






Board of Directors
Thursday 14 September 2023 at 10:00am
via MS Teams Video Conference

AGENDA

ITEM		PAPER REF	LEAD	PURPOSE	TIME
Staff voice – incorporated into the Staff/patient story below					
1	Chairman's welcome and note of apologies	Verbal	D Nicholson	For noting	
2	Declarations of Interest	Enclosure 1	D Nicholson	For noting	
3	Minutes of the previous meeting Thursday 13 July 2023 Action Sheet 13 July 2023	Enclosure 2 Enclosure 2a	D Nicholson	For approval	
4	Chief Executive's Overview	Enclosure 3	D Wake	For information & assurance	10:05
5	Chair's Update	Verbal	D Nicholson	For information	10:20
6	Public Questions	Enclosure 4	D Nicholson	For information	
7	Staff/Patient Story – Family Hubs introduced by Liz Abbiss, Director of Communications				10:25
8	 Drive sustainability financial and environment Reduce the cost per weighted activity Reduce carbon emissions				10:45
8.1	Finance & Performance matters - Committee upward report - Finance report Month 4 (July 2023)	Enclosure 5 Enclosure 6	L Williams K Stringer	For approval	
8.2	Cost Improvement Programme Update	Enclosure 7	K Rose	For discussion	
8.3	Industrial action – update	Enclosure 8	J Richards/ P Hudson	For assurance	
9.	 Improve Health and wellbeing Improve rate of early detection of cancers Increase planned care and screening for the most disadvantaged groups				12:15
9.1	Protecting and expanding elective capacity <i>(for sign off by 30/9)</i>	Enclosure 9	J Richards	For approval	
9.2	Integrated Performance Dashboard	Enclosure 10	J Richards	For assurance	
9.3	Winter Plan <i>[to go to October meeting]</i>	Enclosure 11			
Comfort break (5 mins)					

10.	 Deliver right care every time CQC rating good or outstanding Improve the patient experience survey results	11:50			
10.1	Speech and Language - improvement journey <i>in respect of patient swallowing assessment resourcing (action from July meeting)</i>	Presentation	A Kandan	For assurance	
10.2	Quality & Safety Committee upward report	Enclosure 12	G Bhogal	For approval	
10.3	Chief Nurse Report	Enclosure 13	H Bromage	For assurance	
11	 To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results	12:15			
11.1	Dudley People Plan	Enclosure 14	A Duffell	For approval	
11.2	Workforce & Staff Engagement - Committee upward report - Workforce key performance indicators	Enclosure 15 Enclosure 16	J Atkins A Duffell	For approval	
11.3	Guardian of Safe Working	Enclosure 17	F Chaudhry	For assurance	
12.	 Build Innovative Partnerships in Dudley & beyond Increase the proportion of local people employed Increase the number of services jointly across the Black Country	12:40			
12.1	Integration Committee upward report	Enclosure 18	L Williams	For approval	
12.2	Joint Provider Committee upward report	Enclosure 19	G Crowe	For approval	
13.	GOVERNANCE				12:55
13.1	Trust Strategy progress report – Q1 2023/24	Enclosure 20	K Rose	For assurance	
13.2	Board Assurance Framework	Enclosure 21	H Board	For approval	
13.3	Annual Review of effectiveness of the Board of Directors 2022/23	Enclosure 22	H Board	For approval	
13.4	Digital Trust Technology Committee upward report	Enclosure 23	C Holland	For approval	
13.5	Audit Committee upward report EOM 10/9	Enclosure 24	G Crowe	For approval	
14.	Any Other Business	Verbal	All	For noting	13:30
15.	Date of next Board of Directors meeting (public session) Thursday 10 November 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.					

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

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 &	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 13 July 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)
Joanne Hanley, Non-executive Director (JH)
Anthony Hilton, Associate Non-executive Director (AH)
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)
Adam Thomas, Chief Information Officer (AT)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)
Mary Sexton, Chief Nurse (MS)

In Attendance:

Dawn Acton, Community Practice Development Nurse for Staff Voice (DA)
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
April Burrows, Community Practice Development Nurse for Staff Voice (AB)
Jayne Guest, Community Practice Development Nurse for Staff Voice (JG)
Paul Hudson, Associate Medical Director (PH)
Luke Lewis, Head of Corporate Resilience for EPRR Report (Enc 7) (LL)
Margaret Mugglestone, Community Practice Development Nurse for Staff Voice (MM)
Rebekah Plant, Freedom to Speak Up Guardian for Freedom to Speak Up Report (RP)
Richard Price, Deputy Director of Finance (for Kevin Stringer for item 23/52) (RP)

Apologies

Kevin Stringer, Interim Director of Finance (KS)

Governors and Members of the Public and External attendees

Arthur Brown, Public elected Governor, Brierley Hill
Alex Giles, Lead Governor
Sandra Harris, Public elected Governor, Central Dudley
Clare Inglis, staff elected Governor
Dr Atef Michael, staff elected Governor, Medical and Dental
Lizzie Naylor, Public elected Governor, North Dudley
Yvonne Peers, Public elected Governor, North Dudley
Alan Rowbottom, Public elected Governor, Tipton & Rowley Regis
Cllr Alan Taylor, Appointed Governor, Dudley MBC
Karen Wilshaw, Aspirant Non-executive Director

Staff Voice – Community Nurse Practice Development Team

The Board was joined by members of the Community Nurse Practice Development Team. 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 Dawn Acton, April Burrows, Jayne Guest and Margaret Mugglestone, Community Practice Development Nurses to the meeting.

The team explained their roles working with the District Nursing Teams. Challenges include the number of community vacancies and providing cover, lack of training room at Brierley Hill Health Centre, no administrative support, performance of IT systems and training matrix. The Team felt that Dudley was a very friendly and supportive organisation to work for.

The chair asked about retention of staff. The team ensured that staff felt safe and supported. KR asked how the Trust supported the Community teams. Work on the graduate programme was underway, along with establishing clinical supervision. MS confirmed that the Trust worked with the 3rd year students to encourage them to undertake a community placement in their 3rd year. GC asked about the training matrix. The team confirmed that the system did not provide very accurate data. AD confirmed that a root and branch review of mandatory training was being undertaken. AP asked what the team was most proud of. The team were proud of the work achieved since its establishment.

The chair noted the feedback and thanked the team for their hard work.

23/45 Note of Apologies and Welcome

The Chair welcomed Board colleagues, Governors, members of the public and external attendees. He formally welcomed Joanne Hanley, new Non-executive Director and Anthony Hilton, newly appointed Associate Non-executive Director who was supporting the Trust with his knowledge and experience in the higher education sector in its pursuit of University Hospital status. Apologies were received as listed above.

23/46 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. AD was a Director 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.

23/47 Minutes of the previous meeting held on 11 May 2023

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

It was **RESOLVED**

- To approve the minutes

Action Sheet of 11 May 2023

Action 23/39.2 - 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.

The chief nurse provided an update on progress noting that the staffing deep dive referenced in the Chief Nurse Report would be reported by September to a meeting of the Quality & Safety Committee as part of the report on the skill mix review. The action would be updated to reflect this.

Other actions were not due.

23/48 Chief Executive's Overview and Operational Update

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

The Trust was performing well for managing long waits and providing mutual aid to other trusts to reduce 78 week waits.

Emergency and urgent care remained an area of pressure with the team working hard to reduce ambulance delays. The Trust reported 73% performance against the emergency access target

The organisation was achieving the 2 week wait target for cancer patients.

The recent junior doctors' industrial action was a risk to maintaining performance with some outpatient and day surgery appointments affected and noted that the Trust was working hard to mitigate the impact of the strikes. The Board acknowledged the hard work of staff in challenging times. The hard work has been reflected in recent CQC inspections that had received positive feedback with more detail included in the report. Maternity services had received a good rating in all domains which was a tremendous achievement and DW thanked all staff working in the service.

DW provided an update on the establishment of a Joint Provider Committee across the four Black Country acute trusts.

The Board noted the milestone of the 75th NHS Birthday and the way it has been celebrated within the organisation.

DW merited the work undertaken by the Trusts' Charity and thanked everyone involved in the recent fun run.

The recent Healthcare Hero award winners were noted and DW congratulated these unsung heroes.

GC commented on the outstanding maternity performance and applauded all involved. He asked about ED attendances and delays and if there were any new insights on how pressures could be relieved. DW acknowledged the challenges and confirmed that focus must be maintained on achieving timely discharge. The Service Improvement Team was reviewing community support and how we manage patients at home more effectively.

SDN asked KR about Dudley Place and to what extent it was helping with discharge issues. KR confirmed that this was part of the work of the A&E Delivery Board and noted there was more work to be done with partners. She highlighted the work in progress in relation to admissions avoidance and improving the Clinical Hub. There are fortnightly meetings with primary care colleagues to flag issues.

EH also recognised the hard work of all within the maternity services. She agreed that there was much more that could be done with Place to keep people safe in their own homes.

DW highlighted the recent results of the GMC medical trainee (IMT) survey and the organisation had gone from 148th to 1st place in the league table and she thanked the Medicine Division leaders for their hard work.

The chair commented that the relationship with Place was critical to the success of the organisation. He also highlighted the Maternity and GMC survey results and the fantastic work of all teams to make real improvements.

It was **RESOLVED**

- That the report be noted

23/49 Chair's Update

No further update.

23/50 Public Questions

The question from Mr Tim Weller was noted.

23/51 Patient Story – Dudley Improvement Practice/Dudley Clinical Hub/District Nursing Team

MA introduced the patient story video. The Board noted that the Dudley Improvement Practice Team have worked with the Dudley Clinical Hub and District Nursing Teams as part of their 2023 Community value stream analysis.

The latest patient story was from 85 year old Elaine who explained why the St James District Nursing Team were essential to ongoing treatment in her own home and overall quality of life.

AD welcomed the story and asked about the issues with her food and nutrition. MS confirmed that care givers do visit as well the Community Teams and her diet was partly a result of patient choice and managing her diabetes.

The chair commented that listening to the patient was an important part of the Community Nursing role.

It was **RESOLVED**

- That the story be noted

23/52 Drive Sustainability Financial and Environmental

23/52.1 Finance and Performance Committee Upward Report

LW summarised the reports from previous committee meetings on 25th May, 5th and 29th June, 2023, given as enclosure five and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

LW focussed on the meeting held on 29th June, positive performance was noted around patient experience and continuing to see improved performance across a number of indicators. The Team received a very detailed presentation from the Community with Core Clinical Services Division.

The financial situation remained a challenge. There was a £52m System CIP to be delivered this year which was being incrementally identified and noted that the Committee strongly challenged the executives for its delivery. The industrial action was compounding the situation. There had been a re-invigoration of the Finance Improvement Group which was reviewing Model Hospital data to identify those areas the organisation could improve cost effectiveness; a report on which would be brought back to the next meeting of the Finance & Performance Committee.

The Committee had considered the Trusts' 3 year Digital Plan and for the re-design of ED subject to ICB support and were to recommend to a future meeting of the Board for approval.

The chair asked how assured was the Committee in respect of actions being taken. LW confirmed that the Committee was very assured and commented on the amount of work, energy and commitment of the Executive Team. CH agreed that the level of challenge and debate and the response and cohesion of the Executive Team was excellent. JH confirmed that she had attended her first meeting of the Committee and commented that she would like to see more detail at the Committee on pay.

The Board noted that the Trusts unidentified CIP stood at £14.2m. KR confirmed that a pipeline of opportunities would be presented to the next Finance Improvement Group.

DW confirmed that the Trust was using Model Hospital data to track real time progress.

The chair thanked LW and recognised the work of the Committee.

It was **RESOLVED**

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

ACTION Finance and Performance Committee to receive report ref model hospital data applied to Trust and report assurance back up in next upward report to board. **Committee Chair**

23/52.2 Month 2 Financial Position

RP summarised the report for the month 2 (May 2023) financial position, given as enclosure six.

The Trust had received a formal response from NHSE to the system plan setting out a series of targets and actions around grip and control and pay and non-pay. The Trust was progressing all actions and issues.

At the end of month 2 the Trust was £220k ahead of plan. Other organisations in the system were not meeting the plan at the end of month 2.

The main concern remained was the level unidentified CIP. Elective Recovery Fund (ERF) monies was earned for achieving outpatient activity plans. The Trust had overachieved against plan in May. Performance had worsened in June and attributed to the junior doctors' industrial action. There would be an adjustment to ERF targets to allow for impact of strike action.

The Trust was performing well on agency usage that was well below target. There was a £1.1m better than expected cash position at month 2. The Trust would run out of cash in September if CIP delivery was not achieved.

GC asked about the ERF monies shortfall and suggested that further assurance was required in respect of the adverse effect of the agency ban and phasing. RP confirmed that it would not affect the bottom line but removed the risk around claw back. For clarification RP confirmed that the Trust would not physically run out of cash and there were ways to repatriate cash to the organisation.

It was **RESOLVED**

- to note the financial performance for Month 2 (May 2023) and note the potential risks associated with achieving the 2023/24 financial plan

23/52.3 Emergency Preparedness, Resilience and Response Annual Report

KK and LL presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Report given as enclosure seven.

The report detailed good levels of assurance by way of the assessment against the core national standards.

The report had been presented to the Finance and Performance Committee. Business Continuity Plans were regularly tested and learning from them was recognised and embedded.

The Trust had self-rated as fully compliant and note that the Integrated Care Board would visit the Trust to review evidence before submission was made in August 2023.

KK confirmed that the team had won an award for their work undertaken during the year.

VR referenced the Civil Contingency Act and noted that EPRR training was not mandatory and asked if undertaking training exercises every three years was enough. LL confirmed that several training exercises had been undertaken during the last 12 months and had worked with staff to ensure that learning from incidents was embedded. LW confirmed that he had met with LL and was very assured around the forward look being undertaken by the team. In response to query from JA LW confirmed he was the NED responsible for EPRR. He commented the work of LL and his team. AT confirmed that whilst the training was not mandatory all directors and managers on call undertook training on an annual basis.

On behalf of the Board, the chair thanked LL and his team for the positive report and their hard work.

It was **RESOLVED**

- to approve the Emergency Preparedness, Resilience and Response (EPRR) Annual Report for 2022/23.

23/52.4 Final Trust Annual Business Plan 2023/24

KR presented the final Trust Annual Business Plan for 2023/34 given as enclosure eight.

KR confirmed that the financial position had changed since the Plan was last presented to Board.

At the last Board meeting the visibility of priorities was raised and confirmed that the detail was included in the further reading pack.

It was **RESOLVED**

The Board was asked to note:

- The final version of the Trust Annual Business Plan following the various iterations that had taken place since the submission at the end of March 2023;
- The developments that had been proposed by Operational Divisions and Corporate Services that were not in a position to be funded at the current time

23/53 Deliver Right Care Every Time

23/53.1 Quality and Safety Committee Upward Report

LH summarised the upward reports from the Committee meetings held on 23rd May, 13th June and 4th July 2023, given as enclosure nine.

The Committee noted the positive outcomes following the recent CQC visits. There were no red recommendations in relation to the Ockenden review.

There had been concerns around the medical leadership in Obstetrics and noted that an appointment made to this role.

A good report was received from the Medicine Division related to Friends and Family Test, complaints and outstanding procedural documents which had all substantially improved.

The Trust had improved overall in the performance around outstanding procedural documents.

Items to raise to the Board were concerns around mandatory training compliance for obstetricians, and issues with the validity of stroke data.

The Committee had reviewed the draft Patient Safety Response Plan.

JHo commented on the issues around the Stroke data and noted a step change had been seen in recent months. He welcomed the ongoing scrutiny.

It was **RESOLVED**

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

23/53.2 Chief Nurse Report

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

The paper focussed on the launch of the Allied Health Professional (AHP) Strategy.

A number of retention initiatives had been launched including the Chief Nurse Fellowship Programme. There has been a reduction in the turnover rate for nurses.

In relation to working with partners, the Trust was the lead practice partner with Newman University.

The report outlined an improving staffing position and noted that the Trust had a much higher percentage of substantive staff in clinical areas. The recently recruited International nurses were receiving ongoing support. The Trust undertook twice daily staffing reviews to ensure that patients are well cared for and safe.

The Trust was currently undertaking the six monthly staffing review and this would be presented to the Quality & Safety Committee in August or September.

The Maternity and Neonatal dashboards were contained within the further reading pack. The maternity workforce has been fully appointed to for the first time in four years and noted some really good appointments that had been made in Obstetrics. Progress on CNST was included in the further reading pack and exceptions noted.

The new infection control framework is detailed in the paper with one amber area noted.

VR asked about the National Workforce Strategy and reducing the reliance on international nurses. MS commented that the Trust would be reliant on a mix of local and international nurses in the short and medium term.

DW thanked MS and her team for a strong report and their hard work. DW confirmed that the Workforce Strategy recommendations cover a long term 15 year period.

The Board noted the appointment of the organisation's first Consultant Midwife. The post had been funded by money from the Local Maternity Neonatal System (LMNS).

AD commented on reducing international recruitment and that percentages related to what the organisation was already doing. LW highlighted the need for long term plans for getting local people into long term jobs that would need further consideration by the Board.

The chair commented that the NHS Long Term Plan helped by setting out the Strategy for training but the Plan does not help with retention.

The chair welcomed seeing MS on the local news last week for the NHS 75th anniversary celebrations.

It was **RESOLVED**

- That the report be noted and assurances received

23/53.3 Seven Day Services Update

PH summarised the report given as enclosure 11 and highlighted the following key areas:

PH updated the Board on actions undertaken to provide assurance. The report detailed the work being undertaken over the next year to ensure compliance with 7 day services requirements.

The Board noted that the action plan was due to be completed by September and would review progress against all 10 standards and review non-compliant specialities. The next report back to Board would be presented in the summer of 2024.

In response to the chairs question, PH confirmed that the benefits for patients were that their ongoing care needs were continued over a weekend and was a genuine improvement.

It was **RESOLVED**

- The Board is asked to note the Trust's position against the national BAF document, progress to embed the standards and planned work

23/53.4 Charitable Funds Committee Update

JA summarised the report from the previous Committee meeting on 22nd June 2023, given as enclosure 12.

One item of concern was the escalating costs associated with the development of a Well Being Hub. An update would be provided to the next Committee.

Positive assurance was received around fundraising and corporate relationships. There was a good relationship with local HSBC branches and £33k had been received to date.

The charity had received £100k funds since 1st April since and had £80k expenditure. The fund total stood at £2.6m.

J Richards and B Elahi attended the meeting to update on spending of an Ophthalmology patient legacy.

Decisions made included continuing the one hot meal a day for staff and a minor change to the name of the charity. Three bids were approved for a memory tree for staff that have passed away, a licence for an IT platform for sharing of furniture and stationery and a programme in ED for providing support to young people affected by violence.

LA confirmed that final costings for the Wellbeing Hub had been received.

It was **RESOLVED**

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

23/53.5 Learning from Deaths

JH presented on Learning from Deaths given as enclosure 13.

The short presentation was in response to a request to assure Trust Board in respect of the reducing trajectory.

The slides detailed data for the Black Country Trust and Coventry and Warwick, the fall in trajectory noted following the change to coding. There was no increased mortality during weekends.

There was further work to do on the Same Day Emergency Care (SDEC) cohort to ensure that the depth of coding was appropriate as well as HED.

The Board noted that the Summary Hospital-level Mortality Indicator (SHMI) was within the expected range. Crude mortality was 3.32%. Significant assurance was noted from the medical examiner in respect of the quality of care given.

DW welcomed the clear presentation and noted the assurance provided.

In response to the chairs' question about the expected range for SHMI and any areas of concern, JHo confirmed that the Trust was 2 points below the expected range and confirmed that Respiratory was the key area of focus. Work would also be undertaken in respect of liver disease and heart failure.

The chair asked if there were any issues in relation to stroke care. JHo confirmed that the Trust was not an outlier.

It was **RESOLVED**

- That the presentation be noted and assurances received

[There was a five minute comfort break]

23/54 To be a Brilliant Place to Work and Thrive

23/54.1 Dudley People Plan

The submission of the Dudley People Plan was deferred to September 2023. The draft document had been considered at Workforce & Staff Engagement Committee and was now with the designers to create the public facing version ahead of publication later in the year.

23/54.2 Workforce and Staff Engagement Committee Report

JA summarised the report given as enclosure 13 relating to the Committee meetings held on 30th May and 27th June 2023 where there had been no matters of concern raised. Slight increase in turnover and vacancy rate.

Positive assurance received that sickness absence had fallen. Significant improvement in statutory and mandatory training results. The Trust was reviewing all statutory and mandatory training to ensure that staff were completing only necessary modules in line with their role.

There had been positive feedback received from the steering groups and the Committee received an update on the Organisational Development work programme. There had also been an update on the work of the apprenticeship scheme and work experience programme.

Committee level assurance ratings were agreed in respect of Board Assurance Framework risks 2 and 3 overseen by the Committee: risk 2 retained a positive rating and risk 3 would remain inconclusive. Assurance received on actions to mitigate gaps in control and noted work underway by the Divisions with progress to be reviewed at the September meeting.

DW flagged the work underway on organisational culture and asked for non-executive Directors to support the work.

In response to a concern raised by the chair that Paediatric Resuscitation training compliance remained red, JA confirmed that numbers had improved considerably. MS noted that deterioration of late was ascribed to retraining of some staff that had been cancelled due to the junior doctors' industrial action and gave assurance that a plan was in place to get all staff trained over the next 2/3 months. JHo confirmed that teams are involved in advanced training and there was a firm commitment to completion of training.

It was **RESOLVED**

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

23/54.3 Workforce KPIs

AD confirmed that the report, given as enclosure 14 was supplied for information with the full data set provided in the further reading pack that accompanied the meeting papers.. Key areas for noting were:

The Trust wide vacancy position was down to 6% and work was underway to improve the appraisal rate.

The recent Royal College of Nursing ballot for industrial action had fell short of the threshold required

The Board noted that juniors doctors were out to ballot for a further 6 month mandate for industrial action.

The NHS Long Term Workforce Plan would be presented in a summary report to the next Workforce & Staff Engagement Committee. The Trust will review in detail and consider the implications of the Plan for Dudley. It was noted that the NHS Plan did not cover social care workforce.

It was noted that the best vacancy rate in the Black Country system was 2.26% with the chair commenting that it was a key indicator for many reasons.

It was **RESOLVED**

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

23/54.4 Freedom to Speak up Annual Report 2022/23 and Strategy 2023/24

RP presented the Freedom to Speak Up Annual Report and Strategy, given as enclosure 15 with a copy of the full strategy document given in the further reading pack. Key areas for noting were:

The Board noted that this was RPs last Board meeting as she was shortly to leave the Trust.

RP reported that the number of concerns and staff groups remained consistent and was reflective of the national position. RP commented that some local organisations did not consistently report all concerns to the Guardian's Office. It was noted that there had been a shift away from concerns related to attitudes and behaviour of others.

DW thanks RP for her hard work and dedication to the Freedom to Speak Up initiative. RP stated that she had been well supported by the leaders of the organisation.

GC thanked RP for the quality of the reports that were presented to Board and for her commitment to Freedom to Speak Up and improving the culture of the organisation.

AP highlighted the strong implementation of Freedom to Speak Up within the Trust and thanked RP for her help.

The chair commented that being the Guardian was a tough role and required a resilient individual with support of colleagues and reinforced the thanks for RPs contribution.

It was **RESOLVED**

- to note the report and the 2023/24 freedom to Speak Up Strategy

23/55 Build Innovative Partnerships in Dudley and Beyond

23/55.1 Integration Committee Upward Report

VR summarised the report given as enclosure 16 relating to the inaugural Committee meeting held on 29th June, 2023.

The work of the Committee would be split into phases and would view partnership working across the organisation and system to ensure that work was not duplicated.

VJ confirmed that he was looking forward to seeing the progress that KR and her team were making.

In response to a query from the chair, VR commented that the relationship with primary care did have some issues and referenced that matters surrounding the future of the Dudley Integrated Health Care NHS Trust had hampered progress.

KR commented that Primary Care need to feel supported by the wider Place based collaborative.

It was **RESOLVED**

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

23/56 Improve Health and Wellbeing

23/56.1 Integrated Performance Dashboard

KK presented the Integrated Performance Report (IPR given as enclosure 17 and advised that the full IPR was included in the further reading pack. The Board noted the following key issues:

73% of patients had been seen within 4 hours of arrival in ED which was slightly short of the 76% target. May 2023 had been a challenging month for emergency services and noted that ambulance handover delays had subsequently improved.

Cancer 2 week wait had seen worsening performance in April and noted that Cancer 62 days was just below target but doing well.

Performance against the 28 day faster diagnosis target was performing above standard and noted that the Trust ranked 8th out of 22 Trusts for Referral to Treatment Times (RTT). The Trust continued to provide mutual aid across the system.

There was ongoing work with Getting it Right First Time (GIRFT) adopting the going Further Faster programme. DW was supportive of the GIRFT approach and expected it would be transformative for the organisation.

In response to a query from the chair, KK confirmed that there were 22k patients on the list as backlog as a consequence of Covid-19. There was ongoing work to validate patients to reduce numbers.

In response to a further question from the chair related to the Trusts' transformational approach to outpatient activity KK commented that there was more work to do embed transformative approaches such as patient initiated follow ups (PIFU) and virtual clinics. LH commented on acknowledging the levels of digital poverty within the Black Country and to ensure this was taken into account to ensure equality of access.

It was **RESOLVED**

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

23/57 GOVERNANCE

23/57.1 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) summary document given as enclosure 18. 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.

All BAF risks have been subject to review and reset during quarter one.

BAF risk 1 has been separated into two separate risks: 1.1 Quality and safety of care 1.2 compliance and regulatory

The rationale for risk scores had been scrutinised by the individual Committees and a review of the mitigating actions to address any gaps in key controls.

Assurance rating were given as follows - out of nine risks there were four with positive and five inconclusive ratings with none receiving negative ratings.

Effective risk management was becoming embedded across the Trust. A Board 'All things risk' workshop had been held in June facilitated by the Good Governance Institute and included senior leaders from across the Trust. A rolling programme of cascade continues.

LW raised the red risks and suggested looking at the finance risk again.

The chair commended the excellent risk workshop.

It was **RESOLVED** to

- Approve the BAF summary report as at July 2023 and note the movement of risk scores

23/57.2 Digital Trust Technology Committee Upward Report

CH presented the upward report from the Committee meeting held on 24th May 2023, given as enclosure 19.

The Committee received positive assurance around CareCert and recorded its thanks to the team for responding to cyber threats.

The Corporate risk on network and Wi-Fi failure was closed. The Committee confirmed its support for the 3 Year Digital Plan which represented a significant step forward to securing its digital foundations. It was important to note that the plan would mainly optimise the Trusts current position and not deliver improved technology.

The BAF risk and mitigation was clearer with further clarity in defining actions. The committee assurance level remained inconclusive.

AT confirmed that the Trust was awaiting a letter of support from ICB colleagues on the 3 year plan. The Trust has agreed to advance at risk by progressing recruitment and placing orders.

It was **RESOLVED** to

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

23/57.3 Audit Committee Upward Report

GC presented the upward reports from the Committee meetings held on 22nd May and 15th June 2023, given as enclosure 20.

The Board was also asked to receive the Audit Committee Annual Report for assurance and endorse the Terms of Reference that had been subject to minor changes.

The external auditors, Grant Thornton, had provided an unqualified opinion to allow conclusion of the Annual Report and Accounts.

This was a positive review for the year and GC thanked the Board Secretary and Committee members for their continued support.

It was **RESOLVED** to

- note the report, the assurances provided by the Committee, the matters for escalation and the decisions made and receive the Audit Committee Annual Report for assurance
- endorse the Terms of Reference that have been subject to minor change.

23/58 Any other Business

There was none raised.

23/59 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 14 September 2023.

23/60 Meeting Close

The Chair declared the meeting closed at 13:02 hr.

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

Date:

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 13 July 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	Complete agenda item
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	Complete agenda item
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	Complete

Paper for submission to the Board of Directors on 14 September 2023

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

Action Required of Board			
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 • Black Country Provider Collaboration • GMC National Training Survey • Lucy Letby Trial Outcome • Reinforced Autoclaved Aerated Concrete (RAAC) • National Cancer Waiting Times Standards • 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	N	Details:
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 14/09/23
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 14 SEPTEMBER 2023

Operational Performance

The 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. The Trust is focusing on the next national requirement of reducing waits beyond 65 weeks. The Trust is participating in the National, Getting It Right First Time-led 'Faster Further' Outpatient project aimed at increasing the number of first new outpatient appointments delivered in order to reduce the risk to the 65 week target. Central to this is improving the number of patients on Patient Initiated Follow Up pathways, reducing the Did Not Attend rate and improving clinic throughput and productivity.

Black Country Provider Collaboration

Key Messages on the Provider Collaborative Executive – August 2023

The following are the key messages from the BC Provider Collaborative meeting on the 7th August 2023.

1) Clinical Improvement Programme

a. 'Further Faster' Outpatient Initiative

An update on progress with the 'Further Faster' outpatients initiative. Positive progress is being made with further actions to validate demand and establish 'Super clinics' now being focused on for progression during the latter stages of the initiatives.

b. Black Country Provider Collaboration Get It Right First Time Quarterly Report

Get It Right First Time (GIRFT) quarterly data was presented showing minimal progress in attaining target performance. Key challenge is the 'lag time' in data reporting centrally (currently between 3 to 6 months behind). Local work is being progressed to identify more frequent data is available on a monthly basis to enable Clinical Networks to proactively manage progress on delivery.

2) Corporate Improvement Programme

The Collaborative Executive (CE) received further updates on two of the Phase 1a priorities for Corporate 'support service' functional reviews. These are summarised as follows:

a. **Payroll** – the responsible officer presented a detailed Priority Initiation Document (PID) identifying and outlining the milestones and delivery dates to ensure delivery of the agreed option by the end of the 23/24 financial year.

b. **HR (Mandatory Training)** – the responsible officer provided a verbal update on the recent Expression of Interest (EOI) which was progressed. Of the 5 organisations invited to submit an EOI, only two submitted an offer which are currently being reviewed with one dropping out subsequently. The remaining bidder (Royal Wolverhampton NHS Trust) will be asked to present their proposal at a future Collaborative Executive

3) Draft Black Country Provider Collaboration Annual Report

The Black Country Provider Collaboration Managing Director presented a draft Black Country Provider Collaboration Annual Report to the Collaborative Executive. This covered a period between April 2022 to August 2023, focusing on the progress made within the Clinical & Corporate Improvement Programmes, together with system transformation and enabling priorities during this period. A full and final version will be published online in September, with an Executive Summary available for the Board Development Day in early September.

4) Black CPC 23-24 Budget

The Black Country Provider Collaboration Managing Director presented a short paper on 2022/23 budget out-turn, and budget requirement for 2023/24 aligned to commitments identified in the annual work plan outlined in schedule 3 of the Collaboration Agreement. The Collaborative Executive agreed to a four-way split of the shortfall.

5) Planning for 2024/25

Dave Baker, Chief Strategy Officer from Sandwell and West Birmingham NHS Trust, presented an initial proposal paper on planning for 2024/25. Principles and concepts were discussed, setting the scene in advance of the first development session scheduled for the next face to face Collaborative Executive meeting on the 4th September. As we continue our journey of closer working, our desire and intent is to reduce duplication and work towards a single Annual Plan for all four partners and the BCPC.

6) Joint Board Development Session

The Collaborative Executive received a brief from Alan Duffell on the Joint Board Development session planned for the 12th September 2023. This will be the first of several sessions planned to encourage closer working at the Board level across the four partner organisations.

7) Governance

A brief update was provided by the Black Country Provider Collaboration Managing Director on the progress with the Collaboration Agreement and the establishment of the Joint Provider Committee.

A consistent Board paper together with the Collaboration Agreement, and the terms of reference for the Joint Provider Committee (JPC) is now being reviewed by each partner's Board, with clear instructions on the ask.

A shadow Joint Provider Committee met on the 4th August to review and discuss the proposals with clarity provided on any legal issues from the legal team at Hill Dickinson. All partner Boards will have reviewed and hope to confirm approval of the documents by mid-August, with a launch planned to coincide with the forthcoming Board Development session in early September.

A short update on some wider governance issues was also provided by Simon Evans, highlighting key progress being made to converge Trust Board meeting cycles, and the focus and functions of Trust Board sub-committees over the course of the remainder of this financial year.

8) Workforce

The Black Country Provider Collaboration workforce programme lead provided a brief update on a key range of priorities being progressed, as follows

- a. **International recruitment** - A proposal to progress a single Black Country Provider Collaboration wide International Recruitment campaign for 2024/25 was discussed and agreed, subject to a review determining that there was sufficient merit in doing so. Mr Alan Duffell to meet with Chief Nurse Officers' and agree any need and identify the appropriate way forward.
- b. **E-Rostering** - Work will commence to reduce the variation across the four partners on E-rostering, led by the Chief Information Officer with support from the Chief People Officer. It is hoped and anticipated that by utilising common systems and approaches across the four partners, that a range of productivity and efficiency savings will be identified. It was agreed that no significant changes to any e-rostering systems would be progressed without discussion as the system looks to converge on its use and approach.

- c. **Seamless Movement of Staff** – An analysis of the current position at each partner for car parking and identification cards was presented with a potential way forward over a short-, medium- and long-term timeline. A working group is to be established to continue this work to progress the short-term priorities and bring back solutions for approval in due course.

9) Strategic Developments

- a. **North-Hub** – Work continues to engage on the 'North Hub proposal with three of the four partner Trusts and the Black Country Integrated Care Board currently taking the North Hub Full Business Case through their Boards for review and approval. Dialogue continues with NHSE to ensure support remains, with the NHSE Service Assurance process and public engagement to commence shortly.
- b. **Productivity & Value Group** - The Collaborative Executive were informed of the selection of a Productivity & Improvement Partner who has now commenced a focused period of work with the system to support financial recovery. They will be reaching out to meet teams and key people from across the system shortly.

