



# **Board of Directors Meeting Public Papers Thursday 9<sup>th</sup> November 2023**



## **BOARD MEETINGS PUBLIC INFORMATION SHEET**

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

### **1. Introduction**

This sheet provides some information about how Board meetings work.

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

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

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

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

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

### **2. Board Members' interests**

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

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

### **3. Opportunity for questions**

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

#### **4. Debate**

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

#### **5. Minutes**

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

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

#### **6. Key Contacts**

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

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




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Board of Directors  
Thursday 09 November 2023 at 10:00am  
via MS Teams Video Conference  
**AGENDA**

ITEM		PAPER REF	LEAD	PURPOSE	TIME
1	<b>Chairman's welcome and note of apologies</b>	Verbal	D Nicholson	For noting	
2	<b>Declarations of Interest</b>	Enclosure 1	D Nicholson	For noting	
3	<b>Minutes of the previous meeting</b> Thursday 14 September 2023 Action Sheet 14 September 2023	Enclosure 2 Enclosure 2a	D Nicholson	For approval	
4	<b>Chief Executive's Overview</b>	Enclosure 3	D Wake	For information & assurance	10:05
5	<b>Chair's Update</b>	Verbal	D Nicholson	For information	10:20
6	<b>Public Questions</b>	Enclosure 4	D Nicholson	For information	
7	<b>Staff/Patient Story – Discharge pathway</b> introduced by Helen Blanchard, Interim Chief Nurse				
8.	<b>Drive sustainability financial and environment</b> Reduce the cost per weighted activity   Reduce carbon emissions				10:45
8.1	Finance & Productivity matters <ul style="list-style-type: none"> <li>Committee upward assurance report</li> <li>Finance report Month 6 (Sept '23)</li> <li>NHSE Agency Rule Submission</li> </ul>	Enclosure 5 Enclosure 6 Enclosure 7	L Williams K Stringer A Duffell/K Stringer	For approval	
8.2	Cost Improvement Programme Update	Enclosure 8	K Rose	For discussion	
8.3	Emergency Preparedness Resilience and Response – Industrial action debrief	Enclosure 9	K Kelly/ J Hobbs	For assurance	
9.	<b>Build Innovative Partnerships in Dudley &amp; beyond</b> Increase the proportion of local people employed   Increase the number of services jointly across the Black Country				11:15
9.1	Winter Plan 2023/2024	Enclosure 10	K Kelly	For approval	
9.2	Integrated Performance Dashboard	Enclosure 11	K Kelly	For assurance	

*Comfort break (5 mins)*



10.	 <b>Deliver right care every time</b> CQC rating good or outstanding   Improve the patient experience survey results	11:50			
10.1	Quality Committee upward assurance report	Enclosure 12	L Hughes	For approval	
10.2	Chief Nurse Report incl. maternity neonatal dashboard and CNST summary	Enclosure 13	H Blanchard	For assurance	
11.	 <b>To be a brilliant place to work and thrive</b> Reduce the vacancy rate   Improve the staff survey results	12:10			
11.1	People Committee - upward assurance report - Workforce key performance indicators	Enclosure 14 Enclosure 15	J Atkins A Duffell	For approval	
11.2	Freedom to Speak Up	Verbal	A Burrows	For assurance	
11.2	Guardian of Safe Working	Enclosure 16	F Chaudhry	For assurance	
12.	 <b>Build Innovative Partnerships in Dudley &amp; beyond</b> Increase the proportion of local people employed   Increase the number of services jointly across the Black Country	12:30			
12.1	Integration Committee upward report	Enclosure 17	L Williams	For approval	
12.2	Joint Provider Committee upward report	Enclosure 18	G Crowe	For approval	
13.	<b>GOVERNANCE</b>				12:45
13.1	Trust Strategy progress report – Q2 2023/24	Enclosure 19	K Rose	For assurance	
13.2	Digital Committee upward report	Enclosure 20	C Holland	For approval	
13.3	Charity Committee upward report	Enclosure 21	J Atkins	For approval	
13.4	Board Assurance Framework	Enclosure 22	H Board	For approval	
14.	<b>Any Other Business</b>	Verbal	All	For noting	
15.	<b>Date of next Board of Directors meeting</b> (public session) Thursday 11 January 2023				
16.	<b>Meeting close</b>				13:10
<b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non-executive Director					
<b>Items marked*:</b> indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.					

# Enclosure 1

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

updated 31/10/23

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage of Shareholding
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 19/10/23	Aston Villa Football Club, Doctor providing medical care for Aston Villa			
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work			
Gurjit Bhogal	Non-Executive Director	01/12/2022	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	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job			
Gurjit Bhogal	Non-Executive Director	24/07/2023	Trustee - Royal Osteoporosis Society			
Helen Blanchard	Interim Chief Nurse	23/10/2023	Nil			
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 NHS England from 010/4/23 (formerly 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	Visiting Professor - Global Health Innovation, Imperial College			
David Nicholson	Chairman	01/01/2023	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating			
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	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 - 31/10/23	Nil			
Kevin Stringer	Chief Finance Officer	14/06/2022	Interim IT Director and SIRO Walsall Healthcare NHS Trust			
Kevin Stringer	Chief Finance Officer	01/12/2022	Group Chief Financial Officer - The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Chief Finance Officer	15/07/2023	Group Deputy Chief Executive Officer – The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Chief Finance Officer	01/01/2013	Brother-in-law – Chief Executive of Midlands and Lancashire CSU for more than ten years			
Kevin Stringer	Chief Finance Officer	01/03/2023	Daughter – employed part time at National Institute of Healthcare Research			
Kevin Stringer	Chief Finance Officer	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			
Lowell Williams	Non-Executive Director	24/10/2023	Registered as Director at NCHSR Limited. National College for High Speed Rail			0

**UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)**  
**held on Thursday 14 September 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, Chief People Officer (AD)  
Anthony Hilton, Associate Non-executive Director (AH)  
Catherine Holland, Non-executive Director (CH)  
Sir David Nicholson (SDN) **Chair**  
Vij Randeniya, Non-executive Director (VR)  
Kat Rose, Director of Strategy & Partnerships (KR)  
Kevin Stringer, Chief Finance Officer (KS)  
Adam Thomas, Chief Information Officer (AT)  
Diane Wake, Chief Executive (DW)  
Lowell Williams, Non-executive Director (LW)

**In Attendance:**

Helen Attwood, Directorate Manager (Minutes) (HA) (Rumi Begum shadowing)  
Helen Board, Board Secretary (HB)  
Kim Bradley, Lead Midwife Clinical Transformation (patient story) (KB)  
Helen Bromage, Deputy Chief Nurse on behalf of Mary Sexton (HBr)  
Paul Hudson, Associate Medical Director (PH)  
Karen Lewis, Chief Allied Health Professional (KL)  
Clare MacDiarmid, Head of Midwifery (CM)  
Jack Richards, Director of Operations on behalf of Karen Kelly (JR)  
Chris Walker, Operational Director of Finance (CW)

**Apologies**

Julian Hobbs  
Joanne Hanley  
Liz Hughes  
Karen Kelly  
Andy Proctor  
Mary Sexton

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

Arthur Brown, Public Elected Governor, Brierley Hill  
Alex Giles, Lead Governor  
Yvonne Peers, Public Elected Governor, North Dudley  
Alan Rowbottom, Public Elected Governor, Tipton & Rowley Regis  
Karen Wilshaw, Aspirant Non-executive Director

### **23/61 Note of Apologies and Welcome**

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

### **23/62 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 and KS were Directors at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

### **23/63 Minutes of the previous meeting held on 13 July 2023**

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

The Board noted the amendment to the May 2023 minutes to correctly record that Sandra Harris was a Governor for Central Dudley and not Halesowen as recorded.

It was **RESOLVED**

- To approve the minutes of the last meeting

### **Action Sheet of 13 July 2023**

All actions were noted to be closed or on the agenda.

### **23/64 Chief Executive's Overview and Operational Update**

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

The Trust continued to perform well against Elective and Cancer standards. The Trust had been challenged by managing emergency activity which had been exacerbated by the heatwave. The Trust was part of the Faster Further Programme to accelerate how quickly patients were seen with a focus on outpatients using technology and patient initiated follow up (PIFU).

A Black Country Provider Collaborative event was held on Tuesday 12<sup>th</sup> September 2023, bringing together the four acute Trusts in the Black Country and a wide range of stakeholders from the local health and social care system. It had been a fantastic event with the opportunity for all four Boards to meet each other as a Board and individually and noted that further events would be planned to look at opportunities across the System.

The Trust had received the GMC national training survey results and Russells Hall had been recognised as a Centre of Excellence.

The verdict on the Lucy Letby case has had a massive impact on the NHS and the Trust would take time to reflect on its Freedom to Speak up processes and Patient Safety Incident Framework. All efforts would focus on listening to staff and concerns raised as an organisation. There would be a Board development session arranged in the coming months to review the learning from the case.



The Trust have identified RAAC planks in Russells Hall Hospital located in B Block and the West Wing roof and was working closely with the PFI provider to gain full assurance for the Board. Surveys were underway and a Project Team had been established: the Board would be kept updated on progress.

Cancer waiting time standards have been reviewed nationally and now comprise a reduced number of standards – faster diagnostics, 62 day and 31 day. The Trust was making good progress on all three standards.

The Glitterball charity event had been confirmed for Thursday 16 November with all Board members invited to attend.

DW highlighted the recently awarded Healthcare Hero stars within the organisation.

CH agreed that the Board should look at the learning from the Lucy Letby case. DW confirmed that October was the Freedom to Speak up month and the new Guardian would link in with the non-executive lead, JA regarding actions underway within the organisation.

The Chair agreed that it was important to keep updated regarding the RAAC issue and the learning from the Countess of Chester in respect of the Letby case.

It was **RESOLVED**

- That the report be noted and taken for assurance

## **23/65 Chair's Update**

The Chair provided an update on the journey to alignment of Tier one Board and Committees across the four provider organisations in the Black Country Collaborative.

Positive feedback had been received following the joint Board development session held Tuesday 12 September 2023.

Work was underway to review the frequency of the individual Board meetings at each of the Trust's with the aim of aligning them to the same month and also exploring the possibility of moving to quarterly meetings from 2024/25. Committee names would also be aligned across the Trusts as follows:

**People** (formerly Workforce and Staff Engagement Committee)

**Quality** (formerly Quality & Safety Committee)

**Finance & Productivity** (formerly Finance & Performance)

**Audit** (remains unchanged)

**Charity Committee** (Charitable Funds Committee)

Non-executive and Executive leads of the Committees would meet to share and learn practices.

The Board noted proposals to link across all providers within the Black Country Provider collaborative, reporting through a Joint Provider Committee.

It was noted that the Annual Members Meeting would now be held online as a result of further scheduled industrial action.

It was **RESOLVED**

- That the report be noted

### **23/66 Public Questions**

A question had been received relating to Corbett Meadow and whether the Trust would consider collaborating with the Friends of Corbett Meadow. DW confirmed that the contract of sale with Persimmon homes had expired. The Board would now review the options in relation to the land. The land would continue to be used agriculturally at the present time.

### **23/67 Staff/Patient Story – Family Hubs**

LA introduced the patient story which focussed on the work of Family Hubs.

Dudley Borough was one of 75 local authorities taking part in the Family Hubs and Start for Life (FH & SfL) programme in England. The programme helped to meet commitments of The Best Start for Life: a vision for the 1,001 critical days, published as government policy in March 2021.

The story focussed on a family from the Coseley and Sedgley hub which provided a one stop shop for families in the community including providing access to support and advice in one place. The Dudley Group played a pivotal role in the service.

KR commented that family hubs build on the work that was done as part of Dudley Health and Care Partnership first 1000 day priority and was a real example of how The Dudley Group are working with its partners in Dudley to improve Children Services. The Project Manager for this Sophy Forman-Lynch was the 1st runner up at last week's Community Inspiration Awards.

GB welcomed the story and the update on the project. He asked about the families accessing the programme and the provisions for people who did not speak English. CM confirmed that information on the number and range of families accessing the service was being collected to inform on future developments. Interpreting services were used for families where English was not a first language.

CH commented that the project was an outstanding piece of work and how important early intervention was for local families. She would be interested to receive updates on the work underway in respect of hard to reach families.

The Chair asked about other services involved in the project. LA confirmed that speech and language, schools and early years services were all involved and more work underway to integrate services.

The Chair asked that the Trust reflected on data and health inequalities and how we gather evidence that the service works and was making an impact. He commented on the exciting development and that it was an ideal research and development project for the Trust. It was an important piece of work for the new Integration Committee. VR agreed that integrating and working in partnership was very important.

KR confirmed that the Integration Committee had received an update from Local Authority colleagues on Family Hubs last month and addressing maternity inequalities.

The Chair thanked Kim and Claire for their presentation and also for their work in improving Maternity Services in Dudley.

It was **RESOLVED**

- That the story be noted

## **23/68 Drive Sustainability Financial and Environmental**

### **23/68.1 Finance and Performance Committee Upward Report**

LW summarised the reports from previous Committee meetings held on 27 July, 2 August, 10 August, 31 August and 6 September 2023. given as enclosure five and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

Concern was noted in respect of the System deficit position. There was a major challenge with the delivery of Cost Improvement Plans (CIP) and the mid-term financial position. A number of actions were in train to address these challenges.

Dudley was performing well against its CIP programme and the Committee was presented with updates on further savings. The CIP gap has reduced to £4/5m but the issue remained that the majority of savings were non recurrent.

Mid-term financial health had seen some progress made and required the absolute focus of the Board and would be the focus of the October Board agenda.

The Committee had looked at the control of expenditure in nursing and noted good assurance around grip and control measures and felt that it needed to be replicated in other areas. Performance against metrics was good with ongoing challenges in emergency medicine noted.

There remained an issue relating to the Black Country Pathology Service that had not progressed and also an outstanding issue with Mitie around Estates management. DW confirmed that a recovery plan was in place in relation to the Pathology Service and noted marginal improvements and there was no significant impact on cancer waiting times.

The Trust had commissioned work to provide extra assurance around grip and control and the Committee recommended that the Board focusses on the mid-term financial health.

The Committee supported the North Hub business case which had since had support declined by NHSE. The Committee agreed a tender and supported the bid to NHSE for the redesign of the ED at Russells Hall.

KS commented on the Month 4 report and the achievement of a £10.3m deficit, the Trust was broadly on plan at Month 4 including strike costs. The medium term plan was crucial to the financial health of the Trust and system. PA Consulting were working with all System providers as the improvement partner.

The Chair asked about the issue with short term sickness. LW confirmed that there was variance across the Trust and the Committee wanted to understand this better.

In response to the Chairs query regarding the Cancer 2 week wait issue, DW confirmed that meeting the Emergency Access target remained a challenge and noted that the Cancer 2 week wait standard overall was achieved.

AH asked about the financial impact of the strikes. LW confirmed that the Committee received a report detailing the cost of the industrial action and noted that most spend related to Consultants acting down and time off in lieu. The salaries of striking staff were withheld.

LW thanked all involved in the work of the Committee. The Chair echoed these thanks.

In response to the Chairs questions relating to the Estates issues with Mitie, CW confirmed that the Trust was working closely with Mitie and Summit and some improvement had been seen. Summit as SPV were holding Mitie to account.

It was **RESOLVED**

- to note the report the assurances provided by the Committee, the matters for escalation and the decisions made.
- to note the financial performance for Month 4 (July 2023) and note the potential risks associated with achieving the 2023/24 financial plan

### **23/68.2 Month 4 Financial Position**

Included in item 23/68.1 above.

### **23/68.3 Cost Improvement Programme Update**

KR presented the Cost Improvement Programme update given as enclosure seven.

The year-end position forecast was £18.89m where £13.79m was considered low risk. The current shortfall on the CIP programme at Month 4 equated to £7.34m (split £0.43m underperformance against identified plans plus £6.91m that remains unidentified at this stage). This reflected a positive movement of a £5.64m forecast increase from June to July.

There was a task to address the number of recurrent schemes. A number of schemes were under development which could reduce the gap to £4.16m. Confirm and challenge meetings with the Divisions were also identifying further opportunities.

In response to the Chairs request for clarity about the number of recurrent schemes and what the percentage was against turnover, KR confirmed that the recurrent value stood at £8.1m which was 1.6% of turnover.

KR asked that the work of the Divisions was recognised by the Board.

GB asked how the Trust proposed to embed CIP within the organisation and commented that CIP programmes had the potential to engender a positive improvement change. DW commented that Dudley had always had financial challenges so the culture in Dudley pre Covid was good and focussed on CIP. There had been some culture shocks post Covid and taking cost out had not been a focus of the CIP programme. There was work to do in a number of areas including an objective look at nurse staffing ratios.

JR commented that previously the Trust had avoided talking to clinical teams about numbers which had been addressed with regular open dialogue to discuss the impact of costs and noted that the engagement had seen a step change with clinical and more junior staff.

It was **RESOLVED**

- The Board was asked to note the report and assurances provided.

## **23/68.4 Industrial Action Update**

JR and PH presented the Industrial Action update given as enclosure eight.

The Board noted 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 industrial action.

Further industrial action was planned for week commencing 18<sup>th</sup> September, with overlap of junior doctors and Consultants. Arrangements were in place to bring bookings forward for next week's strike action.

The cost of locums and TOIL costs, particularly in Anaesthetics had been considerable.

PH gave positive assurance around the maintenance of patient safety during strike action. Positive assurance was also noted with the medical workforce.

Staff were increasingly showing signs of fatigue dealing with the impact of the strike action.

All elective activity including Cancer elective work had to cease during Consultant strike days.

VR asked about minimum levels to maintain a service. PH confirmed that this was classed as Christmas Day cover which was the minimum level to deliver a safe service. VR asked what unions could do to escalate disruption. PH confirmed that extending the length of strike periods would be a concern.

AD confirmed that derogations were agreed locally with unions. There was no definition in relation to a minimum safe service provision. If there was a major incident during strike action, medics could be called back into work to maintain a safe service.

The Chair recognised the efforts of staff to keep patients safe.

It was **RESOLVED**

- The Board was asked to note the report and assurances provided

## **23/69 Improve Health and Wellbeing**

### **23/69.1 Protecting and Expanding Elective Capacity**

JR presented the Protecting and Expanding Elective Capacity Report given as enclosure nine.

The Board noted that submissions were due by 30 September 2023.

Further assurance was required in relation to meeting the March 2024, 65 week target.

The Trust has received funding from the Faster Forward Programme that would be used to outsource Neurology and Gynaecology activity to improve the waiting list position.

The Board was asked to:

- Note the plans to improve key elective care metrics within detailed within the report
- Note 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
- Approved the completion and submission of the NHS England self-certification template on behalf of the Board, based on the findings of the report.

DW confirmed that all Trusts have been careful that they did not provide assurance to Boards that they would then be unable to deliver. The organisations had been realistic in what was achievable. She commended the team at Dudley for their work, particularly in delivering mutual aid across the system. There was more focus needed on effective Theatre utilisation.

**It was RESOLVED to:**

- formally approve the submission as set out in the preamble to this minute

## **23/69.2 Integrated Performance Dashboard**

JR presented the Integrated Performance Report given as enclosure 10. The full IPR was included in the reading pack.

The Board noted that the refreshed Board performance metrics were under development and a task and finish group had been established.

The report summarised 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 noted the following key issues:

- Significant challenges remain in urgent and emergency care with issues in relation to ambulance offloads. The Trust had received more conveyances than during winter peaks. Actions were taking place to support discharge to improve flow and clear beds in a timely manner.
- Issues around Cancer 2 week waits for Skin were noted that locums had been appointed which had helped significantly.
- There had also been an increase in urgent 2 week wait referrals in Gynaecology.
- Challenges remained in respect of Histology and delays within the pathology service.
- Elective restoration and recovery remained strong and the Trust continued to provide mutual aid.
- Achieving the 65 week target would be a significant challenge and there was a need to drive Patient initiated follow up (PIFU) performance in Outpatients.
- A tabletop review of virtual outpatient clinics was underway. New patient super clinics were to be established from the end of September with 50 patients per full day clinic.

TA asked about the super clinics and raised the challenges with Skin and Plastic Surgery and the use of Synapsis. JR confirmed that super clinics included patients who had been identified that could be seen rapidly outside of a full normal clinic template. Triage for these clinics was key. JR confirmed that there is a slow uptake for Synapsis but patients can come to Medical Photography for images to be taken, although it was noted that it was not a long term solution and the service would need to be adopted by primary care.

GB asked about the issues relating to Theatre utilisation. JR confirmed that there were challenges related to the Anaesthetic workforce and time off in lieu in relation to strike action. There was a need to ensure that theatre lists started on time and commented that the visibility of the senior team in Theatres was having a positive impact.

GC asked about patient experience and health inequalities and how the Trust ensured there was good communication with patients. JR acknowledged that not all patients were suitable for a desk top review. GC asked about performance reporting, improvement trajectories and targets and offered support to JR in updating the Performance Report to Committee.

DW raised tele-dermatology and confirmed that she and J Odum would be working with primary care to support positive progress in this area. DW noted that the work related to desk top reviews was comprehensive and suggested that a report be shared with the Finance Committee.

The Chair agreed that work was required to understand improvement trajectories.

It was **RESOLVED**

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

**Action** A report on the work related to Teledermatology desk top reviews to be shared with the Finance & Productivity Committee **KK**

### **23/69.3 Winter Plan**

JR confirmed that the Winter Plan Report would be presented to the Board in October 2024. He gave a verbal update on the current position including the following key issues:

Work was well progressed and the plan is being shared with out of hospital services. It is crucial that the plan must be owned by all Place stakeholders. Not all additional beds had been closed that had been opened to accommodate demand from last winter and many were unfunded.

It was **RESOLVED** to

- note the verbal update and that the Winter Plan would be submitted to Board in October.

*[There was a short comfort break]*

### **23/70 Deliver Right Care Every Time**

#### **23/70.1 Speech and Language - Improvement Journey in Respect of Patient Swallowing Assessment Resourcing**

Arul Kamdan, Head of Therapies presented on the improvement journey in respect of patient swallowing assessments. The Board noted that the presentation was in response to action 23/39.1 raised at the July 2023 Board meeting.

There was a challenge with vacancies within the service as a result of a national shortage of staff. There was insufficient staff to provide 7 day working and weekend cover. A plan of action was in place to improve the situation. Staffing numbers were projected to improve significantly by October.

The Chair asked about the local position and it was noted that the problem was a concern across the Black Country. AD confirmed that all Trusts were trying to do the same thing and nationally there was an issue with people in training to maintain numbers. HBr confirmed that the Trust was considering other options including using Nursing Associates.

It was **RESOLVED** to

- note the presentation and update

### **23/70.2 Quality and Safety Committee Upward Report**

GB summarised the upward report from the Committee meeting held on 25<sup>th</sup> July 2023, given as enclosure 12.

There were a number of areas of positive assurance including Maternity and the improvements in that area should be noted and celebrated. Also positive assurance noted around VTE and MET calls.

Matters of concern from the July meeting included the lack of assurance in relation to cleaning, waste management and drainage. The Committee had requested a detailed action plan.

GB gave a verbal update from the August Committee including the fantastic news from the GMC survey in relation to doctors in training, AQ scores and overall improving trajectory for mortality data. There had been some deterioration to the mortality metrics in August and this was being scrutinised. The Committee would continue to review the data. The upward assurance report from the August committee would be submitted to the next public board meeting.

GB welcomed the presentation from Arul in relation to the stroke swallowing metrics. The Committee would continue to monitor the stroke metrics for sustained improvement.

JA welcomed the results from the GMC survey for doctors in training and congratulated all involved. The Chair echoed this comment.

The Chair also welcomed the CQC report in relation to Maternity.

The Trust had maintained a focus on Mortality noting that it remained a major issue for all organisations. GB confirmed that the Committee would receive ongoing reports for upward reporting to Board.

It was **RESOLVED** to

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

### **23/70.3 Chief Nurse Report**

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

The format of the report was based on the key objectives as per the Strategy approved at the May 2023 Board with highlights provided across a numerous range of metrics.

The Board noted that the Maternity and Neonatal Dashboards were contained within the further reading pack.

CM noted that the national CNST standards had changed during the summer of 2023 and a plan was in place to achieve all 10 standards by the end of December. CM then updated the Board on progress against each of the standards within the Maternity Incentive Scheme (CNST). There

would be a further update to Board in November in advance of the request to sign off the final submission at the January 2024 Board meeting.

C. Diff. rates had increased and HBr confirmed that this was in line with the national picture.

There were no changes to the Infection Prevention and Control Board Assurance Framework that had been included in the further reading pack.

The Nursing Digital Project was now live with few issues and noted that 80k documents had been created in the first week.

Critical Care services had been accredited in the Gold Standards Framework for end of life and noted it was a first in the country. The team had been shortlisted at the HSJ awards that would be held on the following Friday evening.

The Neonatal Team had been receiving support and guidance following the verdict on the Lucy Letby case.

The Chair welcomed the good news highlighted in the report.

In response to a question from DW about what was driving the national rise in CDiff., HBr commented that cross infection and lack of hand washing was noted to be a key factor.

It was **RESOLVED** that the Board:

- note the report and the assurances provided
- note progress in respect of compliance with the Maternity Incentive Scheme (CNST)

## **23/71 To be a Brilliant Place to Work and Thrive**

### **23/71.1 Dudley People Plan**

AD presented the Dudley People Plan given as enclosure 14.

The full plan was included in the further reading pack. The document replaced the previous plan from 2019. The document had been shared with all stakeholders for comments. The plan tracked the employee lifecycle and addressed five workforce journeys. There would be clear delivery action plans linked to the workforce journeys.

JA welcomed the document which would be monitored by the Workforce (People) Committee and had been pleased to see the focus on cultural change. He also commented on the success of the Make it Happen walkrounds. Staff had raised the lack of air conditioning during the recent heatwave and he welcomed the communication relaxing the uniform policy for staff during the period. DW confirmed that the cost of installing air conditioning had been prohibitive.

LA added that the document particularly helped communicate to prospective employees.

GC added that cultural improvement work was essential and the importance of listening to staff and actively responding. He asked if breakthrough objectives had been set. AD confirmed that there were high level objectives for each area that were also measurable.

VJ commented on the high proportion of BME staff working for the PFI partners and how they were involved. DW confirmed that Mitie staff were included in all initiatives within the organisation and they were viewed as part of the Trust's workforce which was important. AD confirmed that he would

speak to his colleague in Mitie to look at the benefits of the organisations working together. HBr confirmed that Mitie staff had been invited to all recruitment events within the organisation.

It was **RESOLVED** to

- approve the Dudley People Plan and noted that oversight would be by the People Committee

### **23/71.2 Workforce and Staff Engagement (People) Committee Report**

JA summarised the report given as enclosure 15 relating to the Committee meetings held on 25 July and 29 August 2023.

The following key issues were noted:

The Committee had raised a concern around statutory training compliance but noted that the Trust was now over the 90% target which was a huge improvement. Paediatric Resuscitation training still required improvement.

There was positive assurance around KPIs. Appraisal rates had improved hugely with the focus now on ensuring that the quality of appraisals was addressed. Positive reports were received from the Equality Diversity Inclusion (EDI) Steering Group.

A new report was received on progress against the Workforce Plan and this was favourably received and noted that the Trust was on track with the current plan.

The NHS Long Term Workforce Plan was discussed and the work underway in relation to cultural change.

The Ethnicity Pay Gap Report was presented and this showed a favourable picture for the Trust. The Committee also received the EDI Improvement Plan.

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports were also received. The two BAF risks were discussed and BAF risk 3 received an inconclusive decision and Divisions would provide a progress update in December.

The Chair welcomed JA back to work following his recent accident.

It was **RESOLVED** to

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

### **23/71.3 Workforce KPIs**

AD summarised that the report, given as enclosure 16 and highlighted the following key areas for noting:

Good performance across all key metrics with green in all areas except for long term sickness absence which was also seen to be improving.

The junior doctors have received a further mandate approving action until February 2024.



The Board noted that a full set of data was provided in the reading pack.

It was **RESOLVED**

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

## **23/71.4 Guardian of Safe Working Report**

FC, the Guardian of Safe Working, presented his report given as enclosure 17.

The Board noted that the National Education and Training Survey (NETS) scores had seen significant improvement. A Medical Education Report would be provided to Board on a six monthly basis noting it had last been received in April 2023 and was scheduled for submission to the October 2023 Board.

Thirty exception reports had been submitted, three from the previous period. Twenty one reports had been closed and there were 12 pending. There was all indication of an open culture and junior doctors were encouraged to raise exceptions. He noted there were currently 22 vacancies in the junior doctors' workforce.

The Chair thanked FC for his positive report.

It was **RESOLVED** to

- note the assurance that Junior Doctors in Training were safely rostered, and their working hours were compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

## **23/72 Build Innovative Partnerships in Dudley and Beyond**

### **23/72.1 Integration Committee Upward Report**

VR summarised the report given as enclosure 18 relating to the Committee meetings held on 28<sup>th</sup> July and 31<sup>st</sup> August 2023.

A report would be presented to the Board outlining the proposed Committee workplan.

A meeting had been held the previous week with Dudley GPs with constructive discussions and noted there was still much work to be done.

The Health Foundation Research Report was presented and it was disappointing to note local position in relation to health inequalities.

KR confirmed that work was underway to shape the Committee and commented on the huge challenge ahead to make an impact on local Place.

LW asked about the meeting with GPs. VR confirmed that not very many GPs attended and there was much to do on building relationships. The Chair commented that the meeting looked at clinical scenarios and there were differing opinions and how patients should be treated. There needed to be much greater mutual understanding reached. KR commented that feedback was generally good but noted the low GP attendance.

TA commented that there may be an opportunity for himself or GB to help build relationships. KR confirmed that the principal document was a joint document developed with Primary Care colleagues.

The Chair wished VR a happy honeymoon following his recent betrothal.

It was **RESOLVED** to

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

### **23/72.2 Joint Provider Committee Upward Report**

GC summarised the report given as enclosure 19 relating to the Shadow Joint Provider Committee meeting held on 4<sup>th</sup> August 2023.

The Board noted that the next full meeting was scheduled for October.

The Committee had agreed scope, terms of reference and broad workplan. Further workplan details would be developed over coming months. There were lessons to learn in respect of joint projects such as the North Hub and review all opportunities for extending delegations.

An early issue would be consideration of the gap in the capital plan.

It was **RESOLVED** to

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

## **23/73 GOVERNANCE**

### **23/73.1 Trust Strategy Progress Report Q1 2023/24**

KR presented the Trust Strategy progress for Q1 given as enclosure 20 highlighting that there were no substantial changes to the overall goals. Good progress was noted in respect of Maternity Services being upgraded to a good CQC rating and improved vacancy rates. The leaders conference in April 2023 was positive.

A number of areas of challenge around operational productivity and financial performance remained.

It was **RESOLVED** to

- note the progress detailed in the report

### **23/73.2 Board Assurance Framework**

HB presented the Board Assurance Framework (BAF) summary document given as enclosure 21 noting that 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. Risks did not remain static and were kept under permanent review and all risks remain dynamic. There had been no change to Committee assurance level ratings.

The Board noted that to support the further embedding of effective risk management, a Board development workshop would be held in October to specifically review the BAF and the Trust's Risk Appetite statement and receive audit findings from RSM who are shortly to undertake a review of the Board Assurance Framework. There was a rolling programme of BAF risks presented to the Trust's Management Group in the coming months.

It was **RESOLVED** to

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

### **23/73.3 Annual Review of Effectiveness of the Board of Directors 2022/23**

HB presented the Annual Review of Effectiveness of the Board of Directors for 2022/23 given as enclosure 22 highlighting the areas where responders had identified good practice and concerns and encouraged those present to debate and determine whether any changes to its practices were required arising from the self-assessment responses.

One area that had been actioned is the refresh of the Board cover sheets that would be launched later in the month along with a crib sheet to support authors to meet the criteria for effective and concise reporting in to Board.

GC thanked HB for the work undertaken. In relation to the conciseness of information there was a work group underway looking at the information being presented to Board. GC would present an update to the Council of Governors following the recent non-executive director appraisal process including succession planning.

AD confirmed that NHSE had developed an executive succession planning document that was currently being completed.

HB added that the Board Development programme remained agile and would continue to respond to sensitive or important matters that arise.

It was **RESOLVED** to

- approve the report

### **23/73.4 Digital Trust Technology Committee Upward Report**

CH presented the upward report from the Committee meeting held on 19<sup>th</sup> July 2023, given as enclosure 23.

The Board noted the Integrated Care Board (ICB) letter and consequent re-phasing of the 3-year plan to accommodate slippage, the Committee Work Plan that had been agreed and that the Committee effectiveness review and Terms of Reference would be submitted to Board for approval.

The Board also noted that the BAF assurance rating remained 'inconclusive' and noted the ongoing Phase 2 Infrastructure Business Case positive progress. There was positive assurance for cyber and corporate risk management and positive assurance was taken from colleagues regarding maternity and digital.

CH highlighted a matter of concern regarding the new risk of early provider decision making on large scale digital system procurements. The letter from the ICB had been received and would be considered at the next Committee meeting. DW undertook to raise the risk of early provider decision making of large-scale procurements within the Black Country Provider Collaborative.

It was **RESOLVED** to

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

**Action** raise the risk of early provider decision making of large-scale procurements within the Black Country Provider Collaborative. **DW**

### **23/73.5 Audit Committee Upward Report**

GC presented the upward report from the Committee meeting held on 10<sup>th</sup> August 2023, given as enclosure 24.

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.

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 with one significant weakness raised in relation to financial sustainability.

The report looked in detail at Value for Money (VfM) arrangements under the headings of financial sustainability, governance and improving economy, efficiency and effectiveness.

There were no significant governance issues of note identified and the overall conclusion was that the Trust was governed appropriately. One improvement recommendation had been made, which had been accepted by management.

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.

Three recommendations relating to financial sustainability had been identified, which had all been accepted by management.

Improvement actions would be shared with Board Committees to confirm delivery by the end of the year.

It was **RESOLVED** to

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

#### **23/74 Any other Business**

There was none raised.

#### **23/75 Date of next Board of Directors Meeting**

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

#### **23/76 Meeting Close**

The Chair declared the meeting closed at 13:27 hr.

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

Date:








**Action Sheet**  
**Minutes of the Board of Directors (Public Session)**  
**Held on 14 September 2023**

Item No	Subject	Action	Responsible	Due Date	Comments
23/69.2	Integrated Performance Dashboard	A report on the work related to Teledermatology desk top reviews to be shared with the Finance & Productivity Committee	Karen Kelly	November 2023	
23/73.4	Digital Trust Technology Committee Upward Report	Raise the risk of early provider decision making of large-scale procurements within the Black Country Provider Collaborative	Diane Wake	November 2023	<b>Complete</b> DW raised this with the ICB as a risk due to delays in their processes

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

<b>Report Title</b>	Public Chief Executive Report
<b>Sponsoring Executive &amp; Presenter</b>	Diane Wake, Chief Executive
<b>Report Author</b>	Alison Fisher, Executive Officer

<b>1. Suggested discussion points</b>
<ul style="list-style-type: none"> <li>Operational Performance</li> <li>Black Country Provider Collaboration</li> <li>Cancer Staging Data Completeness</li> <li>Charity Update</li> <li>Healthcare Heroes</li> <li>Patient Feedback</li> <li>Awards</li> <li>Visits and Events</li> </ul>

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

<b>3. Report journey</b>
Board of Directors

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. Note</b> and discuss the contents of the report

5. Impact							
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		Y	Various				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

## **CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 9 NOVEMBER 2023**

### **Operational Performance**

- **Emergency Access Standards**

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4-hour target, however, performance showed an improvement in September's position at 74.1% vs 75% national target. Triage performance equally remains a challenge, however, September's position further improved at 84% vs 78.9% in August, reflecting the hard work the Dudley Improvement Practice and ED teams have put in during a focused 6-week period aimed at improving the triage process. September continues to build on the improvements being made in all triage areas. Ambulance handover delays increased during the month of September; a function of higher demand and a higher level of medically optimised for discharge patients within the trust.

- **Elective Restoration & 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 with the number of breaches falling week-on-week. The Trust is participating in the national, GIRFT-led 'Further Faster' project aimed at increasing the number of first new outpatient appointments delivered to reduce the risk to the 65-week and 52-week target reduction.

PIDMAS (patient-initiated requests to move provider) is due to be launched on the 31<sup>st</sup> of October. This is for patients that have been waiting longer than 18 weeks. Initially all patients waiting over 40 weeks will be contacted and asked to consider moving provider. Patients who are eligible will receive a text message on the 31<sup>st</sup> of October with the option to opt in. Many patients will be clinically inappropriate to move provider, but others will be offered choice.

### **Cancer (Data to August)**

Cancer 2 week wait saw continued improvement in performance in August with the Trust achieving the 93% standard. There has been sustained improvement in achieving the number of patients waiting over 62 days against system plan, as well as, achieving Faster Diagnostic Standards (FDS) 80.1% (August validated) against constitutional standard of 75%. The Trust performs very well for all the cancer standards and is one of the best performing West Midland Trusts.

### **Cancer Staging Data Completeness**

We have been notified by the National Disease Registration Service (NDRS) that the Trust has reached or exceeded 80% stage completeness in the Cancer Outcomes and Services Dataset (COSD) submissions for dates of diagnosis in Quarter 1 (January - March) 2023. This is a significant achievement and is directly attributable to the hard work of clinical and administrative staff in your cancer teams. We would like to express our sincere thanks for this work.

Early stage at diagnosis is one of the most important factors affecting cancer outcomes and promoting earlier stage at diagnosis is one of the key aims of the [NHS Long Term Plan](#). Measuring and monitoring national staging data is crucial to understand variation and deliver evidence-based decisions. To support this aim, NHS England is aiming for NHS Trusts to report cancer stage for all stageable cancers at diagnosis.

This staging data enables national cancer registration and the associated analyses of cancer care pathways at regional, national, and international levels. We are now able to use this data to further support cancer programmes for early-stage diagnosis.

## **Black Country Provider Collaboration – October 2023**

The following are the key messages from the Black Country Provider Collaborative Executive meeting of the 9<sup>th</sup> of October and the Joint Provider Committee on the 13<sup>th</sup> October 2023.

### **1) Clinical Improvement Programme**

Black Country Provider Collaborative Chief Medical Officer outlined a diverse range of progress being made across the Clinical Network areas, of which the following particularly notable:

- Mohs surgery is now up and running with first patient seen in late September 2023.
- There has been a positive impact in the roll-out of Tele-dermatology with up to 45% of referrals received being returned with 'advice & guidance' creating capacity for managing the Cancer two week waits and the elective backlog.
- Have recently appointed joint leads for Colorectal to continue the good work previously undertaken by Dr Andy Torrance. Dr Ben Liu (Royal Wolverhampton Trust) and Dr Shantanu Rout (Sandwell and West Birmingham Hospital) have accepted the opportunity to drive forward improvements in the Colorectal space.
- Positive plans being progressed to harness and make best use of the new surgical robots. Full-service transition of renal surgery to commence from Dudley Group Foundation Trust shortly.
- Partnership working commenced with the Primary Care Collaborative and we hope to explore opportunities for closer working at the forthcoming Clinical Summit.

### **2) Mandatory Training**

The Collaborative Executive received an update and outline of the work being undertaken to progress the Mandatory & Statutory Training priority. A priority initiation document is being finalised, and in parallel a scoping exercise has commenced with a view to developing and establishing a business case for review by the Chief Executive in Dec 2023 /Jan 2024.

### **3) Digital Workstream update**

Two key issues were highlighted:

- An assessment of Digital Maturity undertaken a little while ago indicates that the Black country self-reported a position as the joint second digitally mature system in the Midlands. This seems to contrast with the local experience on this issue and it will be intriguing to understand if there has been any significant change when re-assessment occurs shortly.
- Progress against the identified data, digital and technology priorities has been slow, with some noticeable exceptions, and it is hoped that some recent Integrated Care Board led review will be an impetus and motivation for greater alignment and convergence, even if over a slightly longer period of time.

#### 4) Communications & Engagement

The Black Country Provider Collaborative Annual report has now been published and is available on the Black Country Provider Collaborative website at the following link:

<https://blackcountryprovidercollaborative.nhs.uk/about-us/publications/>

#### 5) Governance

- **Governance Group** – A progress update was received from the Governance task group. Further discussions between the three Chief Executive Officer's will be held to clarify the proposals for establishing two further task and finish groups and better understand how they align with the Black Country Provider Collaborative work plan.
- **Chief Executive refresh** – Now that the Joint Provider Collaborative has been established a refresh of the Collaborative Executive will be progressed inviting expressions of interests for key system leadership roles. It is anticipated that the expression of interest will commence shortly.
- **Collaboration Agreement development** – The Joint Provider Collaborative agreed to a proposal for six further identified areas which should be developed as additional schedules for consideration by the Joint Provider Collaborative at the six-month review point (March 2024). The Black Country Provider Collaborative Managing Director to manage and coordinate their development and review by the Joint Provider Collaborative.
- **Board development sessions** – There was positive feedback on the Joint Board Development session in September 2023, and agreement to pursue a programme of three Board Development sessions. Joint Provider Collaborative Governance lead to coordinate with Black Country Provider Collaborative Managing Director. Possible use (and extension) of December Joint Provider Collaborative slot for a focus on the outcome of the PA Consulting work. Black Country Provider Collaborative Chief Executive Officer to work with Black Country Provider Collaborative Managing Director to review and arrange if possible.

#### 6) North Hub update

The Chief Executive welcomed the paper recently presented to the Elective Care & Diagnostic Board and agreed on the need for additional elective capacity within the Black Country to support elective recovery. It was thought that the 'North Hub' business case may be the more advanced at this time but recognised the need for due process to be undertaken by the Elective Care & Diagnostic Board. The Chief Executive will be engaged on the selected preferred solution and the subsequent work to determine how it is proposed to be financed.

#### 7) Midland Metropolitan University Hospital Revenue Implications

The Chief Executive was provided an update from Sandwell and West Birmingham Hospital Chief Executive Officer on the outstanding Midland Met University Hospital Revenue implications. Plans are being pursued to address the current gap, and it was agreed that the issue should be viewed as a collaborative system issue rather than solely a Provider Trust issue. Chief Executive were supportive of the clinical model and are to be kept apprised of outcomes of plans being progressed and any subsequent required system actions.

#### 8) Strategic Annual Planning – output and next steps

The output from the strategic planning exercise undertaken at the 4<sup>th</sup> September 'extended' Collaborative Executive was presented together with a draft framework for future use. This work will be built on at the forthcoming Clinical Summit through key workshops looking at similar issues from a different lens, whilst engaging a clinical and medical stakeholder group. Furthermore, individual partner Trusts will shortly be commencing strategic planning activities at a local level,

and we hope to triangulate this range of work in developing our priorities at multiple levels across the system over the remainder of the financial year.

## 9) Clinical Summit

The next Clinical Summit will be held on Friday 27<sup>th</sup> October at the GTG Training & Conference Centre in Wolverhampton. The programme for the day is being finalised and will be circulated a week in advance of the Clinical Summit. It will have a range of short presentations from key system speakers, together with 'spotlight' videos on some of our key achievements, Clinical Network time, and an opportunity for clinical input into the planning for 2024/25 work plan priorities.

## Patient Feedback

**AEC-** Good to be able to talk to staff and be listened to. Courteous and thorough approach used throughout consultation.

**Community Rapid Response** - It was very professionally done, very quick response and in a pleasant manner.

**C4 (Georgina Unit)** - Everyone was so great, made me feel comfortable relaxed and well informed, and I really needed that.

**Ward B4** - The thoroughness of the staff was very good. Nothing too much trouble. Tea and refreshments served to us.

**Maternity (Birth)** - The staff in the labour ward were amazing, so kind and gentle, they made my whole labour experience truly wonderful.

**Haematology & Oncology Assessment Unit** - I was treated with dignity and respect and informed about what was going on, everyone was very friendly.

**Ward C7** - Every person I came into contact with, from doctor, nurses to support staff were caring and informative.

**Own Bed Instead** – I have confidence in the care I have been given. My trust in your staff who showed me kindness, understanding, politeness and punctuality.

**ENT (Community):** A really positive experience! Understood my issue very quickly and were very reassuring. A credit to the Trust.

**Neurology** - I was seen on time and the doctor was excellent, he answered all my questions in plain words and was so good.

## Healthcare Heroes

**August's individual award** went to team leader for the Patient Management Centre, Philip Woodcock. Philip was nominated by a colleague for his helpful and approachable nature and his ability to always try to solve problems quickly and effectively. The great work he has done to help the Obstetrics and Maternity departments by creating a much better referral tracker was also mentioned in his nomination, as well as his work to get bank staff for PMC to help with the high volume of appointment queries.





**The August team award** went to the End of Life Rapid Response team. They were nominated for the exceptional care that they recently provided to a young lady receiving end of life care, supporting her and her family by visiting multiple times a day and working through their breaks to ensure that she had the best quality care and felt safe. For a small and dedicated team that has to deal with a lot of difficult situations, they were also nominated for their positive and professional outlook and their ability to always be happy within their work.



**The September Team Award** went to our Non-Invasive Cardiology department. They were nominated for going the extra mile, especially when the new Cardiology Community Diagnostics Hub was being set up at Corbett Hospital. With services running across both sites, you have been committed to your roles and your patients, tackling any obstacles that arose, ensuring the new service started as planned on the opening day.



The **September individual award** went to Sam Cook from our Colorectal Department. Sam was nominated by a patient who described her as kind and helpful, during her late mother's illness. She has been praised for being a pillar of strength, always available and they told us that nothing was too much trouble for Sam.



## Charity Update

### Charity Quiz

For a third year running the Halesowen accountancy firm Godfrey Mansell and Co organised a speed fundraising quiz which gathered their clients, employees, and families. They managed to raise an incredible £1,200 for the Dudley Group NHS Charity's baby bereavement campaign. The charity team was joined by maternity colleagues and Holly Haden our specialist midwife managed to say a few words to those that attended about how important donations are for the charity.

### Walk of Hope

The Dudley Group NHS Charity organised a Walk of Hope to mark Baby Loss Awareness Week. There was a short service of remembrance at the bandstand at Mary Stevens Park in Stourbridge, followed by a family-friendly walk around the lake tomorrow. All the donations raised from the event will support the Baby Bereavement Campaign

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

Margaret Tranter aged 81 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. She incredibly spent five months walking fields in her local area for thirty minutes nearly every day and, in that time, she has walked over 100 miles. The journey is a full circle moment for Margret, giving back to the organisation she used to work for before retiring in 2009. She specifically wanted to thank Dr Klocke and the whole of the rheumatoid team at Russells Hall Hospital.

## Awards

Our Critical Care team became the first in the country to achieve Gold Standards Framework accreditation for delivering the highest standards of end-of-life care. They received their award in-person this month.



For Allied Health Professionals (AHPs) Day on October 14th Mary Sexton, chief nurse and Karen Lewis, chief AHP presented the Dudley Group AHP awards to our staff and congratulations to our winners and all those shortlisted. The winners of these awards also went through to the regional AHP awards to represent the Trust.

Our deteriorating patient pathway team were highly commended at the Health and Safety Journal Patient Safety Awards in the safety improvement through technology category.



## Visits and Events

4 September 23	Black Country Provider Collaborative Executive
6 September 23	Extra-ordinary Finance and Performance Committee
6 September 23	Dudley Integrated Healthcare Project Board
7 September 23	Black Country Integrated Care Board Development session
12 September 23	Black Country Provider Collaborative Development session
13 September 23	Black Country Productivity and Value Group
14 September 23	Dudley Group Board of Directors
18 September 23	Dudley Group Audit Committee
20 September 23	West Midlands Imaging Network Executive Board
20 September 23	Dudley Integrated Healthcare Project Board
21 September 23	Dudley Group Board Safeguarding Training
28 September 23	Dudley Group Finance and Performance Committee
28 September 23	Black Country Integrated Care Board
4 October 23	Dudley Group Charity Committee



4 October 23	Black Country Elective and Diagnostic Strategic Board
5 October 23	Dudley Group Council of Governors
9 October 23	Black Country Provider Collaborative Executive
10 October 23	Black Country Productivity and Value Group
10 October 23	Black Country System Chief Executives
10 October 23	Dudley Group and GP Engagement Session
11 October 23	Black Country Quarterly System Review
12 October 23	Dudley Group Board of Directors
13 October 23	Black Country Joint Provider Committee
13 October 23	Sandwell and West Birmingham NHS Trust Star Awards
16 October 23	Black Country Integrated Care System Cancer Board
16 October 23	Careers Fair: Representing Interests of Female Workforce
16 October 23	GIRFT Further Faster Monthly Group A meeting
17 October 23	Black Country Anaesthesia & Peri-operative Medicine Review
17 October 23	Dudley Group Chief Nurse and Director of Infection Prevention Control interviews
18 October 23	Regional Cancer Board
18 October 23	Dudley Group and Primary Care Network Clinical Directors
20 October 23	Dudley Group Remuneration Committee
24 October 23	Black Country System Chief Executives
25 October 23	Black Country and West Birmingham Elective Diagnostic Strategic Board
25 October 23	Dudley Integrated Healthcare Project Board
26 October 23	Dudley Group Finance and Productivity Committee
26 October 23	Dudley Group Integration Committee
26 October 23	Black Breasts Matter Project
27 October 23	Black Country Provider Collaborative Clinical Summit
31 October 23	Dudley Group/Summit/Mitie PFI Project Board to Board

## Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023






<b>Report title</b>	Exception Report from the Finance and Performance Committee Chair
<b>Sponsoring executive</b>	Lowell Williams, Non-executive Director
<b>Report author</b>	Zoe Harris, Executive Assistant to Chief Financial Officer

### 1. Suggested discussion points

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 28<sup>th</sup> September and 26<sup>th</sup> October 2023.

### 2. Alignment to our Vision

Deliver right care every time 	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 
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### 2. Report journey

Board of Directors – 9<sup>th</sup> November 2023

### 3. Recommendation(s)

The Public Trust Board is asked to:

- a. Note the contents of the report and in particular the items referred to the Board for decision or action.

### 4. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register							
Equality Impact Assessment	Is this required?			N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?			N	X	If 'Y' date completed	

## EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 28 September 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• There was an ongoing concern around grip and control over bank staff spend.</li> <li>• The long term financial health of the Trust was a concern.</li> <li>• Continued industrial strike action with no foreseeable end was causing concern around the financial impact, patient experience and staff morale.</li> <li>• Ambulance delays were still impacting flow in ED.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• A report was commissioned to be brought back to executives and the committee around the modular unit following the post implementation review around current and future models.</li> <li>• A paper around bank spend in each area was requested for more assurance around if controls are working.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Trust was delivering its financial budget to plan at month 5.</li> <li>• There was a positive assurance around finding CIP, with the gap closing to £875k.</li> <li>• Assurance was taken that the process of analysing business cases post implementation and acting accordingly had started.</li> <li>• 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.</li> <li>• There was a positive performance against VTE targets.</li> <li>• Positive assurance was received around theatre productivity.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• No approvals were made.</li> <li>• It was agreed the BAF assurance levels are to remain unchanged.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Positive assurances were gained from the meeting.</p>	

## EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 26 October 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• There was concern surrounding the impact of ongoing industrial action on financial health, operational performance and workforce wellbeing.</li> <li>• There was a concern that 50% of CIPS are non-recurrent.</li> <li>• Most emergency access standards remained challenged.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Continue to explore any slippage against progress against divisional plans.</li> <li>• It was agreed that the long term productivity work arising from PA consulting will be incorporated into BAF in due course.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Trust position was £803k better than plan at month 6.</li> <li>• The committee was pleased to be receiving business case reviews recognising the opportunity to review the process further.</li> <li>• The further strong progress in this year's CIP target was recognised.</li> <li>• There had been a strong performance against national elective cancer 2 week wait targets.</li> <li>• The Trust had a CPS rank of number 1 in the AQuA assessment for sepsis.</li> <li>• Further positive assurance around the green plan was received.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The DCSL annual report and accounts were approved.</li> <li>• It was agreed the BAF assurance levels are to remain the same.</li> <li>• It was approved to recommend to Board the Picture Archive Communication System (PACS) contract renewal.</li> <li>• The committee recommended the contract award for Cobalt Health for CT and MRI scanning at Corbett to Board for approval.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> It was a good meeting with more positive assurances than concerns.</p>	

**Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023**

<b>Report title</b>	Month 6 Financial Position
<b>Sponsoring executive</b>	Kevin Stringer, Chief Financial Officer
<b>Report author</b>	Kevin Stringer, Chief Financial Officer

**1. Suggested discussion points**

The **September cumulative position is a £13.186m deficit**. This position is £803k better than the phased plan submitted to NHS England (NHSE).

Bank costs still remain high. Whilst an element of this is distorted by industrial action costs and operating additional areas/beds due to emergency pressures, there remains a concern that bank spend requires closer scrutiny.

The Trust year end forecast position is set out below and is as per the recovery plan previously reported with a slight improvement to the worse case forecast.

Scenario	Deficit	Variance to Plan
Best Case	(£17.224m)	£1.950m
<b>Most Likely</b>	<b>(£22.366m)</b>	<b>(£3.192m)</b>
Worse Case	(£32.065m)	(£12.891m)

The cash position of the Trust remains challenged for the Forecast Year End position.

**2. Alignment to our Vision**

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 	
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**3 Report journey**

Finance summary reported to the Finance and Productivity Committee on the 26<sup>th</sup> October 2023.

**4 Recommendation(s)**

The Public Trust Board is asked to:

**a. Note** the financial performance for the month of September 2023.

**5 Impact**

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		[Give risk Nos]					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## REPORTS FOR ASSURANCE AND DECISION

### FINANCE REPORT

#### REPORT TO BOARD OF DIRECTORS ON 9 NOVEMBER 2023

##### 1. EXECUTIVE SUMMARY

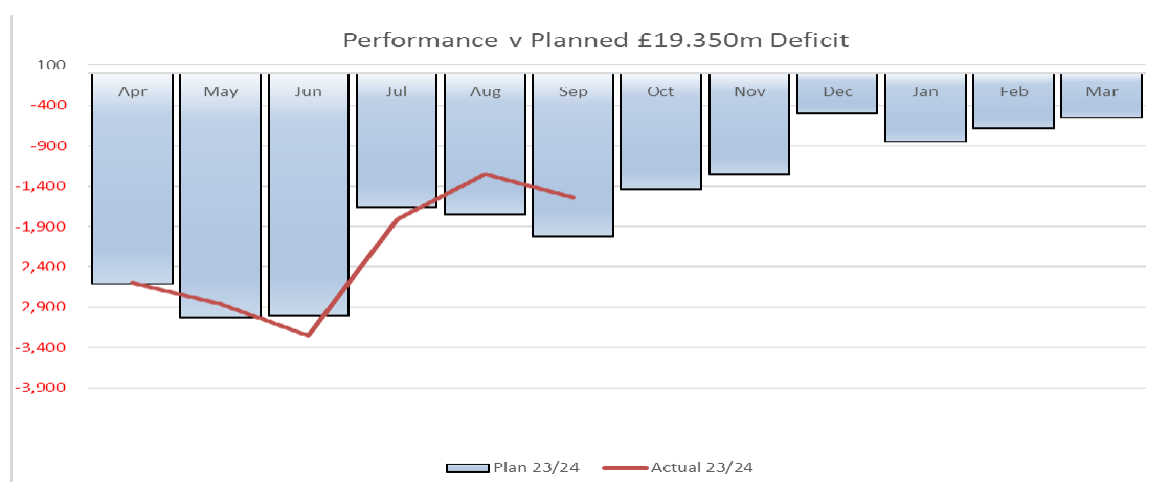
- 1.1 The **September cumulative position is a £13.186m deficit**. This position is £803k better than the phased plan submitted to NHSE.
- 1.2 The income figures include an extra £11.9m funding for both the agenda for change and medical pay awards. This relates to a 2.3% uplift plus an additional allocation to cover pay inflation from other entities. Plans have been adjusted to take account of these amounts.
- 1.3 Income shows an improvement of £3.1m against the cumulative plan. This relates to additional passthrough income from Specialised Services (negated by additional costs), one-off income relating to 22/23 and an assumed benefit in relation to ERF performance.
- 1.4 Pay shows a positive variance of £0.4m against the cumulative plan which is an improvement on the previous month. Medical bank costs reduced in September and the medical pay award was paid at a slightly lower level than had been previously accrued. There remains a pressure on the 22/23 pay award which is now estimated to be £196k by year end.
- 1.5 Bank costs still remain high. Whilst an element of this is distorted by industrial action costs and operating additional areas/beds due to emergency pressures, there remains a concern that bank spend requires closer scrutiny.
- 1.6 Agency costs remain comparatively low at 1.0% of pay bill (versus cap of 3.7%) but there was a small increase in cost during September. Medical staff comprise 71% of the agency spend. A letter from NHSE expresses concern at the level of agency spend being incurred generally and requires a number of actions to be addressed to ensure compliance with agency rules. This includes reducing off framework (Trust use is low), eliminating admin agency (achieved 19/5) and adherence to price caps (this will require significant effort for medical staff) **and is covered in a separate report.**
- 1.7 Non pay shows a cumulative adverse variance of £2.6m. The main reason for the adverse variance equates to £1.3m attributable to Integrated Care Board (ICB) passthrough drugs and devices plus general drug pressures. In addition, all of the opening unidentified CIP was set against non-pay in the plan. Whilst the majority has now been identified, a significant element is linked to income.
- 1.8 The Trust year end forecast position is set out below and is as per the recovery plan previously reported with a slight improvement to the worse case forecast.

Scenario	Deficit	Variance to Plan
Best Case	(£17.224m)	£1.950m
<b>Most Likely</b>	<b>(£22.366m)</b>	<b>(£3.192m)</b>
Worse Case	(£32.065m)	(£12.891m)

- 1.9 The adverse variance for the most likely scenario links to the unfunded costs of industrial action and excess inflation.
- 1.10 The cash position at the end of September was £1.1m higher than the previous month's forecast. The cash balance includes £20m on account from Black Country ICB.
- 1.11 Current year end cash forecast has remained the same as the previous month. The Trust is forecasting a cash balance of £6.5m against a plan of £5.6m. Current risks to delivery of financial plan, namely delivery of financial forecasts and ERF delivery are driving the downside cash forecast. If these materialise then the Trust will run below the minimum cash balance in March and require additional cash support.
- 1.12 The capital programme expenditure as at 30<sup>th</sup> September 2023 was £1.5m. This was £4.1m lower than the original plan. The capital forecast has been reduced by £3.4m compared to the original plan. This followed a full review of all schemes with scheme managers which resulted in a revised forecast for several schemes. Notably the frontline digital PDC backed capital allocation has been reduced to £1.990m following an internal review.
- 1.13 The integrated Care System reported an actual aggregate £79m deficit for September which was £27m adverse to plan - 5 of the 8 organisations were off plan.
- 1.14 Work is ongoing with an external party to help develop a plan to enable the system and its providers to get to break even.

## 2. INCOME AND EXPENDITURE (APPENDIX 1 – see further pack)

- 2.1 The **September cumulative position is a £13.186m deficit**. This position is £803k better than the phased plan submitted to NHSE.
- 2.2 As detailed in previous reports, it is important to note 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 £11.9m funding for both the agenda for change and medical pay awards. This relates to a 2.3% uplift plus an additional allocation to cover pay inflation from other entities. Plans have been adjusted to take account of these amounts.



- 2.4 Income shows an improvement of £3.1m against the cumulative plan. This relates to additional passthrough income from Specialised Services (negated by additional costs), one-off income relating to 22/23 and an assumed benefit in relation to ERF performance.
- 2.5 Final Elective Recovery Fund (ERF) plans have been confirmed, including the impact of tariff changes and the 2% reduction in lieu of industrial action which reduced the Trust target by c£2m. The final plans equate to c£102m. A prudent estimate of £205k (was £517k at M5) over-achievement has been incorporated into the Trust position up to September. This remains estimated as there is a high level of uncoded data in September.
- 2.6 Pay shows a positive variance of £0.4m against the cumulative plan which is an improvement on the previous month. Medical bank costs reduced in September and the medical pay award was paid at a slightly lower level than had been previously accrued. There remains a pressure on the 22/23 pay award which is now estimated to be £196k by year end.
- 2.7 Bank costs still remain high. Whilst an element of this is distorted by industrial action costs and operating additional areas/beds due to emergency pressures, there remains a concern that bank spend requires closer scrutiny.
- 2.8 Staff increased by 34 WTE in September largely due to additional AHP/Scientific staff (net increase of 24). There were also smaller increases for Healthcare Support Workers and Registered Nurses. The Trust has 377 WTE more staff than one year ago. The number of vacancies equates to c318 WTE.
- 2.9 Agency costs remain comparatively low at 1.0% of pay bill (versus cap of 3.7%) but there was a small increase in cost during September. Medical staff comprise 71% of the agency spend. A letter from NHSE expresses concern at the level of agency spend being incurred generally and requires a number of actions to be addressed to ensure compliance with agency rules. This includes reducing off framework (Trust use is low), eliminating admin agency (achieved 19/5) and adherence to price caps (this will require significant effort for medical staff) **and is covered in a separate report.**
- 2.10 Non pay shows a cumulative adverse variance of £2.6m. The main reason for the adverse variance equates to £1.3m attributable to ICB passthrough drugs and devices plus general drug pressures. In addition, all of the opening unidentified CIP was set against non-pay in the plan. Whilst the majority has now been identified, a significant element is linked to income.
- 2.11 The Trust year end forecast position is set out below and is as per the recovery plan previously reported with a slight improvement to the worse case forecast.

Scenario	Deficit	Variance to Plan
Best Case	(£17.224m)	£1.950m
<b>Most Likely</b>	<b>(£22.366m)</b>	<b>(£3.192m)</b>
Worse Case	(£32.065m)	(£12.891m)

- 2.12 Challenge sessions have been set up with each Division to chart progress against delivery of the recovery plan and the financial targets



- 2.13 The adverse variance for the most likely scenario links to the unfunded costs of industrial action and excess inflation. It has been announced nationally that further funds will flow to support the impact of industrial action (although unclear as to whether this will further reduce the ERF baseline or via an allocation to ICBs). Subject to the delivery of the recovery plan, any additional funding will assist with delivery of the submitted planned deficit.

### **3. CAPITAL AND CASH**

- 3.1 The cash position at the end of September was £1.1m higher than the previous month's forecast. The cash balance includes £20m on account from Black Country ICB. Receipts were £1.1m below the forecast position in September. Non-patient income receipts were £1.1m below forecast. This related to non-contract invoices not being paid as expected from Black Country ICB and NHS England. These are now expected to be paid in October. Payments were £1.8m lower than the forecast in September. Payments to suppliers were £1.6m lower than forecast. This related to a delay in the agreement of P-P invoices with Black Country providers.
- 3.2 Current year end cash forecast has remained the same as the previous month. The Trust is forecasting a cash balance of £6.5m against a plan of £5.6m. Slippage on the capital plan is the main reason for the movement against plan. Forecast and plan assume £20m of PDC cash support transfers in March to ensure the Trust remains liquid. £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 delivery of financial forecasts and ERF delivery are driving the downside cash forecast. If these materialise then the Trust will run below the minimum cash balance in March and require additional cash support.
- 3.3 Invoices payable older than 90 days increased from the previous month by £68k.
- 3.4 Compliance with the Better Practice Payment Code was 93.2% in terms of number of invoices paid to non-NHS suppliers and 95.0% for NHS suppliers as at 30<sup>th</sup> September 2023.
- 3.5 The capital programme expenditure as at 30<sup>th</sup> September 2023 was £1.5m. This was £4.1m lower than the original plan. The capital forecast has been reduced by £3.4m compared to the original plan. This followed a full review of all schemes with scheme managers which resulted in a revised forecast for several schemes. Notably the frontline digital PDC backed capital allocation has been reduced to £1.990m following an internal review.

### **4. INTEGRATED CARE SYSTEM (ICS) AND SYSTEM WORKING.**

- 4.1 The Integrated Care System reported an actual aggregate £79m deficit for September which was £27m adverse to plan – five of the eight organisations were off plan.
- 4.2 Work is ongoing with an external party to help develop a plan to enable the system and it's providers to get to break even.

### **5. RECOMMENDATIONS**

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

Kevin Stringer  
Chief Financial Officer  
9 November 2023

## Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023

<b>Report title</b>	NHSE Agency Rules Submission
<b>Sponsoring executive/Presenter</b>	Kevin Stringer, Chief Finance Officer Alan Duffell, Chief People Officer
<b>Report authors</b>	Karen Brogan, Director of Operational HR






### 1. Suggested discussion points

On 10th October 2023 the Trust received a letter from Professor Nina Morgan, Regional Chief Nurse for NHS England – Midlands regarding agency reduction which identified that urgent action was required. There are four key actions to address which are set out – which required a response by 31st October 2023.

In addition, Jonathon Fellows, Black Country ICB Chair received a letter from Professor Nina Morgan dated 18th October 2023 regarding Temporary Staffing Reporting to ICB Boards, in which each provider was tasked with a set of actions, that align with the letter dated 10th October 2023.

To respond to the actions set out in the letter given below a gap analysis has been completed identifying key actions, with clear timescales for achievement. The Board will routinely receive agency usage updates in future performance reporting.

### 2. Alignment to our Vision

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

Executive Committee

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a. ENDORSE** the response

### 5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Corporate Risk Register		Numerous associated with performance					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

31 October 2023

**Russells Hall Hospital**  
Dudley  
West Midlands  
DY1 2HQ

Telephone: 01384 321012  
Email: d.wake@nhs.net

Dear Professor Morgan

Sent: [midlands.agencyimprovement@nhs.net](mailto:midlands.agencyimprovement@nhs.net)

## **Agency Reduction**

I write on behalf of the Dudley Group NHS Foundation Trust in response to your letter of 10 October 2023. I have set out the Trust's response to the requests set out in that letter below:

- 1. Demonstrate compliance to report progress on temporary staffing expenditure on a routine monthly basis to their boards, with specific reference to the progress to reduce agency off framework procurement, admin and estates agency and price cap breaches.**

Our Board last met on 12 October and whilst the Board does receive information on the Trusts agency spend (1%) compared to the system agency cap (3.7%) and agency and bank expenditure. To date it has not received detailed information on the agency rules (off framework procurement and price cap breaches), save for that contained in the monthly finance reports. Agency and other temporary staffing usage, spend and actions to address have, however, been reported to the Finance and Productivity Committee of the Board and to the Executive Group which meets weekly.

The Board meets bi-monthly and will now on going forward will receive a report to each of its meetings in public setting out progress on temporary staffing expenditure and progress in reducing off-framework agency usage, and price cap compliance. The next meeting of the Board is 9th November where the report detailed above will be presented and considered by Board members. In the meantime, the report will progress through the Trust's internal governance including the Finance and Productivity Committee of the Board in November.

- 2. By 31 October 2023, confirm to us in writing that the Agency Rules and the Toolkit is understood by the Executive Team, and that there is evidence of a commitment to the application of this policy to the activities of their organisation.**

The Agency Rules and toolkit are understood by the Executive Team, and this has been reinforced with a further briefing of the team on the Agency Rules since your letter.

There is evidence of commitment to the Agency Rules:

### *Overall Agency Expenditure*

- The Trust's agency expenditure is significantly below the cap of 3.7% of the pay-bill and was 1% at month 6. The Trust performance is much better than the National average of 4.1% and system average of 2.9%.
- The Trust recognises that as part of the NHS Planning process systems are set expenditure limits as are providers within that. The Trust expenditure is below the agency expenditure limit of £500k per month and work continues to reduce agency expenditure.

- The Trust eradicated Admin and estates agency expenditure and has a zero-agency approach to nurse agency – save in 'break glass' scenarios. Where these break glass scenarios this is managed via the weekly Executive meeting to ensure there is an exit plan to reduce the agency expenditure.

#### *Price Cap Compliance*

- The Trust has in place a process, in line with the agency rules to ensure that price caps are monitored and complied with except where, due to market conditions it is not possible to do so, and posts are exempt from the rules (e.g., Clinical Coding) or where patient safety requires that the Trust deems it necessary to operate the 'break glass' provisions. Where the requirement to pay in excess of the price cap, the agency rules are complied with and in the case of rates of pay over £100 per hour, authorisation from the Chief Executive is required.
- Price cap overrides are, unfortunately, in place in 96.7% of shifts, compared with 46.1% nationally for the first five months of this financial year. Price cap non-compliance is attributable to the type of agency staff used by the Trust, being medical and specialist AHP in nature, for which it is more difficult to enforce price caps and secure supply of workers who are critical to the delivery of safe patient care. We are looking at our processes and aim to improve this.

#### *Framework Compliance*

- The Trust has in place a process to only use framework agencies, save in cases, where were it not for off-framework agency worker supply there would be patient safety issues. Again, sign off by the Chief Executive is required to access off-framework agency workforce supply.
- The Trust has 3.3% off-framework agency usage for month 6 (September), off-framework use is sporadic and in September has been in response to patient safety mitigation in Neonates, this is planned to be eradicated in October 2023.

#### *Admin and Estates Agency Usage*

- The Trust has zero admin and clerical agency usage.

I hope this provides assurance that agency usage and zero usage in this area demonstrates the Trusts commitment to the application to the agency rules.

### **3. By 31 October 2023, provide us with a gap analysis detailing any variation between the organisation's current compliance and the Agency Rules requirements.**

The Trust has undertaken a gap analysis against the agency rules and in summary there are not considered to be any procedural gaps in relation to the Agency Rules. We consider that this delivers the appropriate level of scrutiny evidenced by the low levels of agency spend and high levels of framework compliance.

- 4. By 31 October 2023, provide us with a plan with clear actions, timescales, and trajectory to achieve full compliance with the agency rules requirements.**

Whilst the Trust is considered to be fully compliant with the rules, recognising the rules include provisions for the Trust to 'break glass' on the price caps or to use off framework agencies should it be necessary to ensure patient safety, we are not complacent in further reducing agency spend and have taken the opportunity to review our current process, noting the additional requirements set out in your letter of 10 October in relation to Board reporting.

Please see our actions set out in the appendix 1.

Should you have any queries regarding our response, please do not hesitate to come back to me.

Yours sincerely



Diane Wake  
Chief Executive



Karen Brogan  
Operational Director of HR

## APPENDIX 1 – AGENCY REDUCTION PLAN

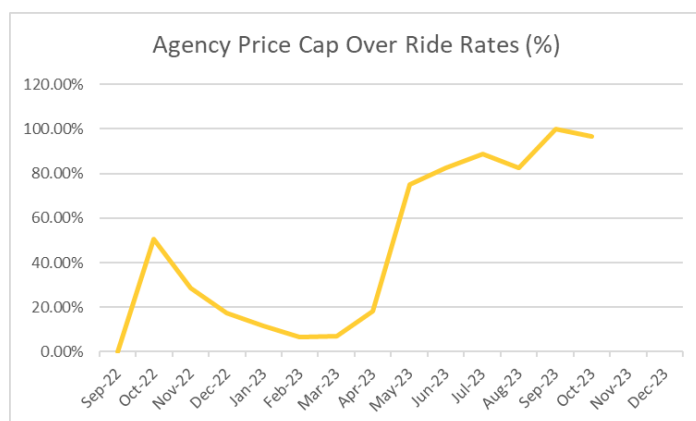
Area	Issues	Action	By When	Owner
Board Reporting	<p>Agency usage and performance against pay bill is currently report to board. Compliance with agency rules not currently reported to Public Board.</p> <p>The cumulative spend on agency equates to 1% of the pay bill which is within the cap of 3.7%.</p>	Board Reporting to be extended to include Compliance with agency rules not currently reported to Public Board.	November 2023	Deputy Director of Finance
Override Process Review	Requirement to formally review override process as set out in Regional CNO letter to ICB Chairs	<p>Review processes for agency rule overrides and approval.</p> <p>Revised process approved at Trust Board</p>	December 2023	<p>Director of Operational Human Resources</p> <p>Deputy Director of Finance</p>
Improved Framework Compliance	3.3% of agency usage off framework in September (M6) (previous 6 months – no off-framework usage)	Review of off-framework agency usage (Neonates) and consider actions to cease off-framework usage through Trust governance process – including Finance and Productivity Committee, People Committee and the Board.	December 2023	<p>Director of Operational Human Resources</p> <p>Deputy Director of Finance</p>
Improved Price Cap Compliance	Price cap compliance 96.7% (M6)	Review of agency over price cap and consider actions to cease off-framework usage through Trust governance process – including Finance and Productivity Committee, People Committee, and the Board.	December 2023	<p>Director of Operational Human Resources</p> <p>Deputy Director of Finance</p>

## Appendix 2 – for information

The Trust has undertaken a detailed review of agency expenditure, with particular focus on high-cost agency (over – cap) and off framework. It should be noted that all such agency has been approved in accordance with the exemptions/ break glass provisions contained in the rules to ensure patient safety. All off framework posts are reviewed and currently approved at Chief Executive level, this will continue.

As would be expected the posts where agency, and particularly high-cost agency are known national shortage areas, therefore, there are likely to be some areas where the Trust will still need to make use of the break glass clauses, particularly in Medical and Dental staff groups.

### Agency Price Cap Over Ride Rates (%)

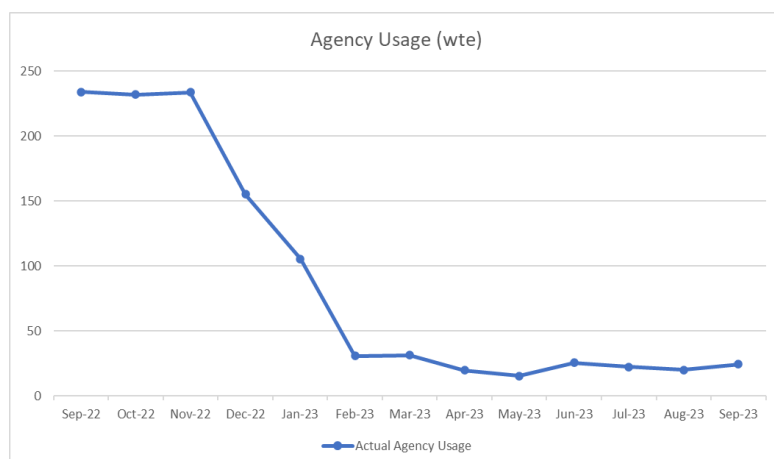


As you will note from the table below, there has been a significant reduction in agency usage. The Trust has in place a process, in to ensure that price caps are monitored and complied with except where, due to market conditions it is not possible to do so, and where posts are exempt from the rules (e.g., Clinical Coding) or where patient safety requires that the Trust deems it necessary to operate the 'break glass' provisions.

Price cap non-compliance is attributable to the type of agency staff used by the Trust, being medical and specialist AHP/Nursing in nature, for which it is more difficult to enforce price caps and secure supply of workers who are critical to the delivery of safe patient care.

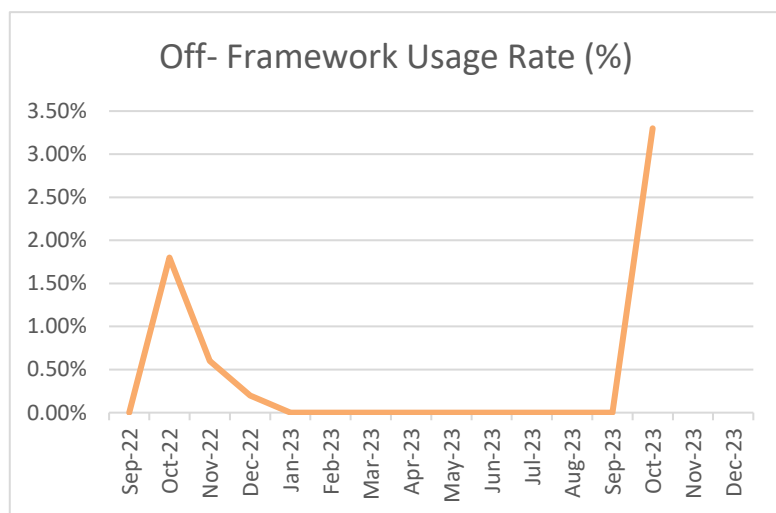
Inflationary pay pressures have also resulted in price compliance breaches, especially in specialist medical posts.

### Agency Usage (WTE)



The Trust's agency expenditure is significantly below the cap of 3.7% of the pay-bill and was 1% at month 6 (September). The Trust performance is much better than the National average of 4.1% and system average of 2.9%. The Trust eradicated Admin and estates agency expenditure and has a zero-agency approach to nurse agency – save in 'break glass' scenarios.

#### Framework usage rate (%)



The Trust has 3.3% off-framework agency usage for month 6 (September), following a significant period of no off-framework use. Off-framework use is sporadic and in September was specifically patient safety mitigation in Neonates service (with appropriate authorisation), this is planned to be eradicated by the end of October 2023.



## Paper for submission to the Trust Board on 9<sup>th</sup> November 2023.

<b>Report title</b>	Cost Improvement Programme (CIP) Update
<b>Sponsoring executive/presenter</b>	Kat Rose – Director of Strategy and Integration
<b>Report author</b>	Dara Bradbury – Senior Transformation Programme Lead






### 1. Suggested discussion points

The Trust Board is asked to note the progress made in identifying additional CIP since our last report in September and the resulting improvement in the forecasted year end position as a result. We are now just £690k short of reaching our Trust CIP Target of £26.2m.

Just under 50% of the programme continues to be Recurrent in nature (51% non-recurrent and 49% Recurrent).

There continues to be a divisional shortfall within Medicine and Surgery in reaching their CIP targets. Medicine still has £1.67m of unidentified CIP to find and Surgery has £2.69m. It is recognised however that the additional CIP found within Finance, Informatics and Estates has been used to offset this value, but work continues within both divisions to reduce their unidentified CIP figures.

### 2. Alignment to our Vision

Deliver right care every time 	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 
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### 2. Report journey

The report content will have been discussed at Finance and Performance Committee on 30<sup>th</sup> October 2023.

### 3. Recommendation(s)

The Private Trust Board is asked to:

- Note the current status of the Cost Improvement Programme, its identified and non-identified values including any risks identified.

### 4. Impact

Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond					
Corporate Risk Register	X	COR2166					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## Cost Improvement Programme Update

Report to: Trust Board

Report Date: 9<sup>th</sup> November 2023.

### 1. EXECUTIVE SUMMARY

- 1.1 In our last update, we reported a forecast programme of identified CIP to the value of £25.26m supported by a potential of 100 schemes. The unidentified gap at that point was down to just £870k.
- 1.2 At the end of September 2023, the year-end delivery forecast has increased slightly to £25.5m with over £280k of additional CIP identified since last month. We are currently just £690k behind the Trust Target of £26.2m.
- 1.3 £17m of the current programme is considered to have a low risk of delivery.
- 1.4 A large proportion of the programme is non-recurrent in nature. Further work needs to be undertaken to identify additional recurrent schemes moving forward, particularly as we look to reduce the unidentified CIP within Medicine and Surgery further. To date we have identified £13.39m of Non-recurrent CIP (51% of the programme) but only £12.75m in Recurrent CIP (49%). The recurrent value equates to c.2.4% of our Turnover.

### 2. CURRENT COST IMPROVEMENT PROGRAMME POSITION

- 2.1 The year-to-date Plan vs Actual has over delivered by £1.9m having delivered £10.7m against a plan of £8.79m. This is largely down to increased performance on some schemes and additional CIP being identified.
- 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 programme to date:

DIVISIONAL PERFORMANCE v TARGET

	Target	Forecast	Gap to Find
Corporate	£2,742	£6.096	(+£3.354m)
Community & Core Clinical Services (CCCS)	£5,574	£5.880	0(+£306k)
Medicine (MIC)	£7,971	£6.308	-£1.663
Surgery, Women & Children (SWC)	£9,945	£7,258	-£2.687
<b>TOTAL</b>	<b>£26,233</b>	<b>£25.543</b>	<b>-£690k</b>

- 2.3 The fully developed Cost-Out schemes in delivery are worth £15.98m split into Pay £10.02m of which £4.71m is non – recurrent and £5.31m is recurrent and non-pay worth £5.96m of which £2.34m is non – recurrent and £3.62m is recurrent.
- 2.4 In addition, we have £10.17m worth of Income generating schemes identified.

### 3 IDENTIFIED CIP and RISK RATINGS

3.1 The table below shows the overall status of the programme.

	Fully Developed	In progress to go live	Divisional Average Delivery Risk Rating	Divisional Target	Forecast Delivery at Year End	Potential Gap at year end.
Corporate	23	9	Low	£2.74m	£6.096m	+£3.354m
Community & Core Clinical Services (CCCS)	12	5	Low	£5.57m	£5.880m	+£306k
Medicine Integrated Care (NIC)	13	8	Low	£7.97m	£6.308m	-£1.663m
Surgery Women & Children (SWC)	16	8	Low	£9.95m	£7.256m	-£2.687m
<b>Total</b>	<b>64</b>	<b>30</b>	<b>LOW</b>	<b>£26.23m</b>	<b>£25.54m</b>	<b>-£690k</b>

3.2 Across the Programme this month, we have 29 schemes classed as “medium risk” in terms of financial delivery. These are schemes where there are factors that could affect delivery, e.g. unforeseen staffing impact (vacancies/sickness), waiting lists increasing etc.

3.3 Medicine division pipeline has 12 medium risk schemes worth £2.11m this month of which three relate to drug procurement/medicines optimisation, six relate to Income worth £1.4m and 3 relate to Establishment Reviews worth £1.05m. The Surgery Womens and Childrens Division (SWC) Pipeline has 14 Medium risk schemes worth £1.37m and CCCS has 3 medium schemes worth a total of £692k.

3.4 Community with Core Clinical Services has 1 high scheme worth £1,362,289 – Diagnostics Variable Elective Recovery Fund (ERF) Income. The classification of high risk has been applied as the rules for payment are not clear so far from commissioners.

## **4. LONGER TERM VIEW**

- 4.1 A new project group has been set up to support the Medically Optimised, Fit for Discharge (MOFD) initiative. This group will focus on front door activity as well reviewing how we can transfer more to our community hubs, reducing general ED attendance as well as inpatient re-admissions.
- 4.2 Continued effort to be made at divisional level within the Surgery and Medicine divisions to reduce their unidentified CIP gaps further and to improve on the current £690k outstanding shortfall
- 4.3 Second round of divisional financial Confirm and Challenge meetings are scheduled as follows:
  - Surgery Women & Children – 18<sup>th</sup> October
  - Medicine Integrated Care – 30<sup>th</sup> October
  - Community with Core clinical Services – 31<sup>st</sup> October
- 4.4 Patient Initiated Follow Up (PIFU) pathway work is continuing across relevant outpatient clinics, but more work is to be done. From July to Sept 2023 the following number of patients were placed onto PIFU at their last appointment:
  - SWC 1,262 patients
  - MIC 276 patients
  - CSS 335 patients

## **5. RISKS TO THE PROGRAMME**

- 5.1 Recognising that the gap between the year-end Plan and Forecast has reduced to just £690k, it doesn't detract from the fact that there still remains a combined unidentified total CIP of £4.36m at divisional level for Medicine and Surgery.

The overall identified programme is largely made up of non-recurrent schemes, so more work is to be done within Medicine and Surgery to find sufficient recurrent schemes to reduce their unidentified balance further.






## **6. RECOMMENDATION**

- 6.1 The Trust Board is asked to note progress to date and to review the risks identified.

**Paper for submission to the Board of Directors on  
Thursday 9<sup>th</sup> November 2023**

<b>Report title</b>	Emergency Preparedness Resilience and Response (EPRR) – Industrial Action Debrief Report
<b>Sponsoring executives/presenters</b>	Karen Kelly, Chief Operating Officer Julian Hobbs, Medical Director
<b>Report author</b>	Luke Lewis, Head of Corporate Resilience Adam Woodhall, EPRR and Business Continuity Advisor Liam Askins, Corporate Resilience Project Support Officer

<b>1. Suggested discussion points</b>
<ul style="list-style-type: none"> <li>The October 2023 joint consultant and junior doctor strike represented one of the most difficult strike periods to date, with the Trust experiencing significant pressure across all aspects of the patient journey and site capacity.</li> <li>A significant level of elective activity was cancelled during the strike period, to ensure compliance with the BMA's definition of "Christmas Day cover" and to ensure that any non-striking staff were allocated to emergency areas.</li> <li>Conversations are ongoing between the Trust and the BMA's Local Negotiating Committee regarding suggestions that the Trust deployed staffing levels that were greater than "Christmas Day cover" during the strike period.</li> <li>The Finance and Productivity (F&amp;P) Committee continue to monitor the cost impact of industrial action.</li> <li>The pressure to meet waiting list targets for elective activity increases further with each strike period.</li> <li>16 MET calls were logged during the strike period, including a spike of 8 calls on Wednesday 4 October.</li> <li>11 deaths were reported during the strike period, compared to 18 deaths during the same period in 2022.</li> <li>Industrial action continues to have a negative impact on staff morale, which the Trust expects to feed through to the national staff survey. The Trust continues to support all staff with a wide range of health and wellbeing initiatives, as well as a range of options for staff to just talk and raise any concerns they may have.</li> <li>A number of areas for improvement have been highlighted ahead of future strikes, notably: <ul style="list-style-type: none"> <li>The need for significantly more robust planning to maintain patient flow and capacity throughout strike periods, and improved planning for post-strike recovery.</li> <li>The potential for the Trust to explore additional derogations to ensure that time-critical "elective" Caesarean sections and other time-critical elective activity can continue during strike periods.</li> </ul> </li> </ul> <p><i>All appendices referenced in this report are included in the further reading pack associated with this meeting pack</i></p>

2. Alignment to our Vision									
Deliver right care every time 	X	Be a brilliant place to work and thrive 	X	Drive sustainability (financial and environmental) 	X	Build innovative partnerships in Dudley and beyond 		Improve health and wellbeing 	
3. Report journey									
Industrial Action Debrief Meeting (09/10/2023) to Public Trust Board (09/11/2023)									

4. Recommendation							
The Public Trust Board is asked to:							
a.	Note the review of the Trust's response to the joint consultant and junior doctor industrial action during October 2023, and the associated impacts and areas for improvement.						

5. Impact							
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity					
Corporate Risk Register	X	COR2012 – Industrial Action					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

## Emergency Preparedness Resilience and Response (EPRR) – Industrial Action Debrief Report to Board

### Background

This paper aims to provide a review of the contingencies implemented by the Trust in response to the joint industrial action taken by consultants and junior doctors from 7am on Monday 2<sup>nd</sup> October to 7am on Thursday 5<sup>th</sup> October 2023.

### Key contingencies and additional resources deployed

- **Medicine:** In line with the British Medical Association's (BMA) definition of "Christmas Day cover", staffing levels during the strike period mirrored the Christmas Day rotas from December 2022. Where elective activity was stood down, nursing staff were redeployed to provide invaluable support to areas such as the Emergency Department (ED).
- **Surgery:** "Christmas Day cover" was in place as above, with significant levels of elective activity being stood down in accordance with this. All emergency lists were covered in addition to trauma lists, which were covered by an agreed derogation.
- **Radiology:** "Christmas Day cover" was provided, including reduced capacity to cover inpatient scans only. Only elective activity conducted by sonographers and radiographers continued as normal.
- **Pathology:** Services continued as normal, whilst Black Country Pathology Service (BCPS) also remained business-as-usual.
- **Pharmacy:** The pharmacy at Guest Hospital was closed during the strike period to bolster pharmacy staffing at Russells Hall Hospital, enabling a greater number of clinical pharmacists to work at ward level. FP10 prescription forms were used at Guest.
- **Discharge Team:** Additional staffing was deployed prior to, during, and following the strike period to support transfers of care and maximise the number of patients who were medically optimised for discharge.
- **Deteriorating Patient Team:** Alongside the Critical Care Outreach Team and the Hospital At Night Team, sufficient 24-hour medical emergency cover was provided.
- **Therapy, Community Services and Clinical Skills:** Services continued as normal.

### What went well

- All areas and teams worked collectively to implement contingency plans for the strike and respond to any issues that arose during the strike period.
- Surgery maintained a good level of elective activity, despite significant cancellations.
- BCPS maintained good communication with the Trust and provided assurance that their services would continue as normal.
- The outpatient nursing team at Guest Hospital continued their service through the effective use of FP10 forms, which was vital to enable the closure of Guest Pharmacy.

- The Discharge Team's plans to deploy increased staffing during surges in medically optimised patients worked effectively. System partners were also informed of expected surges in advance of the strike to ensure that additional capacity was available.
- The Clinical Skills Team provided effective support across clinical areas.

### **Rescheduled activity**

- **Appendix 1** demonstrates the elective activity rescheduled due to the October 2023 strike. These figures have been taken from the official submission made to NHS England.
- In summary, the October strike had a significant impact on elective inpatient surgery, day case surgery, outpatient activity, cancer two week-wait (2ww) activity, and diagnostic activity. However, long-waiter activity remained unaffected.
- All divisions aim to reschedule any elective activity affected by industrial action within a short timeframe either side of the strike period or within the appropriate timeframes. However, it should be noted that the pressure to meet all waiting list targets increases with every strike period.
- The Finance and Performance (F&P) Committee continue to monitor the cost impact of industrial action, including the impact of rescheduled activity.

### **Impact on Medical Emergency Team (MET) calls**

- During the October strike, a total of **16 MET calls** were logged, consisting of:
  - **Monday 2 October – 2 MET calls**
    - 2 patients who remained in their original clinical area.
  - **Tuesday 3 October – 3 MET calls**
    - 1 member of the public who was transferred from main reception to ED.
    - 2 patients who remained in their original clinical area.
    - 1 RIP – patient deteriorated and MET call was made before 'Do not attempt cardiopulmonary resuscitation (CPR)' was located.
  - **Wednesday 4 October – 8 MET calls**
    - 1 call for which no data is held.
    - 1 cancelled call.
    - 1 patient who was transferred from SDEC to AMU.
    - 4 patients who remained in their original clinical area.
  - **Thursday 5 October – 3 MET calls**
    - 2 patients who remained in their original clinical area.
    - 1 patient who was transferred to MECU.
- A detailed review of every MET call logged during the October strike 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 mortality**

- **Appendix 2** details the mortality rates at the Trust during each strike period in 2023. The data included shows that **11 deaths** were reported during the October strike period (2<sup>nd</sup> to 5<sup>th</sup> October 2023). For comparison, there were 18 deaths reported during the same period last year (2<sup>nd</sup> to 5<sup>th</sup> October 2022). This suggests that there was no deterioration in patient safety during the October strike period.
- **Appendix 2** also details that there was an increase in reported deaths following the October strike period, with 20 deaths being reported between 6<sup>th</sup> and 9<sup>th</sup> October 2023.

### **Impact on patient flow**

- **Appendices 3 to 6** detail the Trust's daily general and acute (G&A) admissions, G&A discharges, and ED attendances from Thursday 28th September to Sunday 8th October 2023.
- Very significant pressure was experienced across site prior to, during, and following the strike period, with significant delays to all aspects of the patient journey due to:
  - A lack of direct reviews by doctors.
  - Reduced lists for inpatient radiology scans.
  - The need to pause admissions to Same Day Emergency Care (SDEC) on multiple occasions due to low staffing.
  - The inability to staff the Respiratory Assessment Unit (RAU), causing delays for respiratory patients.
  - Severe overcrowding within ED and significant numbers of ambulances awaiting handover for over one hour.
  - Public communications from GP practices claiming to be closed during the strike period, contributing to increased ED and SDEC attendances.
- Time-critical "elective" Caesarean section cases were rescheduled to either side of the strike period, thus impacting flow through the Maternity department on these days.

### **Impact on staff morale**

- Industrial action, particularly from a medical perspective, continues to place pressures on staff with regards to our service delivery and there is currently no end in sight. These pressures on service delivery will clearly feed through our staff and although they continue to cope with the disruption caused by the industrial action, it is undoubtedly having a negative impact on the morale of our staff, which will in all likelihood increase as the industrial action continues.
- This is on the back of any struggles that many staff will be facing with regards to the overall economic pressure nationally. As such, Dudley, like many NHS Trusts, will be expecting this to feed through to our national staff survey, where we will see the results in early 2024.
- Regardless of whether staff take industrial action or not, the Trust continues to support all staff with a wide range of health and wellbeing initiatives during this challenging period, as well as a range of options for staff to just talk and raise any concerns they may have.

### **Other impacts/issues reported**

- The BMA's Local Negotiating Committee (LNC) have suggested that, during the strike period, the Trust deployed staffing levels that were greater than "Christmas Day cover". This is likely a result of misinterpretation of the Trust's rotas, which included additional roles such as Physician Associates and shadowing Medical Training Initiative (MTI) doctors, who are not eligible to strike. These colleagues may have been viewed as higher grade doctors who were eligible to strike, therefore suggesting that the Trust's rotas were overstaffed. Conversations are ongoing with the LNC regarding this issue.
- When compared to previous strikes, the October strike had a significantly greater impact to Diagnostic Waiting Times and Activity (DM01) targets, which will need to be monitored closely leading into future strikes.
- Three postgraduate courses delivered by Clinical Skills were cancelled during the strike.

### **Areas for improvement ahead of future strikes**

- An improved narrative is required to aid conversations with the LNC regarding compliance with the BMA's definition of "Christmas Day cover".
- Additional FAQs have been identified to support the response to pay-related queries.
- Significantly more robust planning is required to maintain patient flow and capacity during future strike periods, plus more robust plans for post-strike recovery.
- The Discharge Team will seek plans from system partners to maximise discharge support prior to, during, and following future strike periods.



- A greater level of support from primary care partners would support a reduction in ED and SDEC attendances during future strike periods.
- The Trust may apply for a derogation covering time-critical “elective” Caesarean section lists for future strikes. System-wide conversations are also ongoing to reclassify this activity as non-elective.
- Derogations may also be explored for other time-critical elective activity, such as two-week-wait diagnostic activity for endoscopy patients, and diabetes foot clinics.
- The current process used to report staff absences due to industrial action will be reviewed ahead of future strikes, to ensure alignment with the processes used at neighbouring trusts.

### **Summary**

The October strike represented one of the most difficult strike periods to date for the Trust, due to the significant pressure observed across all aspects of the patient journey.

There was also a significant impact to elective activity, further increasing the pressure on waiting list targets. A number of areas for improvement have been highlighted ahead of future strikes, particularly in relation to improved plans to maintain patient flow, acknowledging low staff morale, and measures to aid conversations with the BMA Local Negotiating Committee.

### **October 2023**

## Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023

<b>Report title</b>	The Dudley PLACE Winter Resilience Plan
<b>Sponsoring executive/Presenter</b>	Karen Kelly, Chief Operating Officer
<b>Report authors</b>	Helen Mallard, Head of Site Operations Debbie Pook, Deputy Chief Operating Officer






### 1. Suggested discussion points

This paper describes the Dudley PLACE winter plan for 2023 – 2024. The paper includes reflections on last winter, with considerations for our context and national expectations on performance. This is followed by modelling and analysis of our forecast demand, mitigating schemes, delivery, further proposed mitigations.

Further mitigations have been put in place to generate further opportunities to bridge the original gap of beds in the pessimistic scenario. The current position is minus 6 beds for this scenario which is supported as the most probable position. However, the System will need to support this position with additional mitigations.

Robust reporting mechanisms will be in place with a BI report, IPR reports and daily silver escalation calls which are currently being held.

### 2. Alignment to our Vision

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

- Internal Winter Planning Group
- Urgent & Emergency Care Board
- Finance & Productivity Committee

### 3. Recommendation(s)

The Public Trust Board is asked to:

- APPROVE** the Winter Plan and mitigation proposals
- APPROVE** the Super Surge escalation plans.
- NOTE** the investment associated with the additional mitigation schemes and consider if additional funding is made available where the priority lies.
- NOTE** that this is a live plan and work is continuing to further develop on winter planning and resilience working with system partners and PLACE.

### 4. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Corporate Risk Register		Numerous associated with performance

Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

# **The Dudley PLACE**

## **WINTER RESILIENCE PLAN**

### **2023/24**

#### **Active Period**

1st October 2023 to

31st March 2024

Document control				
Version:	Date:	Revision:	Author:	Approved by:
3.0	24 October 23	8.0	Helen Mallard and Debbie Pook	Karen Kelly

## **Contributors**

Black Country NHS Integrated Care Board | Dudley Integrated  
Health and Care NHS Trust | Dudley Metropolitan Borough  
Council | The Dudley Group NHS Foundation

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## **1. Purpose of Document**

The purpose of this Winter Plan document is to:

- Inform all relevant organisations and individuals of the way in which the System intends to manage winter demand over 2023/24
- Provide a collective overview of actions that will support operational resilience at The Dudley Group NHS Foundation Trust (DGFT) over the winter period (1st October 2023 to 31st March 2024)
- Hold information on the approach taken to building the winter plan.
- Collate historical data, learning from past winter periods and knowledge of the current position that has been used in the development of these arrangements within the appendices.
- Provide 'organisational memory' of what was agreed, how and why.
- Provide a platform to monitor demand and performance variance to understand variance in subsequent performance and operational pressures.

The Winter Plan should be read and implemented by:

- Members of A&E Delivery Board and the Urgent & Emergency Care Operational Group
- Trust Board members
- Divisional Teams
- Matrons
- Clinical Directors in all non-elective specialties
- Senior operational managers in the Trust
- All colleagues who are on an on-call rota.
- Senior operational managers in all system partner organisations
- Infection Control Leads
- Informatics Leads
- Black Country Urgent & Emergency Care Board

This document should be read in conjunction with the following documents, plans and arrangements:

- The appendix to this document
- Dudley A&E Delivery Board Improvement Plan
- Surge and Escalation policy
- Major Incident Policy
- Business Continuity Policy
- Service Level Business continuity plans
- Severe Weather Plan
- Dudley Council Severe Weather Partnership

## 2. Background

In July 23 NHS England set out the approach to 2023/24 winter planning, and the key steps to be taken together across all parts of the system to meet the challenges ahead. The letter set out key steps and expectations for winter preparedness to help us achieve two key ambitions for Urgent and Emergency Care (UEC) recovery of:

1. 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
2. Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Also, as part of planning for winter, NHS England are launching an **incentive scheme** for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024/25. They are asking providers to meet two thresholds to secure a share of this money:

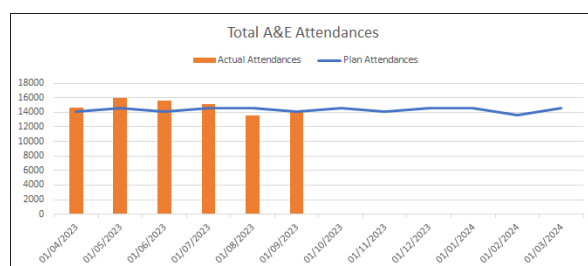
- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

These are stretching targets but we at The Dudley Group Foundation NHS Trust (DGFT) are already putting measures in place which will contribute towards reaching these.

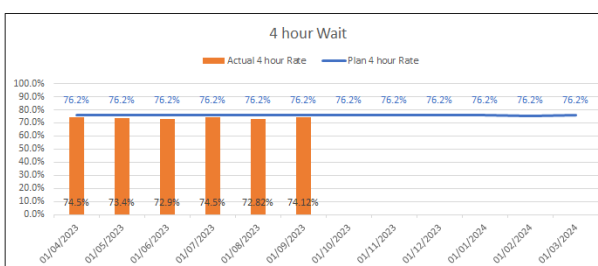
### Key Metrics

The above workstreams continue to strengthen ED performance; the key metrics below provide assurance The Dudley Group is on track to achieve the standard of 76% and continuing to improve and sustain the workstreams to achieve 80%.

#### Emergency Department Type 1 attendances

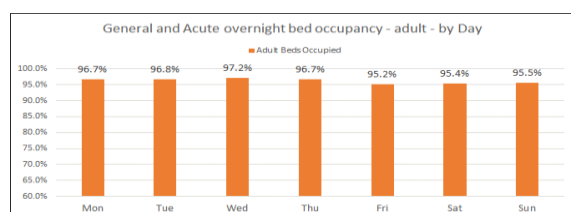


#### ED 4-hour performance

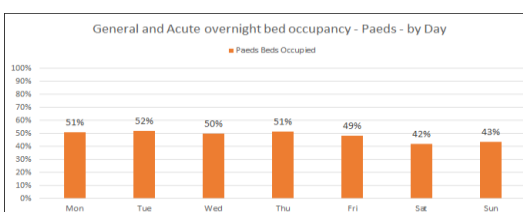


The Trusts actual ED attendances are slightly higher than plan from April.

#### General & Acute bed occupancy Adults



#### Bed occupancy Paediatrics



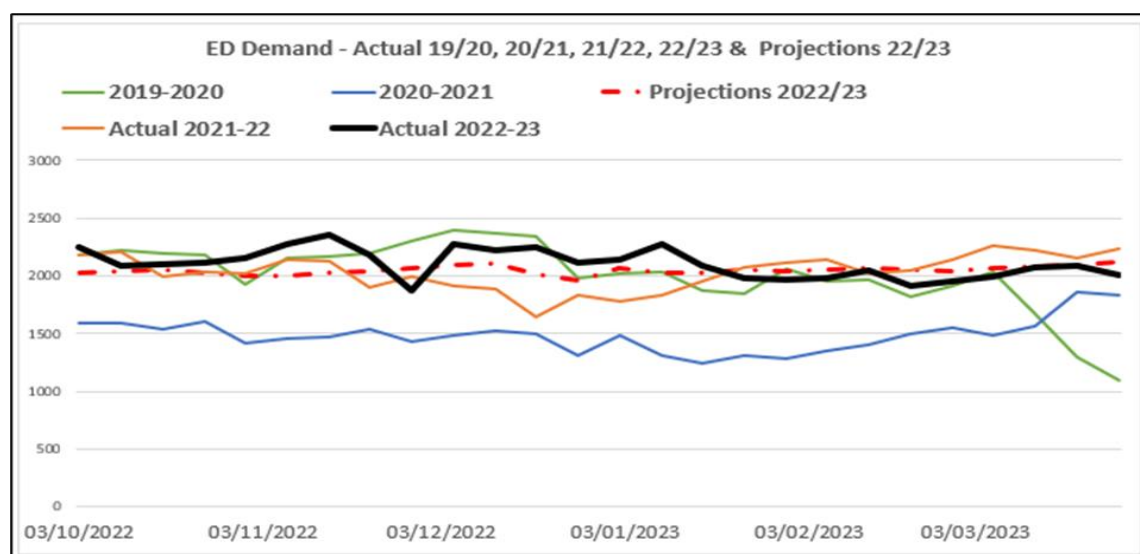
The Trusts ability to maintain flow throughout the hospital thus avoiding exit blocks from ED is to reduce our bed occupancy and is reliant on system partner support.

### 3. Review of Last Winter

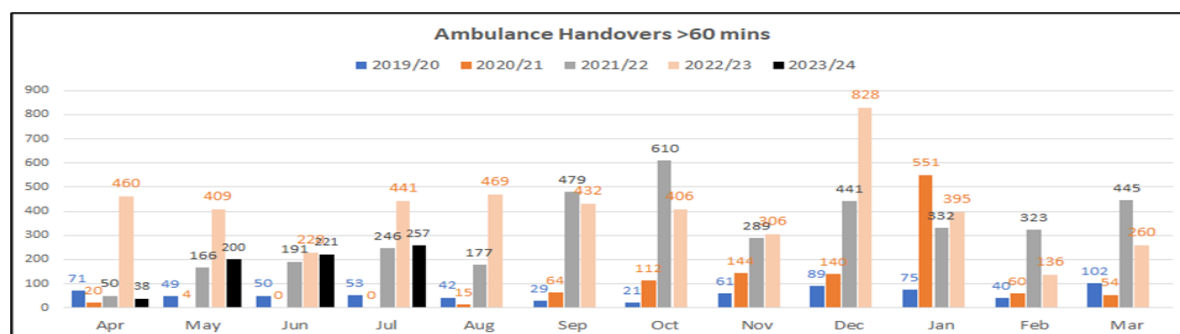
Winter of 2022/23 at DGFT saw an increase in demand for walk-in patients with a decrease in ambulance conveyances by utilising admission avoidance pathways. With the challenge of COVID surge, Influenza surge, Respiratory Syncytial Virus (RSV) surge and peak in emergency department (ED) attendances it led to a period of extreme and severe pressure, resulting in over the hour ambulance performance deterioration. Furthermore, the proportion of COVID positive inpatients presenting as non-symptomatic increased the challenge of isolating COVID positive and COVID contact patients which reduced General and Acute (G&A) bed capacity.

There was also an increase in Ambulance handover delays against 21/22 (except for February and March '23 when there was a marked improvement).

#### ED attendances Oct 2022 – March 2023



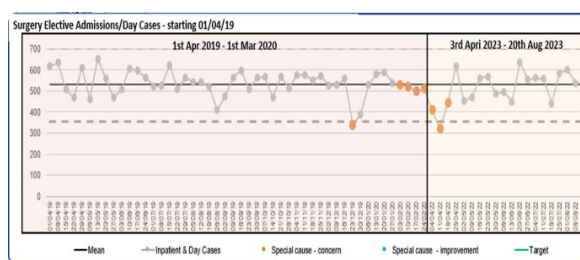
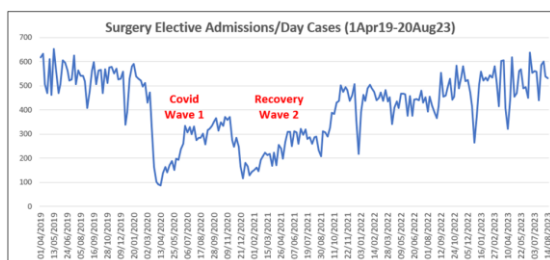
#### Ambulance Handovers over 60 minutes



With the increase in general and acute (G&A) occupancy, patients requiring social care partner intervention, coupled with winter-specific illness, and overall increased acuity, resulted in a challenged Urgent and Emergency Care performance across the Black Country Integrated Care System.

Despite this, DGFT managed to recover elective and day case work back to pre-covid levels, which was supported with additional weekend activity lists., alongside ring fenced beds across ward B1 with a separate station to undertake Orthopaedic activity.





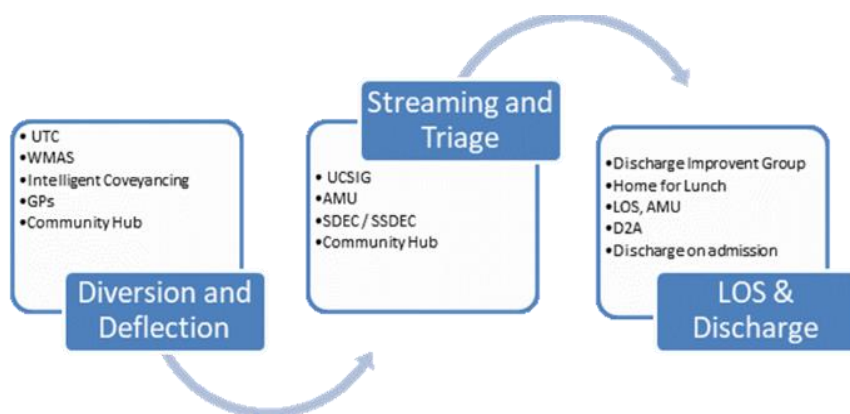
#### 4. Planning for Winter 23/24

Since last winter several initiatives are continuing to strengthen urgent and emergency care flow alongside discharge processes within the Trust.

1. The implementation of the Falls Response Team in the Dudley Clinical Hub supporting admission avoidance working in partnership with West Midlands Ambulance Service (WMAS), in reaching into patients' home to avoid conveyance to hospital.
2. The implementation of the enhanced care home team supporting care homes with high conveyances rates to ED with additional training and education.
3. The implementation of the Medical Consultant role, which continues at the front door to work alongside the existing medical complement 08:00 – 21:00, 7 days a week. This role provides a senior review resulting in utilising virtual wards, HOT clinics, and support admission avoidance. This has been worked into the existing consultant establishment.
4. The development and implementation of four Deputy Matron posts to support education and development of nursing teams to improve patient safety, WMAS offload and overall improved experience across ED.
5. Near Patient Testing situated in ED to identify COVID and Flu positive patients to ensure Infection, Prevention and Control (IPC) provisions are put into place and reduce hospital acquired infections, reducing outbreaks across ward areas.
6. Capacity escalation process identified, using Surge Action Plans which have been implemented across the divisions to reduce bottle necks on wards and improve patient flow.
7. The successful implementation of the medical Same Day Emergency Care (SDEC) unit, with an aim of achieving a daily 85% discharge rate from the unit.
8. Implementation of daily meeting to discuss patients who do Not meet Criteria to Reside (NCTR) happens five times per week with complex discharge team, external partners are also in attendance once weekly to support complex cases. This creates a multi-disciplinary approach (MDT) with external partners to support timely discharge of increased complexity of patients. This does not replace the twice daily calls with System partners and the complex discharge team – otherwise known as the Rag calls.
9. Implementation of a 16 bedded Discharge Lounge with dedicated staff to enable pull model from wards for early flow. This is funded for daytime hours only.
10. The development of the Discharge to Assess (D2A) pathway which has guaranteed 5x pathway 1 Dudley discharges daily 7 days a week.

This year's Winter Plan explicitly seeks to build on the national delivery plan for recovering urgent and emergency care services and the 10 high impact interventions (see appendix A).

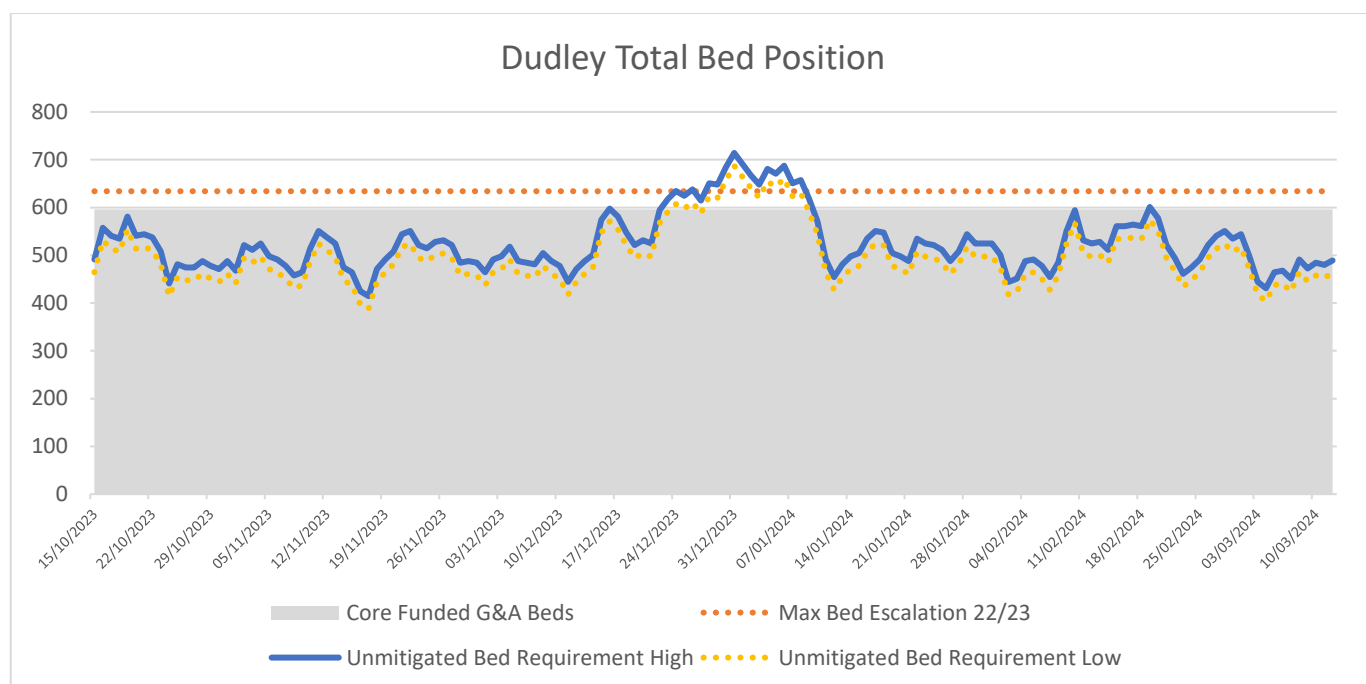
Three key work themes from 2023/24 remain:



## 5. Bed Modelling

The Trust has a substantive general and acute (G&A) bed base of 596 beds excluding Paediatrics.

Bed Demand predictions G&A for Russell's Hall Hospital



At the peak of winter, The Dudley Group is forecasting a requirement between 654 – 681 beds.

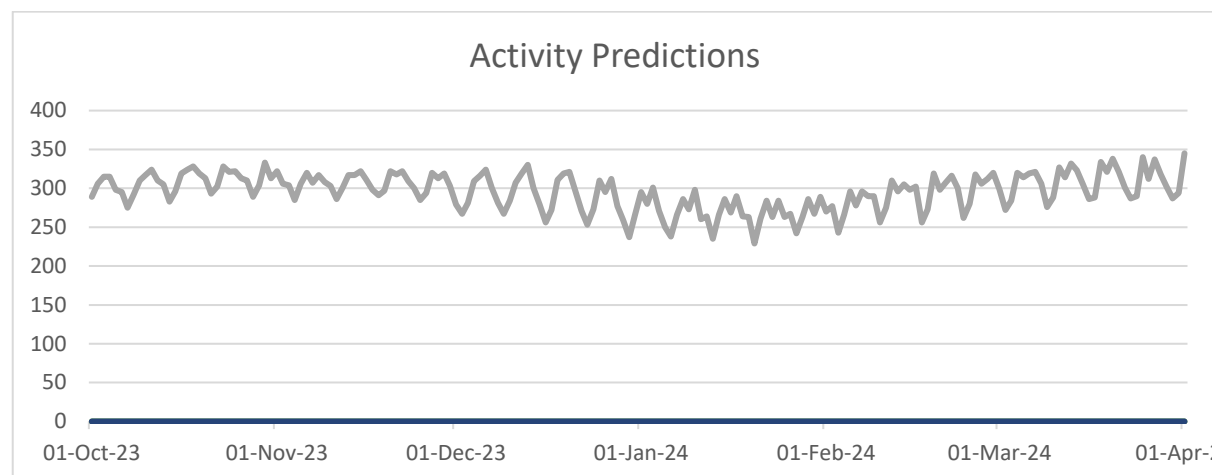
Against The Dudley Groups funded G&A capacity, there is predicted to be an unmitigated bed deficit between 58 and 85 beds. The peak of demand is forecasted for the peak from late December 23 to second week of January 2024.

This considers impact of seasonal flu, COVID, pneumonia, other infectious diseases, and potential impact of intelligent conveyancing during this period.

The impact of the Winter Plan 2023/24 is expected to partially mitigate the bed gap, the entire gap cannot be closed.

## 6. Activity Prediction

The activity predictions for attendances at the Emergency Department at The Dudley Group indicate that the peak activity period for winter 23/24 will be 30<sup>th</sup> October with 333 attendances, with a proportion of November remaining above 300 attendances, 20<sup>th</sup> December peak at 320 attendances, dropping for the Christmas period as is the normal pattern. The 18th of March 24 is expected to be going over 330 attendances. Usually, January is predicted to have lower attendances than in previous years. (Detailed predictions in appendix A) See chart below:



## 7. Mitigations actions

The Winter Plan in 2023/24 is faced with the challenge of managing a limited amount of System Development Funding (SDF) of £1,900,736.00.

This is being divided up as follows:

- DGFT - Virtual Wards: £1,043,518, enabling implementation of 17 additional virtual ward slots across Respiratory, Frailty and Heart Failure.
- DIHC-Acute Respiratory Infection (ARI) Access Hub: £311,327, to provide access to same-day urgent assessment for both adults and children, preventing unnecessary hospital attendances and ambulance conveyances. The service will operate; 1st Oct – 31st March, Monday to Friday, between 18:00 and 22:00 and Sat 09:00 – 13:00. Access to the ARI hub will be available via GP, 111, UTC and ED. The service will be delivered from the Brierley Hill Health and Social Care Centre. This will give a further 2496 primary care appointments over the winter period which will reduce approx. 20 UTC/ED attendances per day.
- Local Authority - Discharge to Assess reablement: £545,891, to bring reablement in-house. With the aim to reduce reliance on Agency and reduce length of service required.

### **Diversion and Deflection** (Impact of mitigating actions in appendix B)

- Dudley Clinical Hub (DCH) has developed a single point of access for WMAS, Primary Care and Nursing Homes to access secondary services. Operational hours are 08:00 – 20:00. There has been an increase in utilisation from care homes with call percentage up to 56.6%, whilst WMAS is low at 7.2%. Whilst engagement has been sought from WMAS the uptake is minimal and there is scope for further utilisation to reduce conveyance of Cat 3 calls.
- The implementation of the Rapid Falls Team working alongside WMAS to provide rapid assessment in the patient's home, will reduce conveyance to ED for non-injurious falls in

the elderly population. Access to emergency social service resources will support admission avoidance to allow patients to remain in their own home.

- The Enhanced Care Home team will provide education and support to care homes where a rise in attendance to ED is noted. This will support and enable patients to stay at their home and utilise the primary care services, whilst also educating the care homes workforce in nursing practice. Implementation of an in reach Urgent Care Response (UCR) service, will pull patients from the Urgent Treatment Centre (UTC) and ED areas back out into primary care, where clinically appropriate, thus reducing demand on front door services.
- The Acute Respiratory Infection (ARI) Access Hub will support primary care Monday to Friday, between 18:00 and 22:00 and Sat 09:00 – 13:00. Access to the ARI hub will be available via GP, 111, UTC and ED. This will direct activity away from the Acute and improve Primary care access for our patients.
- The co-location of the Urgent Treatment Centre (UTC) to ED will enhance appropriate use of emergency pathways. This will require close team working with our partners to ensure patients are seen in the right place, first time.
- This winter period a mental health pathway has been Implemented to enable patients to be seen and referred to mental health liaison services from UTC, reducing attendance in the ED footprint.
- The Black Country Mental Health Trust has engaged with Acute Hospitals, Primary Care and Police to develop a strategy around drug and alcohol support services including supporting pathways and integrated ways of working. A directory of services to be developed for November '23 by the Black Country Mental Health Trust outlining services available in the different areas to stream patients to from the community and SDEC services.

## Streaming and Triage

- The implementation of four Deputy Matron posts has strengthened ED nursing leadership, with a real focus on flow within the department, whilst supporting education and development of the staff. The increase in training of nursing in triage supports the identification of patients requiring immediate medical intervention and streaming.
- The implementation of the Medical Consultant role is in place at the front door, working alongside colleagues to strengthen the senior decision making and appropriate use of all emergency pathways.
- The Trust has current same-day emergency care (SDEC) provision across medicine/surgery/gynae and paediatrics.

AEC	07:30 -22:30	15hrs	7 days
FAU	06:30 – 19:30	13hrs	7 days
CAU	07:45 – 20:15	12.5hrs	7 days
RAU	07:45 O 20:15	12.5hrs	Mon – Fri
Haem/Onc	08:00 – 19:00	11hrs	Mon – Fri
Surgical	24/7	24/7	7 days
Gynae	24/7	24/7	7 days
Paed	24/7	24/7	7 days

- The SDEC and UTC service will be optimised from Dudley Clinical Hub (DCH), ED, and in partnership with NHS111. The operating model has been enhanced with extended medical hours to support fifteen hours daily.

- Surgery, Gynaecology and Paediatric have a 24-hour SDEC service. DCH are piloting a direct referral model into Surgical SDEC from October '23, and if this is successful, this will be rolled out to other specialities.
- Optimisation of Virtual Ward utilisation is paramount. SDF funding has enabled the implementation of seventeen additional slots.
- A pilot across Acute Medical Unit is being implemented end of October '23 supported by the transformation team to ensure proactive response at the front door to admission avoidance, and a consistent process to utilise community support across the AMU footprint to promote early discharge.

### **Patient Length of Stay (LOS) and Discharge**

- The Trust Discharge Improvement Group remains in place with the following workstreams to oversee discharge improvement strategies.
- A management of change has been implemented across the complex discharge team (DISCO) to increase the hours of operation, cover seven days working, and strengthen the team with Band 6 Discharge Specialist roles.
  - The Band 6 discharge specialist roles comprise of nurses, therapists, and social workers to enhance an MDT approach strengthening the team.
  - Band 4 discharge facilitators will be assigned to a designated patch to be part of ward/board rounds and ensure complex discharge planning begins at the beginning of the patient journey, consistently.

The below are all enablers to improve discharge and flow:

- A Discharge Dashboard is being developed for implementation by the end of October '23 which will show data of patients Not Meeting Criteria to Reside (NCtR), with transparency on the cause of the delay.
- To reduce patient Length of Stay (LOS), daily board rounds are in place (Mon-Fri), with medical, nursing, therapies, and complex discharge facilitators. This has improved communication and has demonstrated reduced LOS.
- The Clinical Site Team is now full established to support seven days working. This will strengthen the Trust processes enabling proactive planning, clear roles and responsibilities and clear and timely actions.
- Throughout November, December and January Multi Agency Discharge Event (MADE) events will be co-ordinated with System partners to facilitate a reduction in the number of patients who are stranded in Acute beds.
- Online WMAS Patient Transport Service (PTS) booking system has been implemented, to support efficient and timely planning of discharges.
- The Trust Surge and Escalation policy is being reviewed and updated with clear roles and responsibilities. This strengthens and supports safe and effective patient flow through the organisation, both in, and out of hours.
- The Regional Capacity Management Team (RCMT) have developed action cards, with System partners, to enact actions to be undertaken when the Trust is in an escalated position.

### **Mitigation**

For winter, Russells Hall Hospital carries a current gap of –6 beds against assumptions made against the pessimistic scenario, and a +21 position against the optimistic scenario. The mitigation plans have been worked through and agreed with Dudley Place. It is accepted across

Dudley Place that the optimistic view is unlikely to materialise due to current pressures in the system, therefore, mitigations are required against the pessimistic scenario.

	Optimistic Scenario	Pessimistic Scenario
Unmitigated G&A bed shortfall	58	85
<b>*Total Extra Capacity</b>	79	79
<b>Total G&amp;A Deficit</b>	<b>+21</b>	<b>-6</b>

Appendix B details schemes behind extra capacity as referenced in the table above.

## 8. Finance

The bed modelling assumptions for winter has included all the unfunded surge areas that have been in use. This is not funded and is a cost pressure to the Trust of £1,501,404 per year.

Additionally, if the super surge beds; 16 in the Discharge Lounge, continue to remain open and used as super surge capacity, this will be an additional cost pressure of £400,000 approx.

Should funding be made available, there is scope to strengthen/develop new Community/Place capacity (as per Place plan) to impact on further reducing admission and attendance avoidance to ED. The revenue funding required equates to £2.149m. These schemes increase access to community and local authority pathways, which in turn will support reducing the risk of demand at Russells Hall Hospital. The schemes are detailed in the table below.

	System	Organisation	Scheme type	Scheme Description	New or Existing	Requirements	Finance	Priority High/Medium
1	Black Country ICS: Dudley	DGFT	Community	Expansion of OBI	Enhancing Existing	1 WTE B7, 3WTE B6 OT, 3 x WTE B4	£221,000	High
2	Black Country ICS: Dudley	DGFT	Community	Expansion of UCR including Falls, SDEC, DVT pathway	Enhancing Existing	3 WTE B7	£189,000	High
3	Black Country ICS: Dudley	DGFT	Community	Increase capacity in triage team	Existing	3 WTE B6	£161,000	Medium
4	Black Country ICS: Dudley	DGFT	Community	Increase Clinical Hub none clinical	Existing	3 WTE B3	£91,000	Medium
5	Black Country ICS: Dudley	DGFT	Community	Increase rapid response EOL	Existing	2 x WTE B6	£107,000	Medium
6	Black Country ICS: Dudley	DGFT	Community	Increase diagnostics provision	Existing	NA	£180,000	Medium
7	Black Country ICS: Dudley	LA/DIHC	Community	Additional pathway 3 beds	Existing		£200,000	High
8	Black Country ICS: Dudley	LA	Community	Additional Capacity for pathway 1	Existing	TBC	£300,000	High
9	Black Country ICS: Dudley	DGFT	Community	Virtual ward capacity	Existing	NA	£600,000	High
10	Black Country ICS: Dudley	All	Community	Other schemes funded previously and cut due to financial pressures	New	TBC	£100,000	Medium

## 9. Vaccination Roll Out

The Vaccination roll out for Flu vaccinations is the 12th of September. Covid vaccination will commence the end of September. A roving type of model of two teams have been planned to

provide vaccinations to our staff. The denominator is 6000 staff however, this will include all staff and will reduce if agreed targets do not include non-patient facing staff.

Staff Health and wellbeing will provide vaccinations for the over 65 years for our community.

## 10. Recruitment

WORKFORCE VACANCIES	04KPIM05_ACT		04KPIM05_ACT	
	Actual 31/08/2022 Month 5 WTE		Actual 31/08/2023 Month 5 WTE	
In Month Overall Staff Vacancies WTE	727.5	14%	350.38	6%
Registered Nursing, Midwifery and Health Visiting Staff	383.8	24%	156.41	8.00%
Allied Health Professionals	117.47	30%	99.44	23%
Support to Clinical Staff	108.3	6%	51.15	4%
Total NHS Infrastructure support	14.8	4%	27.41	3%
Medical and Dental	53.9	7%	11.44	1%

There has been a significant reduction in vacancies across our workforce over the last 12 months reducing out staff vacancy gap from 14% to 6%. This has supported the financial position of the Trust with the reduction in agency and bank expenditure also providing a substantive workforce across the Trust.

## 11. Dudley PLACE support

There is an agreement across all system partners for collaborative aim to reduce Medically Optimised for Discharge (MOFD) with a System ambition in place which will have KPI's attached.

### Enabling ambitions

- 90% of Pathway 1 referrals to be discharged within 24 hours of receiving referral.
- 90% of Pathway 2 referrals to be discharged within 24 hours of receiving referral.
- 90% of Pathway 3 referrals to be discharged within 24 hours of receiving referral.
- 90% of patients to be referred to a partner organisation within 24 hours of being declared medically fit by a clinician.
- 90% of patients on pathway 0 will be discharged the same working day of being declared medically fit for discharge.

Russells Hall Hospital can only tolerate a maximum of 40 patients with No Criteria to Reside whether this be with Dudley Place or Out of Area. There is agreement with Dudley Place Partners of having a maximum tolerance of no more than 40 patients know to place currently. Further support is required with Out of Area partners to have zero tolerance.

With no additional monies and limited blocked beds and spot purchasing available there is concern on how feasible this ambition is to achieve. However, we are working with our partners to develop a sit rep to show performance against the above criteria.

## Local Authority

SDF funding is supporting discharge to assess reablement to bring reablement in house and reduce length of service to release further provisions.

The Discharge 2 Assess (D2A) process for Pathway 1 will continue with a minimum of 5 patients per day being discharged. There are no further monies in the system to increase capacity.

Local Authority will continue to collaboratively work with the acute with twice daily rag calls and attendance at weekly stranded patient meetings with the Acute, with participation in the MADE events throughout winter.

Local Authority have agreed to on-site co-location to work towards a model aligned to Transfer of Care Hub.

## Dudley Integrated Health Care (DIHC)

Two beds commissioned at Royal Park and Jubilee Court until December 2023. There will be three further beds being purchased for Tier 1+ patients where needs cannot be met in nursing/residential homes but have not got increased needs of speciality rehab units. DIHC will continue to attend the Acute weekly stranded patient meetings and the MADE events.

### 12. Risks

- All safety risks, ED overcrowding, increased LOS and Ambulance off delays, are currently sat with DGFT due to:
  - Lack of utilisation across the system of using the additional Pathways 2/3 and Neuro beds available.
  - Overall System tolerance and ability to hold a maximum of no more than 40 patients with No Criteria to Reside at Russells Hall Hospital
  - Financial gap with unfunded areas open
  - Lack of capacity for Mental Health.

Risk (an uncertain future event that could affect the outcome)	Risk Rating	Mitigation (what steps can be taken to reduce adverse effects)
Increase in inpatient demand meets the pessimistic scenario resulting in insufficient beds to mitigate a worst-case scenario	16	Initiation of Internal Critical Incident.
Increase in Covid inpatients to a level like Wave 3	12	Change in IPC rules with benefit of less disruption to normal hospital functioning.  Point of Care testing in Emergency Portals.  Covid & Flu Staff Vaccination Campaign
Staff Sickness increases to unsustainable levels	8	Accelerate recruitment with the International Nurse Recruitment campaign and strengthen the Staff Bank by collaborating with NX.
MOFD list far surpasses 40 patients.	16	Dudley Place to monitor closely and quickly implement solutions to blockages in care.




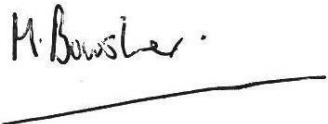
### 13. Monitoring

A daily dashboard is being developed to support monitoring of the actions taken and their effect. This will be used to support rapid learning and mitigations as required. The dashboard will also be shared weekly with the Executive team (DGFT), also through Finance and Productivity Committee and Integration Committee. Appendix B

### 14. Recommendations

The Trust Board is asked to:

- a. **APPROVE** the winter plan and mitigation proposals.
- b. **NOTE** the gap of – 6 that remains. Although this is vastly improved we may still require super surge capacity of 16 Discharge Lounge beds required at the height of winter.
- c. **NOTE** that this is a live plan and work is continuing to further develop on winter planning and resilience working with system partners and PLACE.

Name	Organisation	Signature
Neil Bucktin	Black Country ICB	
Matt Bowsher	Dudley Council	

## Appendix A

### 10 High-Impact Interventions Action

1. **Same Day Emergency Care:** reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week. **In Place**
2. **Frailty:** reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission. **In place, needs optimisation**
3. **Inpatient flow and length of stay (acute):** reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients. **Work in progress**
4. **Community bed productivity and flow:** reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes. **DGFT has no community beds**
5. **Care transfer hubs:** implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed. **In place - needs optimising in partners**
6. **Intermediate care demand and capacity:** supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab. **DIHC**
7. **Virtual wards:** standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge. **In place but needs optimisation & data improvement work.**
8. **Urgent Community Response:** increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission. **In place but needs optimisation**
9. **Single point of access:** driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment **Have Dudley clinical hub but needs optimisation**
10. **Acute Respiratory Infection Hubs:** support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures. **DIHC – In place**

Appendix B	Optimistic	Pessimistic	Monitoring
Unmitigated G&A bed shortfall	58	85	
<b>Mitigating interventions (bed days)</b>			
Admission Avoidance: Dudley Clinical Hub (Rapid Falls, enhanced care home)	8	8	Dudley Clinical Hub Dashboard
Admission Avoidance: Social Care; Urgent Care Hospital Avoidance	5	5	TBC
Admission Avoidance; Primary Care; ARI Hub	10	10	DIHC
Mental Health in UTC	1	1	ICB
Discharge Facilitation Pathway 2/3 (inc. Neuro rehab)	15	15	Discharge Dashboard (RAG)
SDEC Pathways – Medicine	3	3	Business Intelligence Report
SDEC Pathways Surgery, Gynaecology & Paediatrics	2	2	Business Intelligence Report
Internal Process Improvement	5	5	Discharge Dashboard
Virtual Ward reduction additional bed days	2	2	Business Intelligence Report
<i>Medically Optimised for Discharge (MOFD)</i>	10	10	Discharge Dashboard (RAG)
<i>Super Surge Beds (SDEC)</i>	8	8	Capacity Reports
Clinical Hub & WMAS	5	5	Dudley Clinical Hub Dashboard
Out of Area Delays (zero tolerance)	5	5	Discharge Dashboard
<b>*Total Extra Capacity</b>	79	79	
<b>Total G&amp;A Deficit</b>	<b>+21</b>	<b>-6</b>	

**\*This includes super surge capacity in SDEC but this may impact on flow.**

**It does not include the super surge capacity of 16 spaces in the Discharge Lounge – this is only staffed 08.00-16.00 substantively, and currently assists with flow for discharges.**

## Appendix C

Daily ED Attendance Winter Projections						
Date	Day	-10% Variance	-5% Variance	Projection	+5% Variance	+10% Variance
01-Oct-23	Sunday	260	274	289	303	318
02-Oct-23	Monday	275	290	306	321	336
03-Oct-23	Tuesday	284	299	315	331	347
04-Oct-23	Wednesday	284	300	315	331	347
05-Oct-23	Thursday	268	283	298	313	328
06-Oct-23	Friday	266	280	295	310	325
07-Oct-23	Saturday	248	261	275	289	303
08-Oct-23	Sunday	263	278	292	307	321
09-Oct-23	Monday	279	294	310	325	340
10-Oct-23	Tuesday	285	301	317	333	349
11-Oct-23	Wednesday	291	308	324	340	356
12-Oct-23	Thursday	279	295	310	326	341
13-Oct-23	Friday	274	289	305	320	335
14-Oct-23	Saturday	255	269	283	297	312
15-Oct-23	Sunday	267	281	296	311	326
16-Oct-23	Monday	287	303	319	335	351
17-Oct-23	Tuesday	291	308	324	340	356
18-Oct-23	Wednesday	296	312	328	345	361
19-Oct-23	Thursday	287	303	319	335	351
20-Oct-23	Friday	282	298	313	329	345
21-Oct-23	Saturday	264	279	293	308	323
22-Oct-23	Sunday	272	287	302	318	333
23-Oct-23	Monday	296	312	328	345	361
24-Oct-23	Tuesday	289	305	321	337	353
25-Oct-23	Wednesday	290	306	322	338	354
26-Oct-23	Thursday	281	297	313	328	344
27-Oct-23	Friday	279	295	310	326	341
28-Oct-23	Saturday	260	274	289	303	317
29-Oct-23	Sunday	273	288	304	319	334
30-Oct-23	Monday	299	316	333	349	366
31-Oct-23	Tuesday	282	298	313	329	345
01-Nov-23	Wednesday	290	306	322	338	354
02-Nov-23	Thursday	276	291	306	322	337
03-Nov-23	Friday	274	289	304	319	334
04-Nov-23	Saturday	257	271	285	299	314
05-Nov-23	Sunday	275	290	306	321	336
06-Nov-23	Monday	288	304	320	336	352
07-Nov-23	Tuesday	276	292	307	322	338
08-Nov-23	Wednesday	285	301	317	333	349
09-Nov-23	Thursday	277	293	308	324	339
10-Nov-23	Friday	273	288	303	318	333
11-Nov-23	Saturday	257	272	286	300	314
12-Nov-23	Sunday	271	286	301	316	331

15-Nov-23	Wednesday	290	306	322	338	354
16-Nov-23	Thursday	280	296	311	327	343
17-Nov-23	Friday	269	283	298	313	328
18-Nov-23	Saturday	262	276	291	306	320
19-Nov-23	Sunday	267	282	297	312	327
20-Nov-23	Monday	290	306	322	338	354
21-Nov-23	Tuesday	286	302	318	334	350
22-Nov-23	Wednesday	290	306	322	338	354
23-Nov-23	Thursday	278	294	309	324	340
24-Nov-23	Friday	270	285	300	315	330
25-Nov-23	Saturday	257	271	285	300	314
26-Nov-23	Sunday	265	279	294	309	323
27-Nov-23	Monday	288	304	320	336	352
28-Nov-23	Tuesday	282	298	313	329	345
29-Nov-23	Wednesday	288	303	319	335	351
30-Nov-23	Thursday	273	288	303	318	333
01-Dec-23	Friday	251	265	279	293	307
02-Dec-23	Saturday	240	254	267	280	294
03-Dec-23	Sunday	253	267	281	295	309
04-Dec-23	Monday	278	293	309	324	340
05-Dec-23	Tuesday	284	300	316	331	347
06-Dec-23	Wednesday	291	307	324	340	356
07-Dec-23	Thursday	270	285	300	315	330
08-Dec-23	Friday	252	266	281	295	309
09-Dec-23	Saturday	240	254	267	280	294
10-Dec-23	Sunday	256	270	284	298	313
11-Dec-23	Monday	276	292	307	322	338
12-Dec-23	Tuesday	287	303	319	335	351
13-Dec-23	Wednesday	297	314	330	347	363
14-Dec-23	Thursday	270	285	300	315	330
15-Dec-23	Friday	251	265	279	293	306
16-Dec-23	Saturday	230	243	256	268	281
17-Dec-23	Sunday	245	259	272	286	300
18-Dec-23	Monday	280	296	311	327	342
19-Dec-23	Tuesday	287	303	319	335	350
20-Dec-23	Wednesday	289	305	321	337	353
21-Dec-23	Thursday	266	281	296	311	325
22-Dec-23	Friday	244	258	271	285	298
23-Dec-23	Saturday	228	241	253	266	279
24-Dec-23	Sunday	246	259	273	287	300
25-Dec-23	Monday	279	294	310	325	341
26-Dec-23	Tuesday	265	280	295	310	324
27-Dec-23	Wednesday	280	296	312	327	343
28-Dec-23	Thursday	250	263	277	291	305
29-Dec-23	Friday	233	246	259	272	285
30-Dec-23	Saturday	214	226	237	249	261
31-Dec-23	Sunday	240	253	266	280	293
01-Jan-24	Monday	265	280	295	309	324

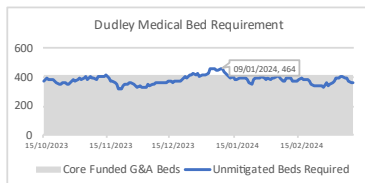
02-Jan-24	Tuesday	252	266	280	294	308
03-Jan-24	Wednesday	271	286	301	316	331
04-Jan-24	Thursday	244	258	271	285	299
05-Jan-24	Friday	225	238	250	263	275
06-Jan-24	Saturday	214	226	238	250	262
07-Jan-24	Sunday	239	252	266	279	292
08-Jan-24	Monday	257	272	286	300	315
09-Jan-24	Tuesday	246	260	273	287	301
10-Jan-24	Wednesday	268	283	298	313	327
11-Jan-24	Thursday	234	247	260	273	286
12-Jan-24	Friday	237	250	264	277	290
13-Jan-24	Saturday	211	223	235	246	258
14-Jan-24	Sunday	239	252	266	279	292
15-Jan-24	Monday	257	272	286	300	314
16-Jan-24	Tuesday	242	256	269	283	296
17-Jan-24	Wednesday	261	276	290	305	319
18-Jan-24	Thursday	237	250	264	277	290
19-Jan-24	Friday	237	250	263	276	289
20-Jan-24	Saturday	206	217	229	240	252
21-Jan-24	Sunday	235	248	261	274	287
22-Jan-24	Monday	255	270	284	298	312
23-Jan-24	Tuesday	237	250	263	276	289
24-Jan-24	Wednesday	256	270	284	299	313
25-Jan-24	Thursday	237	250	263	276	289
26-Jan-24	Friday	241	254	267	281	294
27-Jan-24	Saturday	218	230	242	254	266
28-Jan-24	Sunday	237	250	263	276	289
29-Jan-24	Monday	258	272	286	301	315
30-Jan-24	Tuesday	240	253	267	280	293
31-Jan-24	Wednesday	260	275	289	304	318
01-Feb-24	Thursday	243	256	270	283	297
02-Feb-24	Friday	249	263	277	290	304
03-Feb-24	Saturday	218	231	243	255	267
04-Feb-24	Sunday	240	253	266	280	293
05-Feb-24	Monday	267	282	296	311	326
06-Feb-24	Tuesday	250	264	278	292	306
07-Feb-24	Wednesday	266	281	296	311	325
08-Feb-24	Thursday	261	275	290	304	319
09-Feb-24	Friday	261	276	290	305	319
10-Feb-24	Saturday	231	244	256	269	282
11-Feb-24	Sunday	248	261	275	289	303
12-Feb-24	Monday	279	295	310	326	341
13-Feb-24	Tuesday	267	281	296	311	326
14-Feb-24	Wednesday	274	289	305	320	335
15-Feb-24	Thursday	269	283	298	313	328
16-Feb-24	Friday	272	287	302	318	333
17-Feb-24	Saturday	230	243	256	268	281
18-Feb-24	Sunday	246	260	273	287	301

19-Feb-24	Monday	287	303	319	335	351
20-Feb-24	Tuesday	268	283	298	313	328
21-Feb-24	Wednesday	276	291	307	322	337
22-Feb-24	Thursday	285	300	316	332	348
23-Feb-24	Friday	270	285	300	315	330
24-Feb-24	Saturday	236	249	262	275	288
25-Feb-24	Sunday	252	266	280	294	308
26-Feb-24	Monday	286	302	318	334	350
27-Feb-24	Tuesday	276	291	306	322	337
28-Feb-24	Wednesday	281	296	312	328	343
29-Feb-24	Thursday	288	304	320	336	352
01-Mar-24	Friday	269	284	299	314	329
02-Mar-24	Saturday	245	258	272	286	299
03-Mar-24	Sunday	256	270	284	298	313
04-Mar-24	Monday	288	304	320	336	352
05-Mar-24	Tuesday	282	298	314	329	345
06-Mar-24	Wednesday	287	303	319	335	351
07-Mar-24	Thursday	289	305	321	337	353
08-Mar-24	Friday	276	291	306	322	337
09-Mar-24	Saturday	248	262	276	289	303
10-Mar-24	Sunday	259	274	288	303	317
11-Mar-24	Monday	294	310	327	343	359
12-Mar-24	Tuesday	283	298	314	330	346
13-Mar-24	Wednesday	299	316	332	349	366
14-Mar-24	Thursday	291	307	323	340	356
15-Mar-24	Friday	274	289	305	320	335
16-Mar-24	Saturday	257	272	286	300	315
17-Mar-24	Sunday	259	273	288	302	316
18-Mar-24	Monday	300	317	334	350	367
19-Mar-24	Tuesday	289	305	321	337	353
20-Mar-24	Wednesday	304	321	338	355	372
21-Mar-24	Thursday	289	305	321	337	353
22-Mar-24	Friday	271	286	301	316	331
23-Mar-24	Saturday	258	273	287	302	316
24-Mar-24	Sunday	261	276	290	305	319
25-Mar-24	Monday	306	323	340	357	373
26-Mar-24	Tuesday	281	296	312	328	343
27-Mar-24	Wednesday	303	320	337	354	371
28-Mar-24	Thursday	286	302	318	334	350
29-Mar-24	Friday	272	287	302	317	333
30-Mar-24	Saturday	258	273	287	301	316
31-Mar-24	Sunday	265	280	294	309	324
01-Apr-24	Monday	310	328	345	362	379

## Appendix D



### The Dudley Group NHS Foundation Trust

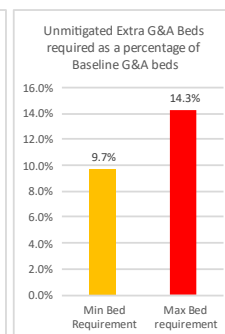
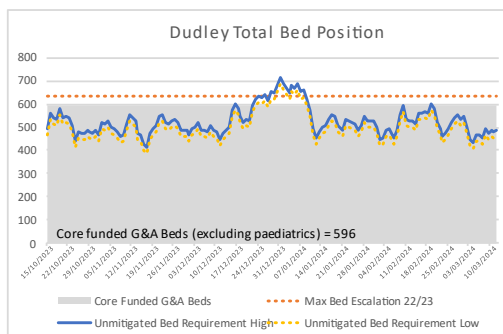
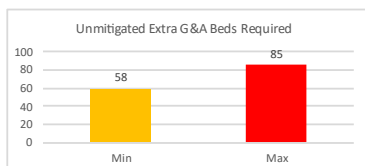
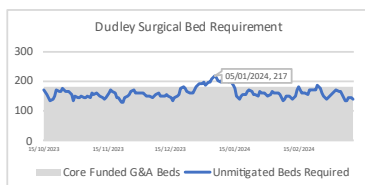


Dudley winter pressures are exacerbated by an increase in winter ED walk-in activity, plus increased admission percentages.

All Trusts show increases in both medical and surgical length of stay, Dudley shows a large increase especially in surgical length of stay and the combination of all the above factors suggest that the pressure for medical beds particularly, could extend through to the 15<sup>th</sup> January 2024.

The unmitigated extra G&A beds required at peak could be between 58 and 85.

Please note that for the total bed position, the maximum escalation beds from 2022/23 may not be achievable this year.





**Paper for submission to Board of Directors**  
**9 November 2023**

<b>Report title</b>	Integrated Performance Report for September 2023
<b>Sponsoring executive/presenter</b>	Karen Kelly, Chief Operating Officer
<b>Report authors</b>	Jack Richards, Director of Operations Amandeep Tung-Nahal, Director of Operations Rory McMahon, Director of Operations

## 1. Suggested discussion points

This report summarises the Trust's performance against national standards and local recovery plans for the month of September 2023 (August 2023 for Cancer and VTE). The Committee is asked to note performance and next steps.

### **Summary: Key Areas of Success**

Performance against national elective recovery targets remains in a positive position. The number of patients waiting in excess of 65 weeks to commence routine treatment remains stable and the Trust continues to support neighbouring organisations through treating patients in their 78 week cohorts.

Cancer 2 week wait achieved target in August. As per NHSE guidance, 2 week wait indicator replaced with faster diagnosis standard from October 2023 onwards. Performance against 2 week wait will continue to be monitored locally. Cancer 62-day performance is below the required operational standard, however, has significantly improved, submitted trajectories are achieving and recovery plans remain on course.

### **Summary: Key Areas of Concern**

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4 hour, however, performance showed an improvement in September's position at 74.1% vs 72.8% in August. Triage performance equally remains a challenge, however, September position further improved at 84% vs 78.9% in August, reflecting the hard work which DIP have put in during a focused 6 week stint aimed at improving the triage process. September continues to build on the improvements being made in all triage areas, although Ambulance triage remains the only metric above target, this is because triage has recently moved to a new, higher target in order to attain extra winter monies.

Ambulance handover delays of over 60 minutes increased markedly during the month of September; a function of higher demand and a higher level of Medically optimised, fit for discharge (MOFD) within the Trust.

### **Emergency Access Standards**

Most EAS standards remained challenged last month and largely below target. Although front door pressures remain high, the average time to treatment remained static at 55.6% September compared to August. 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. Acuity and NEWS score remains very high in the department.

### **Cancer (Data to August)**

Cancer 2 week wait saw continued improvement in performance in August with the Trust achieving the 93% standard. There has been sustained improvement in achieving the number of patients waiting over 62 days against system plan as well as achieving Faster Diagnostic Standards (FDS) 80.1% (August validated) against constitutional standard of 75%.

### **DM01**

DM01 has underdelivered by 1.66%, achieving 66.56% against a system trajectory of 68.22%. September performance has improved compared to October. This was a result of underperformance in Non-Obstetric Ultrasound (NOUS), and continued pressure in Cardiology and Endoscopy. In addition, Cardiac MRI saw an increase in patients waiting over 6 weeks, this can be attributed to industrial action.

Patients waiting over 6 weeks for NOUS has reduced during September as planned and will continue to reduce during October as staffing has improved. Mutual aid to be provided to SWBH from November. Endoscopy performance is improving, expansion works will provide additional capacity. Cardiology is the most challenged area. CDC Echo activity to commence by end of 2023. Cardiac MRI recovery plan to address backlog.

### **Elective Restoration & 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 with the number of breaches falling week-on-week. PIDMAS is soon to be launched and this will mean that there is potential for a greater number of patients transferring between organisations, the impact of this is still being modelled.






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 (Missed Appointments) rate which has now reduced to 8.3% in August 2023 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. We are holding over the course of October and November a number of 'new patient super weeks' focused on the reduction of the ASI.

A Trust self-assessment has been completed and was presented to the board last month. The aim of this work is to deliver all patients who will have been waiting 65 weeks for an outpatient appointment in March 2024, an appointment by the end of October 2023. This assessment included the allocation of £80k additional funding to support the initiative of outsourcing in both Neurology and Gynaecology which is now in progress. The self-

assessment forms part of the Black Country ICS submission related to the NHSE letter 'Protecting & Expanding Elective Capacity TASK52100' covering the current KPI metrics of 65+ week cohort of patients, plus additional Outpatient KPI metrics covering the PIFU 5% target, Outpatient Follow Ups (with no procedure) Reduction by 25%, Specialist Advice and Reduction of Missed Appointments.

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

## 2. Alignment to our Vision

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

Finance and Productivity Committee on the 26 October 2023.

## 3. Recommendation(s)

The Public Trust Board is asked to:

- a. Note and discuss Trust's performance against national standards and local recovery plans for the month of September 2023 (August 2023 for Cancer and VTE).

## 4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Corporate Risk Register	Y	Various linked to performance and quality					
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	n	If 'Y' date completed	

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






<b>Report title</b>	Quality Committee 24 <sup>th</sup> October 2023: Chair's Report
<b>Sponsoring non-executive</b>	Liz Hughes
<b>Report author</b>	Dr Amanda Last. Deputy Director of Governance

**1. Suggested discussion points**

The paper outlines the key points of assurance and escalation at the Quality Committee meeting that took place in August, September and October 2023.

The report details work commissioned as result of discussions held and any decisions made.

**2. Alignment to our Vision**

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 	
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**2. Report journey**

Quality Committee 29/08/23, 26/09/2023 and 24/10/23

**3. Recommendation(s)**

The Public Trust Board is asked to:

- a. Note** the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.

**4. Impact**

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Corporate Risk Register							
Equality Impact Assessment	Is this required?	N		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	N		N	X	If 'Y' date completed	

## UPWARD ASSURANCE REPORT FROM QUALITY COMMITTEE MEETING HELD 24 OCTOBER 2023

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The Committee noted that the Combined Neonatal death rate remained above the national rate. In response, the service has commenced a thematic review of mortality cases. This MDT review is already underway and is being overseen by the Deputy Medical Director as part of the mortality surveillance process. The findings of the review will be presented to the Committee.</li> <li>• The Committee received negative assurance in respect to the result reporting timeframes for histology samples by the Black Country Pathology Service. This has been an ongoing issue for over 12 months.</li> <li>• The Committee received positive assurance regarding the oversight and safety monitoring of patients waiting for care/treatment however raised concern regarding extended wait times for patients who have had their care transferred to the Trust from other organisations.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Nil to report</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee received good levels of assurance regarding the quality and safety of services provided by the Community Care and Clinical Support Division. Of particular note, the Trust ranked first in the country for the detection rates of Small for Gestational Age babies (Perinatal Institute) and the End of Life team has received Gold Standards Framework (GSF) accreditation; this is the first nationally for a community based team.</li> <li>• The Committee received positive assurance regarding the work undertaken to prepare the Trust for transition to the Patient Safety Incident Response Framework (PSIRF). The Committee also noted the transition to reporting to Learning from Patient Safety Events (LfPSE) and thanked the Patient Safety Team for their hard work. The Trust's position with PSIRF and LfPSE represents significant progress with the National Patient Safety Strategy.</li> <li>• Good levels of assurance were received from the Maternity service in terms of their progress towards compliance with the Maternity Incentive Scheme year 5 (CNST). However industrial action was noted to have had a negative impact on plans to ensure training compliance.</li> <li>• The Committee noted improvements in the information documented within the aligned BAF risks</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• To note the change of the Committee name from Quality &amp; Safety Committee to Quality Committee.</li> <li>• The Committee agreed to retain an inconclusive assurance level in respect of Board Assurance Framework (BAF) risks) 1.1 and 1.2.</li> </ul>

## UPWARD ASSURANCE REPORT FROM QUALITY COMMITTEE MEETING HELD 26 SEPTEMBER 2023

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Discussions took place regarding radiology services and preparation work for potential re-inspection by the CQC. It was noted that there were issues for the service in respect to the full delivery of a seven day service and the Committee requested additional work be undertaken to understand this further.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The Committee received positive assurance regarding the sustained improvements seen in the reduced number of MET calls/cardiac arrests. Discussions took place regarding how we can fully understand the work undertaken that led to this positive outcome and learn from this approach in future improvement work. As a result, a deep dive has been commissioned to enable us to learn from excellence.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Womens and Children Division; the Committee acknowledged the improvements seen in mandatory training compliance and policy reviews. Of particular note, the Critical Care Unit has become the first unit in the country to achieve Gold Standards Framework accreditation.</li> <li>External positive assurance was received regarding the work on the Deteriorating Patient Pathway. The team were 'Highly Commended' at the HSJ Patient Safety Awards in September in the category 'Safety Improvement Through Technology Award'. This provides an additional confirmatory level of assurance to the information shared regularly at Committee.</li> <li>The Committee received positive assurance regarding progress made with improving compliance with obstetric mandatory training. It was noted that this had been added to the risk register but plans were on track for all medical staff to be compliant by December 2023.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Patient Safety Incident Response Plan and Policy were approved noting the ongoing work to provide supporting documents to enable staff to undertake the various aspects of the framework.</li> <li>The Committee agreed the approach proposed to the reintroduction of the Ward to Board visits.</li> <li>The Committee agreed to retain an inconclusive assurance level in respect of Board Assurance Framework (BAF) risks) 1.1 and 1.2.</li> </ul>

## UPWARD ASSURANCE REPORT FROM QUALITY AND SAFETY COMMITTEE MEETING HELD 22 AUGUST 2023

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>The Committee raised concern regarding the Stroke Service; performance metrics regarding scanning, thrombolysis, specialist assessments and SALT were noted to be below national standards. The Committee received limited assurance with respect to actions underway and planned. The Committee requested that the improvement plan was reconsidered and strengthened to include more specific actions, clear outcome measures with timeframes reflective of the risks to patient care.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The Committee received good levels of assurance regarding the quality and safety of services provided by the Medicine Division, of note the work the division are undertaking promoting and celebrating good practice through the use of Greatix and monthly celebration events was commended. Furthermore, the Committee heard that the Trust was rated first in the UK for Internal Medicine Training (IMT) (out of 152 organisations) for quality of medical training on the National GMC Survey. It was noted that this is one of the most challenging of courses and that this is an incredible achievement for the Division and wider Trust.</li> <li>The Committee received positive assurance through a Learning from Deaths up-date, namely improvement in crude mortality rates, downward trend related to in hospital deaths and stable MET calls and cardiac arrest data since the introduction of the Deteriorating Patient Pathway. The AQ scores are showing improvements in Community Acquired Pneumonia (CAP) and continued strong performance in Sepsis care. However it was noted that the SHMI (Summary Hospital-level Mortality Indicator), had increase during the reporting period (although overall is falling). The Trust have requested support from Royal Wolverhampton NHS Trust in exploring our data capture further. The improvement work regarding patient care pathways remains a focus whilst the data capture is being worked on</li> <li>Positive assurance was received in respect to Research and Development.</li> <li>Positive assurance was received regarding VTE assessment compliance – remaining at 100%.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Patient Safety Incident Response Plan and associated proposal documents for the management of Falls and Pressure Ulcers was reviewed and approved.</li> <li>Terms of Reference documents for the reporting groups listed below were reviewed however a decision was made to not approve these at this stage as a wider review of the reporting framework into Committee was felt necessary: <ul style="list-style-type: none"> <li>Risk and Assurance Group</li> <li>Divisional Governance Groups</li> <li>Health and Safety and Fire Assurance Group</li> </ul> </li> </ul>



**Paper for submission to the Public Trust Board on  
Thursday 9<sup>th</sup> November 2023**

<b>Report title</b>	Chief Nurse Report
<b>Sponsoring executive/presenter</b>	Mary Sexton, Chief Nurse (tenure end 31/10/2023) Helen Blanchard, Interim Chief Nurse (tenure commence 23 <sup>rd</sup> October 2023)
<b>Report author</b>	Helen Bromage, Deputy Chief Nurse

### 1. Suggested discussion points

#### **Maternity Incentive Scheme (CNST) Year 5 current progress:**

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST.

Version 1 of Year five of the Maternity incentive scheme launched on the 31st of 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. Detailed breakdown of the 10 safety actions can be found within the reading pack associated with this meeting. The latest update on those Safety Actions that are ongoing is:

Safety action 6: Saving babies lives version 3 (SBLV3) currently 47% compliant with all elements. Requirement is 70% overall compliance (at least 50% in each of the 6 elements). Second touchpoint with the Local Maternity and Neonatal System (LMNS) to assess compliance is December 2023.

Safety action 8: Potential issue with achieving full compliance safety action 8 due to industrial action and dates potentially clashing with training dates. Risk added to risk register. Training compliance is currently on trajectory for over 90% compliance by December 2023.

Safety action 9: Speak up session are currently being held for maternity and neonatal to allow and safety concerns to be voiced to board level safety champions. Perinatal and culture leadership program remains ongoing. SCORE culture survey is currently underway, open to all maternity, obstetrics, support teams, operations, obstetric theatres, neonates, sonography. Results will be available early 2024.

#### **Maternity and Neonatal Mortality rates:**

Early neonatal mortality rate remains above the national average at 2.68 (National rate 0.98). Thematic review of neonatal mortality commenced with support of Board level safety champions.

*Full details are given in the Maternity and Neonatal Safety and Quality Dashboard report that is included in the further reading pack.*

#### **Other highlights**

Multiple celebratory events have been undertaken over the past couple of months. **Allied Health Professional (AHP) day** was a fantastic success, and over 30 members of the public have been trained in basic life support during Restart a Heart day.

The **new Infection Prevention Control (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 *Carbapenemase-producing Enterobacterales* (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.

The Infection Prevention Control (IPC) Board Assurance framework has one amber rating for *Carbapenemase-producing Enterobacterales* (CPE) screening. The Trust has a CPE policy and mitigation in place. The CPE screening risk has been raised to the Integrated Care Board (ICB) and a risk placed on the ICB risk register.

*Full details of the framework are included in the further reading pack.*

## 2. Alignment to our Vision

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

None

## 3. Recommendation(s)

The Public Trust Board is asked to:

- Accept** the Maternity assurance provided as current position with mortality data, Ockenden compliance, information on new and ongoing serious incidents, MIS year 5 and SBLV3.
- Accept** the IPC BAF and assurance provided as current position.
- Note** the good work of the Chief Nurses Office and the wider promotional activities of the professions and the public involvement.

## 4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Corporate Risk Register							
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

## Chief Nurse Report

### Report to Board of Directors (Public) on Thursday 9<sup>th</sup> November 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

**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**  
**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 3**  
**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 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 go wrong, embedding new practice and shared learning to improve our services and patient outcomes.

**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 policies and standards.

**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.”

Charlotte May-Carter

Supporting our values of Care, Respect and Responsibility

DudleyGroupNHS www.dgft.nhs.uk

Excellent healthcare, Improved health for all

## 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.

The Trust has been running this year's vaccination programme since the 12th of September 2023 for flu introducing COVID vaccinations on the 24<sup>th</sup> September 2023.

The Vaccination team have provided a mobile service across the main sites, to capture the most staff.

As of the 20<sup>th</sup> October 2023 the team have administered

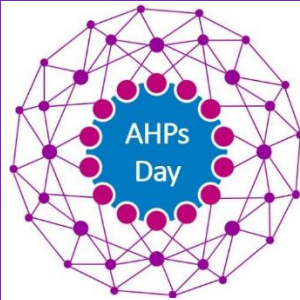
- 1,403 Flu vaccines
- 1,022 Covid vaccines
- A total of 2,425 vaccines to our staff at DGFT (during the first 6 weeks) This is a combination of frontline and non-frontline staff. Only frontline staff vaccinated are included within the national reporting system any Mitie staff vaccinated will not show up on the national reporting system as data is pulled from the Trusts ESR system. This issue has been raised to the Immunisation Board to be flagged with the national team.

Maternity services are offering flu and COVID vaccines to our pregnant ladies during their outpatient appointments.

Staff Health and Wellbeing are providing over 65s Flu vaccinations.

Uptake of the vaccinations has been very slow and there are elements of vaccine fatigue.

In October we celebrated our Allied Health professionals. The day was filled with lots of celebrations and a Dudley special cake baking competition. Throughout the week, we were also given the opportunity to join with our AHP colleagues across the Black Country and celebrate the achievements at the first Black Country Allied Health Professions Summit. A fantastic day which was very well attended and received.



Following on from our successful recruitment of over 400 internationally educated Nurses and Midwives, we have continued with the evening bring and share events. This is an opportunity for all to bring some food (either native or local) and share with colleagues. The events have all been very well received and attended. This event had a focus on Black History Month and we were joined by members of the Trusts Embrace group.

The next event will have a Christmas theme.



## OBJECTIVE 2 – DEVELOPING THE NURSING, MIDWIFERY AND AHP WORKFORCE

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.

### **Safeguarding and Complex Vulnerabilities**

A new Lead for Mental Health and Complex Vulnerabilities has been appointed. The new post holder will bring experience and knowledge of supporting patients with mental health needs and ensure the Trust and staff are upholding human rights and implementing appropriate legal frameworks for restrictive interventions and detentions.

A review has been completed to ensure the workforce are completing the right level of safeguarding adult training in line with their roles and responsibilities. The review and recommendations have been shared with the Head of Learning and Development and awaiting feedback.

The Learning Disabilities Lead Nurse and Head of Learning and Development have agreed a plan and trajectory for the implementation of the Oliver McGowan training. The Oliver McGowan training is a statutory national programme which all NHS Providers have a duty to provide. The roll out of the first level of e-learning training will begin in November 2023 starting in the Trust front door services such as ED, AMU, Midwifery and Paediatrics

In line with statutory duties under the Domestic Abuse Act 2021, the Trust now provides domestic abuse training to all staff via all levels of safeguarding training.

### **Recruitment, Retention, and workforce developments**

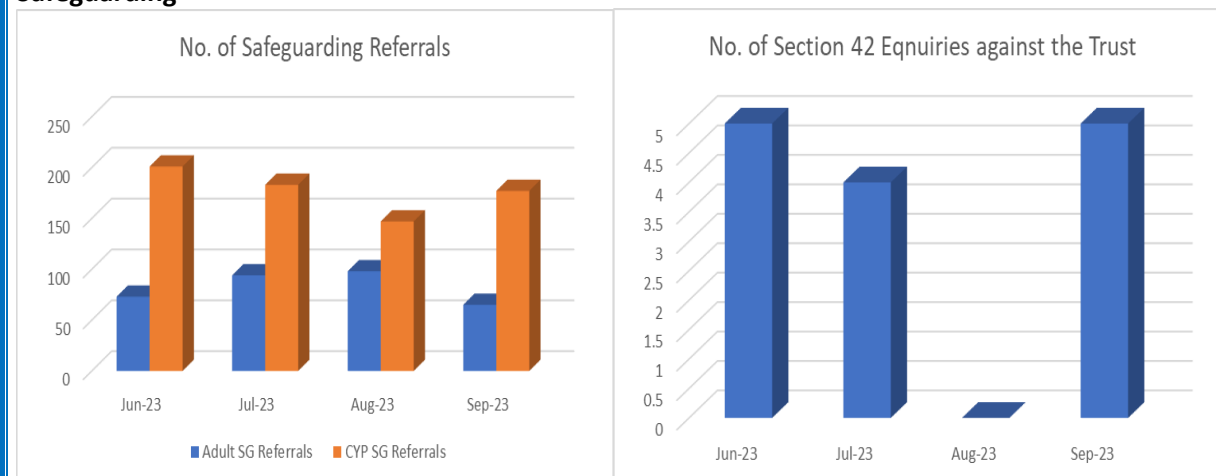
Hidden Talent Programme (CSW to RN development programme) launched in 2<sup>nd</sup> half of 2023, with 7 candidates appointed, 2 x internal, 5 x external. Due to commence 27<sup>th</sup> November with OSCE bootcamp w/c 4<sup>th</sup> December. Should be NMC registered by early 2024. Programme will run again in 2024 dependent on band 5 nurse vacancy position. Supports local recruitment rather than international recruitment.

Transfer Window opened again in September 2023, access was widened to include applications from Nursing Associates as well as clinical support workers and staff nurses. 67 applications received, 23 applications have been accommodated and transfers being facilitated in Oct/Nov 23.

### 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.

#### Safeguarding



August saw a slight dip in the number of safeguarding referrals for children, but this is a usual pattern during the 6 week school holidays. The referrals for adults dipped in September, work is being undertaken by the team to understand the reason for this, other than industrial action. There was an increase in staff identifying parental risk factors as a concern and supports the audit which demonstrates staff are more questioning in their assessments. There has also been an increase in peer on peer assaults with the start of the new school year. Self-neglect is the highest category of referral giving positive assurance that staff are recognising and referring harm.

**Mental Health Act-** In August and September there were 2 patients detained under Section 2 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 August there were 45 applications made In September there were 37 applications made.

## 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.

### **Safeguarding**

A safeguarding learning event took place in September to share the learning and recommendations from 3 safeguarding adult reviews that the Trust have participated in. The learning themes were around self-neglect, mental capacity and Discharge Against Medical Advice. The feedback was positive

Following a serious incident, the safeguarding team have provided training to all district nurses around self-neglect. Since the provision of the training, there has been a noticeable increase in the number of referrals and advice and support calls from community staff around self-neglect

### **Recruitment, Retention, and workforce developments**

Stay/itchy feet interviews (conversations) are being launched at the end of October beginning of November as part of the Shaping Your Future work. Access to the itchy feet conversations will be via the hub page and access to the stay conversation will be by invitation following the submission of a termination form. This work has necessitated the revision of the exit interview data set to be undertaken to allow for more qualitative feedback.

## 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

### **Infection Prevention and Control**

The Trust has reviewed all *Clostridioides difficile* (CDI) cases to the end (SSI) of August. The review has not identified any themes or trends which may have led to the increase which has seen the Trust over the annual trajectory in October. The Trust is not an outlier with system partners reporting similar increases. NHSE is undertaking a national review of CDI including the food chain and sewerage release. In April, the IPC Team commenced quarterly surgical site surveillance. The trust has reviewed knee replacements as the mandatory reporting element. The data showed a surgical site infection (SSI) rate of 5.3 % against the



achieve maintenance of national policy and standards.

National figure of below 1%. Work is currently taking place within the division to review the data and develop an action plan. For the period commencing July 2023 the IPC Team have been reviewing the SSI process for caesarean sections. The rate of SSI for caesarean sections within the Trust peaked at 21% but is now reducing. There is no National figure to benchmark against, but the IPC team have been working with maternity to review the processes and have developed leaflets for patients and are trialling the use of a different dressing. Data will be available in due course and will be shared with the divisions. The IPC team met with system partners and the ICB to develop tools and an investigation matrix to implement the PSIRF agenda. This has been shared with NHSE and the system is awaiting feedback. The IPC Board Assurance framework has one amber rating for *Carbapenemase-producing Enterobacterales* (CPE) screening. The trust has a CPE policy and mitigation in place. The CPE screening risk has been raised to the ICB and a risk placed on the ICB risk register. The Trust has reviewed its position on the wearing of fluid resistant surgical face masks in the Trust following an increase in COVID-19 cases and outbreaks of infection. A risk assessment was completed, and the decision taken in September to place all entry points to the hospital in masks this was extended in October to include all clinical areas. This decision remains under constant review.

Infection Prevention and Control Week in October was very successful with the launch of the Trusts Gloves Off campaign aimed at reducing the overuse of gloves within the Trust and PFI partners and the promotion of mouth matters and specimen collections. The IPC Team will be supporting pharmacy colleagues to promote Antibiotic awareness week in November.



### **Safeguarding**

The safeguarding team are working jointly with the In-Reach Care Coordinators and Integrated Plus (Social Prescribing) to build a pathway for high intensity users accessing ED. The pathway will include identification, referral, monitoring and information sharing to ensure robust management of high intensity users and work to protect them from harm. The associate named nurses for children have completed a third audit around professional curiosity of staff in ED in supporting identification of safeguarding concerns. The audit has demonstrated continuing improvement in staff questioning and probing, completion of local risk assessments and seeking to hear the voice of the child. The Lead Nurse for Safeguarding has initiated an ED Safeguarding Operational Group. This group will be responsible for the development and monitoring of the safeguarding workstreams within ED and reports to the Internal Safeguarding Board. The Named Nurse for Safeguarding Children has completed a review of the



needs of children and young people attending ED with mental health concerns. The review has prompted the development of a safeguarding and mental health pathway for children and young people. The pathway provides a framework for staff to work to when considering if a child requires a safeguarding referral to Children's Social Care due to their mental health. The pathway will ensure that children and young people are signposted to the most relevant support services which is not always Children's Social Care.

### **Complex Vulnerabilities**

#### **Dementia and Delirium**

A review of delayed discharge and readmission of patients with dementia has been completed. Further scrutiny and triangulation of information will help to identify areas for improvement in the patient journey. The Dementia Steering Group has been reinstated. The purpose of the group is to work as a multi-disciplinary group to ensure improvements to care of patients with dementia are implemented across all services.

#### **Mental Capacity**

The Lead Nurse for Mental Capacity Act (MCA) has undertaken an audit around the quality of mental capacity assessments completed in the Trust. The audit identified that MCA process is being embedded into practice such as discharge decisions and ED self-discharge and refusal for treatment decisions. However, the process still needs to be refined in these areas, to include best interest decisions. It also shows a growing use of the MCA in those areas where patients are more likely to have a cognitive impairment. Further work is needed in outpatient areas. This is the first audit and sets a benchmark point. The Lead for MCA will continue to provide training and support and will repeat the audit in 6 months

#### **Tissue Viability**

All of the quality priorities have been achieved. The outstanding backlog for unstageable pressure ulcers category 3, 4 and unstageable has been cleared but continues to be monitored to ensure this does not build up. This has been sustained for the last 5 months. All category 3,4 and unstageable trust acquired pressure ulcers require the completion of a Short Investigation Tool (SIT) which is presented at the weekly pressure ulcer group. Plans to make the SIT tool electronic for easy completion are in progress and capturing themes in line with PSIRF is being discussed. The SIT is averaging 10-12 days to be presented. Education campaigns focused on early detection will form part of the TV teams training strategy for 2024. Staff are encouraged to report all skin damage.

A pressure ulcer prevalence survey took place on the 11<sup>th</sup> October 2023 and we are awaiting the results. A foam mattress audit took place on the 4/5/6th October and results have been shared. Wards are encouraged to audit mattresses between each patient to ensure early detection of any issues.

#### **Maternity Incentive Scheme (CNST) Year 5**

V1 of Year five of the Maternity incentive scheme launched on the 31<sup>st</sup> of 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. Detailed breakdown of the 10 safety actions can be found within the reading pack associated with this meeting.

**Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?**

Please see reading pack for reducing Term admissions to the neonatal unit report and associated action plan.

#### **Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?**

Saving babies lives version 3 (SBLV3) currently 47% compliant with all elements. Requirement is 70% overall compliance (at least 50% in each of the 6 elements). Second touchpoint with LMNS to assess compliance is December 2023.

Saving babies lives V3		Current compliance	Target by Dec 2023
<b>Element 1</b>	Smoking in pregnancy	40%	60%
<b>Element 2</b>	Fetal growth restriction	60%	At target for MIS
<b>Element 3</b>	Reduced fetal movements	20%	60%
<b>Element 4</b>	Fetal Monitoring in labour	20%	60%
<b>Element 5</b>	Preterm birth	33%	60%
<b>Element 6</b>	Diabetes	100%	Above target for MIS
<b>Totals</b>		<b>47%</b>	<b>70%</b>

#### **Safety Action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?**

A potential issue was identified with achieving full compliance safety action 8 due to industrial action and dates of strikes potentially clashing with training dates. Risk added to risk register. Information received from NHSR on 24/10/2023 recognising this risk and therefore the safety action has been amended to:

*80% compliance at the end of the previously specified 12-month MIS reporting period (December 2022 to December 2023) will be accepted, provided there is an action plan approved by Trust Boards to recover this position to 90% within a maximum 12-week period from the end of the MIS compliance period.*

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

Speak up session are currently being held for maternity and neonatal to allow and safety concerns to be voiced to board level safety champions. Perinatal and culture leadership program remains ongoing. SCORE survey is currently underway, open to all maternity, obstetrics, support teams, operations, obstetric theatres, neonates, sonography. Closes 7<sup>th</sup> December with results January 2024.

A deep dive of all 10 safety actions will be presented to Decembers Quality Committee.

A further change announced on the 24/10/2023 relating to safety action one:

*Where MDT PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, this will be accepted provided there is an action plan approved by Trust Boards to reschedule these meetings to take place within a maximum 12-week period from the end of the MIS compliance period*

**Maternity and Neonatal Mortality rates:**

Stillbirth rates remain below national rate.

Early neonatal mortality rate remains above the national average at 2.68 (National rate 0.98). Thematic review of neonatal mortality commenced with support of Board level safety champions.

**Patient Experience (August/September 2023)**

**Friends & Family Test (FFT)**

A total of **4565** responses across all areas have been received during September 2023, a decrease since August 2023 (4717). Overall, 81% of respondents have rated their experience of Trust services as 'very good/good' in August 2023, a small decrease since August 2023 (82%). A total of 6% of patients rated their experience of Trust services as 'very poor/poor' in September 2023,

no change since the previous month. The A&E Department received the highest percentage negative score with 15% of patients rating their overall experience as very poor/poor in September 2023, no change since the previous month, however, percentage positive scores have seen an increase of 4% in September 2023. Patients rating their overall experience as very poor/poor have seen an increase in the maternity in September 2023 at 4% in comparison to 1% in August 2023.

#### **Compliments**

The Trust received 397 compliments in September 2023 compared to 540 compliments in August 2023. Ward C8 received the highest number of compliments (73) in September 2023.

#### **NHS Choices**

Four comments were posted on NHS Choices/Patient Opinion during September 2023, a decrease since August 2023 (13). Three comments were positive, and one comment was negative. The theme for the negative comment was around cleanliness in the A&E Department.

#### **National Inpatient Survey 2022**

The Trust score for 2022 is 7.8 in comparison to 8.0 in 2021 and is performing 'about the same' when compared to all other trusts. The Trust Overall Patient Experience Score is in the bottom five of trusts with the lowest score in comparison to other trusts within the region. There are seven questions that have significantly decreased since the 2021 results. Main areas of decline were questions about leaving hospital, including feeling involved, being given notice, information and understanding of information. The 2022 survey demonstrates a declining picture in comparison to the 2021 survey. There are five sections that are performing 'worse' than the average of Trusts surveyed and two sections that are 'somewhat worse' in the 2022 survey compared to one section in the 2021 survey where nine out of 10 sections were performing 'about the same' as other Trusts nationally. All sections are scoring in the bottom five in comparison to Trusts in the region. The section score for leaving hospital shows the biggest decline overall from 7.0 in 2021, where the score was performing 'about the same' as other Trusts nationally, to 6.5 in 2022 where the score is 'worse' than the expected range. Patients feeling that they were treated with respect and dignity was the highest scoring section overall at 8.8 (in comparison to 9.1 in 2021) but is performing 'somewhat worse than expected'. This score is below the national average of 9.1.

### **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 Group/Spotlight Sessions**

#### **TB Spotlight Session**

The tuberculosis service hosted a 'spotlight session' to showcase their service and celebrate all the good work that has been undertaken to improve patient experience.

#### **Peer support group for patients with alcoholic liver disease**

We have been supporting the Alcohol Care Team to ascertain patients views on what information they would like, times, venues for the group and how they would like it to be delivered. We have designed local surveys with QR codes, posters, and flyers. This is a peer support group that provides patients with the chance to discuss any issues and choose topics that are personal to them following your diagnosis of alcohol liver disease.

#### **Complaints for August and September 2023**

The Trust received 88 new complaints in August 2023 and 68 for September 2023. All complaints were acknowledged within three working days. Surgery division received 71 new complaints for August and September 2023, medicine and integrated care received 69 new complaints and community and core clinical services (CCCS) received 14 new complaints. As of 30 September 2023, there were 156 complaints open including reopened and Parliamentary Health Service Ombudsman (PHSO) cases. There were 36 overdue complaints (excluding reopened and Ombudsman cases). All complainants are given a 30-working day timeframe. For August and September 2023, 186 complaints were closed and 44% were closed within 30 working days. The Trust received no new Local Government Ombudsman (LGO) cases and there are currently no cases open. The Trust received no new PHSO cases, leaving four cases under investigation.

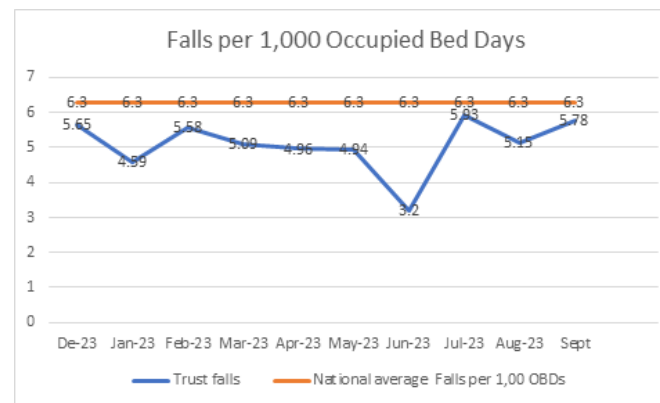
#### **PALS for August and September 2023**

In August 2023, PALS received 337 concerns, 7 comments and 89 signposting contacts totalling 433. The main theme being appointment delays and cancellations. In September 2023, PALS received 287 concerns, 10 comments and 70 signposting

contacts totalling 367. The main theme being appointment delays and cancellations. There have been 23 PALS concerns escalated to a complaint from a PALS for August and September 2023.

### **Falls**

The number of falls in September have increased, however the number of falls resulting in moderate harm and above have decreased. In September 2 incidents that were identified as moderate harm of which 1 was a yellow incident and the other was serious incident.



Falls per 1,000 Occupied Bed days, the trust remains below the National average.

As Patient Safety Incident Response Framework (PSIRF) goes live in November, falls will continue with the current incident reporting process. The next phase will be affiliating the relatives into the AAR process.

Falls Risk Assessment Audit in collaboration with compliance team is underway and a focused review will be presented early 2024.

Work continues with the community falls and therapy team in establishing links between primary and secondary care to enhance prevention and management. The community falls and therapy team to share monthly reports via the falls prevention and management group meetings to update the ongoing process.

## 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.



Shaping Your Future Retention event held on 13<sup>th</sup> October in Trust. 50+ attendees, attendance affected by trust being at capacity level 4, will repeat event in 2024.



Following engagement with Dudley College we now have 22 new T' level Health students here on placement and to continue to support Halesowen College students too. Professional Development Team are attending a variety of career events at local schools and colleges to attract students into healthcare professions.



This year's national restart a heart day focused on teaching basic resuscitation skills to the community. