 and 6** relating to access to diagnostics and consultant led interventions.

Full details of the standards are included at Appendix 1.

Reporting nationally was paused during the pandemic and is now measured via an Annual Board report considering the following standards and evidence;

BAF Standard	Self Assessment and Evidence																
The daily hospital sitrep shows once the lack of elective admissions is taken into account no significant variation in LOS associated with the day of the week patients are admitted.	 <table border="1"> <caption>Average LoS by Day of Week of Admission (days)</caption> <thead> <tr> <th>Day</th> <th>Average LoS (days)</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>2.80</td> </tr> <tr> <td>Friday</td> <td>2.87</td> </tr> <tr> <td>Tuesday</td> <td>3.05</td> </tr> <tr> <td>Thursday</td> <td>3.14</td> </tr> <tr> <td>Wednesday</td> <td>3.22</td> </tr> <tr> <td>Saturday</td> <td>4.12</td> </tr> <tr> <td>Sunday</td> <td>4.22</td> </tr> </tbody> </table>	Day	Average LoS (days)	Monday	2.80	Friday	2.87	Tuesday	3.05	Thursday	3.14	Wednesday	3.22	Saturday	4.12	Sunday	4.22
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Similarly the daily hospital sitrep shows no significant variation in the number of discharges by day of the week.	 <table border="1"> <caption>Discharge Day of Week</caption> <thead> <tr> <th>Day</th> <th>Number of Discharges</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>10943</td> </tr> <tr> <td>Tuesday</td> <td>11712</td> </tr> <tr> <td>Wednesday</td> <td>11558</td> </tr> <tr> <td>Thursday</td> <td>11528</td> </tr> <tr> <td>Friday</td> <td>12592</td> </tr> <tr> <td>Saturday</td> <td>6828</td> </tr> <tr> <td>Sunday</td> <td>5748</td> </tr> </tbody> </table>	Day	Number of Discharges	Monday	10943	Tuesday	11712	Wednesday	11558	Thursday	11528	Friday	12592	Saturday	6828	Sunday	5748
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Sunday	5748																
Job plans for consultants in all acute specialties provide scheduled on-site consultant cover every day that reflects the likely demand for that specialty.	<p>Assurance of these standards is now sought from the Trust job planning governance framework. In 2021/22 95% of specialties presented their job plans to a consistency panel where the provision of 7-day service standards is assessed. Compliance is required for plans to be formally signed off. A small number of specialties (Endocrinology, Respiratory and Critical Care) were asked to complete further work in relation to 7DS compliance. 2022/23 consistency panels commenced in June 2023.</p>																

Compliant with Standard 5 regarding 24/7 access to these emergency diagnostic tests	Compliant with Standard 5. Individual diagnostic test assurance available at Appendix 2. Compliance against standard 5 is monitored and reported in real time via a power BI report and via the Medical Directors dashboard.
Compliant with Standard 6 regarding 24/7 access to these emergency consultant-led interventions	Compliant with Standard 6. Individual interventions assurance available at Appendix 3.

2.2 Narrative Summary

Standard 2 and Standard 8

Outstanding issues:

- Endocrinology is partially compliant, with job planned Consultant ward rounds 6 days a week, and reliant on the current consultant body undertaking additional sessions to provide the required cover. A business case has been approved for additional resource but recruitment remains a challenge.
- Respiratory compliance has been impacted by changes in the workforce and footprint of the respiratory ward (48 beds). Job plans do contain consultant ward presence over 7 days but due to the volume of work over the weekend daily review is not guaranteed. A team job planning meeting was held in June 2022 to develop a complaint staffing model, but a demand and capacity exercise revealed that with the current workforce, introduction of the model would adversely impact on provision of clinics, including the lung cancer pathway. Further work would require development of a business case for additional consultant resource.
- Critical care's consistency panel identified no scheduled second daily consultant review. Work has completed to rationalise the footprint of critical care to establish a combined critical care, surgical high dependency unit and medical high dependency unit with workforce compliant with all national standards. The CSL is undertaking an audit of 7DS compliance. The CLS has undertaken an audit of 7DS compliance demonstrating improved compliance with the main reason for non-compliance the Consultant being resident on site but dealing with simultaneous emergencies.

Standard 5 and 6

Full compliance with standard 6 has always been achieved.

Whilst overall compliance has been achieved for standard 5, with 92.2.% of all radiological investigations being done within the targeted time. As detailed in Appendix 4 further work, is required for compliance against all modalities specifically CT and MRI as significant challenges remain namely:

- Due to staffing and skill mix MRI scans are not available overnight with an SLA in place with UHB for transfer of patients requiring emergency neurological imaging

2.3 Action Plan

Work Planned	Due Date	Assurance Route
Review of progress of all 10 standards (inc handover)	September 2023	Quality & Safety Committee
Review of non-compliant specialities	September 2023	Finance & Performance Committee

3 RISKS AND MITIGATIONS

As identified in this paper, compliance in a small number of specialities is being monitored with plans in place to address the risk to compliance. The BAF does allow that in trusts where there are insufficient Consultant numbers to achieve compliance e.g. Respiratory that the Executive Medical Director may grant a derogation to allow the inclusion of Specialty Doctors and doctors in higher specialist training at ST4 and above to provide some of the daily ward rounds. This will require a deep dive to provide assurance of quality metrics first.

4 RECOMMENDATION(S)

The Board is asked to note the assurance provided against the national BAF, progress to embed 7 Day Service standards across the Trust and the use of the job planning governance framework to seek assurance on the standards.

Dr Paul Hudson
Operational Medical Director
21/6/2023

References

1. NHS England (2022) NHS England Board Assurance Framework
[B1231-board-assurance-framework-for-seven-day-hospital-services-08-feb-2022.pdf \(england.nhs.uk\)](#)

Appendix 1

The 7DS programme prioritised clinical standards:

- **Standard 2** - Time to first Consultant review- within 14 hours of admission for all non-elective patients
- **Standard 5** - Access to diagnostic tests - ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology.
 - Within 1 hour for critical patients
 - Within 12 hours for urgent patients
 - Within 24 hours for non-urgent patients
- **Standard 6** - Access to consultant directed interventions - Critical Care, Interventional Radiology, Interventional Endoscopy, Emergency Surgery, Emergency Renal Replacement Therapy, Urgent Radiotherapy, Stroke Thrombolysis, Percutaneous Coronary Intervention and Stroke Thrombolysis
- **Standard 8** - Ongoing review by consultant twice daily if high dependency patients, daily for others

The non-prioritise standards are:

- **Standard 1** - patient experience
- **Standard 3** – multidisciplinary team working
- **Standard 4** – shift handovers
- **Standard 7** – mental health
- **Standard 9** - Transfer to community, primary and social care
- **Standard 10** – quality improvement

Appendix 2 Compliance with Standard 5 regarding 24/7 access to these emergency diagnostic tests

Clinical Standard 5	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
Hospital inpatients must have scheduled 7 day access to diagnostic services typically ultrasound, computerised Tomography (CT) Magnetic Resonance Imaging (MRI), Echocardiography, Endoscopy, Microbiology. Consultant directed diagnostic tests and completed reporting will be available 7 days a week.	Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent needs , in the appropriate timescales.	Microbiology	Yes- available on site	Yes- available on site	Yes	Microbiology Lab
		computerised Tomography (CT)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Ultrasound	Yes mix of on site and off site by formal arrangement	Yes- available on site	Yes	Radiology Dept
		Echocardiography	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Upper GI Endoscopy	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch






Appendix 3 Compliance with Standard 6 regarding 24/7 access to these emergency consultant-led interventions

Clinical Standard 6	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
Hospital inpatients must have timely 24 hours access 7 days a week to key consultant directed interventions that meet the relevant specialty guidelines either on site or through formally agreed networked arrangements with clear written protocols	Do inpatients have 24 hour access to the following consultant directed interventions 7 days a week either on via a formal network arrangement.	Critical Care	Yes- available on site	Yes- available on site	Yes	Critical Care Dept
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Interventional	Yes- available on site	Yes- available on site	Yes	On call rotas available
		Emergency Surgery	Yes- available on site	Yes- available on site	Yes	
		Emergency Renal Replacement Therapy	Yes- available on site	Yes- available on site	Yes	Renal Cons, Dialysis nurses and dialysis technician
		Urgent Radiotherapy	Not applicable to patients in this trust	Not applicable to patients in this trust	Yes	
		Stroke Thrombolysis	Yes- available on site	Yes mix of on site and off site by formal arrangement	Yes	
		Percutaneous Coronary Intervention (PCI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Staff operational rota
		Cardiac pacing	Yes- available on site	Yes- available on site	Yes	Staff operational rota

Appendix 4 compliance with standard 5 by modality

Turnaround Times - 7 Day Service Targets - % Met														Last Refresh : 03/07/2023 08:17
KPI Category	Urgency	Modality	Measure	Target	08/05/2023	15/05/2023	22/05/2023	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	Total	Week Commencing
ED	Critical	CT	Request to Verified	1	0.00%		100.00%	0.00%			0.00%		37.50%	08/05/2023
		MRI	Request to Verified	1			0.00%						0.00%	15/05/2023
		Ultrasound	Request to Verified	1							0.00%		0.00%	22/05/2023
	Urgent	CT	Request to Verified	12	96.35%	94.76%	98.73%	96.79%	95.22%	96.96%	96.85%	96.74%	96.53%	29/05/2023
		MRI	Request to Verified	12	46.67%	33.33%	50.00%	45.45%	50.00%	20.00%	20.00%	85.71%	45.31%	05/06/2023
		Radiology	Request to Scan	12	99.90%	99.83%	99.76%	99.72%	99.83%	99.84%	99.83%	99.69%	99.80%	12/06/2023
		Ultrasound	Request to Verified	12	16.67%	54.55%	57.14%	55.56%	33.33%	80.00%	23.08%	50.00%	46.97%	19/06/2023
	Routine	CT	Request to Verified	24	100.00%	50.00%	100.00%						83.33%	Latest Week
		MRI	Request to Verified	24		0.00%			0.00%		0.00%		0.00%	
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
		Ultrasound	Request to Verified	24		100.00%				100.00%			100.00%	
AEC	Urgent	Ultrasound	Request to Verified	12			100.00%						100.00%	
AMU	Urgent	CT	Request to Verified	12	55.56%	94.12%	73.33%	66.67%	40.00%	64.29%	50.00%	55.00%	63.21%	
		MRI	Request to Verified	12	0.00%	50.00%	0.00%	57.14%		0.00%	0.00%		20.00%	
		Radiology	Request to Scan	12	50.00%	61.54%	45.45%	60.00%	63.16%	81.82%	47.06%	30.00%	55.34%	
		Ultrasound	Request to Verified	12	33.33%	50.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.09%	
	Routine	CT	Request to Verified	24	100.00%	0.00%					100.00%		80.00%	
		MRI	Request to Verified	24		0.00%	0.00%			25.00%			12.50%	
		Radiology	Request to Scan	24		100.00%	50.00%		100.00%	100.00%	66.67%	100.00%	83.33%	
		Ultrasound	Request to Verified	24	0.00%	50.00%	100.00%		100.00%	60.00%	50.00%	100.00%	61.54%	
	Critical	Ultrasound	Request to Verified	1	0.00%						100.00%		50.00%	
	Urgent	CT	Request to Verified	12	65.85%	81.40%	64.41%	66.67%	79.55%	63.16%	78.95%	55.81%	69.15%	
		MRI	Request to Verified	12	33.33%	80.00%	0.00%		50.00%	0.00%	0.00%	100.00%	44.83%	
		Radiology	Request to Scan	12	99.31%	100.00%	99.33%	100.00%	100.00%	98.63%	100.00%	98.72%	99.52%	
		Ultrasound	Request to Verified	12	60.53%	71.64%	66.67%	68.63%	71.43%	68.63%	36.11%	52.27%	63.40%	
SDEC	Routine	CT	Request to Verified	24	100.00%	100.00%	100.00%	66.67%	0.00%	100.00%	100.00%	75.00%	83.33%	
		MRI	Request to Verified	24			0.00%				0.00%	100.00%	16.67%	
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
		Ultrasound	Request to Verified	24	85.71%	100.00%	80.00%		100.00%	88.89%	11.11%	77.78%	76.92%	
	Critical	CT	Request to Verified	1	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%		0.00%	
		MRI	Request to Verified	1									0.00%	
		Ultrasound	Request to Verified	1									0.00%	
	Urgent	CT	Request to Verified	12	71.90%	68.79%	61.64%	59.48%	68.91%	63.31%	53.24%	68.71%	64.42%	
		MRI	Request to Verified	12	22.22%	15.22%	23.08%	54.29%	13.89%	20.00%	23.53%	27.27%	24.66%	
		Radiology	Request to Scan	12	75.34%	66.52%	65.97%	62.96%	68.70%	66.24%	65.02%	62.91%	66.82%	
		Ultrasound	Request to Verified	12	28.40%	28.57%	31.40%	23.86%	27.96%	30.30%	34.31%	30.70%	29.82%	
	Routine	CT	Request to Verified	24	70.83%	66.67%	31.25%	72.22%	50.00%	50.00%	66.67%	80.00%	62.02%	
		MRI	Request to Verified	24	33.33%	35.71%	3.85%	66.67%	15.00%	14.29%	8.00%	27.78%	22.73%	
		Radiology	Request to Scan	24	68.85%	72.58%	58.49%	55.00%	64.71%	73.77%	62.26%	35.90%	62.73%	
		Ultrasound	Request to Verified	24	56.25%	57.89%	56.67%	55.17%	52.00%	61.29%	72.41%	92.31%	61.06%	

Paper for submission to the Board of Directors on 13th July 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 N	Approval N	Discussion N	Other Y
Recommendations:			
The Board is asked to note the contents of the report.			
Summary of Key Issues:			
Summary of key issues discussed and approved by the Charitable Funds Committee on 22 nd June 2023.			
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: 22/06/2023
	Board of Directors	Y	Date: 13/07/2023
	Other	N	Date:

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 22 June 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">Mrs Abbiss reported that she had been working with the Director of Estates regarding the 'wellbeing hub' and that projected costs had escalated. She said that this would be discussed at an Executive team meeting and a further update would be brought back to the Charitable Funds Committee.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">Mrs Patel outlined the plans for the NHS 75 celebrations taking place from 4th - 6th July. Funding would be from the communications and charitable funds budgets. Staff would receive tea, coffee and cakes to say 'thank you'. Departments were also being encouraged to fundraise by holding cake sales. NHS 75 and George Cross badges would be purchased and distributed to staff.Mrs Patel continues to work with fund managers to encourage them to spend their respective funds.Mr Richards and Mr Elahi attended the meeting to provide an update on the ophthalmology legacy fund spending plans (£142k). They presented two plans; the first to refurbish two rooms to provide additional capacity and the second to invest in a charity appeal named 'Save the Sight'. The aim of the appeal will be to create an ophthalmology hub in the community. The plans were supported by the Committee.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">Mrs Patel informed the meeting of the continuing successful partnership with HSBC. £33k had been received to date; £23k via a grant and £10k through fundraising.A group of ladies walked the virtual London marathon and raised £5,200.The superhero fun run and family day on 11th June 2023 raised over £5,000.The 'Committed to Excellence' event raised £21,500.Mrs Taylor reported that since 1st April 2023, the Charity had received income of £101,090 while expenditure had been £80,407. Total fund balances had remained at £2.6m.	DECISIONS MADE <ul style="list-style-type: none">It was agreed to continue subsidised meals for staff until the next meeting when it would again be reviewed.The Committee agreed to recommend a change of name for the Charity to the Board. It is proposed that the name changes from 'The Dudley Group of Hospitals Charity' to 'The Dudley Group NHS Charity'.The following bids for funding were approved:<ul style="list-style-type: none">A memory tree for staff and patients that have passed away. £8,900.A licence for an IT platform (WARP IT) which facilitates the sharing of furniture and stationary across the Trust (subject to a clear implementation plan and confirmation of no additional costs or issues). £3,900.A 'Teachable Movements' programme in ED; a service which provides support for young people affected by violence. £17,000.
Chair's comments on the effectiveness of the meeting: The meeting was quorate and effective. Members reflected positively on the efficiency of the meeting.	

Mortality Indicators Update

Dr Julian Hobbs
Medical Director

NHS

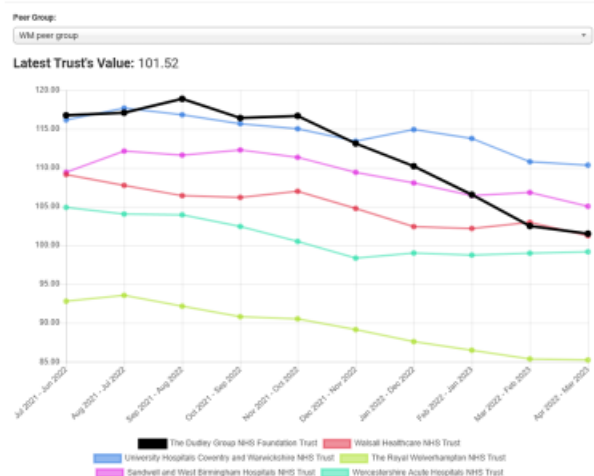
The Dudley Group
NHS Foundation Trust



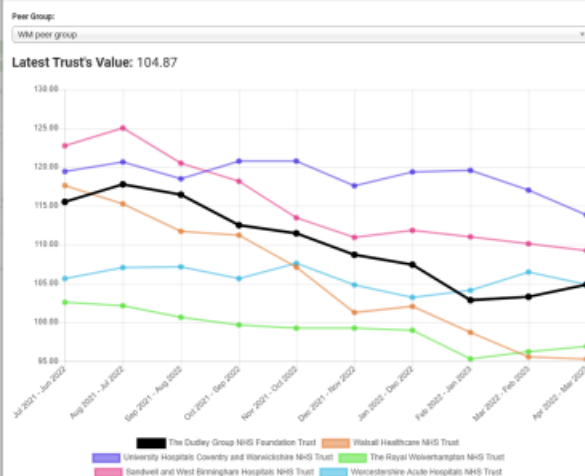
Inpatient Mortality Indicators

HSMR - In patient mortality

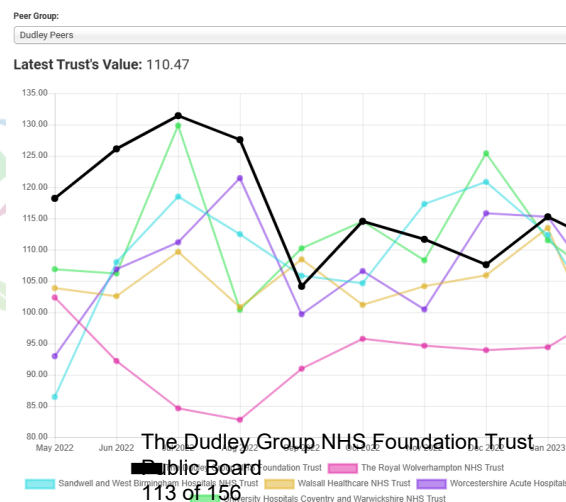
HSMR - Weekday mortality (12 mth rolling)



HSMR - Weekend mortality (12 mth rolling)



SHMI (monthly)



- SHMI within expected range
- HSMR falling more rapidly
- Depth of coding to be addressed to ensure SDEC cohort captured
- 3.32% crude mortality (Feb 2023)



SHMI – Summary Hospital-Level Mortality Indicator
HSMR - Hospital Standardised Mortality Ratio



Assurance

- 100% of deaths reviewed by Medical Examiner team in Q3 and Q4
- 100% of Structured Judgment Reviews (SJRs) completed last year showing a high levels of good quality care

12.5% of all deaths

External validation of SJR outputs.

- 71% of local deaths reviewed (high)
- Reduction in the number of inquests
- No regulation 28 notices since 2019.
- Review of neonatal outcomes

Planned Work

Coding

- External assurance proposal received to include review of HED, coding and provision of board development workshop.
- Specific work plan to address coding of Same Day Emergency Care (SDEC) cohort to increase depth of coding.

Quality of care

- Pathway review of respiratory conditions to include consultant led working group and external review.
- Deep dive into chest pain, stroke and heart failure mortality
- Continued pathway work related to liver failure and pneumonia

Reporting

- Monthly to Quality & Safety Committee

Paper for submission to the Board of Directors on 13th July 2023

Title:	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 30 th May and 27 th June 2023
Author:	Alan Duffell - 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 for assurance from the WSEC meetings in May and June and note: - <ul style="list-style-type: none"> • Matters of concern. • Committee decisions in relation to the BAF Assurance Levels. 			

Summary of Key Issues:
<p>The enclosed are upward reports from the Workforce & Staff Engagement Committee (WSEC) meetings held on 30th May and 27th June 2023. Key points for the Board to note: -</p> <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <p>May 2023</p> <ul style="list-style-type: none"> • Turnover (all terminations) had increased from 7.38% in March to 7.50% in April. Normalised turnover (voluntary resignations) had increased marginally from 3.99% in March to 4% in April. • The vacancy rate had increased from 7% in March to 10% in April. Total vacancies in April were 630.88 WTE, an increase from 403.33 WTE in March, driven by an establishment growth of 219 WTE on the 2023/24 budget setting. • Paediatric resuscitation compliance was the only subject which remained Red (below 80%). <p>June 2023</p> <ul style="list-style-type: none"> • The Committee received an update on statutory and mandatory training (SMT) compliance, which was above target overall and demonstrated improvement in the past two months. As in May, Paediatric resuscitation compliance was the only subject which remained Red (below 80%). A discussion took place on current mandatory training requirements which were felt to be excessive and potentially had an impact on the ability of staff to maintain compliance. <p>POSITIVE ASSURANCES TO PROVIDE</p> <p>May 2023</p> <ul style="list-style-type: none"> • Positive improvements in sickness absence (below 5% for the first time) and appraisal completion rates. • All Resuscitation and Safeguarding mandatory training subjects had shown an increase in compliance in April. All were Amber, apart from paediatric resuscitation. • The job planning update was received by the Committee.

June 2023

- A discussion took place on risk, with positive challenge about the length of time risks had been open, actions and risk appetite.
- The Workforce key performance indicators (KPI's) showed some good results, particularly on absence (4.79% in May, a decrease from 4.92% in April), recruitment, turnover, retention and mandatory training (where all divisions were above target).
- Appraisal completion rates had increased from 13.6% in April to 40.3% as at 21/06/23, Alan Duffell highlighted the linkage between succession planning, talent planning and appraisals, which would be captured through the organisational development journey.
- Compliance had increased in all Resuscitation and Safeguarding mandatory training subjects in April; all were Amber, apart from paediatric resuscitation.
- The Wellbeing and Equality, Diversity & Inclusion Steering Groups provided encouraging updates on their progress, highlighting collaboration with other areas.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

May 2023

- An updated draft of the Dudley People Plan (agreed by the Executive team) was presented and feedback given. Subject to the suggested amendments, the Committee approved its submission to the July Board meeting for ratification.
- Rachel Andrew gave an outline of the current work programme around organisational culture and the review and relaunch of the Behaviour Framework.
- An update on the apprenticeship and work experience programme activity was given, including the emerging work on the pre-employment programme I-Can Dudley.

June 2023

- A full review of SMT had commenced, Priority 1 subjects to be reviewed by September 2023, followed by a review of Priority 2/3 subjects. Scoping was also underway for a collaborative approach to SMT through the Black Country Provider Collaborative.
- A summary of local, national, and regional training available to staff was provided by Rachel Andrew and a discussion took place on the training expected for leaders and managers and the actions identified for further work.
- The Committee received the Freedom To Speak Up (FTSU) report and strategy, including a comparison of issues raised across the system.

DECISIONS MADE






May 2023

- The Committee reviewed the annual committee effectiveness review paper and approved the updated Terms of Reference (TOR). Areas for improvement were noted in respect of addressing mandatory training compliance and staff survey results.
- The Public Sector Equality Duty (PSED) annual report was discussed, feedback given and subject to amendments being made, was approved to go to the June Board meeting.
- 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 following the divisions' updates on their actions in respect of the 2022 national staff survey results.

June 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: Risk 2 20 (4x5) Risk 3 12 (3x4)
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC 30/05/2023 and 27/06/2023
	Board of Directors	N	Date: 13/07/2023
	Other	N	Date:

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE

Date Committee last met: 27th June 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Rachel Andrew updated the Committee on statutory and mandatory training (SMT) compliance, which was above target overall and demonstrated improvement in the past two months. However, challenges remained in maintaining performance levels and training expectations for staff. Additional measures to target those persistently non-compliant were in place. • The Committee heard that whilst there was improvement in mandatory training, Paediatric resuscitation compliance was the only subject which remained Red (below 80%). • There was a discussion around the current mandatory training requirements, which were felt to be excessive and could be impacting on staff members' ability to maintain compliance. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A full review of SMT had commenced, with Priority 1 subjects to be reviewed by September 2023, followed by a review of Priority 2/3 subjects. Scoping was also underway for a collaborative approach to SMT through the Black Country Provider Collaborative (the internal review would continue until this work was scoped further, to support preparation for any shared working moving forward). • Rachel Andrew provided a summary of local, national, and regional training available to staff. In addition, there was a discussion around the training expected for leaders and managers and the actions identified for further work. These include, embedding the leadership competencies outlined and ensuring that all managers meet the Manager's Essentials competencies and receive a manager's induction. • The Committee received the Freedom To Speak Up (FTSU) report and strategy which included a comparison of issues raised across the system.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • There was a good discussion around risk and some positive challenge about the length of time risks had been open, actions and risk appetite. • The KPI report demonstrated some good results, particularly in relation to absence (4.79% in May, a decrease from 4.92% in April), recruitment, turnover, retention and mandatory training (with all divisions above target). • Appraisal completion rates had increased from 13.6% in April to 40.3% as at 21/06/2023. Alan Duffell made a good point about the linkage between succession planning, talent planning and appraisals, all of which would be captured through the organisational development journey. • All Resuscitation and Safeguarding mandatory training subjects had shown an increase in compliance in April. All were Amber, apart from paediatric resuscitation (please see box above). 	<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 following the divisions' updates on their actions in respect of the 2022 national staff survey results.

- The Wellbeing and Equality, Diversity & Inclusion Steering Groups provided encouraging updates on their progress, and it was good to see collaboration with other areas.

Chair's comments on the effectiveness of the meeting:

There were some good discussions regarding the Corporate Risk Register, positive reports from the Wellbeing and Equality, Diversity & Inclusion Steering Groups, and an informative paper on leadership and management development progress to date and opportunities for the future. The meeting was well attended and there were contributions from most present. It was pleasing that it ran to time.

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 30th May 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Turnover (all terminations) had increased from 7.38% in March 2023 to 7.50% in April 2023. Normalised turnover (voluntary resignations) had increased slightly from 3.99% in March to 4% in April. • The vacancy rate had increased from 7% in March to 10% in April. Total vacancies in April were 630.88 WTE, an increase from 403.33 WTE in March, driven by an establishment growth of 219 WTE from the 2023/24 budget setting exercise. • Paediatric resuscitation compliance was the only subject which remained Red (below 80%). • A discussion took place on the space available for junior doctors, as the previous proposed build did not happen due to the contractor going into administration. This will be kept under review. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The updated draft of the Dudley People Plan (agreed by the Executive team) was presented and feedback given. The Committee approved its submission to the July Board meeting for ratification, pending the inclusion of the amendments discussed and agreed. • Rachel Andrew outlined the current work programme around organisational culture and the review and relaunch of the Behaviour Framework. A more detailed report and action plan would be brought back to WSEC once the approach had been agreed through the executive committee, which would include how they could support the 'Big Culture' Conversation. • The Committee received an update on the apprenticeship and work experience programmes, with assurance given that contributed levy funding would be allocated to training. • The Committee was asked to note the emerging work on the pre-employment programme 'I-Can Dudley'. A further report would be brought back to the Committee within six months to give an update on the pathway and the role of the Dudley Group in leading this work.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • There had been positive improvements in sickness absence (below 5% for the first time) and appraisal completion rates. • All Resuscitation and Safeguarding mandatory training subjects had shown an increase in compliance in April; all were Amber, apart from paediatric resuscitation. • The job planning update was received by the Committee. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee reviewed the annual committee effectiveness review paper and approved the updated Terms of Reference (TOR). The WSEC had received largely positive feedback from Sir David Nicholson. Areas for improvement were highlighted as the slow progress on addressing mandatory training compliance and the staff survey results. • The Committee discussed the Public Sector Equality Duty (PSED) annual report which was part of the Trust's ICB contractual obligations and which supported other legal requirements on Equality, Diversity and Inclusion. Feedback was given and, subject to the amendments agreed being made, was approved to go to the June Board meeting.

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|--|---|
| | <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 following the divisions' updates on their actions in respect of the 2022 national staff survey results. |
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Chair's comments on the effectiveness of the meeting:

There were good discussions on several subjects including culture, apprenticeships and work experience. Most attendees participated and the meeting ran to time.

Paper for submission to the Board of Directors on 13th July 2023

Title:	Workforce KPI Report
Author:	Karen Brogan, Deputy Director of Operational Hr
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	<p>Risk Description: <i>Inc risk ref number</i></p> <p>COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff Wellbeing</p> <p>COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff well-being</p> <p>COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance</p> <p>COR1303 - There is a risk of low Staff engagement and Morale impacting on Absence, Turnover and Retention</p> <p>COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services</p>
	On Risk Register:	Y	Risk Score: various
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	Y	Date: 27/06/2023
	Committee	N	Date:
	Board of Directors	Y	Date: 13/07/23
	Other	N	Date:

Workforce KPI Report

Alan Duffell

Chief People Officer



The Dudley Group
NHS Foundation Trust



Summary

Metric	Rate	Target	Trend	
Absence – In Month	4.79%	<=5%	↓	<u>Sickness Absence</u> <ul style="list-style-type: none"> In month sickness absence for May is 4.79%, a decrease from 4.92%, in April 2023. The rolling 12-month absence shows a minimal reduction from 5.66% to 5.65% in May 2023.
Absence - 12m Rolling	5.65%	<=5%	↓	
Turnover	7.62%	<=8%	↑	<u>Turnover</u> <ul style="list-style-type: none"> Turnover (all terminations) has increased from 7.50% in April 2023 to 7.62% in May Normalised Turnover (voluntary resignation) has decreased from 4% in April 2023 to 3.93% in May 2023.
Normalised Turnover	4.14%	<=5%	↓	
Retention (12 month)	89.1%	>=80%	↑	<u>Retention</u> <ul style="list-style-type: none"> The 12 month retention rate has increased from 88.8% in April to 89.1% in May 2023.
Vacancy Rate	6%	<=7%	↓	<u>Vacancy Rate</u> <ul style="list-style-type: none"> The vacancy rate decreased from 7% in April 2023 to 6% in May 2023, with total vacancies of 384.91 WTE. * Please note that in April, there was an artificial increase driven by establishment growth in the budget setting process, this has now been normalised.
Mandatory Training	91.98%	>=90%	↑	<u>Mandatory Training</u> <ul style="list-style-type: none"> Statutory Training has increased from 90.48% in April 2023 to 91.84% as of 21st June 2023 (As of 29/06/23 Mandatory Training is 92.94%)
Appraisals	40.3%	>=90%	↑	<u>Appraisals</u> <ul style="list-style-type: none"> The appraisal rate has increased from 13.6% in April 2023 to 40.3% as of 21st June 2023. (As of 29/06/23 Appraisals are 51.0%)

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Absence	<p>In month performance for May is 4.79 and below Trust target, the 12 month rolling average absence remains above target, although continues to show a reducing trajectory.</p> <p>Both long-term absence and short-term absence have shown an improvement trajectory from November 2022.</p>
Turnover/ Vacancies/ Retention	<p>❖ <i>Please note that in April, there was an artificial increase driven by establishment growth in the budget setting process, this has now been normalised.</i></p> <p>It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce.</p> <p>Turnover (all terminations) has increased marginally in May, but continues to perform under the national average for the NHS between 10-12%. Retention has seen a marginal increase to 89.1% in May, both metrics are performing well against target.</p> <p>The normalised vacancy rate for April was a vacancy factor of 411.36 WTE and a rate of 7%, May has seen improvement with a vacancy factor of 384.91 WTE and a rate of 6%.</p>
Mandatory Training	<p>Statutory Training overall compliance has now been above target for three months. This reflects a usual seasonal improvement – likely linked to annual appraisals and expiry dates for annual training.</p> <p>Only one subject, Paediatric Resus, is red rated – with another eight subjects amber rated. These include Safeguarding Children Level 2, Safeguarding Adults Level 3 & 2 and Resuscitation Adult which have been focused subjects for the last twelve months. All of these subjects have improved over the last twelve months – although not yet achieved above target status consistently.</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.</p>

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Appraisals	<p>The new appraisal window commenced in April 2023. Progress was initially slow during early April and May.</p> <p>Trust performance is now making steady and increased progress weekly – with clinical divisions above organisational average.</p> <p>Weekly prompts are being sent to Divisions to ensure timely follow-up. Appraisal training continues to be undertaken.</p> <p>There are 59 teams that are still recording zero appraisals completed. These will be the priority for follow-up during the next two weeks.</p> <p>On average, around 518 appraisals per week are required to ensure the target date of 31st July is achieved.</p> <ul style="list-style-type: none"> • Medicine needs to complete circa 151 per week to hit 90% • Surgery needs to complete circa 146 per week • CCCS need to complete 132 per week • Corporate need to complete 89 per week
Leadership / Culture / Engagement	<ul style="list-style-type: none"> • Culture <p>The Culture Workgroup has been established and has now met three times. The early focus has been to review scope of work – and outline engagement approaches. A draft approach to engagement work has been drafted and this will be considered by the Executive Committee during late June/early July to commence active engagement in September prior to the Staff Survey in October.</p> <ul style="list-style-type: none"> • Leadership Development <p>Existing programmes continue to be delivered. A Leadership Conference micro-site is in development to enable us to continue the legacy of the conference – specifically to ensure the Big Ideas are followed up and that people can access the materials from the event. This includes a series of micro-clips from Paul McGee on overwhelm, focusing on action and positive work environment. Trust Talks are planned for 14/7 and 16/9 to allow further opportunities to hear the speakers who gave personal stories at the conference. The Medicine Division have launched a local version of this – Sharing Stories – to showcase the people within their teams.</p> <ul style="list-style-type: none"> • People Pulse <p>April cycle achieved 391 responses including 44 of those from Maternity teams alone.</p> <p>For recommend to work: 53.8% (compared to average in Jan of 53.2%) For recommend to care: 49.9% April (46.1% Jan avg) Additional questions were asked about breaks and the behaviour framework. These will be fed back to the Wellbeing and Culture groups.</p>

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Industrial Action	<p><u>BMA (British Medical Association)</u></p> <ul style="list-style-type: none">• Junior doctors strike action planned for 13-18th July• BMA Consultant members have voted in favour of industrial action – with a planned 48 hour action starting at 7am on Thursday 20th July.• Junior Doctor re-Ballot from 19th June to 31st August 2023 <p><u>RCN (Royal College of Nursing)</u></p> <ul style="list-style-type: none">• Ballot closed on 23rd June. With an overall turnout of 43%, the ballot didn't reach the required threshold dictated by the 2016 Trade Union Act for a strike mandate to be achieved. <p><u>NEU (National Education Union)</u></p> <ul style="list-style-type: none">• Further dates are planned for 5th and 7th July• DGFT are planning for any consequential operational impact from action proposed. <p>DGFT have established an Industrial Action task group, established regular contact with Trade Union colleagues, completed Business Continuity Plans and rated services in terms of priority – this will be reviewed against the national derogation guidance and have considered alternative workforce options (including skills audit, redeployment, and temporary staffing).</p>



Paper for submission to the Board of Directors 13 July 2023

Title:	Freedom to Speak up Annual Report 2022/23
Author and presenter:	Rebekah Plant – Freedom to Speak up Guardian

Action Required of Committee / Group




Decision	Approval	Discussion	Other Y
Recommendations: The Board of Directors is asked to <ul style="list-style-type: none"> note the contents of the annual report 2022/23 for assurance receive the 2023/24 strategy 			

Summary of Key Issues:

This report includes:

- Executive summary
- Update on national guidance/recent publications
- Volume of concerns raised and comparison to other trusts
- Themes identified
- 2023/24 Strategy that has been approved by the Workforce and Staff Engagement Committee - see further reading pack for details

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	Risk Description:	
	On Risk Register:	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	Y	Date:
	Committee	N	Date:
	Board of Directors	N	Date: 13/07/2023
	Other	N	Date:

Freedom to Speak up Annual Report

1. Executive Summary

The Freedom to Speak Up (FTSU) service provides an independent and impartial source of advice to staff who wish to raise a concern within the workplace, which may include issues around: unsafe patient care, unsafe working conditions, inadequate induction or training for staff, suspicions of fraud and bullying/concerns with attitudes and behaviours of other.

20,388 cases were raised nationally through FTSU services during 2020/2021.

At present there is one full-time lead FTSU Guardian in place supported by a second Guardian who fulfills the role in addition to their substantive post. This arrangement is in line with the National Guardian Office (NGO – oversees the network of FTSU Guardians) recommendation that guardians are allocated enough ring-fenced time to provide optimum service.

25 trained multi professional and diverse FTSU champions provide a network of support across our acute and community sites which provides greater accessibility to the service. Champions listen, advise and signpost but do not routinely handle cases themselves as their role is voluntary and in addition to their substantive posts.

The FTSU service is supported by named Executive and Non-executive Directors.

Governance arrangements include a quarterly steering group which reports to the Workforce Committee and to the Trust Board on a regular basis.

Anonymised records of cases are maintained for thematic analysis and this information is shared with the NGO on a quarterly basis in line with their reporting requirements.

The lead guardian regularly attends regional FTSU meetings to share learning and best practice and meets separately with other guardians in our system to discuss local themes and trends.

The service works in partnership with the equality, diversity and inclusion team (and networks), staff well-being, organisational development, human resources, communications and patient safety. Work is also carried out with the compliance team where FTSU representation joins regular walk rounds to raise awareness and gain feedback on the service from staff.

The National Guardian Office FTSU speak up training is available across the organisation:

- 'Speak up' (for all staff) can be accessed via trust intranet.
- 'Listen up' (for managers) is promoted via the trust internal training programme 'Manager's essentials'.
- Follow up (for senior leaders) is available to all Executive and Non-executive directors via our Executive Lead for FTSU and bespoke face-to-face training is also provided for our governors.

The Trust FTSU strategy has been approved by the Workforce Committee and is included as appendix 1.

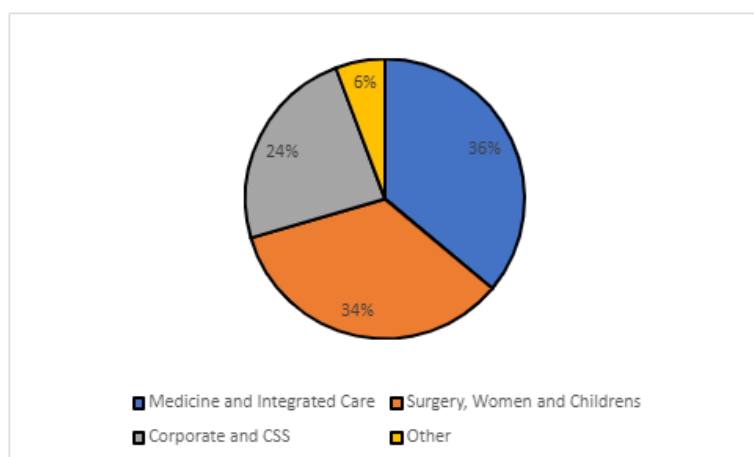
2. Update on national guidance/recent publications

- The NGO have published a standard policy for organisations to adapt to their own requirements. DGFT is on target for implementation of this policy (replacing the current document) by the deadline set by the NGO of 2024.
- DGFT FTSU strategy has been updated using the NGO national strategy as a guide and this document is pending approval by the FTSU steering group.
- The 2022 NHS staff survey demonstrates a slight increase (1.2%) in staff reporting that they feel safe to speak up about anything that concerns them in this organisation (compared with 2021 results). National results for this question have shown a slight decrease (0.4%).
- A local service improvement plan is in place which utilises guidance from the NGO 'Freedom to Speak Up: a reflection and planning tool'.

3. Numbers and Themes of concerns raised

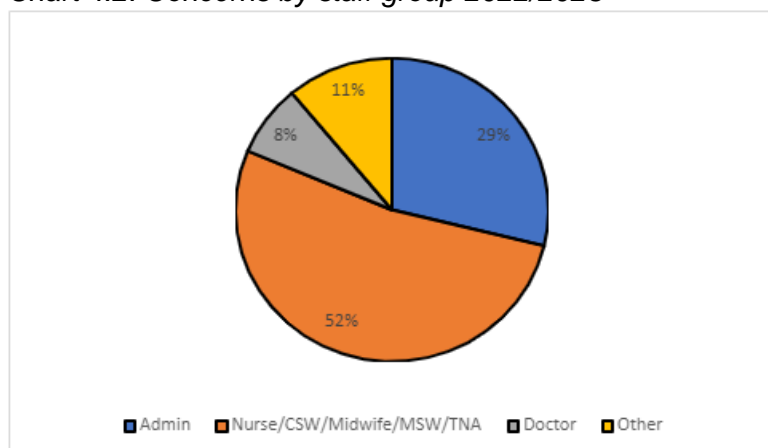
During 2022/2023 the DGFT FTSU service handled 102 concerns brought by 122 members of staff (some people prefer to raise concerns in small groups). One formal report of detriment/disadvantageous treatment was reported as a result of raising concerns through the FTSU service, and this was escalated and managed at executive level.

Chart 4.1: Concerns by division 2022/2023



An example of a staff member who would be classed as 'other' would be a student or a MITIE colleague.

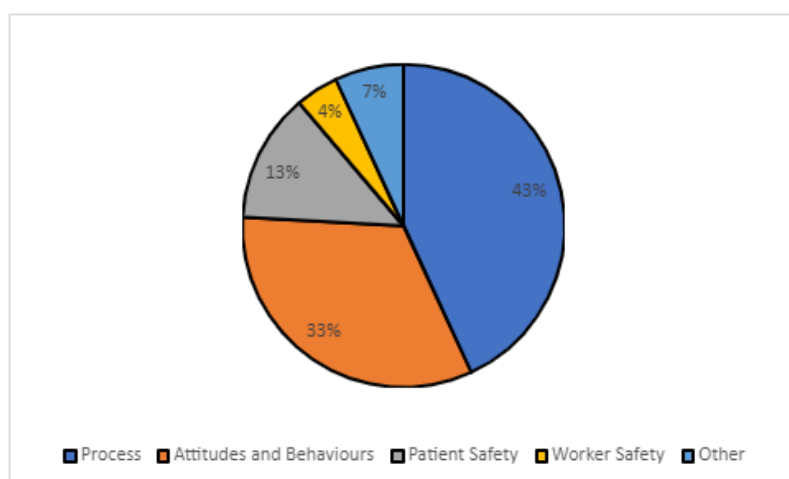
Chart 4.2: Concerns by staff group 2022/2023



In the staff group chart 'other' refers to professions who may have raised a small number of concerns (or just one concern) and therefore disclosure of the profession may risk a breach of the individual's confidentiality. An example of such a profession would include a technician.

Nursing and Midwifery staff groups account for raising the highest number of concerns which is reflected in national FTSU themes and trends.

Chart 4.3: Concerns by theme 2022/2023

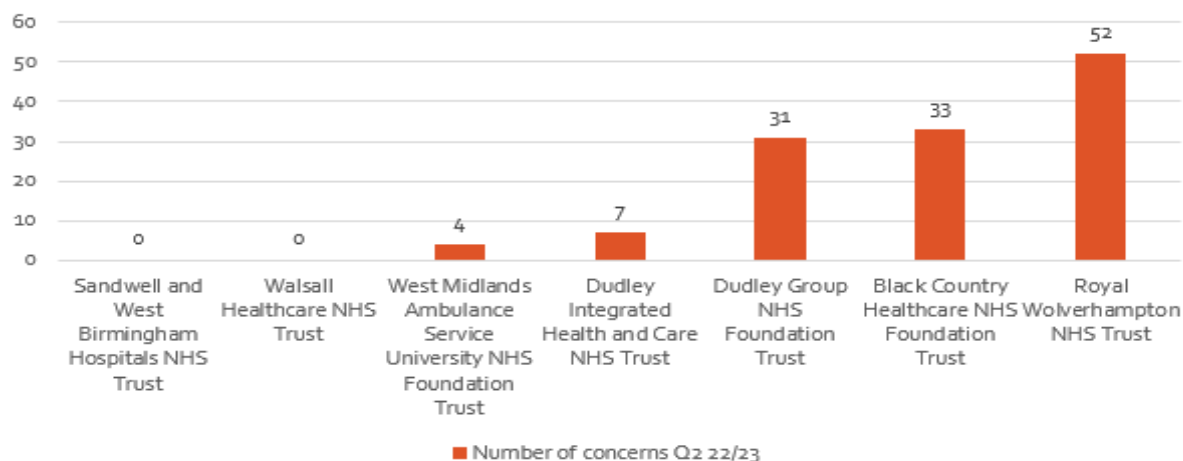


Process related concerns include those related to flexible working, sickness/annual leave policy and recruitment.

Attitudes and behaviours include perceived bullying, but this element accounts for just 2 of the 35 overall concerns received in this category.

The other category includes concerns raised which may have a more general element to them such as general issues with environment.






Chart 4.4: System comparison Q2 2022/2023



This chart is from the latest data provided by Model Hospital which is from Q2 2022/2023.

FTSU concerns for DGFT remain consistent with approximately 10 concerns handled per month with slightly less during the summer and Christmas holiday periods.

Paper for submission to the Public Board of Directors on 13th July 2023

Title:	Integration Committee Upward Report		
Author:	Kat Rose, Director of Strategy and Integration		
Presenter:	Vij Randeniya, Non-Executive Director (Integration Committee Chair)		
Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Noting
Recommendations:			
Note the report and endorse the approved Terms of Reference given as appendix 1.			
Summary of Key Issues:			
The inaugural meeting of the Integration Committee took place on 29 th June 2023, where the key items below were discussed:			
<ul style="list-style-type: none"> • Terms of Reference were approved with slight amendments to the number of Non-executive Directors and change in job title. • Committee Forward Workplan • Dudley Joint Forward Plan • Dudley Health and Care Partnerships Annual Plan. 			
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		Risk Description:	
	On Risk Register: BAF 6	Risk Score: 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: 29 th June 2023
	Board of Directors	Y	Date: 13 th July 2023
	Other	N	Date:

UPWARD REPORT FROM INTEGRATION COMMITTEE

Date Committee last met: 29th June 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Need to develop our community services so that it can meet the future demand of our local population and to ensure that we are integrated. Acknowledge that there is a national challenge with the recruitment to the district nurses.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• It was identified that the committee need a wider understanding of the stakeholders and the existing work currently been undertaken with Partners. Kat Rose to complete and present to the August committee.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• Positive assurance was provided to the Dudley Health and Care Partnership Annual Plan.• Positive assurance was provided to the Dudley Joint Forward Plan.	DECISIONS MADE <ul style="list-style-type: none">• The Terms of Reference were agreed, subject to any variations raised.• The committee workplan was agreed, subject to change going forward.• The committee agreed that external participants will not be invited until the committee has been established and matured, and a timeline is to be presented for clarification of when they are required to be invited to ensure there is no duplication.
Chair's comments on the effectiveness of the meeting: <p>Good, detailed discussions to start off the committee, with actions to report back on at future meetings.</p>	

INTEGRATION COMMITTEE

TERMS OF REFERENCE

1. Constitution

The Board of Directors resolve to establish a Committee of the Board to be known as the Integration Committee. The 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 NHS England. 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.

2. Membership

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

The membership of the Integration Committee shall also include:

- Chief Executive Officer
- Director of Strategy and Integration
- Chief Operating Officer

The Board of Directors will review membership of the Committee at least 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 following partner representatives invited to join the committee at frequent intervals when required. The below is an indicative list and is not exhaustive.

- Black Country Integrated Care Board
- Adult Social Care – Dudley Metropolitan Borough Council
- Public Health - Dudley Metropolitan Borough Council
- Children Services - Dudley Metropolitan Borough Council
- Black Country Healthcare NHS Foundation Trust
- Dudley Primary Care Collaboration
- Representatives of Dudley Population
- Dudley Community Voluntary Services
- Representatives from Higher Education Institutions

- 2.2 Nominated deputies may attend in the absence of a member and as long as fully briefed (for Committees of the Board only the deputy does not form part of the quorum group unless agreed with the Chairperson).

- 2.3 In the absence of the designated Chair, the Chair will elect a non-executive Director to Chair the meeting.

3. Attendance

- 3.1 The following shall be entitled to attend and receive papers to be considered by the Committee.

Chief Nurse
Medical Director
Directors of Operations (x3)
Chief Information Officer
Director of Communications

- 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.
- 3.4 The Board Secretary will ensure that an efficient secretariat service is provided to the Group.

4. Quorum

- 4.1 A quorum will consist of at least two non-executive directors and one executive director.

5. Frequency of meetings

- 5.1 The Committee will meet monthly and 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 Strategy and Integration.
- 5.2 Additional meetings may be held at the discretion of the Chairman of the Committee following discussion with the Director of Strategy and Integration.
- 5.3 Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Secretariat of the Group and provide a deputy.

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 has no executive powers other than those specifically delegated in these Terms of Reference.

7. Duties and key Responsibilities

- 7.1 The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans for the Trusts 'Build innovative partnerships in Dudley and Beyond' and 'Improve health and Wellbeing' strategic goals.
- 7.2 The Integration Committee will be the assurance group connecting the Dudley Health and Care Partnership to the Trust Board. The committee will oversee the progress from the Place Based Partnership board in the two areas outlined below and act as a critical friend as required:

- The committee will ensure that the place-based partnership has a local strategy that is built on consensus and has the means for delivery
- The committee will ensure assurance oversight of the Trust services in scope for the Dudley Place Based Partnership

7.3 The committee will seek assurance and oversight on the wider work in the 'Build innovative partners in Dudley and Beyond' and 'Improve health and wellbeing' strategic goals relating to the following areas.

- Addressing Health Inequalities
 - Understanding how services are accessed by different populations served by the Trust.
 - Identifying and removing barriers to access that are within the Trust's ability.
 - Strengthening preventive activities carried out by the Trust e.g., action on alcohol, obesity and tobacco.
- Leading an anchor institution
 - Widening participation to apprenticeships and work experience
 - Promoting employment of local people
 - Local economic impact through procurement
 - Contributing to local regeneration plans with partners.

7.4 The committee will work with the other board committees to ensure that full oversight of the areas of responsibility are covered. (Environmental impact is also an aspect of the trust's role as an anchor institution. Oversight of the strategic goal 'Drive sustainability: financial and environmental) is with Finance & Performance Committee)

7.5 The key responsibilities of the Group can be categorised as follows:

- Provide oversight of the Board Assurance Framework risks relating to the delivery of Trust strategy relating to building innovative partnerships and improving health and wellbeing.
- Promote and encourage commitment to the Dudley Health and Care Partnership.
- The committee should seek assurance from the Dudley Health and Care Partnership Board on delivery of the Trust and Place Strategies. The committee should recognise that not all Place activities are exclusively under the direct management of the Trust and therefore differing levels of assurance will be required together with mitigation.
- The Committee shall draw on the standing data set within the integrated place performance report that relates to long term strategic goals, addressing the wider determinants of health and health inequalities in the populations we serve.
- To receive the transformation plans for the continued development of Place based partnerships over time supporting both Place and Trust strategies.
- To seek assurance on the robustness and delivery of plans to increase the range and scope of the Place Based Partnerships, anchor partnership work and the Trusts role within them.
- To seek assurance on the adequacy of the work with partners to integrate operational services with those that the Trust runs to improve quality, effectiveness and sustainability.
- To seek assurance on the adequacy of plans to realise the Trust's ambition of addressing the wider determinants of health and health inequalities through the improve health and wellbeing strategic goal.
- To seek assurance on the adequacy of plans to develop the Place Based partnership to work as a virtual organisation in Dudley, to remove the barriers between organisations and developing a single operating framework.
- To seek assurance on the adequacy of plans to develop each Place Based partnerships ambition to host both provider and commissioner decisions in line with the Integrating Care White Paper.

- To seek assurance on any additional matters referred to the Committee from the Board.

8. Reporting

- 8.1 The 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.
- 8.2 The following groups report directly into this Committee:
- Health Inequalities Working Group

9. Review

- 9.1 The Terms of Reference of the Committee shall be reviewed by the Committee at least annually.
- 9.2 The Committee shall formally consider its effectiveness using any tools specified for the purpose by the Board of Directors on an annual basis.

Paper for submission to Board of Directors on 13th July 2023

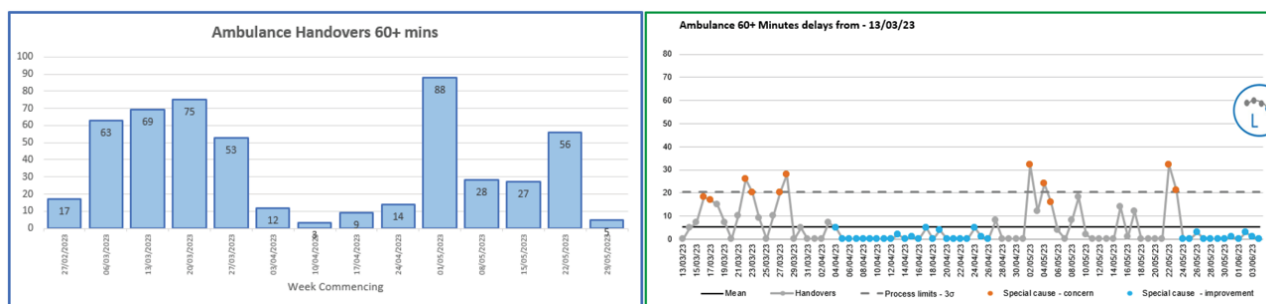
Title:	Integrated Performance Report for May 2023
Author:	Jonathan Boulter, Associate Director of Performance
Presenter:	Karen Kelly, Chief Operating Officer

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 May 2023 (April 2023 for Cancer). The Board is asked to note performance.</p>			

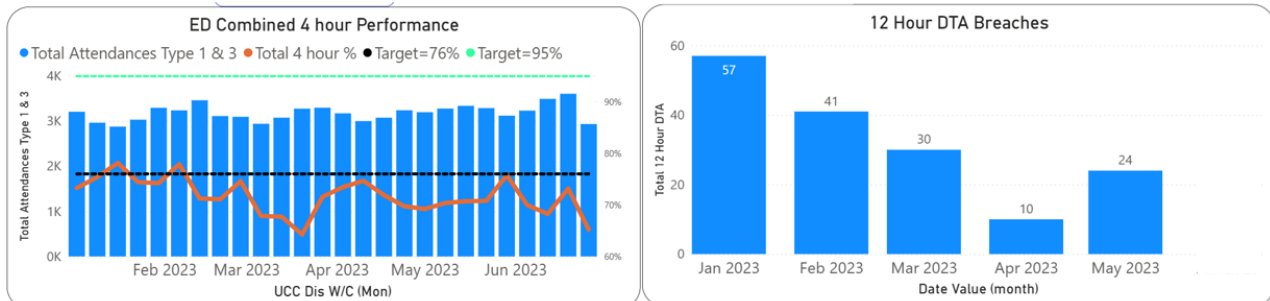
Summary of Key Issues:

1. Urgent and Emergency Care

Urgent and Emergency Care continues to experience a challenging operating environment. Emergency Department 4 hour performance in May was consistent with April at 73% - within the context of a record month for attendances. May saw the highest number of ED attendances over the last 12 month period with total attendances exceeding 9,500, eclipsing those seen during winter months. Ambulance handover delays of over 60 minutes remain a challenge with delays increasing during May, while the number of admissions from ED to AMU and base wards also increased during the month, placing additional pressure on bed capacity and patient flow and ambulance handover times.



Despite an increase in ED attendances, Emergency Department 4 hour performance remained broadly steady and consistent with April, when over 900 fewer attendances were recorded. However, ED performance remains short of the interim 76% target. Following several months of declining number of 12 hour Decision to Admit breaches, May saw an increase to 24 breaches within the month.



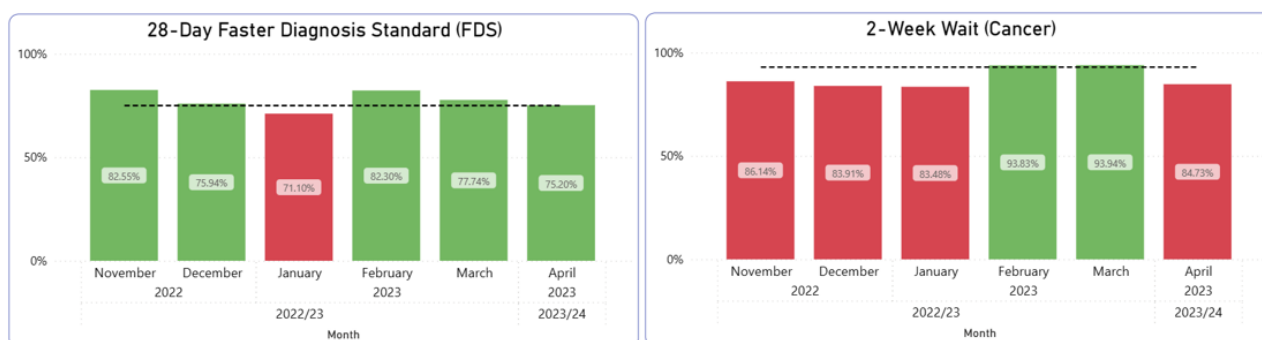
Average Emergency Department triage performance remained broadly similar in May compared to April at 77.7% but remains below the 95% target. Deteriorations in the See & Treat and Paediatric triage areas were experienced last month. The ED team have now enacted workforce plans to increase the number ESI triage trained nurses to 4 per shift and are developing plans to review the physical estate of the triage areas.

2. Cancer (Validated Data to April 2023)

Having achieved the cancer 2 week wait standard for two consecutive months, performance deteriorated in April chiefly due to a worsening of performance within the skin tumour site. A mixture of medical workforce challenges and an increase in demand constitute the main drivers for a fall-back in performance. Temporary and strictly time-limited additional medical resource is being utilised to drive down the skin backlog.

Whilst still below target, performance against the 31 day and 62 day standards remains consistent with March with both sustaining the improvements made in recent months. 62 day performed at just short of 60% in both March and April, up from just above 40% during January and February. At a tumour site level, productivity has improved within the Breast tumour site, with the number of treatments being delivered increasing for the third consecutive month in April. The 104 day backlog is also reducing following a number of weeks of it increasing in size.

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. The skin same day surgery pilot that reduced pathway times by between 14 and 21 days for specific cohorts of suspected cancer patients has now been implemented on a permanent basis following a successful trial. Performance against the 28 Day Faster Diagnosis remains above target.



3. Elective Restoration and Recovery

National focus remains on reducing long waits to routine treatment. The Trust continues to provide mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog, with particular focus on assisting partner Trusts with treating patients at 78+ weeks wait.




The operational Divisions continue to develop plans to meet the next national target of reducing 65 week + breaches. Central to achieving this objective will be delivering improved theatre productivity and 'High Volume, Low Complexity' theatre lists. New high volume lists are launching in ENT and Urology, with Ophthalmology expanding its high volume injection lists. Theatre productivity gains have been made in a number of key specialties, with ENT, General Surgery and Trauma & Orthopaedics now exceeding 80% against an 85% target.

The Outpatient Improvement Group continues to focus on reducing long waits to first outpatient appointment, with this backlog stabilising and remaining steady in May. Outpatient productivity and improved clinic throughput is also a focus of the Group; notably Gynaecology has significantly increased the number of patients seen for a specific cohort of virtual clinics from 12 in a conventional session to 45 patients per virtual clinic while reducing the backlog of the most longest waiting patients.

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

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

	Deliver right care every time	X
	Be a brilliant place to work and thrive	
	Drive sustainability (financial and environmental)	X



Build innovative partnerships in Dudley and beyond



Improve health and wellbeing

Implications of the Paper:

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

Risk	Y	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient	
	On Risk Register: Y	Risk Score: 15	
Compliance and/or Lead Requirements	CQC	Y	Details: Compliance with Quality Standards for safe & effective care
	NHSE/I	Y	Details: Achievement of National Performance and Recovery targets
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 29/06/2023 (F&P)
	Board of Directors	Y	Date: 13/07/2023
	Other	N	Date:

**Paper for submission to the Board of Directors
on 13 July 2023**

Title:	Board Assurance Framework Summary July 2023
Author:	Helen Board, Board Secretary
Presenter:	Helen Board, Board Secretary

Action Required of Committee / Group			
Decision	Approval	Discussion	Other
<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 May and June (Quality & Safety on 4th July) 2023 and assigned an assurance level rating - note that the BAF remains dynamic and during quarter 1 was subject to a review and reset to reflect the roll over into the new financial year 2023/24023 			

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 – May 2023

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

- Four assigned a 'positive' rating
- Five assigned an 'inconclusive' rating
- None assigned a 'negative' rating

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:

The Committee has previously had oversight over the following BAF Risk 1 which has now been separated out into two separate risks with a review and reset. The revised BAF risks are:

BAF Risk 1.1: Quality: Safe, High-Quality Care Failure to deliver high quality, safe, person centred care and treatment.

The current risk score (16 (4x4)) as there is a variation in ownership and embedding of key actions and learning. The target score is 12 (3x4). The target is to reduce the likelihood score to 'possible' whilst the impact remains major. The plan for next year is to reduce the residual risk to 16 in 2023/24. The detailed strategic plan to achieve target risk score of 8 in 2026.

BAF Risk 1.2: Compliance and Regulatory: Failure to achieve Outstanding CQC rating. Comply with Internal and external reviews, reports, and inspections.

The current risk score is 12 (3x4). Current Trust overall rating of Requires Improvement with the CQC. Limited resource to roll out full quality compliance framework and those reviews undertaken have outstanding actions with breaches in standards.

Recent CQC inspections: Unannounced Inspection of Paediatric ED relating to safeguarding, positive assurance received. Unannounced Inspection of ED relating to Mental Health. Announced Inspection of Maternity as part of National program. Unannounced inspection of ED and unannounced inspection of Children and Young people

The target score is 6 (2x3). Potential for possible breaches to standards and performance challenges but these would not be considered to pose significant challenge to resolve/recover.

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

The current risk score is 12 (3x4). There are no new actions but some complete and some dates revised to align with the development of the people plan and journeys and the current capacity of the teams.

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

The current risk score is 12 (3x4). There are no new actions but some complete and some dates revised to align with the development of the People Plan and journeys and the current capacity of the teams.

BAF Risk 4 – Financial Sustainability

The residual risk score remains unchanged at 20. Update required to indicate progress in the budget sign off process.

BAF Risk 5 – Carbon Emissions Reduction

The risk has received no updates as all actions are not yet due or are complete. The current risk score remains 12 (4x3).

BAF Risk 6 – Build Partnerships

The residual score for Q1 23/24 remains at 12. The risk has received no updates as all actions are not yet due or are complete. To note that oversight of this risk will transfer to the Integration Committee that held its inaugural meeting in June 2023.

BAF Risk 7 – Achieve Operational Performance/Strategic goals

As part of the review and reset activity, the inherent risk score has been revised to 20 (5x4) from 25 (5x5), the target risk score remains at 12 (3x4), the current residual risk score has been revised to 16 (4x4) from 20 (5x4)

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.

The final target score is 8 (4x2) which will not be realised within one financial year.

To reduce the likelihood will require investment in workforce skills development and resources within the digital and data teams. Existing collaborative work across the ICS will need to continue, but all providers have capacity issues. Ongoing committed investment in Public Cloud transition and back-up reduces cyber risks.

This should mitigate the likelihood down to 'unlikely'.

The impact remains 'major' as this reflects the importance of Analytics, IT capacity and technology as underpinning all other strategic objectives.

Next Steps

To support embedding effective risk management across the Trust, a Board development workshop was convened on 8th June 2023 'All things Risk'. This was facilitated by the Good Governance Institute (GGI). Senior leaders from across the Trust joined the board of Directors. The outline objective of the session is:

- To raise awareness regarding the BAF and the benefits it brings to the organisation
- To refresh knowledge and understanding of risk management and assurance, including risk appetite and system risk
- To consider the enablers and barriers to effective risk management, in the context of the requirements of the Board and the wider System
- To consider how risk management can be used effectively across the Trust, including through the Trust's assurance/performance framework
- To consider how the Trust's risk appetite can be used to drive improved decision making across the organisation
- To agree practical next steps

Subsequent to the workshop, a shortened version of the training slides was presented to the Trust Management Group on 19th June 2023 and thereafter cascaded. A rolling programme of individual BAF risks will be presented by the executive lead at each monthly 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	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 – May, June and July 2023
	Board of Directors	Y	Date: 13/07/2023
	Other	N	Date:

Summary Board Assurance Framework (BAF): July 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 (Consequence x Likelihood)
- 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 scoring and ratings are given on page 2.

ID	Area	Risk Description	Lead Exec	Lead Committee	Inherent Risk score	Current Residual Risk score	Target Risk Score	Risk Appetite	Committee Assurance Rating/ last reviewed
1.1	Quality: Safe, High-Quality Care	Failure to deliver high quality, safe, person centred care and treatment.	Medical Director Chief Operating Officer Chief Nurse	Quality and Safety	20 (4x5)	16 (4x4)	12 (3x4)	Cautious	Inconclusive 04/07/23
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating. Comply with external reviews, reports, and inspections.	Director of Governance	Quality and Safety	20 (4x5)	12 (3x4)	6 (2x3)	Open	Inconclusive 04/07/23
2	Workforce	Failure to address critical shortage of workforce capacity and capability priorities	Chief People Officer	Workforce & Staff Engagement	20 (4x5)	12 (4x3)	10 (2x5)	Open	Positive 27/06/23
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	Workforce & Staff Engagement	15 (3x5)	12 (3x4)	8 (2x4)	Open	Inconclusive 27/06/23
4	Finance	Failure to remain financially sustainable in 2023/24 and beyond	Director of Finance	Finance and Performance	20 (4x5)	20 (5x4)	16 (4x4)	Open	Inconclusive 29/06/23
5	Environmental	Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets	Director of Finance	Finance and Performance	16 (4x4)	12 (3x4)	12 (4x3)	Open	Positive 29/06/23
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Integration Committee (from June '23)	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive 29/06/23
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Performance	20 (4x5)	16 (4x4)	12 (3x4)	Open	Positive 29/06/23
8	IT and Digital Infrastructure	Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation	Chief Information Officer (CIO)	Digital and Technology	25 (5x5)	20 (4x5)	16 (4x4)	Open	Inconclusive 24/05/23

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

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






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

Risk Scoring =Consequence x Likelihood (C x L)

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 Public Board of Directors on 13th July 2023

Title:	Digital Committee Upward Report – Public Board		
Author:	Catherine Holland (Digital Committee Chair)		
Presenter:	Catherine Holland (Digital Committee Chair)		
Action Required of Committee / Group			
Decision	Approval	Discussion	Other Noting
Recommendations: Note the report.			
Summary of Key Issues:			
<ul style="list-style-type: none"> • The BAF 8 reviewed and reset • Corporate risk COR1662 Failure of Network & Wi-Fi is now closed • Focus on addressing the Trust's inherent risks and development opportunities – Frontline Digitisation • Confirmation of the Committee's ongoing support of the strategic digital plans • Positive assurance provided by the ongoing CareCERT management process • Acknowledgement of the efforts of the IT Team to prevent/respond to cyber security threats 			
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, COR1540, COR1083	
	On Risk Register: BAF Y	Risk Score: COR1540, COR1083 COR1865, BAF	
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: 13 th July 2023
	Other	N	Date:

UPWARD ASSURANCE REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 24th May 2023



<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Focus is on addressing the Trust's inherent risks and development opportunities with Frontline Digitisation Funding 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee confirmed its ongoing support of the strategic digital plans, noted the approach and acknowledged progress made in terms of the financial case for the 3 Year Digital Plan
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance provided by the ongoing CareCERT management process Corporate Risk COR1662 Network and WiFi failure has been closed The committee recorded its thanks to the wider Digital Data & Technology (DDaT) team in terms of the prevention and response to cyber threat 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> BAF 8 reviewed and reset – evidence of a focused action plan dependent on approved funding. Committee assurance level continues to be inconclusive
<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 13 July 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 X	Discussion	Other For assurance
Recommendations: The Board is asked to <ul style="list-style-type: none"> • note the issues discussed at the Audit Committee held on 22 May and 15 June 2023 • To receive the Audit Committee Annual Report for assurance and endorse the Terms of Reference that have been subject to minor change. 			

Summary of Key Issues:
<p>Good assurance received on matters discussed.</p> <p>The Committee discussed in detail the findings from the External Auditors audit of the Trust's financial statements for 2022/23. Under delegated authority from the Board of Directors, approved the Letter of Representation, the Trust Annual Report 2022/23 and Trust Financial Accounts 2022/23.</p> <p>The Committee considered the annual report of effectiveness. It is best practice to undertake an annual review, by way of self-assessment, of the Committee's effectiveness. The framework of this review for the Audit Committee is set out in the Healthcare Financial Management Association (HFMA) NHS Audit Committee handbook and comprises;</p> <ul style="list-style-type: none"> • A self-assessment review of committee administration which was completed by the Trust Secretary and the Committee Chair against the HFMA standards - see further reading pack • A self-assessment review by committee members of the Committee effectiveness against the HFMA standards • A review of the Terms of Reference and work plan against best practice as contained in the HFMA guidance. <p>The Terms of Reference have been subject to a minor change to clarify the reporting arrangements with clinical audit and effectiveness reporting arrangements updated and reflected in the Terms of Reference. They were agreed and are recommended to Board for endorsement.</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		
	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: 13 July 2023
	Other	N	Date:

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 22 May 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 the Discharge Management report and noted further work in this area was taking place
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Noted the positive Head of Internal Audit Opinion received • Noted the positive Local Counter Fraud Annual Report 2022/23 • External Audit gave assurance that progress is on track to complete the audit of the Trust's financial statements • Received the draft and noted work underway against completion of the Trust's Annual Report 2022/23 • Losses and special payments were noted, especially treatment of the Green Unit write off • Noted good compliance with annual Declaration of Interests made • Noted good progress on continued development and use of the BAF 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approval of target date extension for the two overdue internal audit actions • Approval of the Charitable Funds Audit Plan 2022/23 • Supported the NHS Provider Licence declarations made
<p>Chair's comments on the effectiveness of the meeting: Good attendance and discuss of all agenda items</p>	

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 15 June 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"> None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> None 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Under delegated authority approved the Trust Annual Report and Financial Accounts 2022/23 Under delegated authority approved the Letter of Representation Approved the Audit Committee Annual Report 2022/23 and recommended it to Board of Director for assurance Approved the Committee terms of reference and onward submission to board for endorsement
<p>Chair's comments on the effectiveness of the meeting: discussed in full all agenda items</p>	