10) Clinical Summit

The next Clinical Summit is being planned for October (hoping to confirm for Friday 27th), and it will be a joint summit with the Primary Care Collaborative. Date and venue will be confirmed shortly, together with an outline programme for the day. Instructions for registration will be announced by mid-August.

GMC National Training Survey

Following the publication of the recent GMC National Training Survey, the Trust has been informed that the **Internal Medicine Training (IMT) Stage 1** at Russell's Hall Hospital has been recognised as a centre of excellent training for IMT Stage 1 postgraduate doctors in training.

Providing excellent training requires huge effort and dedication. The hospital particularly excelled in providing a good experience, induction, and a supportive environment for IMT postgraduate doctors in training. Of note is the significant improvement that was made from the 2022 GMC National Training Survey.

Dr Burbridge, Training Programme Director at NHSE has expressed their appreciation to all the teams delivering excellent IMT Stage 1 training and the outstanding work that is being done at Russell's Hall Hospital.

Lucy Letby Trial Verdict

Following the outcome of the trial of Lucy Letby, the NHS have announced measures to strengthen patient safety monitoring to do everything possible to prevent anything like this happening again. The Trust has reviewed the letter and actions have been taken to ensure the Trust fully complies with its recommendations/requests. The full letter from NHS England can be found in the reading pack.

Reinforced Autoclaved Aerated Concrete (RAAC) in Russells Hall Hospital

RAAC in Russell's Hall Hospital

Summit have confirmed to the Trust that there are RAAC planks installed to areas of the B Block/West Wing Roof.

This area is the original hospital built in the early 1980's which was subsequently refurbished and extended as part of the PFI construction in the early 2000's. This was confirmed in a commissioned survey by BRE which was issued in draft format to Summit in March 2023.

Next Steps

Summit have established a project team which includes multiple stakeholders from within Russell's Hall Hospital. The Team will primarily manage a short-term project that will:

1. Carry out a full survey of the hospital to ensure that the assessments of RAAC made to date have been sufficiently thorough and covered all buildings and areas on the Russell's Hall site (including plant/works, education facilities and other non-clinical areas/buildings).
2. Carry out surveys in line with NHSE advised guidance to ensure that the management plans in place for RAAC incidence are sufficiently robust and being implemented. This to include appropriate testing of RAAC slabs, review of maintenance records and ensuring ongoing management plans are in place going forward.
3. To ensure both Summit and the Trust are familiar with the learning from other NHS RAAC hospitals and that this is incorporated into standard business continuity planning as a matter of good practice.

National Cancer Waiting Times Standards

NHS England and the Department of Health and Social Care have announced changes to the cancer waiting times standards from 1 October 2023.

There are currently 10 different waiting times standards applied to NHS cancer diagnosis and treatment.

The changes announced include the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of those standards into three core measures for the NHS:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

All three of these performance standards are key measures of performance, and we remain committed to all three.

Importantly, these changes also provide the NHS with the opportunity to pivot back to focusing on the core constitutional standards, and to ensure we are collectively focused on supporting services to improve cancer waiting times performance against these. Alongside this update to cancer waiting times standards, we are therefore also confirming that:

1. The Faster Diagnosis Standard, currently set at 75%, will be rising to be set at 80% in 2025/26.

NHS England set out its intent to set a higher threshold for this standard over time when it was first introduced, and with the target being met for the first time since its inception in February 2023, together with £2.3bn of investment in extra diagnostic capacity over the current spending review period, it is the right time to set a clear timeframe for these changes.

Trusts should ensure diagnostic capacity investment is suitably prioritised for cancer pathways in anticipation of these changes, and an interim target for 2024/25 will be confirmed in next year's planning guidance.

In most trusts performance against all tumour types will need to improve to meet these standards, and we would expect performance against breast and skin specifically to need to be above 90%.

2. Where services have reduced their backlogs to manageable levels, focus should now be shifted back onto improving performance against the headline 62-day standard.

Nationally we are expecting to achieve 70% by March 2024, although we understand the impact ongoing industrial action could have on this, and NHS England will confirm further levels of improvement towards pre-pandemic levels in the 2024/25 Planning Guidance.

Individual provider trajectories for 2024/25 will be agreed as part of this process, and systems and providers with outlying performance levels within 2023/24 will be supported and overseen via the existing NHS England tiering system.

Charity Update

Hospital patient raises money for Trust Charity to thank them for her care

A Russells Hall Hospital patient raised £1,550 for the hospital's Rheumatology Department as a way of saying thank you for the care she received after two knee replacements and a diagnosis of rheumatoid arthritis. Margaret Tranter who is aged 81 spent the last five months walking the fields in her local area for thirty minutes nearly every day and, in that time, she has walked over 100 miles.

Margaret started walking regularly to help with her recovery which, after the excellent care she received, led to her beginning her fundraising journey. She walked over the fields near Corbett Outpatient Centre where she worked as a nurse before retiring in 2009. The journey is a full circle moment for Margaret, giving back to the organisation she used to work for.

The Great Bostin' Charity Bake Off

Departments across the Trust held a charity bake sale to become our Bostin' Black Country Baker.

Cakes sales are a great way to raise funds for individual department charitable funds. Staff submitted their best cakes in our Bake Off Showstopper competition on Wednesday 6th September and our Directors absolutely loved judging them. I can confirm the cakes were absolutely delicious and a great way to bring staff together while raising charity funds.

Waldrons Will Fortnight

So far Waldrons Solicitors have raised over £50,000 for the Dudley Group NHS Charity by writing wills for their clients free of charge who, in turn, donate to our charity. Waldrons Will Week returned from the 4th to 8th September and we were delighted to see so many staff taking advantage of the offer.

Glitter Ball 'Charity Dinner and Dance' Event

The Glitter Ball Charity Dinner and Dance event returns this year celebrating 75 years of the NHS on Thursday 16th November at the Copthorne Hotel, Merry Hill, Dudley. The event will bring together local businesses across The Black Country to show support for our Trust Charity and network with other like-minded Black Country businesses. We are looking for any suppliers, businesses and connections that would be interested in sponsoring or attending our event, if interested please drop Nithee our Head of Fundraising an email on nithee.patel@nhs.net.

Healthcare Heroes



June's individual Healthcare Hero individual award went to Harry Patel. Harry started at the Trust in 1993 as a respiratory technician and 30 year later leads the same team he started with as a junior. Incredibly Harry has not had a single day of sickness absence in 30 years!! He has improved and developed the service to include a long-term nebuliser service, specialist sleep assessments, full detailed pulmonary function testing, exercise testing, specialised GI testing and much, much more.



June's Healthcare Heroes team award went to the Emergency Department. They were recognised for their continuous hard work and for the exceptional patient care they provide despite the growing number of patients and reduced amount of capacity. This is not forgetting all the smaller but vital tasks that they carry out on a daily basis that makes a huge difference to patient care.



July's Healthcare Heroes individual award went to pharmacist Stephen Payne. On his way to a family holiday, Stephen helped a gentleman on his flight who suffered from a prolonged epileptic fit. The assurance and care that he provided to Alan and his wife Rose was described as 'outstanding' by their daughter. Stephen liaised with a newly qualified junior doctor who was also on the plane and was able to offer specialist advice on the medications they had available. On landing, Stephen stayed with them to explain the situation to the waiting

ambulance crew. He took their contact number and kept in regular contact with them to check on his condition. It was especially wonderful to have Alan and Rose at Stephen's award presentation too.



The July Healthcare heroes team award went to the Dudley Heart Failure team for their dedication and enthusiasm to bring the benefits of modern heart failure medication to the population of the Black Country. They were also nominated for their commitment to ensuring the implementation of complex treatment regimes, providing patient education and their remarkable end of life support. Not only has the team introduced new treatment pathways, but they have also introduced weekly and palliative multidisciplinary teams, a virtual ward and electronic referrals to name a few of their accomplishments.

Patient Feedback

Ward C8 - It was excellent. All staff were knowledgeable caring and helpful. At a very difficult time personally I felt I could not be in better hands.

Accident & Emergency - From booking at reception, to leaving after treatment, my experience was of being treated with respect and kindness from all personal I met, thank you.

Leg Ulcer - The staff are always polite and know all about my health problems and always kept informed about my treatment.

Minor Procedures Room - Everyone was really helpful, cheerful and do minor procedures proud from nurses to doctors.

Ophthalmology - My husband, has had a variety of appointments at five different places, all relating to possible glaucoma. Corbett Hospital was his sixth different venue. We wish to let you know how incredibly sensitive, efficient, and professional both Ophthalmic Technicians were.

B2 (Trauma) - Staff very attentive & listen to my needs, nothing to much trouble om has utmost respect for very well done. Please keep up good work.

Colorectal Surgery - everything was explained to me clearly what would be done when having my procedure, which really helped ,specialist was very caring,

Dietitians - Always positive conversations with the dietitian, great advice and always felt understood.

Ward B4 - Staff were lovely and work really hard. Ward was clean. They made me feel better consultant was brilliant and I felt that I was extremely well cared for.

Awards

Dudley specialist midwife honoured

Dudley's very own Holly Haden, was honoured by Their Royal Highnesses The Prince and Princess of Wales at a very special NHS Big Tea party, marking the 75th anniversary of the NHS.

Holly is a bereavement specialist midwife and cares for families who lose their baby during pregnancy or shortly after birth. She was nominated for her incredible work in the health service, including promoting her local NHS charity's baby bereavement campaign, which raised over £100,000 to create a dedicated baby bereavement suite at Russells Hall Hospital in Dudley.



Hosted by NHS Charities Together the event was attended by members of the workforce and patients representing achievements of the NHS and NHS charities over the last 75 years.

Pharmacy Awards

Our annual pharmacy staff recognition awards took place to celebrate our colleagues in Pharmacy and the hard and often challenging work they undertake each day – each and every one of them are valued for their contributions to the successful running of our service.

This year I had the pleasure of presenting the awards as well as several members of the Trust's executive team. Winners included Adam Bheekooa, Beth Middleton, Isabelle Jones, Steven Shanu, Sarah Kinnersley, Bethany Davies, Lyndsey Nicoll, Charlotte Walton, Jahmal Patterson, Gabriella Henson and Alan Gerrard

Gold Standards Framework (GSF)

The Gold Standards Framework aims to enable a 'gold standard' of care for everyone, with any condition, in any setting, given by any care provider, at any time in a person's last years of life.

We had the brilliant news that our C3/Forget Me Not Unit, C8 and Critical Care Unit wards have achieved Gold Standards Framework re-accreditation and Critical Care and Rapid Response EOLC community team have achieved GSF accreditation.

For Critical Care and Rapid Response they are incredibly the first of their teams in the country to achieve GSF accreditation. They will receive their awards at a ceremony at the end of September.

Visits and Events

6 July 2023	Dudley Integrated Healthcare Project Board
11 July 2023	West Midlands Cancer Alliance Board
11 July 2023	NHS England Midlands Leadership Roadshow
13 July 2023	Public and Private Dudley Group NHS Foundation Trust Boards
18 July 2023	NHS Providers Trust-wide Improvement: Learning for Leaders from VMI-NHS Partnership Evaluation
19 July 2023	Dudley Integrated Healthcare Board
20 July 2023	Black Country Quarterly System Review
24 July 2023	Integrated Care System Cancer Board
25 July 2023	Productivity and Value Group
26 July 2023	Black Country & West Birmingham Diagnostic Strategic Board
27 July 2023	Dudley Group Finance and Performance Committee
27 July 2023	Black Country Integrated Care Public and Private Boards
28 July 2023	Dudley Group Integrated Committee
1 August 2023	Aston University Visit of Russells Hall Hospital
1 August 2023	Black Country System Chief Executive's Meeting

2 August 2023	Dudley Group Extra-ordinary Finance and Performance Committee
3 August 2023	Black Country Integrated Care Board Development Session
4 August 2023	Shadow Joint Provider Committee
7 August 2023	Black Country Provider Collaborative Executive
8 August 2023	Dudley Group/NHSE/ICB Oversight and Assurance Quarterly Review
9 August 2023	St Mary's University Visit of Russells Hall Hospital
10 August 2023	Dudley Group Extra-ordinary Finance and Performance Committee
10 August 2023	Dudley Group Extra-ordinary Audit Committee
10 August 2023	Dudley Group Private Board
15 August 2023	Black Country System Chief Executive's meeting
21 August 2023	Integrated Care System Cancer Board
21 August 2023	Extra-ordinary Integrated Care Board
22 August 2023	NHSE Diagnostic Deep Dive – Black Country Integrated Care Board
23 August 2023	NHSE Midlands Update call with Chief Executives/Dale Bywater

Paper for submission to the Board of Directors on 14 September 2023

Title:	Exception Report from the Finance and Performance Committee Chair
Author:	Zoe Harris, Executive Assistant 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 27 th July 2023, 2 nd August 2023, 10 th August 2023, 31 st August 2023 and 6 th September 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: 14 September 2023
	Other		N Date:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 27 July 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • There was an adverse System variance to budget year to date. • Within the Trust there had been some slippage on capital spending which will need to be addressed going forward. • The Impact of the medical strikes was estimated at £882k with future strikes planned. • The Trust had reached a critical point in the year in respect of achieving the CIP targets, with some decline in confidence levels noting the continued need for focus and pace throughout the organisation. • The cost per weighted activity unit remained high but was being monitored through the productivity dashboard. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A regular review of medical strikes and the impact on patients was commissioned. • A revised reporting of CIPs was requested with best, worst and probable outcomes for the year included. • A follow-up meeting to review in further detail North Hub business case for Board approval was planned for 2nd August 2023.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • A significant cash transfer had been received from the System supporting liquidity. • There was positive assurance that the impact of strikes on patient experience had been managed without compromising patient safety. • Transformation business partners were supporting the divisions who were responsive to continued and further CIP delivery. • Benchmarking evidence provided assurance to levels of staffing for paediatric business case. • Whilst there were ongoing pressures on emergency services, especially due to due to walk ins, the trust continued to make good progress against recovery targets. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Allocate contract renewal was approved for recommendation to Board. • The revised EPRR Terms of Reference were approved.
<p>Chair's comments on the effectiveness of the meeting: It was a good meeting with a systematic approach and healthy debates on the financial position.</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: Extra-ordinary meetings held on 2nd August, 10th August and 6th September 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"> A extra-ordinary committee meeting has been arranged for 6th September 2023 to discuss and approve the financial forecast plan.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> None 	<p>DECISIONS MADE</p> <p>2nd August 2023</p> <ul style="list-style-type: none"> The F&P Committee supported the strategic direction of the development and the high level FBC recommending it to Board for approval, given the clinical benefits for patients. There were however a number of points/caveats that the Committee raised: <ul style="list-style-type: none"> There was a small surplus margin given the investment which could be vulnerable if financial risks were not mitigated. The risk register with regard to revenue needed further work. The assessment of the downside and potential upside costs need reviewing for certainty/delivery. The principle of a gain/risk share was supported but the wording/detailed mechanism needed completing. The ongoing relationship between the three Trusts was expected to be underpinned by an 'open-book' approach but this needed greater clarity as to the standard operating procedures for this. Clarity around the acute collaboration/Trust governance of the partnership needed to be clarified/detailed. <p>10th August 2023</p> <ul style="list-style-type: none"> The committee endorsed the recommendation to bid for the tender but submit a financial model that sat outside the tender envelope. It was recognised that it was beneficial to the Trust strategic approach, but it came with risks. The Trust was not in a position to bid at the value offered by the tender as there was no financial capacity to transform the service. It was recommended to Board for approval.
<p>Chair's comments on the effectiveness of the meeting:</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 31 August 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• There was a concern around adverse pay variances driven by pay costs and exasperated by junior doctor strikes.• Levels of short term sickness of 1 - 2 days in some departments within nursing including outpatients.• The financial position of the System to July this year shows a £59m deficit, which is £19m adverse to plan.• There is concern around the ongoing financial impact of junior doctor strike.• Within the CIP programme this year, a high level of CIPs are non-recurrent.• There are significant concerns that the initial Medium Term Financial Model indicates adverse future financial health.• Concern around the ongoing challenge against emergency cancer standards and the cancer 2 week wait.• There is concern around the ongoing performance of Black Country Pathology Service (BCPS). This is being addressed by a transformation action plan.• There is concern around the ongoing effectiveness of estates management by the PFI provider Mitie which is at times affecting patient experience.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Requested further assurance on control over authorisation of bank spending.• Further assurance was requested on pay control across the Trust incorporating medical spend.• It was agreed to escalate to Board the Trust and System midterm financial health.• The committee agreed to recommend to Board, a Board wide development session to take place as soon as possible.• It was agreed to revisit and review assurance rating of BAF risk 4 at the next meeting in respect to financial health in 2024/25 and beyond.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• There was very positive assurance around the nurse spending forecast being on budget and is supported by highly effective grip and control.• Anticipated positive variance to the ERF income target.• It is anticipated to realise £19m of cost improvement programmes from 80 live schemes with a current gap of £4m.• Positive performance against national elective targets and cancer performance and the recovery of cancer performance is ahead of trajectories.• Positive performance against VTE target.• Excellent performance from the procurement team.	DECISIONS MADE <ul style="list-style-type: none">• It was recommended to Board to submit a bid to NHSE for £16.9m for the redesign and the emergency department facilities at Russells Hall Hospital, subject to enhanced governance actions to mitigate revenue costs drift.• The committee approved submission of the National Cost Collection exercise.
Chair's comments on the effectiveness of the meeting: Good, robust discussions with a proactive approach. Thanks was given to everyone for their continued great work through significant challenges as a Trust and wider System.	

Paper for submission to the Board of Directors on 14 September 2023

Title:	Month 4 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 July 2023.			

Summary of Key Issues:
<p>Prior to consolidation of DCSL, the Trust incurred a deficit of £10.516m to July. Incorporation of DCSL reduces this deficit to £10.448m. Specific technical changes of £64k results in a July cumulative position of a £10.384m deficit. This position is £133k worse than the phased plan submitted to NHSE.</p> <p>It should be noted that the deficit plan reduces as the Trust progresses through the year.</p> <p>ERF plans have been reduced by 2% across the full year to account for the impact of industrial action. The outcome is a reduction of just over £2m to the variable baseline. Revised plans taking into account the 2% reduction and the impact to tariff of both the agenda for change and medical pay awards have now been published.</p> <p>Agency costs remain low as the ban continues to remain in place for non-medical staff. The Trust spend of 0.9% of paybill is well within the cap of 3.7%. Some minor, time-limited exceptions have been agreed due to specific circumstances.</p> <p>Bank spend in July was higher than both the average for the year and 22/23. Whilst an element of this will be due to industrial action and the nursing agency ban, the growth in bank is still seen as concerning given the influx of international nursing staff.</p> <p>Similarly, WLI costs in July were higher than both the average for the year and 22/23. Again, this is in part attributable to the junior doctor/consultant strikes coupled with additional elective weekend sessions linked to ERF delivery.</p> <p>The cash position at the end of July was £1.597m higher than the previous month's forecast at £27.8m. The cash balance includes £20m on account from Black Country ICB.</p> <p>The Trust received £20m on account paid by ICB in June to assist with cash flow for pay award payments to be repaid in March. Current risks to delivery of financial plan, namely unidentified CIP are driving the downside cash forecast.</p>

Trusts have been asked to complete a detailed forecast year end position and to have 90% of their Cost Improvement Plan identified by the end of September in advance of a national escalation meeting due the first week in October. There is a separate forecast year end paper for Board consideration.

The PWC work on the balance sheet nears completion with the final report due mid-September. Individual organisations are reviewing the analysis and assumptions and its possible that Audit Committees may need to review and possible accounting policy issues.

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 31/08/2023
	Board of Directors	Y	Date: 14/09/2023
	Other	N	Date:

REPORTS FOR ASSURANCE AND DECISION
FINANCE REPORT
REPORT TO PUBLIC BOARD OF DIRECTORS ON 14 SEPTEMBER 2023

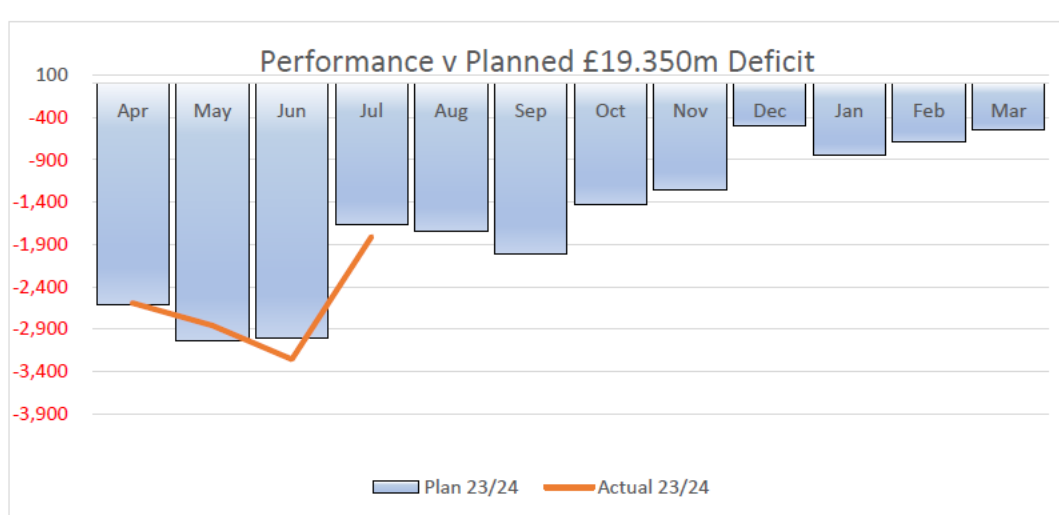
1. EXECUTIVE SUMMARY

- 1.1 Prior to consolidation of DCSL, the Trust incurred a deficit of £10.516m to July. Incorporation of DCSL reduces this deficit to £10.448m. Specific technical changes of £64k results in a **July cumulative position of a £10.384m deficit**. This position is £133k worse than the phased plan submitted to NHSE.
- 1.2 It should be noted that the deficit plan reduces as the Trust progresses through the year.
- 1.3 The income figures include an extra £7.326m funding for the agenda for change pay award. The majority of this has been agreed with commissioners (based on an extra 1.6% uplift to contract values in line with guidance). A further 0.7% increase has been notified in lieu of the medical pay award and this will need to be agreed over the next month.
- 1.4 ERF plans have been reduced by 2% across the full year to account for the impact of industrial action. The outcome is a reduction of just over £2m to the variable baseline. Revised plans taking into account the 2% reduction and the impact to tariff of both the agenda for change and medical pay awards have now been published.
- 1.5 Agency costs remain low as the ban continues to remain in place for non-medical staff. The Trust spend of 0.9% of paybill is well within the cap of 3.7%. Some minor, time-limited exceptions have been agreed due to specific circumstances. As a result, medical staff now comprise 69% of the total agency spend.
- 1.6 Plans to exit medical agency are being developed from the 4 highest spending specialities (Elderly Care, Paediatrics, Obs & Gynae and Plastic Surgery).
- 1.7 Bank spend in July was higher than both the average for the year and 22/23. Whilst an element of this will be due to industrial action and the nursing agency ban, the growth in bank is still seen as concerning given the influx of international nursing staff.
- 1.8 Similarly, WLI costs in July were higher than both the average for the year and 22/23. Again, this is in part attributable to the junior doctor/consultant strikes coupled with additional elective weekend sessions linked to ERF delivery.
- 1.9 The medical pay award remains outstanding so an additional 2.1% has been accrued in line with the original funding. Final awards have been notified by NHSE and the impact on the tariff has been calculated at a further 0.7%. This is being assessed to ensure the funding covers the required pay uplifts.
- 1.10 The cash position at the end of July was £1.597m higher than the previous month's forecast at £27.8m. The cash balance includes £20m on account from Black Country ICB.

- 1.11 The Trust received £20m on account paid by ICB in June to assist with cash flow for pay award payments to be repaid in March. Current risks to delivery of financial plan, namely unidentified CIP are driving the downside cash forecast.
- 1.12 The PWC work on the balance sheet nears completion with the final report due mid-September. Individual organisations are reviewing the analysis and assumptions and it's possible that Audit Committees may need to review and possible accounting policy issues.

2. INCOME AND EXPENDITURE (APPENDIX 1)

- 2.1 Prior to consolidation of DCSL, the Trust incurred a deficit of £10.516m to July. Incorporation of DCSL reduces this deficit to £10.448m. Specific technical changes of £64k results in a **July cumulative position of a £10.384m deficit**. This position is £133k worse than the phased plan submitted to NHSE.
- 2.2 It should be noted that the deficit plan reduces as we progress through the year (see below). This reflects the original high level of unidentified CIP where delivery is expected later in the year (reductions in spend required from July onwards).



- 2.3 The income figures include an extra £7.326m funding for the agenda for change pay award. The majority of this has been agreed with commissioners (based on an extra 1.6% uplift to contract values in line with guidance). A further 0.7% increase has been notified in lieu of the medical pay award and this will need to be agreed over the next month.
- 2.4 ERF plans have been reduced by 2% across the full year to account for the impact of industrial action. The outcome is a reduction of just over £2m to the variable baseline. Revised plans taking into account the 2% reduction and the impact to tariff of both the agenda for change and medical pay awards have now been published.
- 2.5 The estimated ERF performance is shown below. The Trust is currently predicting a surplus of £172k for April - July against the reduced baseline. It should be noted that NHSE have also published their view on the April-May position and that this is £0.411m higher than the Trust estimates. A reconciliation is being undertaken but the initial viewpoint is that this is down to differential phasing of the plan so will be a timing issue. If confirmed, the Trust will amend the phasing to match the NHSE plan to ensure consistency going forward.

	CSS	Corp	Med	Surg	TOTAL
April	-£1k	-£1k	£264k	-£501k	-£238k
May	-£12k	-£1k	£394k	£26k	£406k
June	-£5k	-£1k	£282k	-£213k	£63k
July	£10k	-£1k	£317k	-£384k	-£60k
TOTAL	-£8k	-£4k	£1,256k	-£1,072k	£172k

- 2.6 Trusts have been instructed by the National team not to show any variance for ERF in April-July. However, it is expected that April/May ERF will be fully transacted in August and the variation will therefore need to be reported.
- 2.7 Staff increased by just over 1 WTE in July. The figures include the movement of international nurses from Healthcare Support Workers to Registered Nurses (as at the end of July there were still 18 [was 38 at end of June] international nurses without their pin). The Trust has 453 WTE more staff than one year ago. The number of vacancies equates to c378 WTE.
- 2.8 Agency costs remained low as the ban continues to remain in place for non-medical staff. The Trust spend of 0.9% of paybill is well within the cap of 3.7%. Some minor, time-limited exceptions have been agreed due to specific circumstances. As a result, medical staff now comprise 69% of the total agency spend.
- 2.9 Plans to exit medical agency are being developed from the 4 highest spending specialities (Elderly Care, Paediatrics, Obs & Gynae and Plastic Surgery).
- 2.10 Bank spend in July was higher than both the average for the year and 22/23. Whilst an element of this will be due to industrial action and the nursing agency ban, the growth in bank is still seen as concerning given the influx of international nursing staff.
- 2.11 A detailed analysis has been undertaken of the bank spend to date. Generally, a high bank spend equates to an adverse pay variance. For these areas, actions plans have been requested to reduce bank spend to resolve any pay variances.
- 2.12 Similarly, WLI costs in July were higher than both the average for the year and 22/23. Again, this is in part attributable to the junior doctor/consultant strikes coupled with additional elective weekend sessions linked to ERF delivery.
- 2.13 The Trust received funding of £10.162m at the end of 22/23 for the non-consolidated elements of the pay award. This was paid in June with some further minor amendments in July with the final cost exceeding the allocation by £108k. This is within the cumulative figures.
- 2.14 The medical pay award remains outstanding so an additional 2.1% has been accrued in line with the original funding. Final awards have been notified by NHSE and the impact on the tariff has been calculated at a further 0.7%. This is being assessed to ensure the funding covers the required pay uplifts.
- 2.15 The main non-pay pressures continue to be pass through items with the ICB including adverse variances for drugs of £0.584m and infuser pumps of £0.165m. This is in part negated by PFI deductions.

3. CAPITAL AND CASH

- 3.1 The cash position at the end of July was £1.597m higher than the previous month's forecast at £27.8m. The cash balance includes £20m on account from Black Country ICB. Receipts were only £191k below the forecast position in July. This was because of a very small movement in non-patient income receipts. Payments were £1.49m lower than the forecast in July. Payments to suppliers were £1.703m lower than forecast. This related to the timing of the payment run at the end of July. August supplier payments will be increased meaning this is a timing difference. Capital payments were £270k higher than forecast. This was a timing difference as invoices were received and paid earlier than forecast.
- 3.2 Current cash forecast has increased by £2.089m compared to the previous month. Slippage on capital plan is main reason for change in forecast. Forecast and plan assume £20m of PDC cash support transfers in March to ensure the Trust remains liquid.
- 3.3 The Trust received £20m on account paid by ICB in June to assist with cash flow for pay award payments to be repaid in March. Current risks to delivery of financial plan, namely unidentified CIP are driving the downside cash forecast.
- 3.4 Older debt stands at £1.198m at month 4. Older NHS debt continues to relate to non-clinical charges to Black Country ICB which have now been agreed to be paid in August. Older Non-NHS debt includes vaccination charges to PCN's, local authorities, research and development grants and overseas visitor charges.
- 3.5 Invoices older than 90 days increased from the previous month by £59k. The Non-NHS invoice total includes large balances with West Midlands Hospital and Summit Healthcare which are currently disputed. NHS invoices relate to provider-to-provider charges which have not been agreed and credit notes have been requested.
- 3.6 Compliance with the Better Practice Payment Code was 92.7% in terms of number of invoices paid to non-NHS suppliers and 94.6% for NHS suppliers as at 31st July 2023.
- 3.7 The capital programme expenditure as at 31st July 2023 was £0.977m. This was £1.130m lower than the original plan. The capital forecast has reduced by £1.736m compared to the original plan. A full review of all schemes with scheme managers has resulted in a revised forecast for several schemes. The Trust will liaise with the Black Country ICS to manage the slippage within the system and re-set the Trusts capital plan accordingly.

4.0 INTEGRATED CARE SYSTEM (ICS) AND SYSTEM WORKING.

- 4.1 Trusts have been asked to complete a detailed forecast year end position and to have 90% of their Cost Improvement Plan identified by the end of September in advance of a national escalation meeting due the first week in October. There is a separate forecast year end paper for Board consideration.
- 4.2 The PWC work on the balance sheet nears completion with the final report due mid-September. Individual organisations are reviewing the analysis and assumptions and its possible that Audit Committees may need to review and possible accounting policy issues.

5. RECOMMENDATIONS

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

Kevin Stringer
Chief Financial Officer
7th September 2023

TRUST I&E PERFORMANCE as at JULY 2023

	CURRENT			CUMULATIVE YTD		
	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
Pat Care	£40,767	£41,517	£750	£164,323	£164,177	-£146
Other	£2,061	£1,852	-£209	£6,861	£7,670	£809
INCOME	£42,828	£43,369	£541	£171,184	£171,847	£663
Pay	-£28,137	-£28,339	-£202	-£112,940	-£113,379	-£439
Non-Pay	-£13,829	-£14,071	-£242	-£57,349	-£57,691	-£342
Other	-£2,525	-£2,750	-£225	-£11,207	-£11,225	-£18
SPEND	-£44,491	-£45,161	-£670	-£181,496	-£182,295	-£799
TRUST	-£1,663	-£1,792	-£129	-£10,312	-£10,448	-£136

Commentary:

Consolidated deficit to July of £10.448m (£136k behind NHSI plan).
Technical changes of £64k reduce deficit to £10.384m. This is £133k worse than the phased NHSI plan.

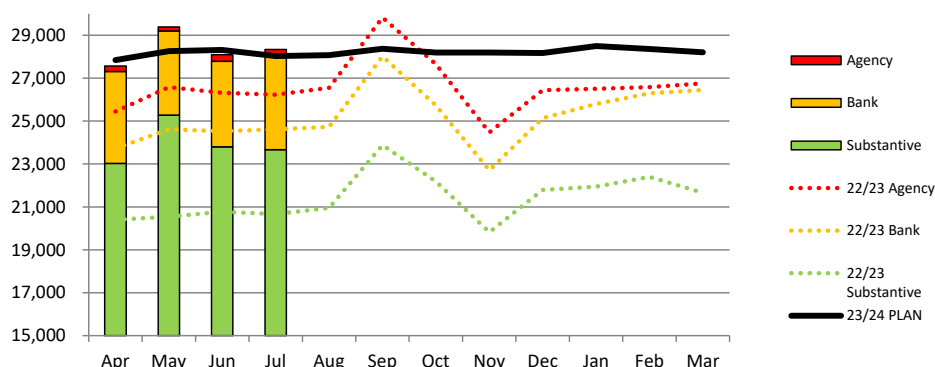
Income includes additional £7.326m for agenda for change pay award.

Pay includes £108k pressure for shortfall on 22/23 pay award plus impact of junior doctor strike action.

Non pay pressures for ICB pass through drugs and devices

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

PAY ANALYSIS



Commentary:

Over plan to July due to 22/23 pay award and junior doctor/consultant strikes.

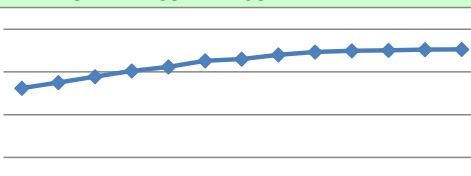
Adjustment of 0.7% required for medical pay award and should be fully funded.

Bank/WLI usage remains high. An element of this relates to industrial action. However, areas with high utilisation rates being challenged to improve and reduce adverse pay variances

Overtime reducing.

WHOLE TIME EQUIVALENT YEAR ON YEAR COMPARISON

	22/23	Plan	Current
Nursing	2,555.87	3,000.85	2,811.23
Doctors	703.03	823.05	788.35
AHPs	849.51	1,006.63	904.43
A&C/Other	1,052.58	1,161.48	1,110.13
Total	5,160.99	5,992.01	5,614.14



Commentary:

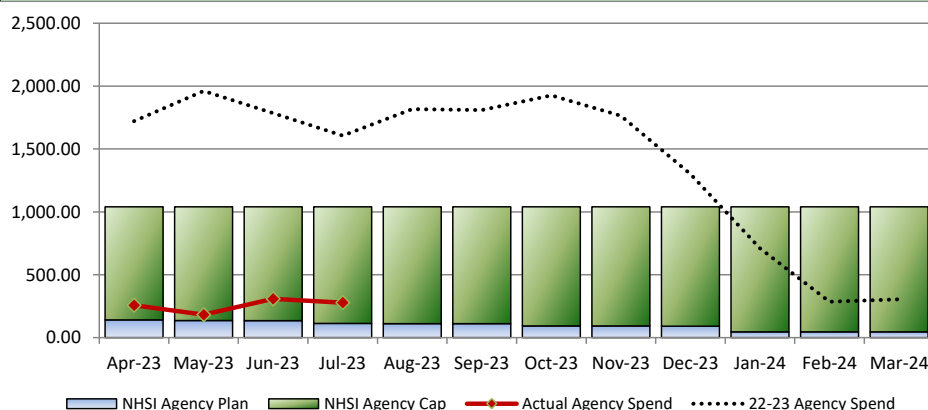
Minor WTE increase in July

453 WTE increase on last year.

Vacancies c378 WTE.

Establishment refined to posts that can be recruited.

AGENCY PERFORMANCE 2023/24



Commentary:

System cap of £68m for 23/24.

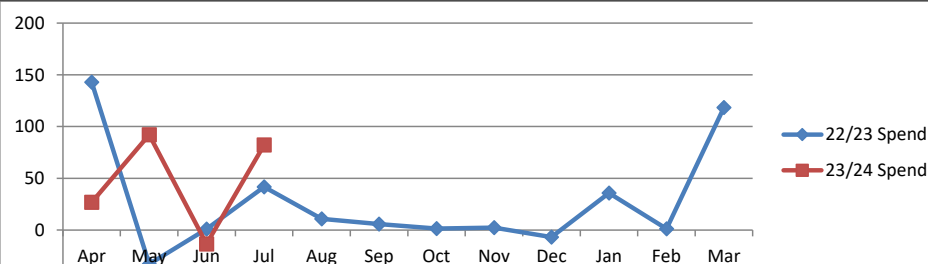
Cap based on limiting agency to 3.7% of paybill.

Trust significantly below cap (0.9% of paybill) but slightly above plan.

69% of spend medical staff. Remainder generally relates to agreed time limited exceptions. Last non clinical agency post ended in May.

Plans required from Paediatrics, Elderly Care, Plastics and Obs & Gynae to set out when medical agency will cease.

CONSULTANCY

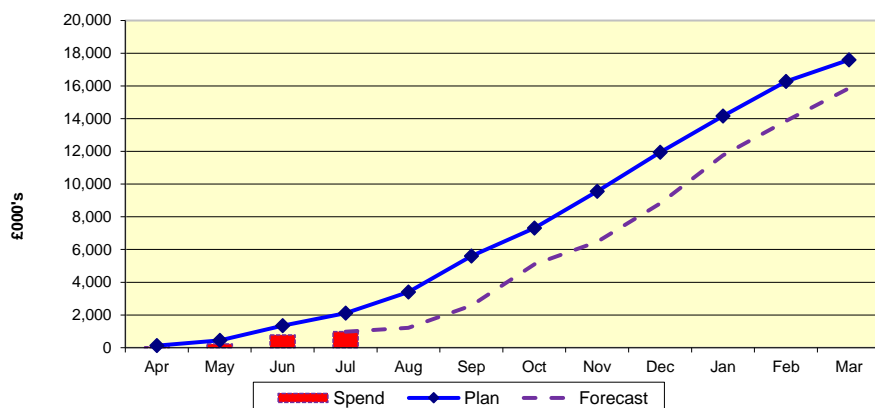


Commentary:

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

£175k consultancy spent in May/July within IT for frontline digitisation BC. No prior approval sought from NHSE on basis that NHSE approved initial bid.

CAPITAL EXPENDITURE 2023/24



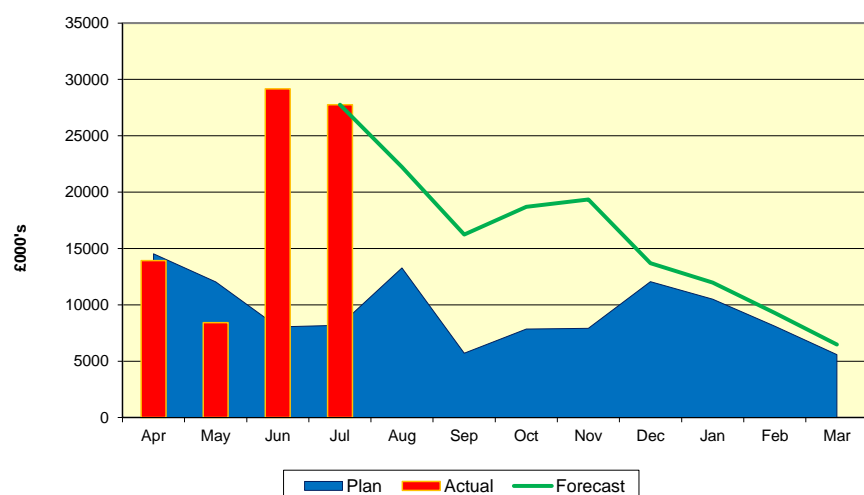
Commentary:

Expenditure of £0.977m against the original plan of £2.107m.

Capital forecast has reduced by £1.736m compared to the original plan. A full review has taken place with each scheme manager and a revised forecast has been approved by Directors. The main slippage relates to the North Block Fire scheme which is currently under review and will be subject to a revised business case. All other schemes are reduced as a result of expenditure being lower than plan or expenditure was brought forward into 2022/23.

At this stage of the year the Trust is forecasting a capital spend of £15.856m.

CASH FLOW 2023/24



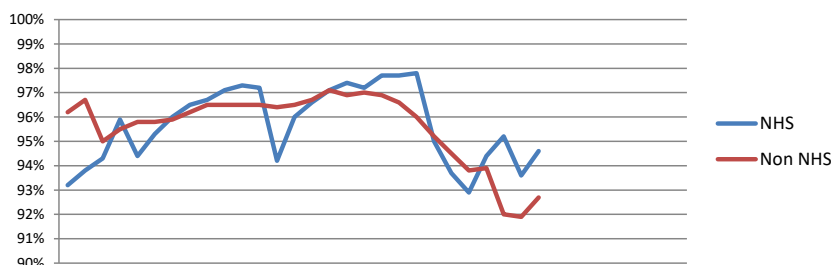
Commentary:

Actual position at the end of July was £1.597m higher than the forecast.

The main contributor to the variance was payments to suppliers were £1.703m lower than forecast. This related to their timing of the payment run at the month end.

Current cash forecast has increased by £2.089m compared to the previous month. Re-forecast of the capital plan is the main contributor to the cash forecast change. 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 March.

BETTER PAYMENT PRACTICE CODE (APRIL 2021 TO DATE)

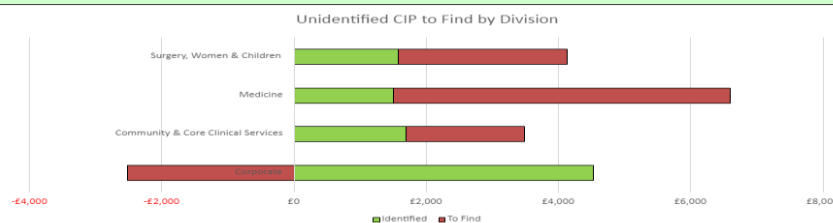


Commentary:

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

The better payment practice code was not achieved for suppliers year to date in July for number of invoices paid. The target of 95% was achieved for all suppliers in terms of the value of invoices paid.

EFFICIENCY PROGRAMME



Commentary:

Total efficiency target of £26.233m

Corporate exceeded plan due to 1-off technical items.

Overall unidentified element now down to £6.911m represented by red bars on graph.

Forecast of £19.321m is lower than identified plan by £427k so remaining delivery ask is £7.338m.

57% of forecast is non recurrent.

Recurrent schemes needed to address one off items in 23/24.

PERFORMANCE BY DIVISION

	YTD Bud.	Spend	YTD Var	Budget	Forecast	Var
Medicine	£54,376	£56,159	-£1,783	£158,398	£158,398	£0
Surgery	£48,744	£50,099	-£1,355	£144,570	£144,570	£0
Comm & CCS	£29,097	£29,040	£58	£85,916	£85,916	£0
Corporate	£25,223	£26,027	-£804	£74,072	£74,072	£0
Other	£11,207	£11,293	-£86	£34,721	£34,721	£0
DCSL	-£50	-£68	£18	-£150	-£150	£0
Inc/Res	-£158,285	-£162,101	£3,817	-£478,327	-£478,327	£0
TOTAL	£10,312	£10,448	-£136	£19,200	£19,200	£0

Commentary:

Medicine and Surgery both show increasing overspends.

Comm & CCS have a small surplus to July.

The overspend on corporate relates to Trust Wide and includes the shortfall on the 22/23 pay award, plus an accrual for medical pay award and CEAs (budgets held in reserve).

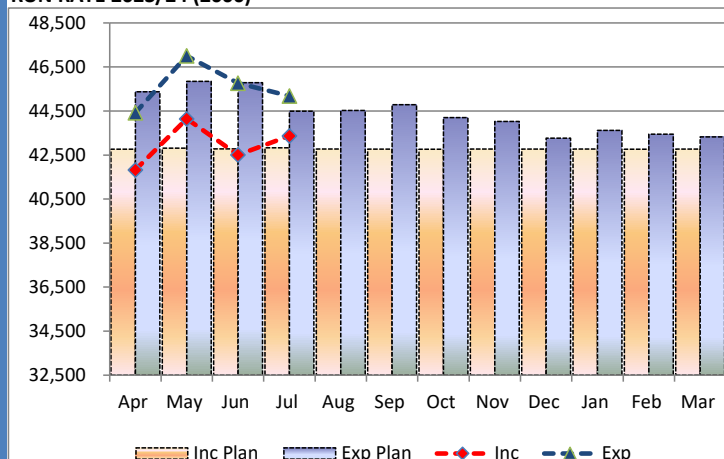
CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

	CURRENT		
	PLAN	ACTUAL	VAR
PATIENT CARE INCOME	£40,767	£41,517	£750
OTHER INCOME	£2,061	£1,852	£-209
PAY EXPENDITURE	£-28,137	£-28,339	£-202
NON PAY EXPENDITURE	£-13,829	£-14,071	£-242
OTHER EXPENDITURE	£-2,525	£-2,766	£-241
PRE CONSOLIDATION	£-1,663	£-1,808	£-145
DUDLEY CLINICAL SERVICES LTD	£13	£16	£4
FINAL POSITION	£-1,651	£-1,792	£-141

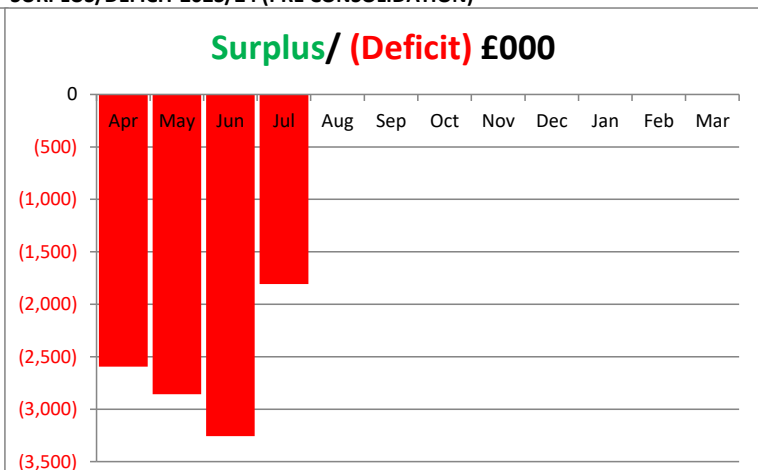
CUMULATIVE YTD		
PLAN	ACTUAL	VAR
£164,323	£164,177	£-146
£6,861	£7,670	£809
£-112,940	£-113,379	£-439
£-57,349	£-57,691	£-342
£-11,207	£-11,293	£-86
£-10,312	£-10,516	£-204
£50	£68	£18
£-10,262	£-10,448	£-186

FORECAST		
PLAN	ACTUAL	VAR
£492,058	£492,058	£0
£21,278	£21,278	£0
£-339,848	£-339,848	£0
£-158,117	£-158,117	£0
£-34,721	£-34,721	£0
£-19,350	£-19,350	£0
£150	£150	£0
£-19,200	£-19,200	£0

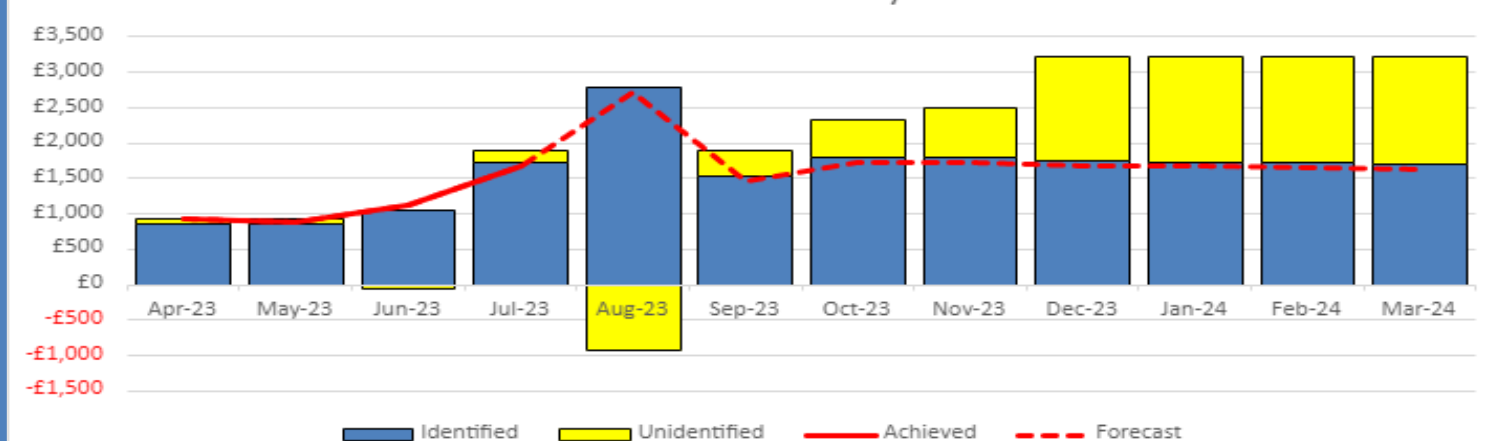
RUN RATE 2023/24 (£000)



SURPLUS/DEFICIT 2023/24 (PRE CONSOLIDATION)



CIP Performance 23/24



Pre consolidation deficit of £1.808m in July resulting in cumulative deficit of £10.516m.

Post consolidation deficit of £1.792m in July resulting in cumulative deficit to £10.448m.

Adjustments for technical items equating to £0.064m resulting in a **reported M4 deficit of £10.384m**. This is £0.133m worse than plan.

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

The position includes the actual impact of the agenda for change pay award. This was paid in June. The pressure relating to the non-consolidated element for 22/23 has increased slightly to £108k (previous estimate was £97k). An accrual based on 2.1% has been included for Medics.

Additional income of £7.236m (1.6%) has been agreed with commissioners in relation to the pay award. This has been incorporated into the position. A further 0.7% increase for Medics is expected. No adjustments included for the estimated ERF based on national instructions.

CIP target of £26.233m. Current performance £149k behind plan. Unidentified sum now down to £6.911m (was £12.639m). Identified amount of £19.321m split £8.247m recurrent and £11.074m non recurrent. However, forecast shortfall against identified plan of £427k so effectively Trust needs to find £7.338m to clear unidentified balance and address forecast shortfall.

INCOME PERFORMANCE

	£000
JULY 2023 PLAN	£42,828
JULY 2023 ACTUAL	£43,369
JULY 2023 VARIANCE	£541

	£000
CUMULATIVE PLAN	£171,184
CUMULATIVE ACTUAL	£171,847
CUMULATIVE VARIANCE	£663

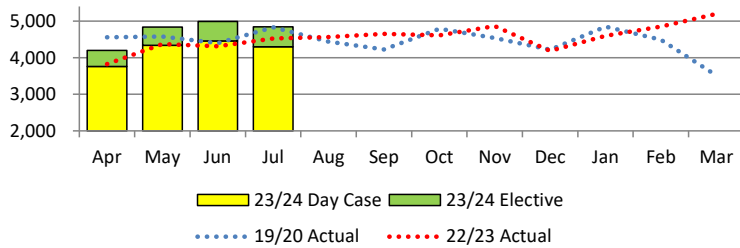
INCOME BREAKDOWN

	JULY 2023		
	PLAN	ACTUAL	VARIANCE
Patient Care Income	£40,767	£41,517	£750
Education	£1,292	£1,197	£-95
Research & Development	£92	£81	£-11
Non Patient Services	£110	£80	£-30
Staff Recharges	£269	£268	£-1
Other Income	£299	£227	£-72
Outside Envelope Funding	£0	£0	£0
GRAND TOTAL INCOME	£42,828	£43,369	£541

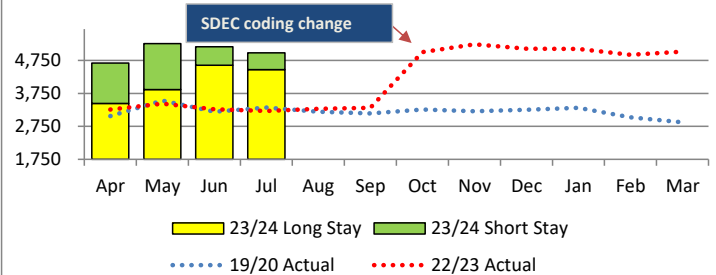
YEAR TO DATE (£000)

	PLAN	ACTUAL	VARIANCE
JULY 2023 PLAN	£164,323	£164,177	£-146
JULY 2023 ACTUAL	£5,165	£4,979	£-186
JULY 2023 VARIANCE	£366	£289	£-77
CUMULATIVE PLAN	£522	£378	£-144
CUMULATIVE ACTUAL	£1,062	£1,180	£118
CUMULATIVE VARIANCE	£-254	£846	£1,100
	£0	£-1	£-1
£171,184	£171,847	£663	

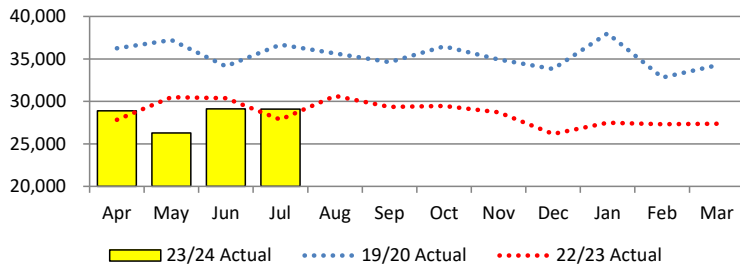
Elective/Day Case



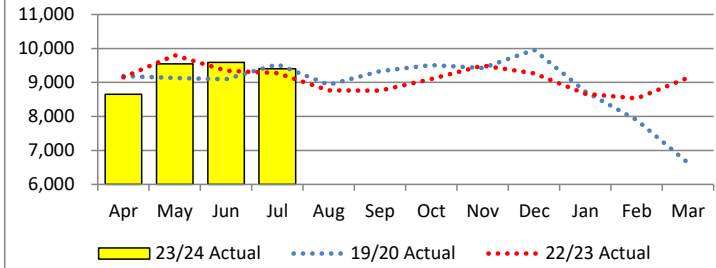
Non Elective



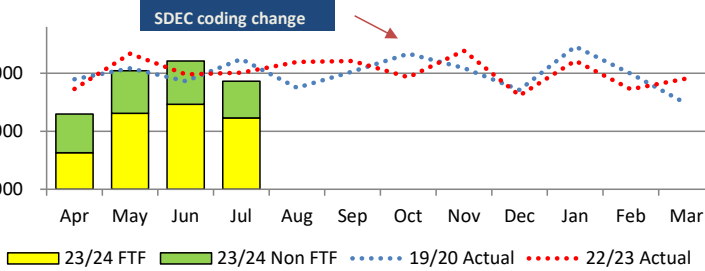
Community Attendances



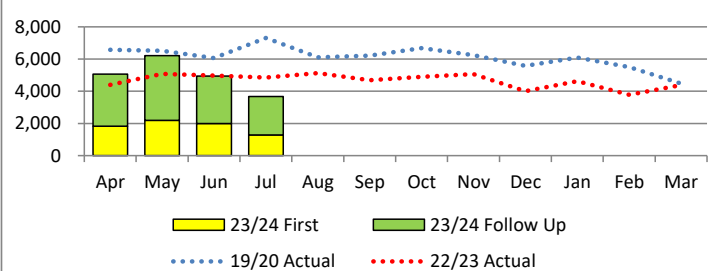
A&E



Outpatient New & Follow Up



Outpatient Procedure



Income performance to July shows an improved performance against plan.

Opening plans have been adjusted by £7.236m (1.6%) for additional funding related to the 23/24 agenda for change pay award. This reflects agreements reached with commissioners. A further adjustment is now expected for the medical pay award equating to 0.7%.

The estimated ERF performance is summarised below. This has now been amended for the 2% reduction to the baseline in lieu of industrial action.

	CSS	Corp	Med	Surg	TOTAL	
April	£-1	£-1	£264	£-501	£-238	Final Cut
May	£-12	£-1	£394	£26	£406	Final Cut
June	£-5	£-1	£282	£-213	£63	Final Cut
July	£10	£-1	£317	£-384	£-60	Second Cut
TOTAL	£-8	£-4	£1,256	£-1,072	£172	

NHSE FIGURES FOR April-May	£000
Black Country	£546
Staffordshire	£30
Hereford & Worcester	£-11
Birmingham & Solihull	£16
Shropshire & Telford	£7
Specialised Serv/Other NHSE	£22
LVA	£-30
TOTAL	£579

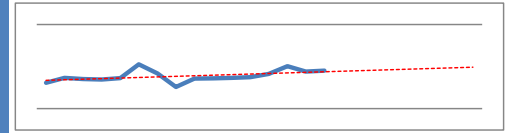
National team instruction to not show any impact relating to ERF in M4 figures. However, advised this will commence in M5 (backdated to M1).

Final ERF baselines now confirmed (including 2% reduction and increase for the higher tariff (driven by additional pay awards). NHSE have also published performance for M183 which equates to £579k for Dudley, i.e. this £411k higher than Trust estimate above - reconciliation in progress.

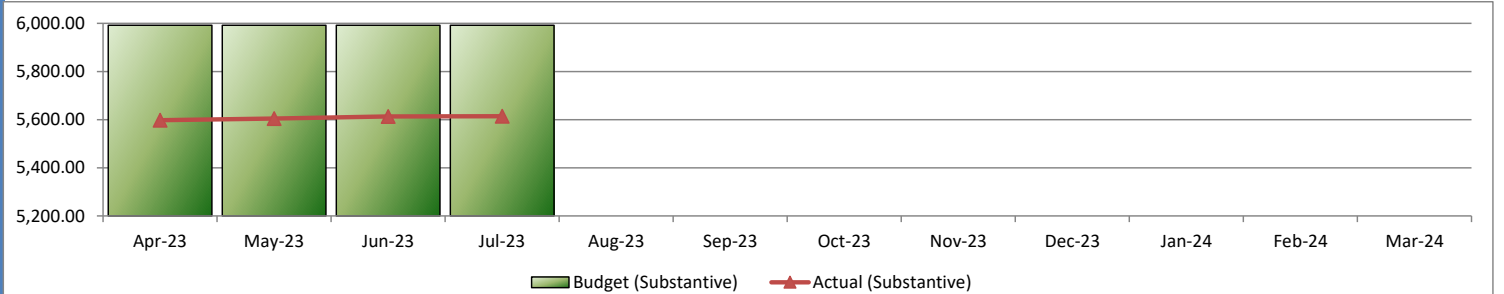
CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

	£000		£000
JULY 2023 PLAN	-£28,137	CUMULATIVE PLAN	-£112,940
JULY 2023 ACTUAL	-£28,339	CUMULATIVE ACTUAL	-£113,379
JULY 2023 VARIANCE	-£202	CUMULATIVE VARIANCE	-£439

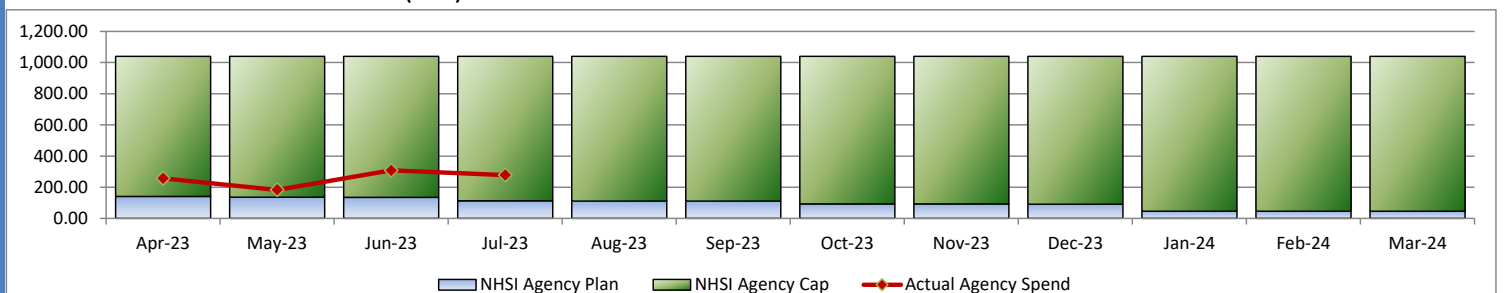
PAY TREND



CONTRACTED WTE IN COMPARISON TO SUBSTANTIVE BUDGET PLAN



AGENCY PERFORMANCE AGAINST NHSI CAP (£000)



AGENCY SPEND BY STAFF GROUP (£000) (EXCLUDES VAX PROG)

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
NURSING QUALIFIED	£1,059	£61	£43	●
NURSING UNQUALIFIED	-£1	£0	£0	●
MEDICAL & DENTAL	£207	£177	£223	●
SCIENTIFIC/THERAPEUT	£63	£12	£11	●
ADMIN/MGR/OTHER	£87	£6	£0	●
TOTAL	£1,416	£256	£277	●

BANK SPEND BY STAFF GROUP (£000) (EXCLUDES VAX PROG)

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
NURSING QUALIFIED	£1,128	£1,199	£1,180	●
NURSING UNQUALIFIED	£674	£598	£608	●
MEDICAL & DENTAL	£1,007	£1,175	£1,372	●
SCIENTIFIC/THERAPEUT	£281	£390	£406	●
ADMIN/MGR/OTHER	£185	£217	£238	●
TOTAL	£3,274	£3,580	£3,804	●

WLI SPEND BY DIVISION (£000) (EXCLUDES VAX PROG)

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
CLINICAL SUPPORT	£12	£12	£11	●
MEDICINE	£51	£48	£53	●
SURGERY	£325	£431	£472	●
CORPORATE	£18	£0	-£0	●
TOTAL	£407	£491	£536	●

OVERTIME SPEND BY DIVISION (£000) (EXCLUDES VAX PROG)

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
CLINICAL SUPPORT	£54	£26	£12	●
MEDICINE	£28	£34	£31	●
SURGERY	£5	£7	£5	●
CORPORATE	£9	£7	£6	●
TOTAL	£97	£75	£55	●

Average M1-3	£000	£28,347
In-month	£28,339	In month spend in line with average for year
Average M1-4	£28,345	

PAYBILL £000

	19/20	22/23	23/24	
Employed	16,299	20,667	23,667	14.5% increase on 22/23
Agency	1,077	1,606	277	82.7% decrease on 22/23
Bank	1,723	3,295	3,804	15.5% increase on 22/23
WLI/OT	353	659	591	10.3% decrease on 22/23
			28,339	

APRIL TO JULY

	19/20	22/23	23/24	
Employed	65,675	82,390	95,771	16.2% increase on 22/23
Agency	4,495	7,072	1,025	85.5% decrease on 22/23
Bank	6,934	12,668	14,319	13.0% increase on 22/23
WLI/OT	1,429	2,439	2,264	7.2% decrease on 22/23
			113,379	

WTE

	19/20	22/23	23/24	
RNs	1,486	1,603	1,855	
CSWs	794	953	956	
Medics	576	703	788	
AHP/Sci	699	850	904	
Other	912	1,055	1,104	
TOTAL	4,470	5,161	5,607	8.8% increase on 22/23

Average APRIL TO JULY

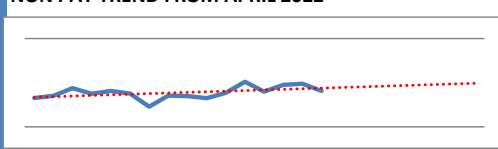
	19/20	22/23	23/24	
RNs	1,482	1,589	1,825	
CSWs	778	935	987	
Medics	577	697	793	
AHP/Sci	698	843	898	
Other	912	1,055	1,104	
TOTAL	4,447	5,119	5,607	9.6% increase on 22/23

CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

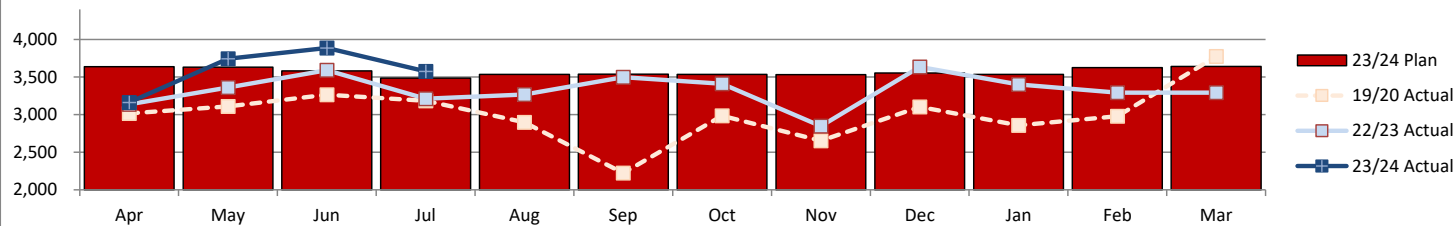
	£000
JULY 2023 PLAN	-£13,829
JULY 2023 ACTUAL	-£14,071
JULY 2023 VARIANCE	-£242

	£000
CUMULATIVE PLAN	-£57,349
CUMULATIVE ACTUAL	-£57,691
CUMULATIVE VARIANCE	-£342

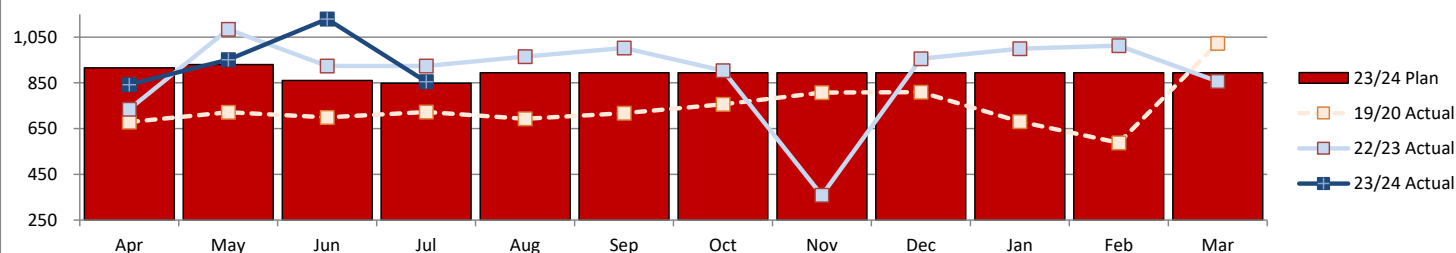
NON PAY TREND FROM APRIL 2022



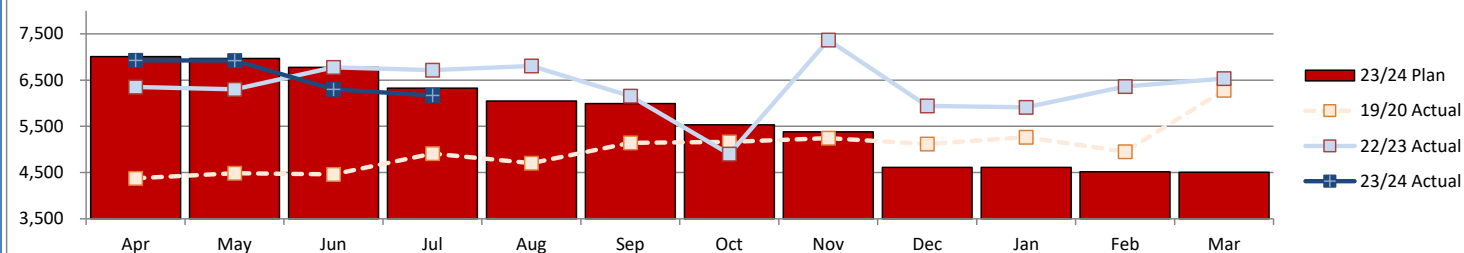
CLINICAL NON PAY



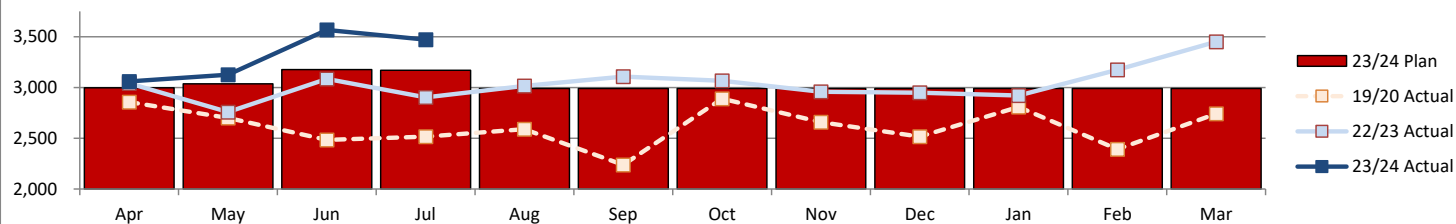
DRUGS



NON CLINICAL NON PAY



PASS THROUGH COSTS



Average M1-3	£000	£14,540
In-month	£14,071	Reduced training, miscellaneous and adjustment for element of maternity pathway
Average M1-4	£14,423	

	19/20	22/23	23/24	PLAN	VARIANCE	
Clinical	3,185	3,211	3,577	3,486	-90	increased spend across majority of clinical categories
Drugs	722	924	856	849	-7	in line with plan
Non Clinical	4,910	6,717	6,167	6,325	158	Training, PFI and miscellaneous
Passthrough	2,516	2,903	3,472	3,169	-302	ICB Drugs £188k, Infusor Pumps £73k (block), EVARs £20k
			14,071	13,829	-242	

	19/20	22/23	23/24	PLAN	VARIANCE	
Clinical	12,574	13,302	14,371	14,339	-32	cumulative position in line with plan
Drugs	2,821	3,666	3,779	3,555	-224	Overspend for AMU, Anaesthetics, Chemical Pathology & Obstetrics
Non Clinical	18,233	26,141	26,315	27,076	761	PFI £509k, Computer Processing £101k, Training £141k
Passthrough	10,559	11,786	13,226	12,379	-847	ICB drugs £584k and Infusor Pumps £165k (block) EVARs £78k
			57,691	57,349	-342	






**Paper for submission to Trust Board
on 14th September 2023**

Title:	Cost Improvement Programme Update
Author:	Dara Bradbury – Senior Transformation Programme Lead
Presenter:	Kat Rose – Director of Strategy and Partnerships

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
Recommendations: Trust Board is asked to note the report that was presented to Finance and Performance Committee on 31 st August.			

Summary of Key Issues:
<p>In our last update to Committee, we reported a forecast programme of identified CIP to the value of £13.25m supported by 67 live schemes. The unidentified gap at that point was £12.98m.</p> <p>The Trust programme now consists of 80 live schemes plus a further 13 where plans are either in progress or an opportunity exists. The year-end position forecasts are £18.89m. Of this sum, £13.79m is considered low risk. The current shortfall on the CIP programme at Month 4 equates to £7.34m (split £0.43m underperformance against identified plans plus £6.91m that remains unidentified at this stage). This reflects a positive movement of a £5.64m forecast increase from June to July.</p> <p>The majority of the movement relates to one-off technical items along with options to increase ERF income. A large of proportion of these schemes will be non-recurrent in nature so further work will need to be undertaken to identify further recurrent schemes moving forward.</p> <p>Medicine Division have identified some potential schemes that could deliver an additional £2.1m in savings, however these schemes are more high risk and some are unlikely to start until late Q4. This is being financially validated at present and therefore is not offered up towards gap closure currently.</p> <p>With the position outlined in this report and with planned activity in September it is anticipated that the gap will be reduced further with non – recurrent schemes but will be challenging to identify recurrent schemes. As a Trust we are still focused on achieving the target but will be able to confirm the best, worst and most likely forecast position next month when all the Divisional confirm and Challenge meetings have been completed.</p>

Impact on the Strategic Goals

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

Implications of the Paper:

Risk	Y	Risk Description: CORP 2166	
	On Risk Register: Y/N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y/N	Details:
	NHSE	Y/N	Details:
	Other	Y/N	Details:
Report Journey/ Destination	Working / Exec Group	Y/N	Date:
	Committee	Y	Date: 31/08/2023
	Board of Directors	Y/N	Date: 14/09/2023
	Other	Y/N	Date:

Report Title: Cost Improvement Programme Update

Report to: Trust Board

Report Date: 28th August 2023.

1. EXECUTIVE SUMMARY

- 1.1 In our last update to Committee, we reported a forecast programme of identified CIP to the value of £13.25m supported by 67 live schemes. The unidentified gap at that point was £12.98m.
- 1.2 The Trust programme now consists of 80 live schemes plus a further 13 where plans are either in progress or an opportunity exists. The year-end position forecasts are £18.89m. Of this sum, £13.79m is considered low risk. The current shortfall on the CIP programme at Month 4 equates to £7.34m (split £0.43m underperformance against identified plans plus £6.91m that remains unidentified at this stage). This reflects a positive movement of a £5.64m forecast increase from June to July.
- 1.3 The majority of the movement relates to one-off technical items along with options to increase ERF income. A large proportion of these schemes will be non-recurrent in nature so further work will need to be undertaken to identify further recurrent schemes moving forward.
- 1.4 Medicine Division have identified some potential schemes that could deliver an additional £2.1m in savings, however these schemes are more high risk and some are unlikely to start until late Q4. This is being financially validated at present and therefore is not offered up towards gap closure currently.
- 1.5 With the position outlined in this report and with planned activity in September it is anticipated that the gap will be reduced further with non – recurrent schemes but will be challenging to identify recurrent schemes. As a Trust we are still focused on achieving the target but will be able to confirm the best, worst and most likely forecast position next month when all the Divisional confirm and Challenge meetings have been completed.

2. CURRENT CIP PROGRAMME POSITION

- 2.1 The year-to-date Plan Vs Actual has underdelivered by £149k having saved £4.61m against a plan of £4.76m. This is largely down to vacancy factor schemes in CCCS and Surgery divisions delivering less than scheduled and a shortfall in the tendering of consumables across the Black Country Pathology Service.
- 2.2 The divisional breakdown of our year-end Target plan Vs forecast delivery is shown in the following table and is based on our confirmed 80 live schemes to date plus estimate for 13 other schemes that are either in progress or represent new costed opportunities.

DIVISIONAL PERFORMANCE v TARGET

	Target	Forecast	Gap to Find
Corporate	£2,742	£5,188	£2,445
Community & Core Clinical Services	£5,574	£3,788	-£1,786
Medicine	£7,971	£2,890	-£5,081
Surgery, Women & Children	£9,945	£7,028	-£2,916
TOTAL	£26,233	£18,894	-£7,338

2.3 In the schemes identified, 13 are classed as income generating worth £6.26m (6 non-recurrent totalling £4.57 and 7 recurrent totalling £1.69m)

2.4 The remaining 80 schemes are cost out worth £12.63m split into Pay £8.06m of which £4.37m is non – recurrent and £3.69m is recurrent. The non pay is worth £4.57m of which £1.84m is non – recurrent and £2.739m is recurrent.

3 IDENTIFIED CIP, PIPELINE VALUES and RISK RATINGS

3.1 The table below shows the overall status of the live schemes in the Trust tracker and details of schemes that are in the pipeline (£3.17m). This shows that if the pipeline schemes do go live that we will have reduce the Trust overall CIP gap from £7.34m to £4.16m

	Live	In progress to go live	Scheme Risk Rating	Divisional Target	Forecast Delivery at Year End	Pipeline Scheme s	Value	Pipeline Schemes. Estimated RISK	Potential Gap at year end.
CORP	24	1	22 Low 3 Medium	£2.74m	£5.19m	0	£0	N/A	(£2.45m)
CCCS	12	0	11 Low 1 Medium	£5.57m	£3.79m	8 (6 costed to date)	£119k	Low	£1.66m
MIC	20	4	14 Low 10 Medium	£7.97m	£2.89m	2	£2.1m	High	£2.98m
SWC	24	8	19 Low 13 Medium	£9.95m	£7.03m	17 (16 costed to date)	£950k	Medium	£1.97m
Total	80	13	66 Low 27 Medium	£26.23m	£18,894	27	£3.17m		£4.16m

3.2 The one high-risk pipeline scheme for Medicine is worth £400k is based on actions that can be put in place to improve the number of Medically Optimised Fit for Discharge (MOFD) patients within the Trust. The other scheme is medium risk as it is linked to increased income and activity.

3.3 The Medium risk applied to the SWC pipeline schemes is due to some of these being proposals to increase income/activity e.g.

- Increasing Injection Lists £132k
- Increase in Day Case Procedures £352k

5. Longer Term View

5.1 Additional focus will be given to address gap closure and reduce the CIP gap value through the following steps which will be supported by Strategy and Transformation:

- Continue with Divisional Confirm and Challenge meetings to monitor budget, activity and CIP performance. Surgery meeting was held on 21st August, Core Clinical Services scheduled for 23rd August and Medicine is on 4th September.
- Work with specialties to validate and deliver against their PIFU trajectories
- Continued engagement with Clinical cohort to support improvements in DNAs, cancellations and clinic activity.
- Review budgets at M6 to see if spend forecasts can be realigned against plans. This proved successful during 2022/23.
- Continue with Divisional weekly VAR meetings to ensure grip and control on workforce requests (new and backfill posts)
- Continue with Divisional Allocate confirm and challenge meetings to reduce unauthorised rota changes and reduce shift costs.

6. RISKS TO THE PROGRAMME

6.1 Recognising that the unidentified CIP could be reduced to just over £4m if our pipeline CIPs are fully validated, all areas within the Trust are fully committed to identifying more CIP to reduce this value further. However, it is highly likely that these schemes will be non-recurrent.

7 RECOMMENDATION

7.1 The Committee is asked to note progress to date and to review the risks identified.

**Paper for submission to Board of Directors on
Thursday 14th September 2023**






Title:	EPRR Debrief Report – August 2023 Industrial Action
Author:	Luke Lewis – Head of Corporate Resilience Adam Woodhall – EPRR and Business Continuity Advisor Liam Askins – Corporate Resilience Project Support Officer
Presenter:	Jack Richards, Director of Operations for Surgery Women and Children Paul Hudson, Deputy Medical Director

Action Required of Committee / Group			
Decision	Approval	Discussion X	Other
Recommendations: Note the review of the Trust's response to the August 2023 junior doctor and consultant strikes, as well as the highlighted areas for improvement in preparation for future strikes.			

Summary of Key Issues:
<ul style="list-style-type: none"> • The Trust has not been impacted by recent industrial action taken by nurses, radiographers, West Midlands Ambulance Service, and bus/rail workers. • All Trust sites have remained safe throughout all junior doctor/consultant strikes to date. • The Industrial Action Task and Finish Group has an effective approach to planning for industrial action and a renewed focus on post-strike recovery. • The August 2023 junior doctor and consultant strikes both had a significant impact on elective activity, particularly the consultant strike due to the requirement for consultants to cover emergency and on call services only. • Neither strike impacted 78+ week waiters, 104+ week waiters, 62+ day cancer activity, or 104+ day cancer activity. • The consultant strike impacted a small number of 2-week wait cancer cases which were rescheduled within a few days of their original date. • All affected activity has been rescheduled within the relevant waiting list targets, with priority given to cancer patients and long-waiters. • The financial impact of each junior doctor and consultant strike period is being closely monitored by the Finance and Performance Committee. • Areas for improvement ahead of future junior doctor/consultant strikes include: <ul style="list-style-type: none"> ○ The need to tackle low morale amongst some teams, perhaps due to the frequent and repetitive nature of industrial action planning. ○ The potential need to step down all non-essential meetings leading into future strikes, which would release more clinical staff to support patient flow.

- The need for a review into the factors that contributed to a greater-than-average level of discharges during the latest consultant strike, to ensure that these measures can be built upon to maximise discharges during future strikes.

Impact on the Strategic Goals

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

Implications of the Paper

Risk		Y	Risk Description: If staff decide to strike this would reduce the workforce and would have an impact on services and patient safety and the Trusts ability to provide care	
	On Risk Register:	Y	Risk Score: COR2012 major	
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: 14/09/2023	
	Other	N	Date:	

EPRR Debrief Report – August 2023 Industrial Action

Wider context

Despite being impacted by the ongoing junior doctor and consultant industrial action, the Trust has not been impacted by other recent industrial action within the health sector. This includes industrial action taken by the Royal College of Nursing, the Society of Radiographers and various union members within West Midlands Ambulance Service. The Trust has also experienced minimal impacts as a result of recent industrial action within the travel sector.

Background to August 2023 Industrial Action

This paper aims to provide an overview of the contingencies put in place by the Trust to prepare for and respond to both the junior doctor industrial action that occurred from Friday 11th August to Tuesday 15th August 2023 and the consultant industrial action that occurred from Thursday 24th August to Saturday 26th August 2023.

Contingencies and additional resources deployed

Junior doctor strike

Medicine and Surgery:

- All emergency, on call and ward rotas were covered, both in and out of hours, by non-striking junior doctors, consultants, locum doctors and non-trainees where necessary.

CCCS:

- No impact to Radiology, Pathology, Community Services, and Therapy. Therefore, no additional contingencies were required across these areas.
- Additional trusted assessors were on shift within the Discharge Team during the strike period to support discharges, although these additional resources were also deployed to support discharges during a period of limited Trust capacity.
- Additional bank shifts were utilised within Pharmacy to support core duties and enable the release of prescribers to support priority areas.

Consultant strike

Medicine and Surgery:

- Cover across emergency and priority areas was provided by on call and non-striking consultants, supported by junior doctors and non-clinical teams. Locum junior doctors were also utilised where necessary.
- Additional Critical Care Outreach cover formed part of the Deteriorating Patient Pathway.
- Additional nurse practitioners were deployed across Emergency Surgical Hub (ESH).
- Additional Physician Associates were deployed across areas such as Vascular.

CCCS:

- Additional resources deployed to continue one Waiting List Initiative (WLI) session within Clinical Immunology.
- Small number of acute MRI scans were outsourced to a teleradiology service for support.
- One additional prescribing pharmacist was available to support discharges.

What went well

Common feedback for both strike periods

- Collaborative working amongst all multi-disciplinary teams and divisions enabled effective contingencies to be implemented.

- Sufficient staffing coverage was in place to maintain safety across the site.
- Very few issues were escalated during both strike periods.
- Medicine: Daily Medically Optimised For Discharge (MOFD) deep dives continued prior to and during both strike periods to maximise planned discharges where possible.
- Pharmacy: Prescribing support was required in some areas; however, most areas are now well-versed in ensuring that these processes are covered during strike periods.
- Clinical Skills Team: Team were not required to support any clinical areas.
- HR: All divisions worked extremely well with the Medical Workforce Team when reporting junior doctor and consultant absences.
- Communications: All social and digital collateral was issued in a timely manner across the Trust's platforms, and no negative publicity was identified.
- Minor issues with care plans and To Take Out (TTO) forms across wards areas were overcome by the medical and Pharmacy cover in place, which aided discharges.

Consultant strike

- A greater-than-average level of discharges were seen during the strike period. To aid future planning, a detailed review into the contributory factors to this trend is required.
- Surgery: A higher-than-expected level of trauma activity was covered.
- Good engagement from consultants regarding their intention to strike.
- Good engagement from Black Country Pathology Service regarding the level of activity that could be covered during the strike period.

Impacts on services

Rescheduled activity

Appendices 1 and 2 demonstrate the rescheduled activity due to the August 2023 junior doctor and consultant strikes. These figures have been taken from official submissions made to NHS England.

In summary, both strikes had a significant impact to elective inpatient and day case surgery, in addition to new and follow-up outpatient appointments. The junior doctor strike had no impact on any other elective activity; however, the consultant strike did impact a small number of two-week wait (2ww) cancer cases plus a significant level of elective diagnostic activity.

Recovery plans for rescheduled activity

Within Medicine, all affected new and follow-up outpatient cancellations have been rescheduled within a 6-week window, with priority given to the longest waiters. Treatments and day cases affected by the consultant strike were either brought forward or moved to the following week, with priority given to cancer patients.

Within Surgery, all affected 2ww cancer cases were rescheduled within a few days of their original treatment date. Any other cancer patients affected by the August strikes were offered an alternative treatment date when they were contacted, with all affected treatments being rescheduled within one week either side of the original treatment date. Any elective inpatient and day case activity has been rescheduled within August or September 2023. Outpatient appointments have been rescheduled to the next available slot, which is likely to be between 6 and 13 weeks depending on the slot polling range for that specialty.

Within CCCS, any affected outpatient diagnostic activity has been rescheduled to the earliest appointment available during August or September 2023. Any rapid access cancer patients affected by the consultant strike were either rescheduled to prior to the strike or within seven days of their original appointment.

Financial impact of rescheduled activity

The Finance department will be reporting the full financial impact of the August strikes to the Finance and Performance Committee in September 2023. This will include the financial impact of any rescheduled activity.

Impact on MET calls

During the **junior doctor strike**, a total of **12 MET calls** were logged which consisted of:

- 10 patients who remained where the original MET call was made.
- 1 patient who was a member of the public and went home.
- 1 patient RIP.

During the **consultant strike**, a total of **14 MET calls** were logged which consisted of:

- 9 patients who remained where the original MET call was made.
- 2 patients who were members of the public and went home or to the Emergency Department (ED).
- 1 patient who was transferred for level 2 care.
- 1 patient for whom incorrect details were recorded.
- 1 patient who suffered a cardiac arrest (RIP).

A detailed review of every MET call logged during the August 2023 strikes will be presented to the Deteriorating Patient Group, including how these totals compare to the average daily number of MET calls logged at the Trust.

Impact on Deteriorating Patient Pathway

There was no change in the number of deteriorating patients, compliance with escalation or senior clinical review during either strike period. Patient escalations were relatively higher during the consultant strike but this did not reach clinical significance.

There was one cardiac arrest on 13/8 and one on 20/8 – within normal frequency limits. Neither patient was successfully resuscitated.

Patient safety is actively monitored via the Deteriorating Patient Group with assurance provided to Risk & Assurance.

Impact on patient flow

Appendices 3 to 6 detail the Trust's daily general and acute (G&A) admissions, G&A discharges, and Emergency Department attendances from Monday 7th August to Tuesday 29th August 2023, covering both the junior doctor strike (11th to 15th August) and the consultant strike (24th to 26th August).

Impact on Mortality

There were 18 deaths during the Junior Doctor strikes with 14 deaths in the same time period prior to the strike and 13 deaths in the same time period post-strike. There are currently no logged incidents requiring a Structured Judgement from Governance and the Medical Examiner did not refer any cases for review for this time period. Review In comparison to the same periods last year the deaths were 31,32,19.

There were 6 deaths during the August consultant strike with 2 deaths in the same time period prior to the strike and 6 in the same time period post-strike. As with the deaths observed during the Junior Doctor strike there have been no logged incidents requiring a Structured Judgement from Governance and the Medical Examiner did not refer any cases for review.

These figures demonstrate that there was no deterioration in patient safety during industrial action.

Other impacts reported

- High levels of annual leave due to the summer holiday period compounded staffing issues caused by both strikes.
- When compared to previous strikes, less engagement was received from clinical teams when planning for the August 2023 strikes. This may be the result of low morale amongst certain teams due to the ongoing strike action.
- The continuous planning for periods of industrial action also impacts the routine duties of operational, administration and clinical teams.
- The junior doctor strike was particularly challenging for the Medical Workforce Team who were required to collate junior doctor absence data in addition to planning for the rotation of new junior doctors and processing deductions for junior doctors rotating out of the Trust.

What could be done differently for future strikes?

- The Trust now has a well-rehearsed and effective approach to preparing for periods of industrial action. The majority of services would follow a similar, multi-disciplinary process.
- The lack of morale amongst certain staff involved in the continuous planning for periods of industrial action may need to be addressed by specific, internal communications or by other means.
- Surgery, Women and Children have identified the following areas for improvement:
 - A greater level of work is required with Clinical Service Leads prior to future consultant strikes to confirm whether consultants intend to strike, with the aim of reducing the time taken to identify striking consultants during the strike period.
 - The division may require a Standard Operating Procedure document to be followed by the operational lead coordinating the division's industrial action plans. This will ensure continuity in the event that colleagues are absent due to sickness or leave.
- The Industrial Action Task and Finish Group has a renewed focus to ensure that robust post-strike recovery plans are in place for each period of industrial action.
- A detailed review into the factors that potentially contributed to an increase in discharges during the August 2023 consultant strike is required to ensure that effective plans can be implemented for future strikes.
- A stipulation to step down all non-essential meetings leading into future strike periods may be required. This would release clinical staff to support patient flow, with the aim of creating the best Trust capacity position possible leading into the strike period.
- Therapy may deploy additional staffing in the period following future consultant strikes to support the facilitation of discharges as much as possible, particularly if there is an increase in the number of medically optimised patients once consultants return to work (as was the case following the August 2023 consultant strike).
- If any staff become aware of any negative publicity or conversations on social media in relation to industrial action, the Communications Team should be informed.

Summary

The Trust now has an effective approach to planning for periods of industrial action. The main impact experienced as a result of the August strikes was the significant level of rescheduled activity. The consultant strike had an even greater impact on elective activity as only emergency and on call cover was available in most areas. However, this rescheduled activity will all be recovered within the appropriate timeframes, meeting all waiting list targets. A number of areas for improvement have been highlighted which will be considered ahead of future junior doctor and consultant strikes.

August 2023

Paper for submission to Trust Board on 14th September 2023

Title:	Protecting and Expanding Elective Capacity
Author:	Kelly Pettifer, Deputy Director of Operations – Surgery, Women and Children
Presenter:	Jack Richards, Director of Operations – Surgery, Women and Children






Action Required of Committee / Group			
Decision	Approval	Discussion X	Other
Recommendations: The Trust Board are asked to: <ul style="list-style-type: none"> Note and comment on plans to improve key elective care metrics within the attached report Note and comment on additional funding requirements and suggested funding routes to ensure delivery of the 65 week maximum waiting time target by the end of March 2024. Note the slippage in the ambition to ensure that all patients in the 65 week cohort have their first outpatient appointment by the end of October 2023, with additional mitigating actions to rectify the position by the end of November 2023. Discuss the frequency of update reports to the Board To approve completion and submission of the NHS England self-certification template on behalf of the Board, based on the findings of the report. 			

Summary of Key Issues:
<ul style="list-style-type: none"> On 4th August 2023, NHS England wrote to all trusts asking them to provide assurance against a set of activities to drive outpatient recovery at pace. Boards are required to review the outcome of this exercise and provide appropriate discussion and challenge. To support this exercise the system-wide elective care programme team have developed a standard template for the review, to support comparison at the system level. The template for Dudley Group is attached, which includes a copy of the letter referenced above for ease of access. By the end of March 2024, no patient should wait more than 65 weeks for their treatment. To ensure that the outstanding cohort for treatment is clearly understood, the ambition has been set that no patient in this cohort would be waiting for their first outpatient appointment by the end of October 2023. The review has highlighted that this ambition is achievable for a vast majority of specialties, but for neurology and gynaecology, this will not be possible due to ongoing severe medical workforce gaps. The report recommends that additional insourcing support is commissioned to bridge the gap. Although we are unlikely to achieve the first outpatient ambition until the end of November, this would give sufficient headroom for these challenged specialties to deliver the maximum 65 week wait target by the end of March 2024. The Trust has a rolling programme of waiting list validation, which undertakes and administrative review of all patients waiting more than 18 weeks for treatment. There

is insufficient capacity within this team to achieve the new national standards for validation, which require that all patients over 12 weeks are validated, and that this should include contact with the patient. To address this shortfall, it is recommended that we utilise our existing provider of text messaging services and digital letters to undertake a one-off validation of our entire waiting list. When this exercise has been completed for smaller cohorts in challenged specialties, this has resulted in significant removals from the waiting list. This would not only satisfy the requirements of the national validation standards to be achieved by the end of October, but also give us a clear picture of the cohort to be treated.

- The total cost of the three non-recurrent schemes highlighted above is £82K. It is recommended that these schemes are funded through a reprioritisation of £80K external funding received to support the delivery of the Further, Faster Programme. These schemes will directly support delivery of this programme.
- An additional risk highlighted through this exercise is that we do not routinely monitor or validate patients on a non-RTT pathway. A further request has been made for recurrent funding for two Data Quality clerks to support this exercise. They would also support with data cleansing and audit around missed appointments and management of the PIFU waiting list. This is being picked up through a separate paper following a review of the Patient Management Centre, and this will be shared with the Executive Team for discussion this month.
- We are actively participating in the national Further, Faster Programme, which aims to expedite the achievement of a maximum wait of 52 weeks. Excellent progress has been made in taking forward the actions highlighted through this programme, which are starting to make an impact across a number of our specialties. Our focus for the coming months is to work with all specialties to ensure that learning from best practice is embedded, and that this impact is seen in our waiting times.

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	Risk Description		
	Patients continue to wait longer for surgery than the constitutional standard of a maximum 18 week wait .		
	On Risk Register: DS1892	Risk Score: 15	
Compliance and/or Lead Requirements	CQC	N/A	Details:
	NHSE/I	N/A	Details:
	Other	N/A	Details:
Report Journey/ Destination	Working / Exec Group		Date:
	Committee		Date:
	Board of Directors		Date: 14/09/23
	Other		Date:

Black Country ICS

Protecting and Expanding Elective Capacity (TASK52100)

Report to Trust Board at Dudley Group NHS Foundation Trust

Author: Kelly Pettifer & Rita Rai, Deputy Directors of Operations and Diane Wake, Black Country ICS Elective and Diagnostic Lead

Trust Executive Sponsor for this paper: Karen Kelly, Chief Operating Officer

Date: [15/09/2023]

Working in partnership

Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust,
The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

1.0 Introduction

NHSE wrote to Provider Trusts on 4th August 2023 (Appendix 1) requesting that 'more' progress be made in '*freeing up [elective] capacity and increasing productivity*' in advance of, and throughout winter.

The '*Protecting and Expanding Elective Capacity*' letter asked Trusts to:

- a) Revisit plans on outpatient follow-up reduction to identify more opportunity for transformation
- b) Set an ambition that no patients would be waiting in the 31/03/24 65+week cohort for 1st Outpatient **by 31st October 2023**
- c) Ensure that 90% of patients waiting over 12 weeks are contacted and validated **by 31st October 2023** and ensure RTT rules are applied in line with national guidance
- d) Review current plans & outlining progress that can be made on outpatient transformation
- e) Following discussion on outcomes, to complete a Trust self-assessment (Appendix 1, page 34) and forwarded the outcome to NHSE **by 30th September 2023**.

The paper proposes non recurrent revenue investments of £82,821 to support recovery against required outcomes and these are outlined in section 3 (and summarised in the conclusion at section 4).

Trust Board is asked to:

- a) Review; performance outcomes, currently improved improvement plans
- b) Consider for approval the funding recommendations to re-align performance to plan
- c) Consider for approval the recommendations at section 5 of this report

2.0 Report Methodology

The requirements of NHSE's Protecting and Expanding Elective Capacity letter have been compared to latest levels of performance using on the following as the 'standards' benchmark;

- The Trust's Elective Plans submitted to NHSE at 2023/24 Planning in May 2023
- Model Healthcare System's (MHS) nationally benchmarked levels of performance ([NHS England - Model Hospital](#))
- For 'validation' and 'missed appointments' (DNA's), Trust trajectories provided to Black Country System's Elective and Diagnostic Board

The outcomes are presented at section 3 of this report. Where performance is off-track, a table outlining recovery actions and the potential cost implications of these immediately follows.

3.1. Key 2023-24 Elective Metrics that were submitted at 2023-24 Planning

3.1.1) 65+ Weeks (Actual)

Meeting the letter's requirement to ensure at Board '*a review of current annual plans, detailing the progress that can be made on outpatients transformation.*' Progress in 65+ weeks is outlined below;

This KPI assesses 65+week pathways in the cohort through to March 2024 that already in excess of a 65 week wait. A widening performance gap in this KPI can indicate that either complex or problem pathways are being stored up for resolution in quarter 4. To avoid the associated cost and pressures of resolving high volumes of complex pathways in the final quarter, monthly reductions that eliminate the backlog & sustain that position are therefore recommended. As at 6th August 2023, the BC System had an adverse performance gap of approximately 1.7k pathways at 65+week wait and above. This has eroded from +5k at the end of July* (when the system ranked 6/11 systems regionally) . At the end of Q1/2023, Dudley Group NHS Foundation Trust was adrift of plan by 163 on current 65+week waits. A straight-line projection indicates that we will fall short of plan by the end of the financial year. Our internal assessment is that current plans in place will not be sufficient mitigation to deliver the required plan outcome by 31st March 2024. The primary reasons for this are loss of capacity due to ongoing industrial action; workforce gaps in Neurology, Gynaecology and Pain Management; increase in Cancer demand for Dermatology, Plastic Surgery & Gastroenterology.

The Dudley Group NHS Foundation Trust
Board of Directors - Public Session
62 of 163
*Part of the reason for the widening gap is the plan error at SWB; this cannot be resolved externally and is being monitored locally

3.0 Findings

Key Performance Indicators (KPI's) outlined at section 3.1 of this report relate to 2023-24 Planning Submission commitments. The KPI's that follow in 3.2 are 'supportive' to the attainment of performance KPI's outlined in 3.1 and are therefore monitored additionally by NHSE's regional teams.

3.1.1. 65+week (Actual)

Key to RAG: ■ Will not recover by due date, ■ Off Plan, but will Recover by due date, ■ On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes/ No ■

If Currently Off-Track, or projected to be off track, what is the reason?

- Loss of capacity due to ongoing Industrial Actions.
- Workforce gaps in Neurology, Gynaecology and Pain Management.
- Increase in Cancer demand for Dermatology, Plastic Surgery & Gastroenterology impacting on routine capacity.
- Although this is showing a deteriorating position, we are maintaining our regional ranking.

Recovery & Additional Options:

Recommended Option: See section

Detailed Plan v. Actual

MonthN	Plan	Actual	Variance	YTD/ 22-23 Relative to 23-24	Regional Ranking
Apr-23	488	372	-116	293	No data
May-23	420	449	29	257	12/23
Jun-23	353	464	111	295	12/23
Jul-23	294	457	163	318	12/23
Aug-23	230			335	
Sep-23	182			338	
Oct-23	135			353	
Nov-23	85			317	
Dec-23	75			366	
Jan-24	60			447	
Feb-24	0			425	
Mar-24	0			356	

Further (Funded) Mitigations Planned:

- Neurology – within budget can fund 500 slots with 18 weeks Insourcing / Locum Consultant.
- Neurology looking at a joint Consultant post with UHB.
- Pain Management – additional Locum Consultant for OPD clinics & procedural lists.
- WLI sessions – weekday / weekends.
- Theatres – maximum sessions being undertaken – weekdays / weekends
- Super weeks focusing on New OPD appointments.
- Desk top reviews / Virtual Clinics across key specialities in SWC & MIC.
- Gynaecology – 2 new Consultants & 2 new Registrars to commence in the next 2 months.
- From September 23 Opening of 5th Endoscopy Room – activity to be phased.
- Delivery of existing action plans to drive OPD / theatre efficiencies.

A: Do Nothing

B: Outsourcing of outpatient activity

Additional scheme included in section 3.2.2

C: Enhanced Validation

Additional scheme included in section 3.3.2

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigation

- Do nothing – forecast outturn of –500
- With additionally funded mitigations highlighted in the recommendations on page 30, we have confidence in achieving this target.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.1.2) Outpatient Follow-up Reduction

NHSE's letter requires that the Board "has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan."

2023-24 Plans required that Providers reduced the level of follow-ups (where no procedures were conducted) by 25% on 2019-20. At July 2023, the system was adrift of target by [23%]. At the end of Q1/2023, Dudley Group NHS Foundation Trust was ahead of plan by -14% (4187) on this performance metric. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

3.1.2. Outpatient Follow-up (with no procedure) - Reduction by 25%

Is July-23 performance on track to achieve required outcome? Yes/ No ■
If Currently Off-Track, or projected to be off track, what is the reason?

- Current funded mitigations not fully embedded – require further support to deliver.
- Operational plan did not set out reduction to 25%, and regionally, there is recognition that this target will not be achieved. However, reasonable progress has been made, with achievement of a 14% reduction for July.
- Please note: Plan = Set at 19/20 actuals (and not the 23/24 operational plan for acute specialties) as the target is about a reduction by 25% on 2019-20. The plan does not include the 25% reduction.

Detailed Plan v. Actual

Month	Plan	Actual	Variance	Projection
Apr-23	26953	22421	-17%	
May-23	28199	26981	-4%	
Jun-23	26866	27633	3%	
Jul-23	29491	25304	-14%	
Aug-23	26292			
Sep-23	28033			
Oct-23	30025			
Nov-23	28290			
Dec-23	25903			
Jan-24	31218			
Feb-24	28104			
Mar-24	26143			

Further (Funded) Mitigations Planned:

- Driven through Directorate, Divisional & Trust Performance forums.
- Specialty level action plans and trajectories in place to support implementation of PIFU
- Increase in procedural clinics and one stop models e.g. testicular pathway and skin cancer biopsy clinics.
- Review coding of procedural clinics
- Positive engagement with GIRFT Further Faster OPD Programmes & Specialty Handbook Checklists.
- Trust development of Outpatient Clinic Efficiency model to drive / monitor / deep dive into Specialty variances vs plan.

Recovery & Additional Options:

Recommended Option: [Please state]

A: Do Nothing

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

Continued improvement expected

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.1.3) Patient Initiated Follow-ups (PIFU)

- NHSE's letter requires that Board *"has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty."*

From August 23, Dudley Group have introduced Oncology Patient Centred Follow Ups by tumour site, currently there are 774 patients on a Patient Centred FU tumour site pathway for breast, colorectal, prostate and lymphoma; and Patient Centred Co-ordinator posts supported by the Cancer Alliance.

PIFU supports the 25% follow-up reduction standard. The National 2023-24 Planning PIFU performance standard is to achieve 5% or more. Our system submitted plan at the time of submission, was to achieve an outcome of 2.6%, NHSE has however reiterated in its letter that an outcome of 5% or more is required. At June 2023, against the original plan submission the system is adrift of target by 4.2%. At the end of Q1/2023, Dudley Group NHS Foundation Trust was adrift of plan by 3.5% on this performance metric. A straight-line projection currently indicates that we will not achieve plan by the end of the financial year. Our internal assessment is that current funded plans in place will not be sufficient mitigation to deliver the required plan outcome by 31st March 2024. Additional investment in Data Validation Clerks would support delivery of this target addressing known data quality issues in this area, as well as supporting audit to ensure consistent application of the PIFU guidelines within clinical specialties.

The 'Protecting and Expanding Elective Capacity' Letter requires that PIFU is applied to 'major' specialties, in addition to the following cancer specialties; Breast, Prostate, Colorectal, endometrial and others as appropriate. Please see above.

The letter requires that PIFU is applied consistently between clinicians in the same specialty. This is being clinically driven across the Black Country System

3.1.3. Patient Initiated Follow-up (PIFU)

Achievement of a minimum outcome of 5% PIFU

Is Jul-23 performance on track for achieving 5%+ PIFU by Mar-24? Yes
In which Quartile was your Jun-23 MHS Performance? Q1

If Currently Off-Track, or projecting to be off-track, what is the reason?

Observations/Areas for focus:

- July 23 variance currently at –400 against Plan. This plan relates to the number of new patients that would need to be added to the PIFU waiting list per month to achieve the 5% target.
- Current performance is circa 0.5%,
- We currently have 1371 patients with a PIFU outcome recorded, who have been added to the incorrect partial booking waiting list. Once rectified, this will release 1371 appointment slots. However, these are not all in the specialties where additional capacity is required.
- We have introduced Oncology Patient Centred FU pathways
- Medium / long term need to explore Digital solutions to support performance / data quality.

Key to RAG: ■ Will not recover by due date, ■ Off Plan, but will Recover by due date, ■ On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	186	177	-9
May-23	360	264	-96
Jun-23	564	311	-253
Jul-23	699	299	-400
Aug-23	900		
Sep-23	1020		
Oct-23	1237		
Nov-23	1405		
Dec-23	1358		
Jan-24	1741		
Feb-24	1822		
Mar-24	2594		

Further (Funded) Mitigations Planned to achieve 5%+:

- Key Specialty trajectories submitted to deliver 5% PIFU by March 24 – driven through Directorate, Divisional & Trust Performance forums.
- Driven through Trust OPD Transformation workstreams.
- Driven through weekly PMO / Directorate team meetings / SOPs continued to developed.
- Engagement with GIRFT Further Faster Programmes & completion of actions specified in Specialty Handbook Checklists.
- Implementation of Digital PIFU Model in partnership with Healthcare Communications - patient portals / expanding to a Digital PIFU model.
- Implementation of Outpatient Efficiency Plans

Planning to Implement PIFU in the following before March-24?

Breast	Prostate	Colorectal	endometrial cancers	additional cancers
Y	Y	Y	Y	Y
By: 03/24	By: 03/2	By: 03/24	By: 03/24	By: 03/24

Recovery & Additional Options:

Recommended Option B:

A: Do Nothing

March-24 anticipated performance out-turn for the 'do nothing' option

Based on current funded mitigation plans continue to work to deliver on plan by March 24, but requested Data Quality Managers to improvement performance / data quality issues / work across PMC. Medium / long term need to explore Digital solutions to support performance / data quality.

B: Data Quality Managers 2 x Band 4's
= £61,954 per annum
Recurring Revenue Costs

- Manage Data quality issues re PIFU / Partial Booking / DNAs; late data entry / further improve performance / clinical risks.
- Drive Partial Booking records to PIFU following clinical outcomes.
- These posts will ask support Patient Management Centre.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	As Above
Key Risk(s)	Clinical /Performance risks associated with data quality issues / under reporting.
Recovery By [mm-yyy]:	March 24
Investment Required:	2 x Band 4's = <u>£61,954</u> per annum

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Key Risk(s)	
Recovery By [mm-yyy]:	
Investment Required:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Key Risk(s)	
Recovery By [mm-yyy]:	
Investment Required:	

3.1.3) Patient Initiated Follow-ups (PIFU) continued

We are completing the following activities in the specialties outlined below to increase PIFU in major specialties;

Specialty	Action	By Whom	By When
Key Specialty teams / Corporate teams	Key Specialty trajectories submitted to deliver 5% PIFU by March 24 – driven through Directorate, Divisional & Trust forums.	All Key Specialty teams / Corporate teams	March 24
	Driven through Trust OPD Transformation workstreams.		
	Driven through weekly PMO / Directorate team meetings / SOPs continue to be developed.		
	Driven through GIRFT Further Faster OPD Programmes & Specialty Handbook Checklists.		
	Trust working on implementation of Digital PIFU Model in partnership with Healthcare Communications - patient portals / expanding to a Digital PIFU model.		
	Trust development of Outpatient Clinic Efficiency Model to allow PIFU monitoring.		

Slide 11 outlines mitigations that could be employed to bring performance back on track by 31st March 2024. At a recurring revenue cost of £61,954 per annum, option B; 2 x Band 4 Data Quality Managers is recommended to the Board.

3.1.4) **Specialist Advice** (including Advice and Guidance A&G) –

NHSE's letter requires that Trusts have a plan to *"increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via the Model Health System and data packs) to identify further areas for opportunity."*

In avoiding future demand, the national target to move 21 in 100 pathways to Specialist Advice can reduce future pressures on the 52+week wait target. At July 2023 the system is adrift of target by 10%. At the end of Q1/2023, Dudley Group NHS Foundation Trust was ahead of plan by 23 patients on this performance metric. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

The Appendix to the Expanding Elective Capacity letter requests that Trusts complete clinic template and job plan reviews in support of creating capacity for Specialist Advice activities, in addition to using GIRFT tools such as the Outpatient Transformation Guide Checklists and benchmarked outcomes. Our Trust is currently partially compliant with this requirement and has planned to be fully compliant by the end of March 2024, following the next round of job planning meetings.

3.1.4. Specialist Advice

Key to RAG: ■ Will not recover by due date, ■ Off Plan, but will Recover by due date, ■ On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes ■

If Currently Off-Track, or projected to be off track, what is the reason?
[Please advise - bullets]

- Observations/Areas for focus:**
- If the assumption this is all RAS/A&G, then actuals are ahead of plan. If the assumption is all A&G, then actuals are also ahead of operational plan.
- Data currently not captured – Informatics Supporting:-**
- Teledermatology (Cinapsis) Referrals for A&G, to date:- 882 referrals received to date – need to filter out the volume referred for A&G.

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	6893	7481	588
May-23	7693	8865	1172
Jun-23	8781	9229	448
Jul-23	8699	8722	23
Aug-23	8480		
Sep-23	8947		
Oct-23	8638		
Nov-23	9282		
Dec-23	7600		
Jan-24	6049		
Feb-24	6408		
Mar-24	7919		

Further (Funded) Mitigations Planned:

- Dermatology – Continue to embed Teledermatology (Cinapsis) to manage referral demand & capacity through Advice & Guidance.
- Ophthalmology – implementation of electronic eye referral system.
- Driven through Directorate, Divisional & Trust Performance forums.
- Driven through Trust OPD Transformation workstreams.
- Driven through weekly PMO / Directorate team meetings.
- Driven through GIRFT Further Faster OPD Programmes & Specialty Handbook Checklists.
- Trust development of Outpatient Clinic Efficiency model to drive / monitor / deep dive into Specialty variances vs plan.

Recovery & Additional Options:

Recommended Option: [Please state]

A: Do Nothing

B: [State Title]
Capital/ Revenue [State recurrent or N/R]

[Please provide summary details and advise in which appendix further information can be found]

C: [State Title]
Capital/ Revenue [State recurrent or N/R]

[Please provide summary details and advise in which appendix further information can be found]

D: [State Title]
Capital/ Revenue [State recurrent or N/R]

[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

Based on current funded mitigation plans continue to work to deliver on plan by March 24.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.2. Other Supportive 2023-24 Key Elective Metrics Referred to in NHSE's Increasing Capacity Letter

NHSE's 'Increasing Capacity' letter referenced other metrics that although did not form part of the planning process are supportive in the required delivery outcomes of the Planning KPI's. Performance against these are outlined here;

2a) 65+ Weeks (Cohort) - This KPI includes all pathways that could be at 65+weeks at the end of March 2024 if there was no action. Although the BC system at 6th August 2023 was ahead of plan by 5,194 pathways, only 65% and 70% of the cohort has cleared compared to the same year to date timeframe last year. At the end of Q1/2023, Dudley Group NHS Foundation Trust was ahead of plan by on cohort 65+week waits. A straight-line projection indicates that we will achieve plan by the end of the financial year. However, this measure must be viewed with caution, as progress has not been linear, and a more realistic projection based on the current performance trajectory currently predicts a short-fall of 2500. Our internal assessment is that current plans in place will not be sufficient mitigation to deliver the required plan outcome by 31st March 2024. The primary reasons for this are loss of capacity due to ongoing industrial action; workforce gaps in Neurology, Gynaecology and Pain Management; increase in Cancer demand for Dermatology, Plastic Surgery & Gastroenterology.

3.2.1. 65+week Cohort

Key to RAG: ■ Will not recover by due date, ■ Off Plan, but will Recover by due date, ■ On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes/ No ■

- If Currently Off-Track, or projected to be off track, what is the reason?
- A straight line projection based on current performance indicates that this target will be achieved.
 - However, progress has not been linear, and a realistic projection based on current performance currently predicts a short-fall of 2500.
 - With the additional funded mitigations in place, it is estimated that the outturn position would be in the region of a shortfall of 1000.
 - Key pressure relates to outpatient waiting times for a number of specialties, as described in section 3.2.2

Recovery & Additional Options:

Recommended Option: [Please state]

Detailed Plan v. Actual

Month	Plan	Actual	Variance	YTD/ 22-23 Relative to 23-24	Regional Ranking
Apr-23	21,412	20,878	-534	10,083	4/23
May-23	18,879	17,209	-1,670	7,849	10/23
Jun-23	16,897	14,226	-2,671	6,282	16/23
Jul-23	14,422	12,003	-2,419	4,907	15/23
Aug-23	12,450			3,911	
Sep-23	10,479			2,998	
Oct-23	8,016			2,239	
Nov-23	6,045			1,585	
Dec-23	3,585			1,280	
Jan-24	1,627			953	
Feb-24	0			642	
Mar-24	0			356	

Further (Funded) Mitigations Planned:

- Neurology – within budget can fund xxx slots with 18 weeks
- Insourcing / Locum Consultant.
- Pain Management – additional Locum Consultant for OPD clinics & procedural lists.
- WLI sessions – weekday / weekends.
- Theatres – maximum sessions being undertaken – weekdays / weekends
- Super weeks focusing on New OPD appointments.
- Desk top reviews / Virtual Clinics across key specialties in SWC & MIC.
- Gynaecology – 2 new Consultants & 2 new Registrars to commence in the next 2 months.
- Delivery of existing action plans to drive OPD / theatre efficiencies.

A: Do Nothing

B: Insourcing of Outpatient Activity

Additional scheme included in section 3.2.2

C: Enhanced Validation

Additional scheme included in section 3.3.2

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

- Do nothing – 500
- With additionally funded schemes highlighted in section 4 (page 30), we have high confidence that this target will be delivered

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.2.2) 65+Week Cohort 1st Outpatients (OPA's) – NHSE's letter to Trusts requires that all 1st Outpatients in the 65+week cohort attend by 31st October. This is to ensure that the outstanding cohort for treatment is clearly understood before the beginning of Q4 2023-24. At 6th August 2023, the system projected potential to be adrift of that requirement by 11.5k by 31st October. At 6th August, Dudley Group NHS Foundation Trust was adrift of plan by 830 on this performance metric and was projected to fall short of the October-23 clearance requirement by 1500. Our internal assessment is that current plans in place will not be sufficient mitigation to deliver the required plan outcome by 31st October 2023. The key specialties in which we project we may fall short and primary reasons for shortfall are outlined below;

Specialty	Estimated Volume	Reason for Projected Shortfall
Neurology	500	Medical workforce gaps
Gynaecology	385	Medical workforce gaps
Pain Management	100	Medical workforce gaps
Dermatology	200	Increase in cancer demand
Chemical Pathology	200	
Total target Projected shortfall	1385	

Page 17 outlines mitigations that could be employed to improve performance to a shortfall of 250 by 31st October 2023, rather than 1585 currently anticipated. At a non-recurring revenue cost of £68k.

3.2.2. 65+week 1st Outpatients

Key to RAG: ■ Will not recover by due date, ■ Off Plan, but will Recover by due date, ■ On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is Aug-23 performance on track to achieve required outcome? Yes/ No ■

If Currently Off-Track, or projected to be off track, what is the reason?

- Delivery of this target deteriorated significant in July. This was due to the combined impact of consultant industrial action and annual leave

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23		12200	
May-23	10167	9981	186
Jun-23	8134	8125	9
Jul-23	6101	6931	-830
Aug-23	4068		
Sep-23	2035		
Oct-23	0		
Nov-23	0		
Dec-23	0		
Jan-24	0		
Feb-24	0		
Mar-24	0		

Further (Funded) Mitigations Planned:

- Engagement with the Further Faster Programme. Implementation of checklists within the specialty handbooks.
- Superclinics for all specialties engaged with the Further Faster Programme.
- Super weeks within all surgical specialties, focused solely on new outpatient appointments over the next month.
- Review of all clinic templates in line with national best practice
- Clinic templates adjusted to factor in high DNA rate for some specialties (additional new patients added).
- Continued use of Independent Sector support for gynaecology new outpatient activity. Scope additional capacity.
- Insourcing support already funded for neurology, although need to increase contracted levels as below.
- Additional locum identified to focus on new outpatient activity for pain management

Recovery & Additional Options:

Recommended Option: [Please state]

A: Do Nothing

B:Insourcing - Neurology
Revenue – Non-recurrent

Use of insourcing provider to provide initial one-off clearance of outpatient backlog.

- Outstanding backlog = 550
- Cost = 123,750
- Income = 105,600
- Shortfall = £18,150

C: Insourcing - Gynaecology
Revenue – Non recurrent

Use of insourcing provider to provide initial one-off clearance of outpatient backlog.

- Outstanding backlog = 885
- Assume 2/3 suitable for transfer = 590 new appts
- New:FU ratio = 0.86, therefore assume 507 follow up appts
- 1097 appointments x £143 = £156,000
- Offset by 106,200 income = £49,800

Option B Impact and Cost:

Action:	Details
Impact of Investment:	Transfer of 550 patients to insourcing provider
Recovery By 11-2023:	11/2023 (due to requirement to clear those not suitable for transfer)
Investment Required:	£18,150
How Funded?:	Mostly funded through tariff – review whether additional activity could be funded through existing budget

Option C Impact and Cost

Action:	Details
Impact of Investment:	Transfer of 590 patients to insourcing provider
Recovery By [11-2023:	11/2023 (due to requirement to clear those not suitable for transfer)
Investment Required:	£49,800
How Funded:	Mostly funded through tariff retained by Trust. Shortfall funded through reprioritisation of Further Faster funding

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Oct-23 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

- Do nothing = shortfall of –985
- Neurology = 500
- Gynaecology = 385
- Pain Management = 100

3.3. Other 2023-24 Key Elective Metrics continued. - Current State

3.3.1) Missed Appointments (DNA's) -

NHSE's letter requires that Providers have plans ' *to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.* '

Model Health System (MHS) indicates that at a DNA rate of 10.1% (June-23), BC system is in the lowest quartile of national performance. The national median is 6.8% At the end of Q1/2023, Dudley Group NHS Foundation Trust was at a DNA rate of 8.4% year to June23. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

3.3.1. Reduction of Missed Appointments (DNA's) by March 2024

Is Jul-23 performance in Q1/2 of Model Healthcare? Yes/ No
Is Mar-24's Plan aligned to Q1/2 of Model Healthcare? Yes/ No
If not, headline reason?

- Approach:
- Count of DNA rate based on the OPA SUS rules (data in our external submission).
 - Actual = 23/24 actuals
 - % DNA not clock Stopped = % DNA Clock Stops. RTT patients only. News and FUPs.

Observations: As of 21.8.23 Overall Trust 6.6% (MIC 5.8%, SWC 6.8%, CCCS 8.6%)

- Highest 3 DNAs (only those with >100 atts + DNAs between Apr-Jun): Pain management 24% (264 DNAs), Hepatology 24% (44 DNAs), Paediatric Respiratory Medicine 19% (70 DNAs).
- The pack also wants the % DNA not clock stopped.
- Not all DNAs are on RTT pathway, hence why shown this measure as a percentage of RTT DNAs.
- 53% of DNAs Not Clock Stopped (RTT only); 19% News are not stopped but 71% of FUPs DNAs are not stopped.
- 31% of RTT DNAs are discharged, 21% of RTT and non-RTT DNAs are discharged.
- Plan set to achieve national median by March 24, 6.8%.

Detailed Plan v. Actual

Month	Plan	Actual	Variance	% DNA not clock stopped
Apr-23		8.1%		48.1%
May-23		7.7%		50.4%
Jun-23		8.4%		51.3%
Jul-23	8.1%			
Aug-23	8.1%			
Sep-23	7.8%			
Oct-23	7.6%			
Nov-23	7.4%			
Dec-23	8.1%			
Jan-24	7.4%			
Feb-24	7.1%			
Mar-24	6.8%			

Report Overview - “Going ‘further’, ‘faster’ on outpatient and MDT”

Further (Funded) Mitigations Planned:

- Directorates continue to drive Trust DNA Policy, a part of OPD efficiency workstreams.
- Benchmark against best practice highlighted in GIRFT Father Faster Specialty Handbooks, and identify additional actions to support delivery
- Ongoing survey of patients who DNA appointments to identify root causes, and address issues highlighted
- Training of clinical staff in application of Trust Access Policy, particularly in relation for DNA’s is underway
- Clinical review of patients with multiple DNAs nearly complete
- Trust development of Outpatient Clinic Efficiency model to drive / monitor / deep dive into Specialty variances vs plan
- Trust to explore launching a DNA Model via Trust social media.

Survey Pts & RCA?	Make it easy for Pts to change Appts?	Review Application of Access Policy?	Clinically Review Mutiple missed Appointments?
Y	Y	Y	Y
By: 11/y23	By: 01/24	By: 10/23	By: 09/23

A: Do Nothing

B: Data validation clerk

Please see scheme identified in section 1.3.1

C: [State Title]

[Please provide summary details and advise in which appendix further information can be found]

- -
[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option

Based on current funded mitigation plans continue to work to deliver on plan by March 24.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option C Impact and Cost

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

Option D Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.3.1) Missed Appointments (DNA's) - continued

The 'Protecting and Expanding Elective Capacity' letter requires that Trusts have a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments – the existing plan summary (inclusive of these themes) is outlined below;

Action	Action Lead	by When
Implementation of text-validation exercise highlighted in section 3.3.2 (page 26) will reduce DNAs by ensuring that patients who no longer wish or need to be treated are removed from the waiting list	Kelly Pettifer	Dependent on additional funding
Directorates continue to drive Trust DNA Policy, a part of OPD efficiency workstreams.	Directorates / Corporate teams	On going
Driven through Directorate, Divisional & Trust Performance forums.	Directorates / Corporate teams	On going
Driven through Trust OPD Transformation workstreams / Model Hospital & HED data.	Directorates / Corporate teams	On going
Driven through weekly PMO / Directorate team meetings.	Directorates / Corporate teams	On going
Driven through GIRFT Further Faster OPD Programmes & Specialty Handbook Checklists	Directorates / Corporate teams	On going
Trust development of Outpatient Clinic Efficiency model to drive / monitor / deep dive into Specialty variances vs plan.	Directorates / Corporate teams	On going
Trust development of Digital Risk Stratification Tool – DNAs.	Directorates / Corporate teams	On going
Trust to explore launching a DNA Model via Trust social media.	Directorates / Corporate teams	On going

3.3.2. Validation of Waiting List Pathways

NHSE's letter contains a number of requirements of Trust Board's regarding validation, not all of which can be satisfied at the time of writing this report (i.e. the requirement to show performance compared to pre-covid levels). Requirements are as follows;

The board:

a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.

d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans."

3.3.2. Validation of Waiting List Pathways continued.

The deadline requiring Trusts to be (90%) validated to 12weeks RTT and above, (technically, administratively and clinically) on a 12 week rolling basis has been extended to 31st October 2023. This standard also applied to patients waiting at 52+weeks, 26+ weeks and non-RTT pathways. The system was adrift of performance standard at 6th August by [46.6%] for 52+ weeks, [53.3%] for 26+weeks and [70.7%] for 12weeks. At the end of July 2023, Dudley Group NHS Foundation Trust was ahead of plan by:

- 6% for 52+ weeks
- 8.3% for 26+weeks

However, performance was adrift of plan by:

- 8.9% for 12 weeks

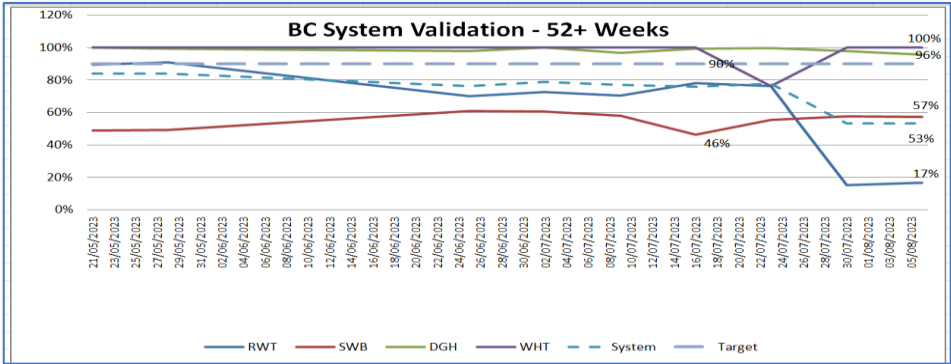
Our internal assessment is that current plans (outlined at page 25) will not be sufficient mitigation to deliver the required plan outcome by 31st October 2023. The primary reason for this is that we do not have sufficient validation resource. Current validation does not meet the required specification, as we do not have sufficient validation resource to reduce our validation fully from 18 weeks to 12 weeks, or ensure that all patients are contacted directly as part of this process.

The 'Protecting and Expanding Elective Capacity' letter requires Provider Trusts to receive reports on validation, comparing these to pre-covid levels of performance; as the field that enables this analysis was only mandated in the waiting list dataset post covid, this assessment requires a work-around and the regional team is currently developing a report to satisfy this requirement which will be provided to Trust Boards on receipt. In the interim, performance between 21st May and 5th August is provided overleaf. The letter requires that progress reports (in addition to one of non RTT) be provided to Board monthly; we propose that monthly reports on validation commence from October Board.

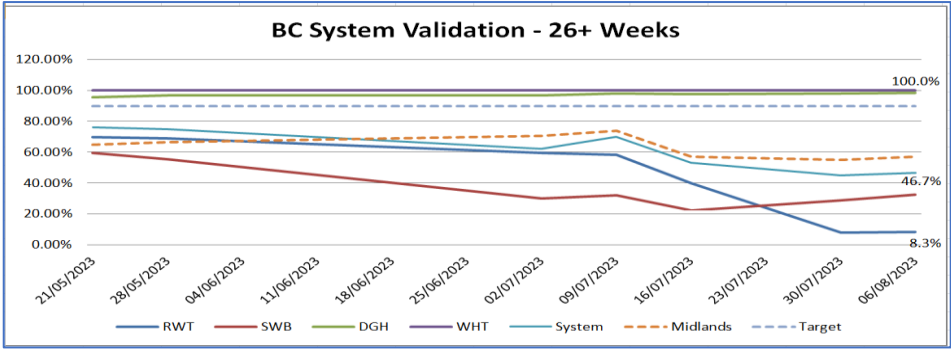
The Protecting and Expanding Elective Capacity letter requires us to assess whether we have sufficient technical and digital resources, skills and capacity to deliver these requirements. NHSE aims to develop a range of digital support offers to improve future outcomes & these will be communicated via the BC Elective Ops structure as the details are provided. Having conducted an internal review, we do not have sufficient resource to deliver these requirements.

Local Actions we're taking to ensure that we align with guidance and communication plans we're putting in place for patients are outlined at page 24 of this report. Pages 25 and 26 outline mitigations that could be employed to bring performance back on track by 31st October 2023. At a non-recurring revenue cost of £14k, a one-off text-validation exercise is recommended to the Board.

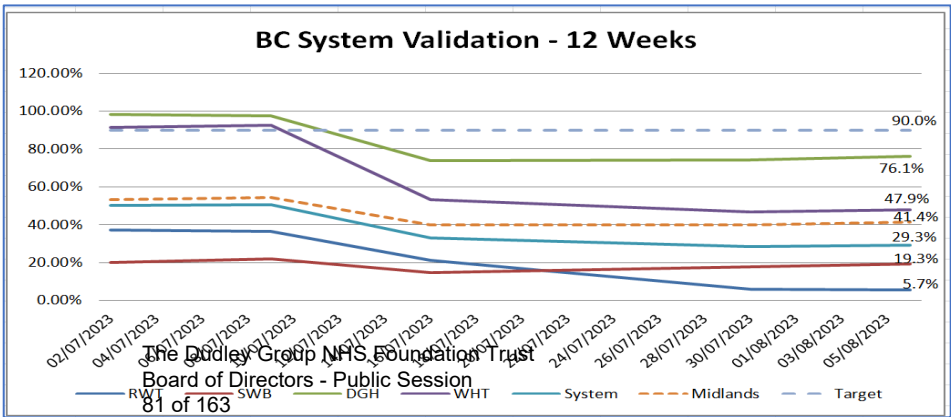
3.3.2. Tables 1-3 Validation Outcomes 21st May-5th August 2023



- The performance requirement for 52+weeks is 90%, only DGH and WHT are achieving this at 5th August 2023, RWT's return indicated 17% and SWB 57%
- RWT deterioration relates to DQ – they advised they were at 89.7% at 6th August & would correct their submission.
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their 52+ week validation trajectories by Aug-23
- SWB advised Elective Board that their validation actions will bring them back into line with their 52+week validation trajectory by the end of Aug-23



- The performance requirement for 26+weeks is 90%, only DGH and WHT are achieving this at 5th August 2023
- RWT deterioration relates to DQ as outlined above
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their trajectories by Aug-23
- SWB advised BC Elective Board that their validation actions will bring them back into line with their trajectories by the end of Sep-23



- The performance requirement for 26+weeks is 90%, no Black Country ICS Provider Trust is achieving this at 5th August 2023. The letter now requires alignment with standard by 31st October 2023.
- RWT's performance is impacted by the issue above, but would remain non complaint with data corrected.
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their trajectories by Aug-23
- DGH advised BC Elective Board that validation in 12weeks will align to their trajectory by the end of October-23
- SWB advised BC Elective Board that their validation actions will bring them back into line with their trajectories by the end of Oct-23

3.3.2. Validation (RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

Additional Validation Actions

Digital Solutions being employed: (when will this be in place by?)

We currently utilise Healthcare Comms to undertake ad hoc waiting list validation of long waiting cohorts for specific high risk cohorts, e.g. gynaecology, neurology, clinical immunology, dermatology, paediatrics and oral surgery.

Our plans to ensure 90% of patients (at 52+, 26+ and 12+weeks) are contacted for validation purposes every 12weeks;

A proposal is included on page 25 to fund the implementation of a rolling programme of text-validation for all patients over 12 weeks in line with national validation standards utilising Healthcare Comms (current provider of digital letters and envoy text messaging service). This would overcome the current shortfall we have in meeting the specification, as all patients will have been contacted. This will require additional funding.

What Actions are being taken to ensure RTT rules and local access policies are being robustly employed? (when will this be in place by?)

Our RTT Team deliver a training programme on implementation of the Access Policy to all new administrative staff involved in the management of waiting lists. Annual updates are provided, and the package is updated as and when national guidance changes. Where additional training needs are identified, tailored ad hoc sessions are delivered.

The need has been identified to ensure that all clinical staff involved in outpatient clinics or waiting list management receive training on implementation of the Access Policy, particularly in relation to patients who DNA appointments. This will be delivered by the directorate team through clinical meetings by the end of October 23.

What actions are being taken to mitigate resource gaps?

An external review of all services delivered through the Trust Patient Management Centre has been undertaken by NHS England. The outcome and recommendations of this review will be discussed initially with the Executive Team on 15th September. This identifies the need for additional resource to address known data quality issues.

Please outline the communication plan being put in place with patients? (when will this be in place by?)

- Prior to potential launch of text validation programme, we will ensure that an external communication plan is put in place to increase awareness and uptake
- We will undertake a review of our communication with patients following the implementation of validation actions, i.e. clock stops or removal from waiting list.
- These actions will be undertaken by the end of October 2023.

3.3.2. Validation (Non-RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

The current proportion of non RTT Appointments that are presently;

- 25% overdue their follow-up -
- 50% overdue their follow-up -
- 75% overdue their follow-up -
- 100% or more overdue their follow-up -

Greatest risk lies within the following specialties:

No trajectory can be produced at this time as there is insufficient information. Once outcomes are understood a future report to Board will include an improvement trajectory.

Actions being undertaken to mitigate Risks (include capacity that is being developed);

A working group has been set up to establish monitoring arrangements and define validation requirements for this cohort. There are significant concerns about the data quality for this large cohort of patients, that will require investment in resources to address.

Performance Measures that will be put in place to monitor risks (advise from when);

- Snapshot audit of patients to provide assurance that safe outcomes have been achieved, and assess level of clinical risk
- Number of patients on a non-RTT pathway who have been validated in the last 12 months
- % of patients on a non-RTT pathway at 25%, 50%, 75% and 100% or more overdue their follow-up

Key Challenges;

- We currently do not undertake any validation or routine monitoring of patients on a non-RTT pathway.
- Data quality poor due to lack of validation.

Improvement Trajectory;

90% of the overdue values at anyone time to be resolved by the following dates

% overdue	100%	75%	50%	25%
Resolved by (date);				

3.3.2. Validation (RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

Is 13th August performance on track to achieve required outcome?

No

If Currently Off-Track, or projected to be off track, what is the reason?

- Based on our current validation processes, we are reporting compliance with performance standards at 52 weeks and 26 weeks. With current levels of resource, we currently do not have capacity within our validation team to routinely validate all patients between 12 and 18 weeks every 12 weeks. Current compliance is 76.10% against target of 90%.
- HOWEVER, our current validation process does not meet the national specification, as we do not contact the patients directly. It is purely an administrative review.

Recovery & Additional Options:

Recommended Option: Option B

Detailed Plan v. Actual (12 weeks)

Week	Plan	Actual	Variance
13/08/23	90%	76.1%	
20/08/23	90%	76.1%	
27/08/23	90%	76.1%	
03/09/23	90%	76.1%	
10/09/23	90%	76.1%	
17/09/23	90%	76.1%	
24/09/23	90%	76.1%	
01/10/23	90%	76.1%	
08/10/23	90%	76.1%	
15/10/23	90%	76.1%	
22/10/23	90%	76.1%	
29/10/23	90%	76.1%	

Further (Funded) Mitigations Planned:

None

Is there sufficient of the following? (If no, address mitigations in your plan)

Validators?	Digital Solutions?	Digital Skill?	Capacity?
No	No	No	No

A: Do Nothing

B: One off text validation exercise

Revenue – non-recurrent

Work with our current provider for digital letters and text messaging to undertake a one-off text validation exercise for all patients on our waiting list
Preferred option – will give us the opportunity to align with Patient Initiated Request to Move Provider work, and minimise costs in the longer term.

C: Full programme of text validation to meet national standards

Revenue – recurrent

Work with our current provider for digital letters and text messaging to undertake a rolling programme of text validation for all patients on our waiting list in line with the national specification

March-24 anticipated performance out-turn for the 'do nothing' option

- Achievement of standard for 52 weeks and 26 weeks, but acknowledging that the validation process does not meet national standards
- Further progress with 12 weeks unlikely

Option B Impact and Cost:

Action:	Details
Impact of Investment:	Achieve target by the end of October. Support delivery of 65 week target by end of March.
Key Risk(s)	Failure to maintain target.
Recovery By [11-2023]:	10/23 (not sustained beyond this date)
Investment Required:	£14K to be funded through reprioritisation of £80K Further Faster investment

Option C Impact and Cost

Action:	Details
Impact of Investment:	Achieve and sustain performance against validation targets. Ongoing support to achieve and maintain 65 week target.
Key Risk(s)	Additional cost
Recovery By [mm-yyy]:	10/23 (sustained achievement)
Investment Required:	£56K per annum (will reduce over time as waiting list size reduces + reduction in DNAs)

3.4. Other Transformation Priorities in High Activity Volume Specialties

NHSE's letter requires that Board identifies transformation priorities such as those outlined below;

Group Outpatient Follow-up Appointments

- Pain Management Group Programme
- Hip and knee classes
- Pulmonary Rehab

One-Stop Shops

- One-stop rapid access clinics for suspected colorectal, breast, gynaecology and skin clinics
- Pain Management MDT Clinics

Pathway Redesign focussed on Maximising Clinical Value & reducing unnecessary touchpoints for patients

- Implementation of new testicular pathway to reduce OP attendances – patients now proceed straight to test
- USS availability in haematuria clinic to reduce number of visits required

Using the wider Workforce to maximise clinical capacity

- Urology – protocol for Physician Associate review of referrals to ensure that all investigations are requested and undertaken prior to first OP app

3.5. Use of the Independent Sector

The Protecting and Expanding Elective Capacity letter requires Trusts to sign off plans that "ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include; a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers"

22/23 - BC System Use of IS capacity

	Annual Budget	YTD Actual (M12)	FOT Variance
Total Annual			
BMI	1,860,762	1,377,062	483,700
Nuffield	1,982,460	993,340	989,120
Spire	2,562,966	2,780,530	-217,564
Westbourne	156,097	165,494	-9,397
West Midlands Hospital	9,697,590	11,326,788	-1,629,199
DGH	111,689	313,724	-202,036
RWH	-310,116	624,000	-934,116
SWBH	0	0	0
Optegra	427,314	1,448,146	-1,020,832
SpaMedica	5,119,251	9,372,121	-4,252,870
	21,608,012	28,401,205	-6,793,193

- £6.8m overperformance overall
- £10.8m with spend with Ophthalmology providers with £5.2m overspend
- DGH/RWT spend relates to continued support from ICB until end of Q2

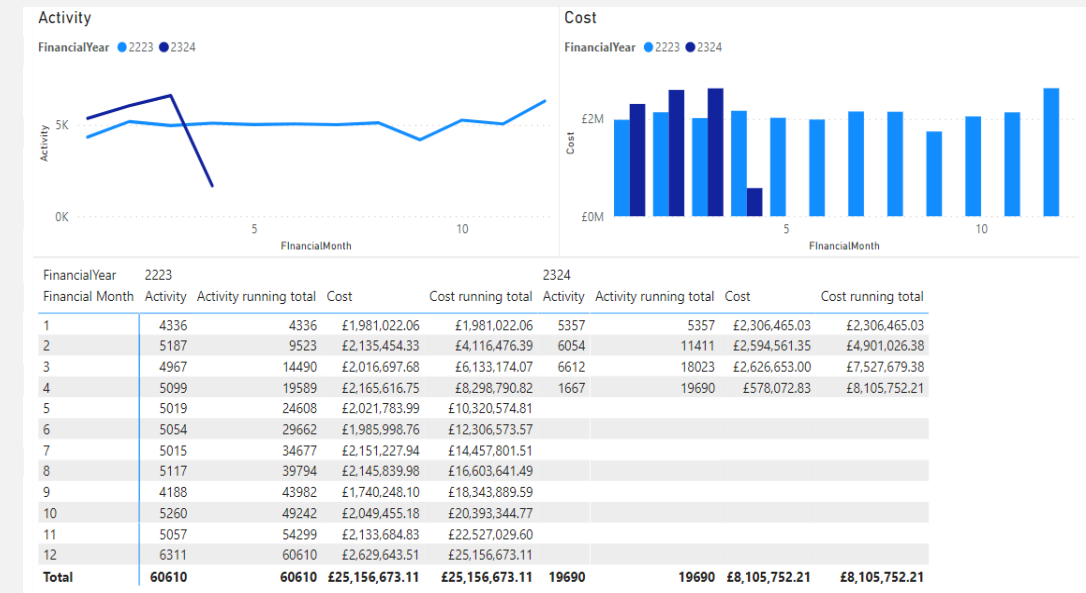
The above was presented to BC Elective Board in June 2023.

Key findings were;

- a) 75k outpatients were conducted in IS (of which 47.7k were for BC ICB)
- b) 152 referrals were 'urgent'
- c) Outpatients: 54% of referrals were GP, 45% were from Optometrists
- d) Outpatients: Ophthalmology (53%) and Orthopaedics (25%) were the largest IS specialties
- e) Elective: x 28k of which 80% were Ophthalmology, 54% were under 18weeks RTT (note very little recording of prioritisation & so this could not be assessed)
- f) 5k diagnostics were completed (85% of which were NOUS)

2023-24

Performance to Month 3 2023-24 exceeds 2022-23



Specific plans for use of IS in 2023-24 to support accleration in 65+week waits in challenged specialties in the medium term;

- *Insourcing*: RWT is currently progressing plans to insource Gynae and is exploring this for Urology
- *Outsourcing*: SWB is currently outsourcing to ENT & there are existing ICB contractual partnerships in place with; Nuffield and Ramsay (note, the system also remains an associate partner to BSol's onctracts with a number of providers)
- *DMAS*: Use of the national Digital Mutual Aid system (DMAS) to request support beyond our system where needed for whole pathway transfers of care.
- *Virtual Outpatient Solutions*: IS Partnerships are in place for 'validation' at SWB and RWT
- *Other*: the ICB is in the process of contracting the largest provider of ophthalmology to enable contractual oversight & as part of Planning submissions in 23/24 confirmed that it would transfer some community ophthalmology pathways i.e. post operative cataracts in the latter quarter of 2023-24

3.6. Further Support Needs Identified

NHSE's Protecting and Expanding Elective Capacity letter requests that the Board discuss any additional support needs that may be required. The Author's recommendations are presented below;

From the Trust Board

- Support to reprioritise £80K Further Faster investment

From System Partners

- Sharing and learning from good practice
- Ongoing clinical oversight and direction through Provider Collaborative Clinical Networks

From the ICB

- Ongoing support with mutual aid for specialties at risk

From NHSE Regional Team

None

4.0. Conclusions

This report has found that the Trust is off track for 6 of the themes identified. The report identifies that currently planned recovery actions are insufficient to achieve expected outcomes by the required deadlines. The table below summarises the proposed investments that are proposed to mitigate.

Theme	Recommendation	Revenue (£000)		Current RAG rating	RAG rating with investment	With investment, recovery by;
		Recurrent (£000)	Non- Recurrent (£000)			
65 weeks – first outpatient appts by 31/10/23	Insourcing support for two high risk specialties -Neurology - Gynaecology		£18,150 £50,671	Red	Amber	31/11/2023
65 week actuals and cohort	One-off text validation of waiting list		£14,000	Red	Green	31/03/2024
PIFU, missed appointments, validation (non-RTT)	2 x data clerks	£62,000		Amber	Green	31/03/24
Totals		£62,000	£82,821			

A range of transformation priorities have been included in addition to those for which funded has been requested and are outlined throughout the report enabling discussion and challenge at Board. £80K national funding has been received to support delivery of the Further Faster Programme – it is recommended that this is re-prioritised to fund the non-recurrent additional schemes highlighted above, as this will directly support delivery in our most challenged specialties. An additional bid for national funding has been made to support the text-validation scheme highlighted above, but we have no timescale for a decision on this, so would like to proceed at pace using the Further Faster funding initially. The recurrent scheme relating to Data Validation Clerks is included within a paper being presented to the Executive Team next week.

The report fulfills all of the needs of the Protecting and Expanding Elective Capacity with the exception of the comparison against pre-covid for validation, which cannot be completed at this time due to lack of information, which NHSE has committed to provide Boards for future review.

5.0. Recommendations

As an outcome of the findings and conclusions of this report and requests of NHSE's 'Protecting and Expanding Elective Capacity' letter , the following recommendations are put to Trust Board for consideration;

- a) That presented existing plans to improve the trajectories outlined (within existing funding) are; discussed/ challenged and where necessary, approved.
- b) For the funding recommendations to take mitigations further and achieve compliance/ or closer to compliance (summarised at section 4) to be considered, discussed, challenged and approved where needed.
- c) For monthly progress reports on performance outcomes linked to this letter to be forwarded to Board on progress through to April 2024
- d) To approve completion and submission on your behalf of the self-certification template that accompanied the letter (Appendix 1) - the outcomes of which align with this reporting template.
- e) That the Trust formally set the ambition that *"no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023."*
- f) That medium term plans for use of the Independent Sector (outlined at 3.5) are discussed and approved.

6.0. Appendices

1. PRN00673 Protecting and Expanding Elective Capacity letter

6.1 Protecting and Expanding Elective Capacity Letter (PRN00573)

Classification: Official



To: • NHS acute trusts:
- chairs
- chief executives
- medical directors
- chief operating officers

cc: • NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 August 2023

Dear Colleagues,

Protecting and expanding elective capacity

In May, [we wrote to you](#) outlining the priorities for elective and cancer recovery for the year ahead. Last week, as part of the [winter letter](#), we also asked you to maintain as far as possible ring-fenced elective and cancer capacity through winter.

We would like to thank you for your continued hard work in these areas, in the face of significant wider operational challenges, including ongoing industrial action. Thanks to the efforts put in by staff across the NHS, we have now virtually eliminated pathways waiting over 78 weeks, down by 94% since the peak of 124,000 in September 2021 (and now representing c0.1% of the total list), and significantly decreased the number of patients with urgent suspected cancer waiting longer than 62 days from a high of 34,000 to around 21,000 today.

However, one area where we know there remains more to do is outpatients. We have listened to your feedback on the support you need for this transformation and have set out the next steps below.

National support for outpatient transformation

To support outpatient transformation, we have met with royal colleges, specialist societies and patient representatives to agree a way forward, working in partnership, to champion and enable outpatient recovery and transformation. At the 'call to arms', colleges agreed to:

- review their guidance on outpatient follow-ups
- support new approaches to increasing wider outpatient productivity, including reducing variation in clinical templates, patient discharge, and following clinically-informed access policies.

Together with this clinical leadership, we need to build on the expectation of freeing up capacity and increasing productivity. This can be achieved through reducing follow up appointments with no procedure, fully validating RTT waiting lists, reducing variation in clinical templates, moving to patient-initiated follow-up where appropriate, following clinically-informed access policies and implementing new ways of working, such as group outpatient follow ups, reviewing clinical pathways and workforce models.

We are continuing to provide support to trusts in this area, through the following:

- Regional support
- NHS England's [GIRFT outpatient guidance](#)
- [Action on Outpatients series](#)
- [The Model Health System](#)
- Support to specific trusts via NHS England's GIRFT Further Faster programme, NHSE Tiering programme and Elective Care Improvement Support Team (IST) – learning from the Further Faster programme will be shared in the Autumn
- Access to additional capacity through the [NHS Emeritus Consultant programme](#)
- Luna weekly data quality report, which can be accessed by contacting lunadq@mbihealthcaretechnologies.com and [Foundry data dashboards](#)
- [RTT rules suite](#)
- [Elective Care IST Recovery Hub - FutureNHS Collaboration Platform](#)
- [Guidance on shared decision making](#).

Next steps on outpatient transformation

With the majority (c80%) of patient waits ending with an outpatient appointments, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. Nationally, achieving a 25% reduction in follow up attendances without procedures would provide the equivalent to approximately 1m outpatient appointments per month.

This letter therefore sets out further detail on three key actions that we are asking you to take:

- Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

We are now asking trusts to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.

The details of this self-certification can be found at Appendix A. Please share this letter with your board, key clinical and operational teams, and relevant committees.

If you are unable to complete the self-certification process then please discuss next steps with your regional team.

Thank you again for colleagues' efforts in this area, which are making a real difference to the timeliness of care we deliver to patients. We look forward to receiving your returns and, as always, if you need to discuss this in more detail, or support in conducting this exercise, please contact england.electiverecoverypmo@nhs.net.

Yours sincerely,

Sir James Mackey
National Director of Elective Recovery
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
Chair, Getting It Right First Time (GIRFT)
Programme
NHS England

Appendix A: self-certification

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: [insert trust name here]

The chair and CEO are asked to confirm that the board:

Assurance area	Assured?
1. Validation The board: <ul style="list-style-type: none">a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.	

4

d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	
2. First appointments The board: <ul style="list-style-type: none">a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	
3. Outpatient follow-ups The board: <ul style="list-style-type: none">a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking	

5

data (via the Model Health System and data packs) to identify further areas for opportunity.	
e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

6

**Paper for submission to Board of Directors
on 14th September 2023**

Title:	Integrated Performance Report for July 2023
Author:	Jonathan Boulter, Associate Director of Performance
Presenter:	Jack Richards, Director of Operations for Surgery Women and Children

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other
Recommendations: This report summarises the Trust's performance against national standards and local recovery plans for the month of July 2023 (June 2023 for Cancer and VTE). The Board is asked to note performance.			

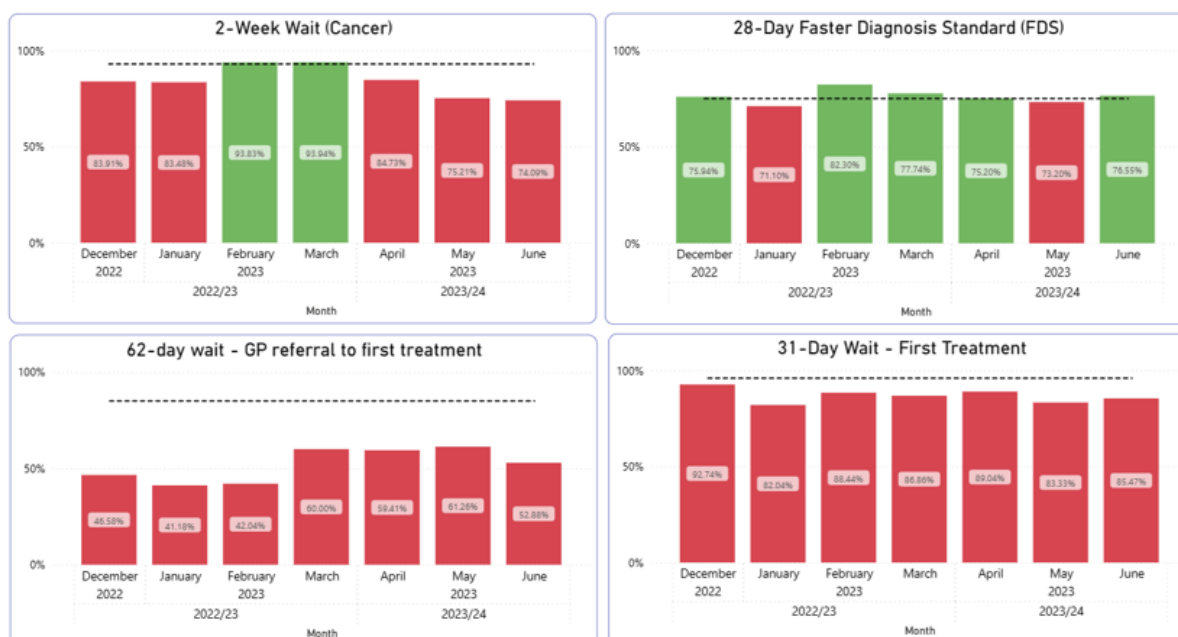
Summary of Key Issues:
<p>1. <u>Urgent and Emergency Care</u></p> <p>Most EAS standards remained challenged last month and largely below target. Although front door pressures remain high, the average time to be admitted fell in July and realised improvements on both May and June. As reported in previous reports, Emergency Department attendance volumes have been sustained at high levels compared to historical volumes with attendances in recent months eclipsing those seen during the winter of 2022/23. July however saw a decrease in attendances by circa 200, the first reduction since the spring. Ambulance handover delays of over 60 minutes increased to 257 in July, an increase of 36 on June and 57 compared to May.</p> <p>Although still below the required standard, average Emergency Department triage performance improved in July rising by 5% to 75.2%. Notably, improvements were realised in all triage areas. Clinician and nurse led pathway redesign is being undertaken with a particular focus on reducing ECG diagnostics at triage while space utilisation strategies are being explored to maximise triage capacity.</p> <p>Emergency Department 4 hour performance in July was broadly similar to that delivered in June at 74.5%. 12 Hour Decision to Admit breaches increased in July.</p>



2. Cancer (Validated Data to June 2023)

Cancer 2 week wait performance in June remained below standard largely as a result of a deterioration in the skin tumour site. Medical workforce challenges (at consultant and junior doctor level) are the key drivers of this reduction in performance. Intensive support has been provided to the skin team which has resulted in unvalidated data for July showing the Trust achieving the 93% standard once more. Furthermore, the skin team are, at the time of writing (mid-August), now seeing patients at days 5-7.

Having stabilised for a number of months, 62 day performance reduced to 52.9% in June. The number of treatments remained consistent with past months but fewer were achieved within target, with productivity remaining steady rather than decreasing. Urgent histology turnaround times remain a significant challenge to attaining cancer targets, particularly the 62 day standard. The Trust continues to work with partners at BCPS to address histology turnaround times. 28 Day Faster Diagnosis recovered in June having fallen to below the required standard in May.



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 Trust is focusing on the next national requirement of reducing waits beyond 65 weeks. The Trust has maintained a steady position over the last circa 6 weeks.






The Trust is participating in the national, GIRFT-led 'Faster Further' project aimed at increasing the number of first new outpatient appointments delivered in order to reduce the risk to the 65 week target. Central to this is improving the number of patients on Patient Initiated Follow Up pathways, reducing the Did Not Attend rate and improving clinic throughput and productivity. Through the Outpatient Improvement Group, clinic throughput has significantly improved in Gynaecology and Pain through the introduction of virtual sessions aimed at reducing long waits to first outpatient appointment. Following a successful trial, 40% of all patients reviewed in Gynae have been offered alternative appropriate pathways to traditional face to face clinics, thereby releasing this in-person capacity. Throughput in these sessions has increased from 10-12 patients to 45 per clinic. Pain and Gastroenterology have also launched similar pilots with others to follow. All specialities now have robust Patient Initiated Follow Up trajectories in place.

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

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

Implications of the Paper:			
Risk		Y	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	On Risk Register:	Y	Risk Score: 15
Compliance and/or Lead Requirements	CQC	Y	Details: Compliance with Quality Standards for safe & effective care
	NHSE	Y	Details: Achievement of National Performance and Recovery targets
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 31/08/2023 (F&P)
	Board of Directors	Y	Date: 14/09/2023
	Other	N	Date:

Paper for Submission to the Board of Directors 14th September 2023

Title:	Quality and Safety Committee 25 th July 2023		
Author:	Amanda Last – Deputy Director of Governance		
Presenter:	Gurjit Bhogal on behalf of committee chair, Liz Hughes – Non-executive Director		
Action Required of Committee / Group			
Decision	N	Approval	Y
		Discussion	Y
			Other N
Recommendations:			
The Board is asked to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
Summary of Key Issues:			
The key issues are identified in the attached report and to receive a verbal update in respect of the meeting held 22 nd August 2023.			
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	On Risk Register: Y	Risk Description: various Risk Score: Numerous across the BAF, CRR and divisional risk registers	
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 25/07/2023 Quality and Safety Committee
	Board of Directors	Y	Date: 14/09/2023
	Other	N	Date:

CHAIRS LOG

UPWARD ASSURANCE REPORT FROM QUALITY AND SAFETY COMMITTEE

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> discussions held following the receipt of a scheduled report regarding Trust Estates and Facilities. Several concerns raised regarding significant issues that were impacting on care delivery, the lack of assurance regarding responsiveness and accuracy in reporting from Mitie and delivery of work to the required standard. The Director of Estates and Facilities provided detail of the work he is undertaking and will provide more detail on mitigating actions to the Committee in his next report. The Committee acknowledged the ongoing challenges with meeting the Trust's target for complaint response times, the Committee did note that local resolution meetings were having a positive impact on closure times. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> None
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance received regarding the plans Maternity services have in place to achieve specific CNST safety training compliance targets across the MDT. Importantly, assurance was received regarding the ongoing sustainability of meeting these targets following the end of year submissions. The Committee formally received the CQC inspection report for Maternity services and commended the team for our improved rating. Positive assurance was received regarding VTE compliance across both the Medicine and Surgery, Women's and Children divisions. The electronic 'force function' in Sunrise has had a positive impact on assessment completion. Further work is needed to understand whether this has importantly had a positive impact on patient outcomes e.g. 90 day mortality with pulmonary embolism, hospital acquired thrombosis. The Committee noted the sustained reduction in the monthly number of MET calls and cardiac arrests in comparison to the previous years' reporting period. This was noted to be particularly positive in the context of increased hospital activity, providing positive assurance against a previously reported risk regarding inappropriate resuscitation. The Committee noted the increase in safeguarding referrals presented through the Integrated Performance Report; it was agreed that this is a positive finding in terms of the impact training is having on staff ability to recognise and report concerns appropriately. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Terms of Reference documents for the reporting groups below were reviewed and approved: <ul style="list-style-type: none"> Patient Experience Group Medicines Management Group Health and Care Professionals Group

- | | |
|--|--|
| <ul style="list-style-type: none">• The Committee received good levels of assurance regarding the quality and safety of services provided by the Community with Core Clinical Services Division, noting numerous improvements and examples of celebrating success. | |
|--|--|

**Paper for submission to the Board of Directors on
Thursday 14th September 2023**

Title:	Chief Nurse Report
Author:	Helen Bromage - Deputy Chief Nurse
Presenter:	Helen Bromage – Deputy Chief Nurse

Action Required of Committee / Group						
Decision	Y/N	Approval	Y/N	Discussion	Y/N	Other Y/N
<p>Recommendations:</p> <p>For the board to note and discuss the excellent work of the Chief Nurses' Office with a particular focus on the work of the professional development team.</p> <p>The board is invited to note and discuss the requirements of the Maternity incentive scheme (MIS) year 5, progress made against current compliance and actions being taken to ensure full compliance by January 2024. Included in this is the commencement of the Trust on The Perinatal Culture and Leadership programme and a change to the training requirements of maternity staff following publication of the Core Competency Framework, Version 2.</p>						

Summary of Key Issues:

The work within our Maternity Services remains a high priority with the many competing demands placed. The team are fully recruited to from a midwifery perspective with all specialist roles now in place. The Maternity Incentive Scheme (MIS) has undergone some national changes which do affect our current attainment, the team is on track for achievement earlier than the national deadline date.

As in previous years there is the potential for the national team to make further changes to the standards and the required compliance.

Our Critical Care services are the first in the Country to be given Gold Standard Framework (GSF) accreditation. A wonderful achievement demonstrating the Trust's commitment to giving our patients the best care possible.

Digital Nursing 'Clin Docs' went live in July. In week 1 over 80000 documents were created.

We have seen an increase in Clostridioides difficile cases over recent months this is reflective of the national picture and a trust wide deep dive is being undertaken to understand what additional measures can be implemented to reduce the risk of further cases.

Finally in addition to the GSF accreditation, the teams have been shortlisted for 2 HSJ awards for the Deteriorating Patient Programme and we have won employer of the year for the work with the T Level students and placement provision.

The following report provides an update against each of the key objectives set out in the Nursing, Midwifery and Allied Health Professional Strategy launched in May 2023.



NHS
The Dudley Group
NHS Foundation Trust

Nursing, midwifery and allied health professions strategy 2023-2026

OBJECTIVE 1: Compassionate and strong leadership
There is strong inclusive and diverse leadership at all levels across the nursing, midwifery and AHP workforce, which is compassionate, open and transparent.

OBJECTIVE 2: Delivering the fundamentals of care every time
We will care consistently to 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.

OBJECTIVE 3: Patient safety and improved quality and care outcomes
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 policies and standards.






OBJECTIVE 4: Developing the nursing, midwifery and AHP workforce
There is a competent and knowledgeable workforce of nurses, midwives and AHPs to deliver care reflecting best practice which meets the needs of the local population.

OBJECTIVE 5: 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 things go wrong, embedding good practice and shared learning to improve our services and patient outcomes.

OBJECTIVE 6: Sustainability and growth
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.

“Nursing, midwifery and allied health professions are the largest part of the workforce and are in a unique and privileged position to ensure delivery of 24 hour, seven days a week high quality care to our patients and service users. Clear leadership and accountability, together with a culture of person centred care, of ‘only the best will do’ are critical components which underpin our strategy.”
Chairman, Strategy

Supporting the values of Care, Respect and Empowerment
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Excellent healthcare, improved health for all

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

Implications of the Paper:			
Risk		Y	Risk Description: 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 (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 14/09/23
	Other	N	Date:

Chief Nurse Report
Report to Board of Directors (Public) on Thursday 14th September 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

There is strong inclusive and diverse leadership at all levels across the nursing, midwifery and AHP workforce, which is compassionate, open, and transparent.

Commenced 'Emergo' type training across Medical Division. The concept which was developed by Jo Wakeman – Deputy Chief Nurse. The focus is to embed learning from incidents and has received an extremely positive welcome and adopted by the Division with the lead nurses now embedding this approach in their practice.

Working with the Divisions to purchase an app that allows photographs to be taken on and off site to be stored in a secure way. Noted that all Divisions require a solution to promote timely decision making and gaining expert advice mitigating the cost of travel and time to review our patients.

The national ambition is to support maternity and neonatal services to create the conditions for a culture of openness, safety and continuous improvement through positive, inclusive and compassionate leadership. NHS England are enabling those with specific responsibility for safety in Maternity and neonatal provider units to understand the relationship between leadership, safety improvement and safety culture to enable change as well as embed a culture of continuous improvement and learning. The Perinatal culture and leadership program (PCLP) has been designed to help the quadumvirate to better understand themselves as a team, and the services they lead.

*The perinatal quadumvirate consists of the Clinical directors for both obstetric and neonates, the head of Midwifery and the directorate manager.

The Trusts Maternity and Neonatal quadumvirate attended the first 3 days of the programme in July 2023. They are currently seeking feedback from their colleagues via a 360-style exercise, with individual feedback provided. The programme lasts for 6 months.

	<p>Quarterly meetings are being held between the Board level Maternity and neonatal safety champions and the quadrumvirate to discuss:</p> <ul style="list-style-type: none"> • Progress and learning from the PCLP. • Updates on the SCORE culture survey (to be commenced October 2023) • Updates on areas for improvement. • Any support required at Board level to be identified. <p>Updates on progress will be included within future reports. PCLP forms part of the requirements of MIS year 5.</p>
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<p>OBJECTIVE 2 – DEVELOPING THE NURSING, MIDWIFERY AND AHP WORKFORCE</p> <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>New falls lead has commenced in post. This post holder is an Allied Health Professional – Radiographer demonstrating the Trusts ambition for blended roles.</p> <p>Professional Development are working with divisions to ensure continuous professional development CPD's funds are being utilised effectively to develop our registered practitioners and service needs.</p> <p>Core Competency Framework Version 2</p> <p>The Maternity transformation Programme have published version 2 of the core competency framework (CCFV2) which sets out clear expectations for all trusts, aiming to address known variation in training and competency assessment across England. The CCFV2 is split into 6 domains with different requirements for all. Updates below outline progress with introduction of each element:</p> <p>Module 1: Saving babies lives care bundle - Annual: New training day launching October 2023</p> <p>Module 2: Fetal Monitoring and surveillance- Annual. Currently offering half a day of fetal monitoring training. New full day launching October 2023</p> <p>Module 3: Maternity Emergencies and multi professional training- Annual: Ongoing- launching with nationally recognised PROMPT faculty October 2023</p> <p>Module 4: Equality, equity and personalised care- 3 yearly programme of topics - New learning objectives added to all maternity specific training to ensure compliance with CCFV2.</p> <p>Module 5: Care during labour and immediate postnatal period- 3 yearly programme of topics: Learning objectives added to PROMPT (one day multi disciplinary emergency training), as well as continuation of existing training: suturing workshops, infant feeding training, and ATTAIN training.</p> <p>Module 6: Neonatal basic life support- Annual. Ongoing unchanged.</p> <p>Whilst training for most of these elements has been included in Maternity Mandatory training for a number of years, we have changed the learning objectives to ensure compliance and content can be monitored more accurately.</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.

Gold Standards Framework GSF accreditation awarded to Critical Care and our Clinical hub. This is the First in the country. Audit of anticipatory medications across the Trust was favourable.

Tissue viability have maintained a sustainable approach with no backlog in the review and learning of Category 3,4 and unstageable. We have achieved two of the quality priorities with the aim of covering category two pressure ulcers in quarter 4.

The virtual ward for complex nutrition continues to progress well with circa 500 bed days saved. We are working with the ICB to support other Trusts to develop a similar model.

Mental Health Act- In June and July there were 2 patients detained under Section 3 of the MHA.

6 Patients were detained under Section 5(2) of the MHA.

1 Patient was transferred to us under S17 Leave.

No applications were made to the appeals tribunal.

Deprivation of Liberty Safeguards (Dols) -In June there were 43 applications made

In July there were 41 applications made.

Childrens' Act 2004

Safeguarding referrals for children, young people and unborn babies:

June 2023 - 201

July 2023 – 183

Care Act 2014

Adult Safeguarding Referrals:

June 2023 – 73

July 2023 – 94

Section 42 Enquiries:

June 2023 – 5

July 2023 – 4

July saw the successful 'Go Live' of the Digital Nursing 'Clin Docs' project. If the paper document was used 80% of the time for 80% of the patients then it has been transferred to a digital format as part of this initial piece of work. Within the first week over eighty thousand nursing/care related documents were created for use.

Work is underway to understand the quality of the content of the documents and to use the digitised information to reduce [where possible] manual audits for information, reporting or CQUiN attainment.

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 continues to be settling as the internationally educated 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		Jul		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 Actual CHPPD			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual						Occ	Registered	Care staff	Total
A2 /A4	97	77	62	59	63	61	62	58	79%	95%	97%	93%		367	4.39	3.82	8.21
B1	132	122	71	69	77	64	70	65	92%	98%	83%	93%		484	4.35	3.18	7.53
B2(H)	124	94	203	194	93	83	190	178	76%	95%	89%	94%		740	2.87	5.89	8.76
B2(T)	124	102	140	125	93	87	120	110	82%	89%	94%	91%		733	3.10	3.85	6.94
B3	194	202	171	149	189	189	140	142	104%	87%	100%	101%		1,126	4.07	3.10	7.17
B4	227	204	249	201	157	145	208	187	90%	81%	92%	90%		1,306	3.13	3.57	6.70
B5	249	199	163	135	270	250	129	105	80%	83%	93%	81%		890	6.19	3.16	9.35
C1	253	243	251	239	186	179	192	181	96%	95%	96%	94%		1,470	3.36	3.43	6.79
C2	277	220	80	73	248	195	83	79	80%	91%	79%	95%		505	9.65	3.53	13.19
C3	217	200	370	366	186	162	351	362	92%	99%	87%	103%		1,600	2.72	5.35	8.07
C4	206	178	68	66	124	95	62	85	86%	97%	77%	137%		670	4.75	2.60	7.35
C5	270	247	273	244	249	242	212	206	91%	89%	97%	97%		1,466	4.04	3.68	7.72
C6	97	89	94	91	93	87	64	60	92%	97%	94%	94%		578	3.58	3.14	6.72
C7	220	193	199	185	160	157	196	184	88%	93%	98%	94%		1,103	3.71	4.02	7.74
C8	259	237	216	155	217	201	187	180	91%	72%	92%	96%		1,301	3.94	3.09	7.03
CCU_PCCU	254	240	66	64	226	218	36	32	95%	97%	96%	89%		743	7.24	1.55	8.79
Critical Care	543	465	126	90	535	468			86%	72%	88%			489	22.91	2.21	25.12
EAU AMU 1	583	507	443	365	559	496	445	377	87%	82%	89%	85%		2,306	5.11	3.86	8.97
Maternity	1,008	804	372	220	586	496	218	180	80%	59%	85%	83%		1,332	9.30	3.52	12.82
MECU	93	93	36	34	93	94			100%	94%	101%			223	10.05	1.67	11.72
NNU	216	172			217	159			79%		73%			398	9.95	0.00	9.95
TOTAL	5,641	4,886	3,653	3,123	4,620	4,127	2,964	2,771	87%	86%	89%	93%		19,830	5.23	3.53	8.77

The 6 monthly staffing review is underway with a report being received by Quality and Safety Committee at the end of September. The financial position paper was presented and discussed at Finance and Performance Committee at the end of August where the small positive financial position was recognised.

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

There have been 2 Serious Incidents (SI's) which have resulted from poorly maintained devices. This has raised concerns regarding standalone contracts. Reinforcing any contracts need to go through medical devices group and record on asset register.

Quarterly Maternity and Neonatal speak up sessions are being held as per requirements of the Maternity incentive scheme year 5, hosted by Board level maternity safety champions, Liz Hughes and Mary Sexton. The July session had no attendees and no concerns raised. The next session is scheduled for the 19th October 2023.

Complaints for June and July 2023

The Trust received 92 new complaints in June 2023 and 84 for July 2023.

As at the end of July 2023 there were 171 complaints open (including reopened and Ombudsman cases).

Themes - communication, patient care including nutrition and hydration, clinical treatment, values and behaviours (staff), admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)

All complainants are given a 30-working day timeframe. For June 2023, 89 complaints were closed. Of those 89 closed, 38 (42.7%) were closed within 30 working days. For July 2023, 100 complaints were closed and of those 100 complaints, 46 (46%) were closed within 30 working days.

The Trust received one new Parliamentary and Health Service Ombudsman (PHSO) case in June 2023.

PALS for June and July 2023

In June 2023, PALS received 376 concerns, 11 comments and 91 signposting contacts totalling 478 compared to 439 in May 2023.

The main theme being appointment delays and cancellations.

In July 2023, PALS received 344 concerns, 16 comments and 72 signposting contacts totalling 432 compared to 478 in June 2023. The main theme being again appointment delays and cancellations.

There have been 18 PALS concerns escalated to a complaint for June 2023 and 12 PALS concerns for July 2023.

Friends & Family Test (FFT)

A total of 5489 FFT responses were received in July 2023 in comparison to 5265 in June 2023. Overall, 83% of respondents have rated their experience of Trust services as 'very good/good' in July 2023, no change since June 2023. A total of 6% of patients rated their experience of Trust services as 'very poor/poor' in July 2023, no change since the previous month.

The A&E Department received the highest percentage negative score with 14% of patients rating their overall experience as very poor/poor in July 2023, no change since June 2023. Community services received the highest positive ratings in July 2023 with 91% of patients rating the service they received as very good/good. Maternity received the lowest negative score at 1% for patients rating their experience as 'very poor/poor'.

Compliments

The Trust received 339 compliments in June 2023 compared to 524 compliments in July 2023. Ward C8 received the highest number of compliments (54) in July 2023.

NHS Choices

Seven comments were posted on NHS Choices/Patient Opinion during June 2023, a decrease since June 2023 (12). Three comments were positive, and four comments were negative. The theme for negative comments were around communication and care and treatment.

National Cancer Patient Experience Survey 2022

The results for the National Cancer Patient Experience Survey 2022 were published in July 2023.

There are 25 questions that are below the expected range of what Trusts of the same size and demographics are expected to perform (see table below), in comparison to 14 questions that were below the expected range in the 2021 survey. These scores are in the lower limit of the expected range and are negative outliers.

The main themes for improvement and where scores fell below or within the lower expected range were for communication (around patients being given a point of contact, advice about second opinion before making decisions, being able to discuss worries and fears, being given information about therapies, managing the impact of long-term side effects of medication, and offering enough information and support between final treatment and follow-up appointment).

National Urgent and Emergency Care Survey 2022

The results of the 2022 Urgent and Emergency Care (UEC) survey were published on the CQC website on 25 July 2023.

The Trust Overall Patient Experience Score (OPES) score for 2022 is 7.7 a decline since 2020 (8.2) and is performing 'about the same' when compared to all other trusts. This score is in the top five of Trusts in the region and a top five highest score for the Trust compared with the national average.

There are seven questions that have significantly decreased since the 2020 survey. Areas for improvement focus on waiting times to be seen and examined, being able to speak to a member of staff when needed, cleanliness and support after leaving the A&E department. The score for overall experience has seen a decline since the 2020 survey.

Talk to Us Trolley

We have continued to take our 'Talk to Us' trolley on the wards to gain feedback from our patients following their inpatient stay.

Focus Groups

Macmillan Stakeholder Engagement Event was held on 12 July 2023 to capture the views of patients, staff, and other stakeholders regarding the proposal of a Macmillan Cancer Hub in the hospital.

Critical Care People's Panel

On 17 July we facilitated a People's Panel with patients who had a stay on the Critical Care Unit. Patients were asked their views on if there was a formal follow up service, what formal would they like it to be, are they happy attending the hospital or would they rather the session be at an offside location and how frequently would they want the sessions and for how long

Patients felt that aftercare is not always good, they often had to ask for explanations on what would happen and follow-up after leaving is hospital is a concern. Attendees felt that staff on the Critical Care Unit were really kind and supportive during their stay. An action plan is being developed to address any concerns raised and progress with ideas and suggestions following the event.

Safeguarding Adults – Section 42 Enquiries

There has been a trend of section 42 enquiries completed by the Trust in relation to unsafe discharges. The safeguarding team are working with the divisional and department leads to identify learning and take action to reduce these concerns.

OBJECTIVE 5 – PATIENT SAFETY AND IMPROVED QUALITY AND CARE OUTCOMES

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.

The Trust is currently reviewing all Clostridioides difficile cases to look for themes and trends due the current increase in cases which may mean that the Trust will be over trajectory for 2023/24. This is a position shared by the local acute trusts who have also seen an increase in cases. Themes and trends if identified will be added to the IPC Annual Programme and disseminated via the divisional chief nurses.

In April the IPC Team commenced quarterly surgical site surveillance. The trust has changed to review knee replacements as the mandatory reporting element and are currently reviewing the data prior to submission.

For the period commencing July 2023 the IPC Team are developing a review process for the recording the SSI process for caesarean sections working with the Trusts maternity department to develop and promote the process. The results will be officially recorded from October 2023.

The IPC Team will use Infection Prevention and Control Week in October to officially launch the Trusts Gloves Off and Mouth Matters campaigns with partner organisations.

Compliance for manual handling training has increased especially with the role of the manual handling trainers working clinically to support training.

Maternity Incentive Scheme Year 5

Version one of Year five of the Maternity incentive scheme (MIS) launched on the 31st May 2023. A gap analysis of compliance was completed and presented to relevant groups and committees. Since this time V1.1 has been published with amendments to 7 out of the 10 safety actions which means no safety actions are rated as red, as in previous reports. Detail of the safety action is within the Maternity and Neonatal Quality and safety dashboard attached in the further reading pack.

Current compliance of completion of the safety actions is 3/10 fully compliant and 7/10 in an amber/ partially compliant status. All safety actions are on target for full compliance by 31/12/23.

In August we welcomed the Corporate Lead for Advancing Practice to the Trust. This role sits within the Medical Directors Office, however due to the nature of the work, the close collaboration with the Chief Nurses Office will be instrumental to its success. The Deteriorating Patient Pathway has been shortlisted for 2 HSJ awards in September. The team undertook their finalists interviews towards the end of July and are eagerly awaiting the outcome. The DPP work has been praised for its innovative nature and its ability to actively support the work of the workforce in prioritising deteriorating patients, with demonstrable evidence of the rationale why. The collaborative work of the nursing and medical professions within the Trust has also been commended.

OBJECTIVE 6 – SUSTAINABILITY AND GROWTH

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.

The Tissue Viability Team is working with the ICB and Dudley Place to review the historical service contract (which covers the entire population of Dudley). Workforce for our Tissue Viability service as part of the contract has not been reviewed for several years and consumables are not currently covered within the financial envelope.

The equipment service provided by the TVS is due to be retendered and outsourcing this to be a managed service is being considered.

In June we hosted 5 students from a local school through the RCN cadet programme where they experience a variety of clinical areas as part of this programme.

Professional development team were award employer of the year with the collaborative working with Halesowen College with their T level health students. All the students who completed their placement with us have progressed onto undergraduate pre-registration Nursing and Midwifery courses at local Universities. In September the trust also works with Dudley College for their T level healthcare students.



3. COMMITTEE AND GROUP UPWARD HIGHLIGHTS

- 3.1 The new IPC Board Assurance Framework for 2023/24 has been completed and approved by the Trust Committees and Board. There is one amber area with mitigation in place for the screening of patients for CPE. The Trust has a CPE policy in place and screening guidance in place but due to funding requirements within the Black Country Pathology Services (BCPS) the BCPS is unable to meet the new Government Guidance. This is noted as a risk on both the Trusts and ICB risk registers and external meeting are due to be held with the ICB and BCPS. A copy is contained within the reading pack. The IPC annual report was agreed at the extraordinary Quality and Safety Committee. A copy is included in the reading pack.
- 3.2 There is a national directive that the board are sighted on the Maternity and Neonatal Safety and Quality Dashboard [included in reading bundle]. The data set gives factual information on the number of births, neonatal deaths and fetal losses throughout June and July 2023, as well as an overview of serious incidents as part of the perinatal surveillance model.
- 3.2 Detailed updates on progress made against year 5 of the Maternity incentive scheme will be presented via Quality and safety committee, and a deep dive of compliance is scheduled for December 2023. The final result will be presented to Trust Board in January 2024.
- 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 Q&SC report and the full reports are included in the reading pack.

Helen Bromage
Deputy Chief Nurse
4th September 2023

Paper for submission to Trust Board on 14th September 2023

Title:	Dudley People Plan
Author:	Karen Brogan – Director of Operational HR
Presenter:	Alan Duffell – Chief People Officer

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other
Recommendations: <p>The Trust Board are asked to approve the Dudley People Plan 2023-2026 which is an overarching framework to enable us to deliver the Trust's Shaping #OurFuture strategy. The plan will outline our overall direction for our services that support our people and our ambition for Dudley to be a brilliant place to work and thrive. The full document is contained within the further reading pack.</p> <p>The Dudley People Plan 2023-2026 will set the overall direction for our people agenda by creating understanding of the context we work within, including national, regional, and local drivers. Ensuring we have an understanding of our Trust, including its demographics, its culture, and the community it serves by providing us with clear objectives to achieve and identifying how we will measure our progress and demonstrate our success.</p> <p>The Dudley People Plan will be underpinned by the development of five journeys as key people priorities:</p> <ul style="list-style-type: none"> ➤ Recruitment and retention ➤ Organisational development ➤ Health and wellbeing ➤ Equality, diversity, and inclusion ➤ Continuous Improvement <p>In progressing the development of the Dudley People Plan engagement and involvement has been sought from our staff networks, our staff side colleagues, and the working draft was presented to both the Executive Committee and Workforce and Staff Engagement Committee for input and finally approval.</p>			

Summary of Key Issues:
<p>The Dudley People Plan was originally developed in 2019 to provide a strategic focus on the workforce challenges identified through the national staff survey. It consisted of five broad principles of focus and was underpinned by a detailed action plan which outlined planned actions to deliver against the broad principles.</p> <p>The original People Plan was reviewed in line with the newly published NHS People Plan commitments in 2020, alongside the need for a strategic commitment on the workforce agenda to be in place and change in focus following the Covid 19 Pandemic and a move to restoration and recovery.</p> <p>Since the development of the initial Dudley People Plan, we have experienced a global pandemic.</p>

and the anticipated economic downturn will have a significant impact on the NHS for years to come for both our staff and the patients that we serve. Workforce is now more important than ever in the NHS.

Locally, we have seen far greater collaboration with other organisations across the Black Country and far greater integration of preventive, primary care, community, hospital, and social care services within Dudley. As such the Trust revisited its Strategy, recognising that the Trust needed to look ahead, and to shape how The Dudley Group NHS Foundation Trust moves forward as an organisation.

The Shaping #OurFuture strategy was developed, this strategic plan sets out our vision, values and goals and embeds how we ensure that we are an inclusive organisation, for staff, patients, families, and local communities. It recognises the significant role that The Dudley Group can play as an anchor institution, and the benefits this can bring to the local economy and, in turn, to local people, whilst putting improving health outcomes and addressing health inequalities at the core of what we do. This provides us with the opportunity to review The Dudley People Plan so that it fully aligns to our Trust strategy and our strategic goals.

The current People Plan therefore required a review to connect the thematic journeys and provide a strategic overview to the delivery of People services in line with the Trust's Shaping #OurFuture strategy.

The Dudley People Plan 23/26 will therefore provide an overarching framework which will enable us to deliver the Trust's Shaping #OurFuture strategy, the Plan will outline our overall direction and our ambition for Dudley to be a brilliant place to work and thrive. It will also enable our people to connect the dots between the individual threads of people support functions and the support available to them to improve their experience of work through the development of the five individual journeys. These will provide the link between our strategic goals and our operational plans to deliver specific improvements in areas identified as our key priorities:

- Recruitment and retention
- Organisational Development
- Health and wellbeing
- Equality, diversity, and inclusion
- Continuous Improvement




In progressing the development of the People Plan we keen to seek engagement across the Trust, including our staff networks and our staff side colleagues. A working draft was presented to both the Executive Committee and Workforce and Staff Engagement Committee for input in Ma, with the final version presented in both forums for approval In July.

To implement the Dudley People Plan we will follow the structure set out in the Trust Strategy, in summary:

- We will have five clear People journeys.
- Each journey will have clear yearly deliverables and will have a Senior Responsible Officer responsible for delivery.
- Each journey identifies key measures and deliverables, enabling outcomes to be measured.
- The People Plan will have two key breakthrough measures from each journey.

Impact on the Strategic Goals

 Deliver right care every time	Y
 Be a brilliant place to work and thrive	Y

	Drive sustainability (financial and environmental)	Y
	Build innovative partnerships in Dudley and beyond	Y
	Improve health and wellbeing	Y
Implications of the Paper:		
Risk	Y/N	<p>Risk Description:</p> <p>COR2012 - Industrial Action could lead to reduced workforce capacity and reduction in services.</p> <p>COR1538 - Lack of sufficient clinical workforce capacity due to inability to recruit and retain.</p> <p>COR1433 - Ability to deliver an effective staff health and wellbeing service.</p> <p>COR1489 - Lack of effective utilisation of e-rostering for clinical workforce</p> <p>COR1789 - Below expected compliance of Resus and Safeguarding mandatory training.</p> <p>COR1791 - Impact of absence on service delivery</p> <p>COR1901 - COR1901 Lack of optimisation of ESR</p> <p>COR1303 - Poor staff engagement and morale</p> <p>COR1537 - Diverse Workforce and Public Sector Equality duties</p>
	On Risk Register: Y/N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y Details: Well-led
	NHSE	Y/N Details:
	Other	Y/N Details:
Report Journey/ Destination	Working / Exec Group	Y Date: July 2023
	Committee	Y Date: 25/07/2023
	Board of Directors	Y Date: 14/09/23
	Other	N Date:

Paper for submission to the Board of Directors on 14th September 2023

Title:	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 25 th July and 29 th August 2023
Author:	Alan Duffell - Chief People Officer/Julian Atkins - Non-Executive Director
Presenter:	Julian Atkins - Non-Executive Director

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

Summary of Key Issues:
The enclosed are upward reports from the Workforce & Staff Engagement Committee (WSEC) meetings held on 25 th July and 29 th August 2023. Key points for the Board to note: -
MATTERS OF CONCERN OR KEY RISKS TO ESCALATE July 2023 <ul style="list-style-type: none"> Statutory training compliance - paediatric resuscitation compliance was the only subject which remained Red (below 80%); eight other subjects were amber rated, but two of those Neonatal Resus and Safeguarding Children Level 3 were less than 1% from target. The future dates of the strike action by junior doctors (11-15th August) and consultants (24-25th August) were noted. August 2023 <ul style="list-style-type: none"> There had been a decrease in compliance across all statutory training subjects, except for Safeguarding Children Level 2, which was attributed to annual leave and rotation of medical doctors. Paediatric Resuscitation remained red rated (below 80%). Industrial action by junior doctors and consultants had taken place in August, further consultant strike action was planned for September and October.
POSITIVE ASSURANCES TO PROVIDE July 2023 <ul style="list-style-type: none"> Improvements across all workforce metrics were noted, two areas remained below target (rolling twelve-month absence and appraisal completion rate). Sickness absence had decreased for the third consecutive month from 4.79% in May to 4.69% in June. The vacancy rate had remained stable at 6%, turnover had decreased and retention increased from 89.1% in May to 89.3% in June. Mandatory training compliance increased from 90.48% in May to 91.84% in June. Appraisal completion rates stood at 76.2% on 25th July.

- The Dudley Group was rated as No. 1 in the UK in the General Medical Council (GMC) Survey for Internal Medicine Training (IMT – 1, 2 and 3 for the three years of junior doctor training).

August 2023

- The Workforce key performance indicators (KPI's) showed improvement across all workforce metrics except for turnover and mandatory training. In-month sickness absence in July was 4.64%, a decrease from 4.69% in June); this was the third time under the Trust target of 5%.
- The vacancy rate remained stable at 6%.
- Appraisal compliance had reached 92.3% overall at closing on 31/07/23.
- Positive reports were received from the Wellbeing and EDI Steering Groups.
- Assurance was given about improvements made on the Corporate Risk report, a review would take place in September and an update given in October.
- Assurance was provided of the Trust's performance against the 2022/23 workforce plan and that the Trust was on track against the 2023/24 workforce plan.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

July 2023

- The Committee noted the publication of NHS England's Long-Term Workforce Plan (LTWP), which was backed by £2.4 billion of government investment. The main aims were train, retain and reform to avoid a workforce shortage of 260,000-360,000 staff by 2036/7.
- Rachel Andrew outlined the work underway via a Culture Workgroup, to embed culture change; the aim being to have a significant positive impact on staff survey results in the next two to three years.

August 2023

- An overview was given of the NHS England self-assessment tool 'NHS Impact' for quality improvement (QI) maturity, which would be the benchmark for improvement practice.
- The Ethnicity Pay Gap report was presented which was fairly positive overall. It highlighted a gap in favour of ethnically diverse colleagues, driven by staff in the medical and dental staff group in the upper quartile, however when medical and dental staff were excluded the gap lessened.
- An overview was given of the EDI improvement plan which highlighted six high impact actions and outlined targets for Trusts to enable them to provide better support to international staff, improve diversity in senior leadership positions and eliminate bullying in order to improve the experience of staff.

DECISIONS MADE

July 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 following the divisions' updates on their actions in respect of the 2022 national staff survey results.

- The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports were approved by the Committee to go to the August Board meeting and to be published on the Trust's external website.
- The Committee approved the final version of the Dudley People Plan.

August 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 following the divisions' updates on their actions in respect of the 2022 national staff survey results.
- The Committee approved the Ethnicity Pay Gap report for upward reporting to the Board of Directors and for publication on the Trust's external website.

Impact on the Strategic Goals

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

Implications of the Paper:

Risk		Y	Risk Description: BAF Risk 2 Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities BAF Risk 3 Failure to improve and sustain staff satisfaction and morale	
	On Risk Register:	Y	Risk Score: Risk 2 20 (4x5) Risk 3 12 (3x4)	
Compliance and/or Lead Requirements	CQC	N	Details:	
	NHSE	N	Details:	
	Other	N	Details:	
Report Journey/ Destination	Working / Exec Group	N	Date:	
	Committee	Y	Date: WSEC 25/07/2023 and 29/08/2023	
	Board of Directors	N	Date: 14/09/2023	
	Other	N	Date:	

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

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Statutory Training overall compliance has now been above target for three months. However, one subject (Paediatric Resus) remains red rated, with another eight subjects amber rated (two of these (Neonatal Resus and Safeguarding Children Level 3) are less than 1% from target). There has been ongoing focus on Safeguarding (Adults and Children) and Resuscitation (all levels). All of these subjects have improved over the last twelve months – although not yet achieved above target status consistently. A review of mandatory training (Priority 1 subjects first) was in progress and results would be reported back to WSEC in October. The Committee heard that the junior doctors strike action took place on 13-18th July 2023. A further junior doctors' ballot opened on 19th June until 31st August. Consultant strike action took place on 20th-22nd July. Further action for consultants is planned for Thursday 24th to Friday 25th August and for junior doctors from Friday 11th to Tuesday 15th August. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee received the summary of the NHS England Long-Term Workforce Plan published on 30/06/2023, The plan was commissioned by the government to set out a series of interventions (train, retain and reform) to the workforce, in order to put the NHS on a sustainable footing into the future. The Plan is a 15 year forward look, backed by more than £2.4 billion in government investment (over the next five years), mostly for education and training. The plan sets out how the NHS will address existing vacancies and meet the challenges of a growing and ageing population by recruiting and retaining nearly a million more staff over the next 15 years and reforming the way we work. The LTWP is well aligned to the Dudley People Plan. The Committee were asked to note and support work underway via a Culture Workgroup, which has been established to develop an approach to engagement, to establish our cultural ambition, and to review the behaviour framework. The proposal was to commence this work in September 2023 as an ongoing cycle of connect, identify actions, deliver, and feedback. The Committee recognised this was a long-term programme of work, as embedding change takes several cycles of work and continued focus to sustain it. The engagement cycle outlined provides an approach for the first year with a cycle of engagement, action (including local action) and feedback. There will be short-term improvements but it was noted that a significant positive impact on Staff Survey results is likely to take a further two to three years.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The KPI report demonstrated improvement across all workforce metrics, with two areas remaining below target (rolling twelve-month absence) and appraisals. In-month sickness absence was 4.69% in June, a decrease from 4.79% in May, whilst rolling twelve-month absence had marginally reduced from 5.65% in May to 5.57% in June), the vacancy 	<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

<p>rate remained at 6%, turnover had decreased, whilst retention had increased from 89.1% in May to 89.3% in June.</p> <ul style="list-style-type: none"> • Mandatory training had increased from 90.48% in May to 91.84% in June. Appraisal completion rates had increased from 13.6% in May to 76.2% as of 25/07/2023. • All Resuscitation and Safeguarding mandatory training subjects had shown an increase in compliance in June, all were amber, apart from paediatric resuscitation (please see box above). • The Dudley Group was rated as No. 1 in the UK in the GMC Survey for Internal Medicine Training (IMT - 1, 2 and 3 for the three years of junior doctor training). 	<p>following the divisions' updates on their actions in respect of the 2022 national staff survey results.</p> <ul style="list-style-type: none"> • The Committee approved the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports for upward reporting to the Board of Directors and for publication on the Trust's external website. • The Committee approved the final version of the Dudley People Plan.
<p>Chair's comments on the meeting</p> <p>There were some good discussions on the Long-Term Workforce Plan summary and the Culture work. There was pleasing progress around the Workforce metrics. The meeting ended 15 minutes earlier than planned.</p>	

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 29th August 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • All Statutory Training subjects, apart from Safeguarding Children Level 2, had experienced a decrease in compliance which was attributed due to annual leave in addition to the medical rotation doctors. Paediatric Resuscitation remained red rated (below 80%), all other subjects were amber. It was noted that there had been some recovery since the report was completed. • The Committee heard that the junior doctors' strike action took place on 11-15th August 2023 and consultants' strike action on Thursday 24th to Friday 25th August, with further consultant action planned for September and October. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee received an overview of the NHS England self-assessment tool 'NHS Impact' for quality improvement (QI) maturity, with each of the five components of QI best practice containing questions to rate the Trust on a five-point maturity scale for Building a Shared Purpose and Vision, Investing in People and Culture, Developing Leadership Behaviours, Building Improvement Capability and Capacity and Embedding a Quality Management System. • Becky Cooke presented the Ethnicity Pay Gap report which was fairly positive overall and highlighted a gap in favour of ethnically diverse colleagues, driven by staff in the medical and dental staff group in the upper quartile, however when medical and dental staff were excluded the gap lessened. Liaison required with the Communications team with regard to publishing it on the Trust website. • An overview was given by Becky Cooke on the EDI improvement plan which highlighted six high impact actions and outlined targets for Trusts to enable them to provide better support to international staff, improve diversity in senior leadership positions and eliminate bullying to improve the experience of staff.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The KPI report demonstrated improvement across all workforce metrics, apart from turnover and mandatory training. In-month sickness absence in July was 4.64%, a decrease from 4.69% in June (third time under the Trust target of 5%). Twelve-month rolling absence reduced slightly from 5.57% in June 2023 to 5.41% (above target but a reduced trajectory). • The vacancy rate remained stable at 6%, total vacancies were 375.58 WTE, so under the workforce plan. (NB. In April there was an artificial increase driven by establishment growth in the budget setting process, which had now normalised). 	<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 Committee approved the Ethnicity Pay Gap report for upward reporting to the Board of Directors and for publication on the Trust's external website.

- Appraisal compliance had reached 92.3% overall at closing on 31/07/23. The area of lowest compliance was the Medicine division at 89.2%; ten appraisals were outstanding to achieve target.
- There were positive reports from the Wellbeing and EDI Steering Groups.
- The Committee received assurance about the improvements made on the Corporate Risk report; a review was planned for September and an update would be given in October.
- Karen Brogan provided assurance of the Trust's performance against the 2022/23 workforce plan and assurance that the Trust was on track against the 2023/24 workforce plan.

Chair's comments on the meeting

The Workforce plan is a useful addition to the Workforce metrics provided regularly at the meeting and there was positive assurance provided on performance against that plan (please see Appendix 1). It was also encouraging to note that work in progress is expected to have a positive impact on our corporate risks.

The meeting was well attended and there were good contributions from a number of those present. The meeting finished slightly earlier than planned.

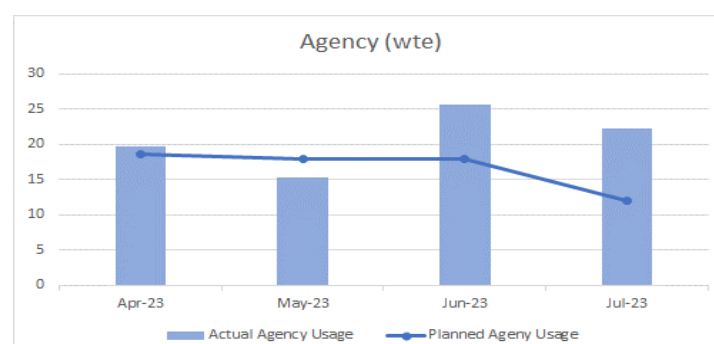
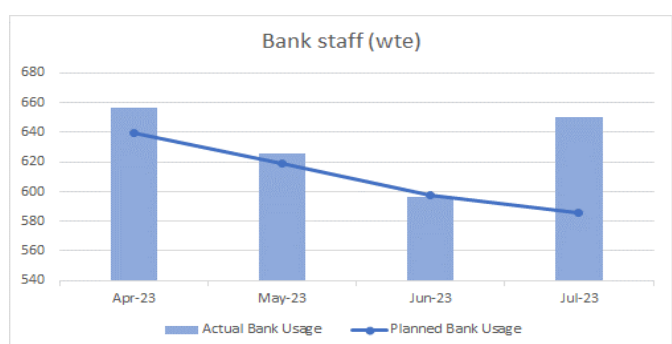
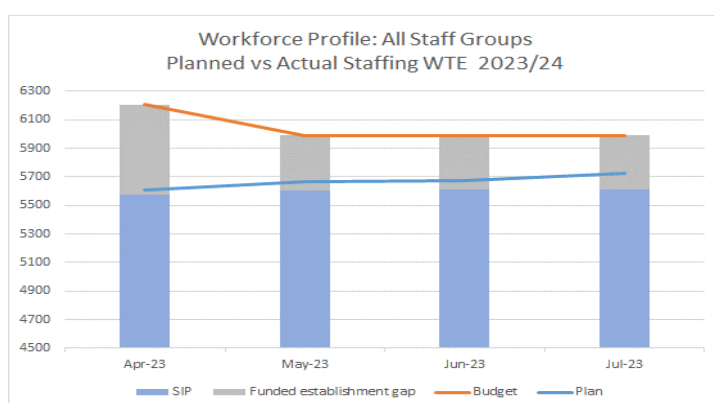
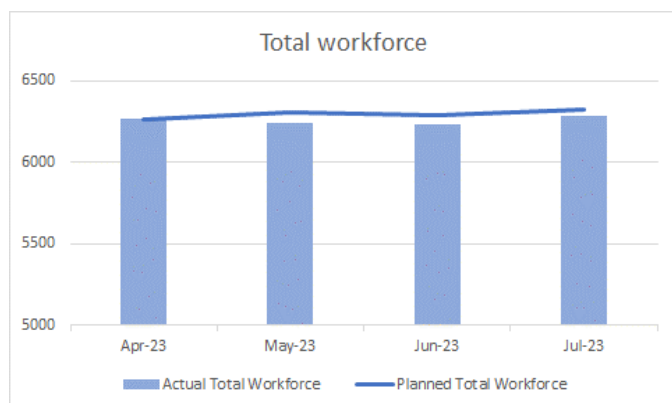
Appendix 1 2023/2024 Performance against Workforce Plan

The charts below demonstrate the Trust's performance year to date against the total 2023/24 workforce plan, this includes substantive staff, bank staff and agency staff.

For 2023/24 performance at month 4 (July) Overall workforce is 1.9% below plan with less substantive staff but more bank usage than planned.

The overall workforce growth year to date (April 23 and July 23) in 23/24 (inclusive of bank and agency staffing) is 0.3%, specifically for substantive staff this is 0.4% growth (20.92 wte), bank staff 2% and agency staff 12%.

May 2023 through to June 2023 have seen lower than the planned workforce numbers, recruitment to substantive posts has been lower than anticipated in plan but is offset by higher bank and agency costs.



Glossary:

Total Workforce	All workforce (substantive, bank, and agency)
SIP	Staff in post (current contracted staff, excluding bank and agency)
Funded Establishment Gap	Deficient between budget/establishment (planned establishment) and staff in post. Vacancy factor.
Plan	Workforce plan submitted to NHS for 23/24

Growth in 2023/24

As demonstrated in the table below overall workforce growth year to date in 23/24 (inclusive of bank and agency staffing) is 0.3% - this is lower than the workforce plan, specifically for substantive staff this was 0.4% growth and agency staff 13%. This has seen a growth of 20.82 WTE in substantive staff between April 23 and July 23.

	Apr-23	Jul-23	Difference	Variance
Total Workforce (WTE)	6271.1	6288.77	17.67	0.30%
Total Substantive	5595.15	5615.97	20.82	0.40%
Total Bank	656.21	650.47	-5.74	-1%
Total Agency	19.74	22.33	2.59	13%

Principal areas of growth within substantive staff have been seen in registered nursing (4%) which has been offset by decline in Support to Clinical Staff (substantive total) and is a direct result of staff awaiting their registration prior to moving to a substantive nursing role.

	Apr-23	Jul-23	Difference	Variance
Registered Nursing, Midwifery Staff (substantive total)	1799.52	1873.04	73.52	4%
Registered Scientific, Therapeutic. and technical staff (substantive total)	628.72	635.68	6.96	1%
Support to Clinical Staff (Substantive total)	1,370.22	1299.29	-70.93	-5%
Total NHS Infrastructure support (substantive total)	1006.38	1020.78	14.4	1%
Medical and Dental (substantive total)	790.31	787.18	-3.13	0%
	5595.15	5615.97	20.82	0.4%

Please note – the difference in support to clinical staff is due to supporting registered nurses in this staff group prior to receipt of their registration, at which point they move to the Registered Nursing, Midwifery Staff group. You will note the two categories offset.

Paper for submission to the Board of Directors on 14th September 2023

Title:	Workforce KPI Report
Author:	Karen Brogan - Deputy Director of Operational HR
Presenter:	Alan Duffell - 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/Performance against Workforce Plan • Mandatory Training • Appraisals • Industrial Action <p>The full Workforce KPI Report is contained within the 'further reading' associated with this meeting.</p>

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

Implications of the Paper:			
Risk		Y	Risk Description: <i>Inc risk ref number</i> COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff wellbeing COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff wellbeing COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance COR1303 - There is a risk of low staff engagement and morale impacting on Absence, Turnover and Retention COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services
	On Risk Register:	Y	Risk Score:
Compliance and/or Lead Requirements	CQC	Y/N	Details:
	NHSE/I	Y/N	Details:
	Other	Y/N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	Y	Date:
	Committee	Y/N	Date: 29/08/2023
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

Workforce KPI Report

Alan Duffell

Chief People Officer



The Dudley Group
NHS Foundation Trust



Summary

Metric	Rate	Target	Trend	
Absence – In Month	4.64%	<=5%	↓	<u>Sickness Absence</u> <ul style="list-style-type: none"> In month sickness absence for July is 4.64% a small reduction from June at 4.69%.
Absence - 12m Rolling	5.41%	<=5%	↓	<ul style="list-style-type: none"> The rolling 12-month absence shows a reduction from 5.57% in June 2023 to 5.41% in July 2023.
Turnover	7.55%	<=8%	↑	<u>Turnover</u> <ul style="list-style-type: none"> Turnover (all terminations) has increased from 7.40% in June to 7.55% in July 2023
Normalised Turnover	3.98%	<=5%	↑	<ul style="list-style-type: none"> Normalised Turnover (voluntary resignation) has increased from 3.78% in June to 3.98% in July 2023. Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed term contracts, redundancy, retirement and rotations.
Retention (12 month)	90%	>=80%	↑	<u>Retention</u> <ul style="list-style-type: none"> The 12-month retention rate has increased from 89.3% in June to 90% in July 2023
Vacancy Rate	6%	<=7%	=	<u>Vacancy Rate</u> <ul style="list-style-type: none"> The vacancy rate has remained stable at 6% with total vacancies of 375.58 WTE
Mandatory Training	91.63%	>=90%	↓	<u>Mandatory Training</u> <ul style="list-style-type: none"> Statutory Training has decreased from 91.84% as of 21st June 2023 to 91.63%. Please note – as of 24/08/2023 this was 91.89%
Appraisals	92.3%	>=90%	↑	<u>Appraisals</u> <ul style="list-style-type: none"> The appraisal window has now closed for 2023/24 at 92.3% compliance

Exceptions/Improvement/Actions

METRIC	SUMMARY
Absence	In-month performance for July is below Trust target, the 12-month rolling average absence remains above target, although continues to show a reducing trajectory. Both long-term absence and short-term absence have shown an improvement trajectory from November 2022.
Mandatory Training	<p>Statutory Training overall compliance has now been above target for four consecutive months. This reflects a usual seasonal improvement – likely linked to annual appraisals and expiry dates for annual training.</p> <p>Only are two subjects (Paediatric Resus and Safeguarding Adults level 3) which are red rated – with another seven subjects amber rated.</p> <p>There has been ongoing focus on Safeguarding (Adults and Children) and Resuscitation (all levels). 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>
Appraisals	The appraisal window for 2023/4 was open between April and July, this has now closed. Appraisals for 23/24 are 92.3% overall for the organisation. The area of lowest compliance is the medicine division at 89.2% , with 10 appraisals outstanding to achieve target.
Industrial Action	<p><u>BMA (British Medical Association)</u></p> <ul style="list-style-type: none"> • Junior doctors strike action took place on 11th – 15th August 2023. A further junior doctors’ ballot opened on 19th June until 31st August. • Consultant strike action is planned for Thursday 24th to Friday 25th August, with further dates planned for the 19th and 20th September 2023.

METRIC	SUMMARY
Leadership and Culture	<ul style="list-style-type: none"> • Culture Timetables are developed for the first cycle of face-to-face engagement – starting in September. Initial pre-briefings have been sent to line managers. A Culture statement and draft behaviour framework are starting initial consultation. • Leadership Development Existing programmes continue to be delivered with cohorts of Manager’s Essentials being fully booked for autumn. Additional capacity is being added as required. Developing Leaders launches a new cohort in September which is fully booked. This is undergoing a review to align with Manager’s Essentials, Manager inductions and a focus on system and strategic leadership. The first Trust Talk session was held on 14/7/23; the next one is planned for 16/9 at 1pm to allow further opportunities to hear the speakers who gave personal stories at the conference. The Big Ideas from the conference are being progressed locally. We have begun to scope the Leadership Conference for 2024. • People Pulse The July People Pulse was live from 1-31st July. 550 responses were recorded for the quarter. This has increased against Q1 (390). Although lower than the rate for the Staff Survey it is comparable with the national response rate. The goal is to increase the response rate to about Q1 and towards goal (25%). Focus questions this month were around what needs to happen for staff to recommend as a place to work and receive care. Responses will feed into the Being a Brilliant Place to Work programme.
Vacancies/ Turnover and performance against plan	<p>It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce. Turnover (all terminations) and Normalised Turnover have increased in July, both continue to perform under the national average for the NHS between 10-12%. Retention has seen a marginal increase to 90% in July. The normalised vacancy rate for July is 6% with a vacancy factor of 375.58 WTE .</p> <p>The overall workforce growth year to date (April 23 and July 23) in 23/24 (inclusive of bank and agency staffing) is 0.3%, specifically for substantive staff this is 0.4% growth (20.92 wte), bank staff 2% and agency staff 12%. May 2023 through to June 2023 have seen lower than the planned workforce numbers, recruitment to substantive posts has been lower than anticipated in plan but this has seen higher bank and agency costs.</p>

Exceptions/Improvement/Actions

METRIC

SUMMARY

Vacancies/ Turnover and performance against plan

As demonstrated in the table below overall workforce growth year to date in 23/24 (inclusive of bank and agency staffing) is 0.3% - this is lower than the workforce plan, specifically for substantive staff this was 0.4% growth and agency staff 13%. This has seen a growth of 20.82 WTE in substantive staff between April 23 and July 23.

	Apr-23	Jul-23	Difference	Variance
Total Workforce (WTE)	6271.1	6288.77	17.67	0.30%
Total Substantive	5595.15	5615.97	20.82	0.40%
Total Bank	656.21	650.47	-5.74	-1%
Total Agency	19.74	22.33	2.59	13%

Principal areas of growth within substantive staff have been seen in registered nursing (4%) which has been offset by decline in Support to Clinical Staff (substantive total) and is a direct result of staff awaiting their registration prior to moving to a substantive nursing role.

	Apr-23	Jul-23	Difference	Variance
Registered Nursing, Midwifery Staff (substantive total)	1799.52	1873.04	73.52	4%
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Medical and Dental (substantive total)	790.31	787.18	-3.13	0%
	5595.15	5615.97	20.82	0.4%

For 2023/24 performance at month 4 (July) Overall workforce is 1.9% below plan with less substantive but more bank usage than planned.








Paper for submission to the Board of Directors on 14 September 2023

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

Action Required of Committee / Group			
Decision N	Approval N	Discussion Y	Other N
Recommendations: The Board is asked to note the assurance that Junior Doctors in Training are safely rostered, and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).			

Summary of Key Issues:
This paper provides a summary of the following areas related to Junior Doctors in Training and the 2016 Terms and Conditions of Service: <ul style="list-style-type: none"> Challenges Exception reports Vacancies

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	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	N	Details:
	Other	N	Details:

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 14/09/2023
	Other	N	Date:

REPORT FOR ASSURANCE

Guardian of Safe Working Report

Report to Trust Board September 2023

1 EXECUTIVE SUMMARY

This is the third report from the Guardian of Safe Working (GOSW) and covers the period between 03 May 2023 and 04 September 2023.

There have been 30 exception reports raised in the period. 3 were carried forward from the previous report. 21 have been fully closed including the 3 from the previous report. 12 ER are pending. Initial meeting has taken place for 3 and now waiting for the trainee to agree with the outcome.

No fines have been issued in this reporting period.

There are currently 32 vacancies in the junior workforce.

2 BACKGROUND INFORMATION

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

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

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

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

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

This is the 21st GSW report and covers the period from 03 May 2023 to 04 September 2023. This is the third report from the current Guardian (Fouad Chaudhry). The Guardian has been working closely with colleagues from Medical Staffing and Rostering, Postgraduate Medical Education staff, Human Resources, and Finance to establish his role in the Trust and build relationships.

Exception Reports - 03/05/2023 - 04/09/2023 - total = 30

Exception Reports (ER) over past quarter	
Reference period of report	03/05/23-03/09/23
Total number of exception reports received	30
Number relating to immediate patient safety issues	0
Number relating to hours of working	29
Number relating to pattern of work	1
Number relating to educational opportunities	0
Number relating to service support available to the doctor	0

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues						
Total			0	0	0	0
No. relating to hours/pattern	Cardiology	FY1	0	1	0	1
	Cardiology	FY1 *	0	3	2	1
	General medicine	FY1	0	5	0	5
	General medicine	FY1	0	1	0	1
	General medicine	FY1 *	0	4	2	2
	General medicine	FY2	1	0	1	0
	General surgery	FY1	0	1	0	1
	General surgery	FY1	0	4	4	0
	General surgery	ST8	0	6	5	1
	Obs & Gynae	ST4	1	0	1	0
	Surgical specialties	FY1	0	2	2	0
	Urology	FY1	1	0	1	0
	Vascular Surgery	ST8	0	3	3	0
	Total		3	30	21	12
No. relating to educational opportunities						
Total			0	0	0	0
No. relating to service support available	General medicine	FY2	1	0	1	0
Total			1	0	1	0

ER by Month

Month	Number of Doctors	Number of reports
May 2023	2	5

June 2023	1	2
July 2023	2	5
August 2023	7	18

Historic Data

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

Exception Reports and Fines

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

Data from Walsall Manor Hospital

Period 01/05/2023 - 31/08/2023

Number of ER: 38

Medical Vacancies - Training

Medical Vacancy - Doctors in training

Total number of doctors in training 224

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

Haematology	0	0	0	0	0
Intensive Care Medicine	0	0	0	0	0
Obstetrics and Gynaecology	0	0	3	0	3
Ophthalmology	0	0	0	0	0
Oral and Maxillofacial Surgery	0	0	0	0	0
Otolaryngology	0	0	0	0	0
Paediatrics	0	0	5	1	6
Palliative Medicine	0	0	0	0	0
Stroke	0	0	0	0	0
Renal Medicine	0	0	1	1	2
Respiratory Medicine	0	0	2	0	2
Rheumatology	0	0	0	0	0
Trauma and Orthopaedic Surgery	0	0	2	0	2
Urology	0	0	0	0	0
Vascular Surgery	0	0	0	0	0
Total	0	1	24	7	32






Mitigations

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

- The Junior Doctor Forum and Guardian of Safe Working Forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution.
- The number of exception reports during the reporting period is 30. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy.
- The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.
- A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.
- Reminder emails are sent to the educational supervisors about the process. They are encouraged to arrange the meeting at the earliest with the trainee, once the exception report is submitted.
- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

Fouad Chaudhry
Guardian of Safe Working
September 2023

Paper for submission to the Public Board of Directors on 14th September 2023

Title:	Integration Committee Upward Report		
Author:	Kat Rose , Director of Strategy and Integration		
Presenter:	Lowell Williams, Non-Executive Director (on behalf of the Integration Committee Chair)		
Action Required of Committee / Group			
Decision	Approval	Discussion	Other For assurance
Recommendations: To note the upward report from the first two Integration Committee's and draw assurance from the matters considered.			
Summary of Key Issues: The first two formal Integration Committee's took place on 28 th July and 31 st August 2023. BAF Risk 6 oversight associated with building partnerships has now moved from Finance and Productivity Committee to the Integration Committee. The first meeting was used to bring all attendees up to date with the Community Services 3 year plan and the work the Trust had undertaken on Health Inequalities and future work planned in relation to this. Also the Dudley Health and care Partnership Annual report was presented showing the work that had been undertaken. The second meeting the committee received an update on the work the Dudley Health and Care Partnership had undertaken in the last month and received ambitions the Partnership had agreed for future development of the partnership in the next 12 months. The committee received a presentation from a colleague from Dudley Metropolitan Borough Council on the Family Hibs and Start for life work that partners are undertaking and an update on the work are Maternity services are doing in relation to address health inequalities. It was agreed that the Committee will look to invite patient Experience Voice and Patient Safety Volunteer to attend the Committee from September. It was also agreed that from January the Trust will commence with a programme of going out to meet with members of the voluntary, community and social enterprise (VCSE) sector every other month.			
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:
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: 14 th September 2023
	Other	N Date:






UPWARD REPORT FROM INTEGRATION COMMITTEE

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <p>28th July 2023</p> <ul style="list-style-type: none"> The Board of Directors to have a future update on the Community Services Plan, to ensure all members are aware and are sited on this. <p>31st August 2023</p> <ul style="list-style-type: none"> Funding for the Programme Director for Dudley Health and Care Partnerships is not recurrent and partners need to identify funding to make the post recurrent. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <p>28th July 2023</p> <ul style="list-style-type: none"> A report is to be presented to the committee in regard to prevention, to raise awareness capturing all areas of prevention across the Trust. <p>31st August 2023</p> <ul style="list-style-type: none"> From January the Trust will commence with a programme of going out to meet with members of the voluntary, community and social enterprise (VCSE) sector every other month. An overview of the Health Foundation Insight Report was received and agreed this would help inform future strategic planning.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <p>28th July 2023</p> <ul style="list-style-type: none"> Positive assurance was provided on the Community Service Plan Update. Positive assurance was provided on the work the Trust is undertaking to address Health Inequalities. <p>31st August 2023</p> <ul style="list-style-type: none"> Positive assurance was received with regards to the Family Hubs and Start for Life programme and that the Trust was fully engaged and embracing the opportunities the family hubs provide Positive assurance was received around the work that the Trust's Maternity Service are undertaking in relation to Health Inequalities. 	<p>DECISIONS MADE</p> <p>28th July 2023</p> <ul style="list-style-type: none"> The committee approved the use of tools such as HEAT, deep dives and to work on priorities for addressing health inequalities that have been identified as a priority by partners in Dudley place. <p>31st August 2023</p> <ul style="list-style-type: none"> It was agreed that the Committee will look to invite patient Experience Voice and Patient Safety Volunteer to attend the Committee from September.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>Good, detailed discussions to start off the committee, with actions to report back on at future meetings.</p>	

Paper for submission to the Board of Directors on 14th September 2023

Title:	Joint Provider Committee
Author:	Gary Crowe, Deputy Chair
Presenter:	Gary Crowe, Deputy Chair

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other
Recommendations: The Board is asked to receive the summary report from the Joint Provider Committee that met in shadow form on 4 th August 2023 and note: <ul style="list-style-type: none"> Matters of concern. Decision made relating to the joint board session on 12/9/23. 			

Summary of Key Issues:	
The Joint Provider Committee met in shadow form on 4 th August 2023 with the highlights of the matters raised for concern, assurance and decisions made. The Committee has scheduled monthly meetings in the first instance and noted that the meeting scheduled for the 12 th September would be extended to host a Provider Collaborative Development Session. Further discussions will follow to assess the frequency and content of future development sessions that may utilise what are currently scheduled JPC meeting dates.	
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	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	Y	Date: WSEC 25/07/2023 and 29/08/2023
	Board of Directors	N	Date: 14/09/2023
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM JOINT PROVIDER COMMITTEE (JPC)

Date Committee last met: 04th August 2023 (in shadow form)


<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <p>For information:</p> <ul style="list-style-type: none"> JPC approach will be groundbreaking and appropriate legal advice (Hill Dickinson) taken therefore to guide proposals. Gaps exist in capital plans including the ICB not fully committing the capital allocation they hold for the Black Country. Lesson to be learnt from how the North Hub business case was navigated through the System and Boards. A current capital gap puts the proposal at risk. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> JPC will require effective and appropriately resourced governance (including comms.) support – approach being developed. Dudley board to receive proposals and approve approach and agreement at its August board meeting. Other Boards have approved already. JPC to develop alignment with ICB transformation programmes towards ensuring appropriate delegations emerge.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Joint Collaborative Committee approach supported with scope, ToR and work plan recommended to each Board for approval. Joint Committee to be a sub-committee of each sovereign board. Clinical Improvement Programme continues to evidence good clinical engagement. The collaborative has improved the profile of the Black Country by presenting at regional and national forums. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Joint Provider Committee development session for four Boards / organisation on 12/09/2023, following which monthly Joint Provider Committee (JPC) meetings will commence.
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> Positive commitment is shown to collaborative working and pick up pace of impact. 	

Paper for submission to the Board of Directors on 14th September 2023

Title:	Trust Strategy progress report – Q1 2023/24
Author:	Ian Chadwell, Deputy Director of Strategy
Presenter:	Kat Rose, Director of Strategy & Integration

Action Required of Committee			
Decision N	Approval N	Discussion Y	Other N
Recommendations:			
<ul style="list-style-type: none"> To note the strategy progress report for Q1 2023/24 			

Summary of Key Issues:
<p>This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during July. Following the formation of the Integration Committee in June, progress on goals 'Build innovative partnerships' and 'Improve health & wellbeing' are now being reported to this committee. The revised schedule of which components of the strategy are reported where is included in this report. The committees received the reports as being a comprehensive reflection.</p> <p>No changes to RAG ratings were proposed for Q1. The only measure rated as red is 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.</p>

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

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

Report Journey/ Destination (if applicable)	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y	Date: 14 th September 2023
	Other	Y/N	Date:

STRATEGY PROGRESS REPORT – Q1 2023/24

Report to Board of Directors on 14th September 2023

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during July. Following the formation of the Integration Committee in June, progress on goals 'Build innovative partnerships' and 'Improve health & wellbeing' are now being reported to this committee. The revised schedule of which components of the strategy are reported where is included in this report. The committees received the reports as being a comprehensive reflection.

No changes to RAG ratings were proposed for Q1. The only measure rated as red is 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.

BACKGROUND INFORMATION

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



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

Goal	Committee
Deliver right care every time	Quality & Safety
Be a brilliant place to work and thrive	Workforce and Staff Engagement
Drive sustainability	Finance & Performance
Build innovative partnerships in Dudley and beyond	Integration Committee
Improve health & wellbeing	Integration Committee

The committees have received the detailed reports in July as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success. No changes in RAG ratings were proposed between Q4 and Q1.

Progress to highlight from quarter 1 2023/24

- Maternity services CQC rating upgraded to 'good' following inspection report. Inspection reports for other services are pending.
- Sustained improvement in the vacancy rate during quarter 1 (6%) thereby meeting the target of 7%.
- Leadership Conference held in April and culture workgroup established with recommended approach presented to Directors in July.
- Events held to celebrate Big Green week to promote awareness of environmental sustainability.
- High volume digital outpatient clinics piloted in gynaecology and pain management with positive results.

Areas of challenge during quarter 1 2023/24

- Publication of latest operational productivity metrics in Model Hospital showed that for 2021/22, the Trust had costs per weighted activity unit in the highest quartile nationally. Services with the highest productivity opportunity have been conducting deep dives and presented outcomes and next steps to the Trust Finance Improvement Group.
- Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme in 2023/24. Divisional Challenge meetings have been scheduled at the end of August and divisions are working toward the deadline of the end of September for the £26.2m CIP target to be fully identified with clear understanding of what is non-recurrent and a plan to be produced to detail timetable to achieve recurrent CIP delivery by year end.
- Trust faced pressures around urgent & emergency care although there was an improvement in handover delays this quarter compared to winter.

Next Steps

Communications:

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

RISKS AND MITIGATIONS

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

RECOMMENDATIONS

To note the strategy progress report for Q1 2023/24.

Ian Chadwell
Deputy Director of Strategy
9th August 2023

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				this quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	Maternity services rated good following recent inspection with further ratings for ED and children's services awaited		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Results of the national inpatient survey are embargoed until August. No change in results from Family & Friends Test		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 6% which is a further improvement on the previous quarter (7%). Continuing progress with recruitment with a focus on AHP and community roles		
	Improve the staff survey results	Target: better than England average by 2024/25	Culture Workgroup established with recommended approach to Directors in July. Leadership conference held and ways to share learning across the organisation being developed		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical and nursing costs by 2024/25	Latest productivity metrics published by Model Hospital showing Trust was in highest quartile in 21/22. Work to identify remaining efficiencies ongoing		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Trust approved a Climate Change Adaptation Plan and played key role in ICS sustainability network event in May		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Current proportion of staff who live locally is 65%; Dudley Group ambassadors engaged with local schools		
	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider collaborative; implementation of integrated model of care in Dudley being progressed		
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I,II by 2028 (NHS Long Term Plan)	Local implementation team working on lung cancer pathways. Plans for how to implement targeted lung health checks being developed		

	Increased planned care and screening for the most disadvantaged groups	Target: Breast screening uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%	Proactive actions being taken by breast screening service to improve uptake by disadvantaged groups in collaboration with Dudley public health		
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**Paper for submission to the Board of Directors
on 14 September 2023**

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

Action Required of Committee / Group			
Decision	Approval	Y	Discussion
<p>The Board is asked to:</p> <ul style="list-style-type: none"> - receive the latest BAF risk summary report showing the current position of each BAF risk and note that each of the Board Committees have reviewed their respective BAF risks at meetings held during July and August 2023 and assigned an assurance level rating - note the ongoing work to embed effective risk management following the Board development workshop 'All things Risk' was held in June. 			

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. There is links to the Trusts Corporate risks where a review of those mapped to the BAF was completed in August 2023.

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 – July 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 remained unchanged from the previous summary report:

- 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.

There were minimal changes to note more detail added to mitigation actions status and key controls related to reporting of nursing, midwifery, and AHP strategy reviewed, bimonthly reporting established and quality priorities to be reviewed as part of divisional performance reviews

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.

Changes were made to add dates to the status column against the mitigation actions and where assurances are sought.

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 quality standards.

Recent CQC inspections: Positive assurance gained following unannounced CQC inspection of Paediatric ED relating to safeguarding, and ED relating to Mental Health and the announced Inspection of Maternity as part of National program. The Trust are awaiting the findings of the 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 – Workforce Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities

Current risk score is 12 (4x3). This is because the Trust requires sufficient workforce capacity to deliver safe services.

Whilst there are existing staffing challenges, normalised vacancy levels are at 6% for the third month, there is low turnover (7.59%) and high retention (90%). There has also been a steady increase in temporary staffing shift fill rates for registered staff, a significant reduction in agency usage and improvement in absence rates. There continues to be industrial action and a national shortage in some professions.

The current/immediate likelihood (pre-mitigation) is 'Possible.' The impact of this risk, should it be realised, for the Trust's services, is 'Catastrophic.' There are a range of mitigating actions in place, which are realising a positive impact reducing the risk score (Post Mitigation Risk Score) to 10 (Catastrophic/Unlikely).

To note that the expected completion date of the following action 'Produce managers guidance to support the implementation of flexible working policy, to include information and examples of flexible working options' has slipped to September due to vacancies within the team.

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

The current risk score is 12 (3x4). Given the improvements in key indicators of staff satisfaction the likelihood is deemed to be 'Possible' The impact of this risk, should it be realised, would be

'Major'. There are a range of mitigating actions in place, which will reduce the risk score (Post Mitigation Risk Score) to 8 (Major/Unlikely) during 2022/23.

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

BAF Risk 4 – Financial Sustainability

The current risk score is 20 (5x4) based on an almost certain and major impact assessment. CIP plan not fully identified for 2023/24. At month 4 there is £6.9m of CIP unidentified compared to £12.6m at Month 3. Of the £19.3m identified £11.1m is non-recurrent which will need to have recurrent schemes identified as we exit the end of the financial year. A revised ERF forecast is being agreed with divisions which will assist with CIP identification

The target risk score is 16 (4x4) This is based on a reduction in likelihood (from 5 to 4) but unchanged impact. This reflects the Trust having a clear recovery plan in place during the year.

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 is 12 (3x4). This is based on a possible and major impact assessment. The impact is assessed as major as some services will become unviable unless delivered in partners.

The target score is 8 (2x4). The Trust should be making appropriate plans to ensure that this is 'unlikely', whilst the impact would remain 'major'.

The BAF has been updated to reflect that there is now an approved the Collaboration Agreement for the four providers that have formed the Black Country Provider Collaborative and the terms of reference for the Joint Provider Committee which met in shadow form in August.

BAF Risk 7 – Achieve Operational Performance/Strategic goals

The current risk score remains at 20 (5x4). This is on the basis that the current likelihood is "almost certain". The impact of this risk, should it be realised, for the Trust's services, is 'major'.

The target score is 12 (3x4). The aim is to reduce the likelihood to "possible", whilst the impact would remain 'major'.

BAF Risk 8: IT and digital infrastructure

The current risk is 20 (5x4).

The current Digital, Data and Technical (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 target score is 8 (4 x 2) 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

Subsequent to the 'All things Risk' workshop, there is a rolling programme of BAF risks presented to the Trust Management Group and thereafter cascaded. A rolling programme of individual BAF risks will be presented by the executive lead at each monthly meeting.

Members of the board and senior managers from across the Trust will come together again for a Board development workshop on 12th October 2023 to specifically review the BAF and the Trust's Risk Appetite statement and receive audit findings from the Trusts internal auditors, RSM, who are currently undertaking a review of the Board Assurance Framework.

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 – July and August 2023
	Board of Directors	Y	Date: 14/09/2023
	Other	N	Date:

Summary Board Assurance Framework (BAF): September 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 22/08/23
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 22/08/23
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)	Seek	Positive 29/08/23
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 29/08/23
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 31/08/23
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)	8 (4x2)	Open	Positive 31/08/23
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 31/08/23
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 31/08/23
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 19/07/23

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
Board of Directors 14th September 2023**

Title:	Annual Review of effectiveness of the Board of Directors 2022/23
Author:	Helen Board, Board Secretary
Presenter:	Helen Board, Board Secretary

Action Required of Committee			
Decision	Approval Y	Discussion Y	Other
Recommendations: <ul style="list-style-type: none"> ✓ To note that it is best practice to undertake an annual review, by way of self-assessment, of the Board and it sub Committee's effectiveness. ✓ To receive the attached report that sets out those areas where responders have identified good practice and concerns. ✓ That the Board of Directors is encouraged to debate and determine whether any changes to its practices are required arising from the self-assessment responses 			

Summary of Key Issues:
<p>Annual Review of effectiveness of the Board of Directors 2022/23</p> <p>It is best practice to undertake an annual review, by way of self-assessment, of the Board and it sub Committee's effectiveness. Each Committee undertook a review during quarter four 2022/23 and the outcomes of that, including any recommended changes to terms of reference have been reported up to the Board.</p> <p>Board members were also asked to complete a questionnaire in relation to the scope and operation of the Board, and a summary of the 15 responses is given in this report. The survey explored themes: support & infrastructure, structure, leadership, effectiveness, stakeholder engagement, and behaviours.</p> <p>The free form comments made by respondents indicated that there was some concern about behaviour at meetings and positive comments on the operation of the board and improvement to the quality of information presented to Board.</p> <p>The Board is asked to review the responses and determine whether there are further steps necessary in relation to the responses.</p>

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

Implications of the Paper:			
Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC		Y Details: Well-Led
	NHSE/I		Y Details: Code of Governance
	Other		N Details:
Report Journey/ Destination	Working / Exec Group		Y Date: 22/08/23
	Committee		N Date:
	Board of Directors		Y Date: 14/09/23
	Other		N Date:

**Annual Review of effectiveness of the Board of Directors 2022/23
Report to Trust Board on 14th September 2023**

1 EXECUTIVE SUMMARY

- 1.1 It is best practice to undertake an annual review, by way of self-assessment, of the Board and its sub-Committee's effectiveness. Each Committee undertook a review during quarter four 2022/23 and the outcomes of that, including any recommended changes to terms of reference, have been reported up to the Board.

Board members were also asked to complete a questionnaire in relation to the scope and operation of the Board, and a summary of that is appended to this report. The survey explored themes: support & infrastructure, structure, leadership, effectiveness, stakeholder engagement, and behaviours.

There are nine questions (12 questions in previous year) that received a green rating >100% (of which two had improved from the previous year's results).

There are two questions (seven in previous year) where 10% or more of the responders have identified concerns, both of which have seen no improvement from the previous year's results.

There were seven questions (10 in previous year) that had improved from the previous year.

The Board is asked to note that where concerns have been identified, actions have either been completed or are making good progress.

Concise information: there is an ongoing focus on improving the quality of papers submitted to board.

Succession plan: The succession plan was reviewed and submitted to the December 2022 meeting of the Remuneration and Nominations Committee. A refined succession planning framework was presented to the Remuneration and Nominations Committee in February 2023 and is an annual item on Committee workplan utilising framework appraisal/development/talent management/succession planning. Subsequently, NHS England have released guidance on board succession and the Trust will review and transition to the new format.

2 BACKGROUND INFORMATION

2.1 Questionnaire Self-assessment Responses

Responses were received from 15 members of the board.

There are two questions (seven in previous year) where 10% or more of the responders have identified concerns, both of which have seen no improvement from the previous year's results:

- Is the information sufficiently (provided to board) concise?
- Is a Succession Plan in place?

There were seven questions (10 in previous year) that had improved from the previous year:

- Is the information in the right form to enable the board to make sound decisions?

- Board Committee meetings are held sufficiently far in advance of Board meetings to allow for the resolution of issues?
- Is the Board satisfied that it has identified the strategic risks facing the organisation, and that it has the controls to manage them?
- Does the Board spend sufficient time discussing the organisations strategic direction?
- Is the Board Assurance Framework effective?
- Does the chair ensure there is sufficient challenge on each issue on the Boards agenda?
- Board meetings encourage a high quality of debate and robust and probing discussions?

Comments received using the free text option included:

"I believe that we have an effective unitary Board. The Dudley Group Board is effective and well led. Papers have improved and I like the split with additional reading".

"There are a couple of Non-Executive Directors who sometimes speak over others even when the Chair has nominated the other person to speak. I do not think this is appropriate behaviour and should be called out. Otherwise I think the Board performs well."

There are nine questions (12 questions in previous year) that received a green rating >100% of which two had improved from the previous year's results:

- Does the chair ensure there is sufficient challenge on each issue on the Boards agenda?
- Board meetings encourage a high quality of debate and robust and probing discussions?

2.2 Frequency of Meetings and attendance

The Board continues to meet monthly and attendance of Directors is very high with absence being exceptional. See table given in appendix 1.

From June 2021, public sessions of the Board of Directors meetings were scheduled bi-monthly with 13 held during 2022/23 (6 public sessions) compared to 18 held during 2021/22 and 25 in 2020/21 the previous year. There were 55 committee meetings held during 2022/23 compared to 58 in 2021/22 and 54 in 2020/21.

2.3 On Site Meetings

The Board has kept the option to resume face-to-face meetings under review with private sessions of the Board resuming in a face-to-face format in May 2022. Public sessions of the board have remained in a virtual format and benefitted from improved attendance from governor's, staff and members of the public.

2.4 Board Development

The chair and chief executive wrote to all board members in January 2022 calling for suggestions about what future sessions might focus on.

Early in 2022, the Board contributed to and agreed a further series of development and workshop sessions scheduled up to the end of 2022. The plan was reviewed periodically and flexed to meet the needs of emerging matters.

A varied Board development programme has been maintained during the year supporting the themes of working together as a Board, strategy development, regulatory and risk compliance matters and a strong focus on emerging system working.

Board development 2023/24

From September 2022 until March 2023, shared chair arrangements were in place where Sir David Nicholson was chair of both Sandwell and West Birmingham NHS Trust (SWB) and The Dudley Group NHS Foundation Trust (DGFT). Subsequently, System working and maturing provider collaboration supported a move towards shared chair over four trusts that was announced 14th March 2023, effective from 1st April 2023.

Opportunities for all four boards to come together are scheduled (provisionally) for September 2023, February and June 2024 to consider strategic items that are relevant to all parties and other emerging topics – more of which will be explored at the first joint board session on 12th September 2023.

The Dudley Group development sessions for 2023/24 are given below.

2023/2024	April 13 th	May	June 8 th	July 18 th	August	September 21 st	October 12 th	November 9 th	December 14 th	January	February 8 th	March
Dudley NHSFT	Culture – development discussion		All things Risk workshop	Joint governor development session BCHC	none	CQC well-led preparedness workshop Safeguarding training	BAF and risk appetite review (RSM share draft internal audit findings) improvement partners/3-5 year plan, service transformation	Board culture/ improvement partners/3-5 year plan, service transformation	Culture conversation and link to strategy and clinical services plan	Topic tbc - 360 view – what it told us and board development next steps	Board culture/ improvement partners/3-5 year plan, service transformation	BAF and risk appetite review
Joint events – all boards						12 th Provider Collaborative Development session					Date & topic tbc Joint session	

3. RISKS AND MITIGATIONS

3.1 These are identified in the body of this report

4. RECOMMENDATIONS

- That the Board considers any further actions that it wishes to implement having regard to the survey findings, and the further matters highlighted in the background information.
- That the Board continue to support the programme of bi-monthly public board meetings to develop the capacity for Board development and strategy review activity.

Helen Board
Board Secretary
August 2023






Appendix 1 – Board attendance

Board attendance 2022/23

Table 1

Position	Name	Commencing	End	Attendance out of 13*
Chief executive	Diane Wake	03/04/17		13/13
Director of finance	Tom Jackson	01/02/18	31/05/22	2/2
Interim director of Finance	Kevin Stringer	01/06/22		10/11
Chief operating officer	Karen Kelly	02/01/18		7/10
Interim chief operating officer	Adam Thomas	01/12/22	31/03/23	4/5
Medical director	Dr Julian Hobbs	02/10/17		11/13
Chief nurse	Mary Sexton	29/11/19		11/13
Chief people officer	James Fleet	10/03/20	30/06/22	2/3
Interim chief people officer	Alan Duffell	20/06/22		10/11
Director of strategy & partnerships	Kat Rose**	18/4/22		12/13
Chief information officer	Adam Thomas	01/09/19		9/9
Interim Chief Information officer	Neill Crump	01/12/22	31/03/23	4/5
Director of Governance	Andy Proctor **	01/06/22		9/11
Chair	Dame Yve Buckland	20/05/19	31/08/22	4/4
Chair	Sir David Nicholson	01/09/22		8/9
Non-executive director	Prof Liz Hughes	15/11/19	15/11/25	10/13
Non-executive director	Julian Atkins	04/01/16	31/05/23	13/13
Non-executive director	Catherine Holland	01/09/18	31/08/24	10/13
Non-executive director	Lowell Williams	01/12/19	31/03/23	12/13
Non-executive director	Prof Gary Crowe	01/07/19	01/07/25	11/13
Non-executive director	Vij Randeniya	20/11/20	31/03/24	9/13
Non-executive director	Jonathan Hodgkin	01/04/18	31/07/22	4/4
Associate non-executive director	Thuvarahan Amuthalingham****	13/05/21	12/05/23	10/13
Non-executive director	Gurjit Bhogal***	13/05/21	12/05/23	10/13

**Paper for submission to the Board of Directors on 14th
September 2023**

Title:	Digital Committee Upward Report – Private Board		
Author:	Catherine Holland (Digital Committee Chair)		
Presenter:	Catherine Holland (Digital Committee Chair)		
Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Noting
Recommendations: Note the report.			
Summary of Key Issues:			
<ul style="list-style-type: none"> • ICB letter and consequent re-phasing the 3-year plan to accommodate slippage. • The Committee Work Plan has been agreed. • The Committee effectiveness review and Terms of Reference will be submitted to Board for approval. • BAF assurance rating remains 'inconclusive'. • Note ongoing Phase 2 Infrastructure Business Case positive progress. • Positive assurance for cyber and corporate risk management. • Positive assurance was taken from colleagues regarding maternity and digital. • Report a matter of concern regarding the new risk of early provider decision making on large scale digital system procurements. 			
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: IT & digital infrastructure COR1540 - Failure of the IT Infrastructure (compute, storage & backups) would impact on patient safety and performance. COR1083 Risk of a Cyber Security incident causing widespread impact on Trust operational capability	
	On Risk Register: BAF Y	Risk Score: COR1540 (16), COR1083 (20) COR1865 (20). BAF 8 (20) inherent risk (25)	
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE/I	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: 14 th September 2023
	Other	N	Date:

UPWARD REPORT FROM THE DIGITAL TRUST TECHNOLOGY COMMITTEE

Date Committee last met: 19th July 2023






<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • ICB letter of support and consequent re-phasing the 3-year plan to accommodate slippage. • New risk of early provider decision making on large scale digital system procurements 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Ongoing Phase 2 Infrastructure Business Case positive progress • Re-phasing the 3-year plan to accommodate slippage
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive assurance provided by the ongoing CareCERT management process • Ongoing Phase 2 Infrastructure Business Case positive progress • Positive assurance was taken from colleagues regarding maternity and digital 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee Work Plan has been agreed • The Committee effectiveness review and Terms of Reference will be submitted to Board for approval • BAF assurance rating remains 'inclusive'
<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 14 September 2023

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

Action Required of Committee / Group			
Decision	Approval	Discussion	Other For assurance
Recommendations: The Board is asked to note the issues discussed at the Audit Committee held on 10 August 2023.			

Summary of Key Issues:
<p>Due to the timing of the completion of the external Audit, an additional Audit Committee meeting was called to receive the External Audit Auditors Annual Report 2022/23.</p> <p>The report highlighted the work of external audit over 2022/23. Grant Thornton were pleased to report that on the whole it was a positive report, but one significant weakness had been raised in relation to financial sustainability.</p> <p>The report looked in detail at Value For Money (VFM) arrangements under the headings of financial sustainability, governance and improving economy, efficiency and effectiveness.</p> <p>There were no significant governance issues of note identified and the overall conclusion was that the Trust is governed appropriately. One improvement recommendation had been made, which had been accepted by management.</p> <p>There were no significant weakness identified when reviewing of the improving economy, efficiency and effectiveness. Three improvement recommendations were made and all accepted by management.</p> <p>Three recommendations relating to financial sustainability had been identified, which had all been accepted by management.</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: 14 September 2023
	Other	N	Date:

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 10 August 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"> • Positive overall conclusion of work carried out by Grant Thornton in respect of the External Audit 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Committee recommended to Board approval of the External Audit Auditor's Annual Report 2022/23 • Committee recommended Board approve the laying the 2022/23 Trust Annual Accounts and Annual Report before Parliament
<p>Chair's comments on the effectiveness of the meeting: An overall positive report received. Noted recommendations made in the report have been accepted and actions are in place to implement them</p>	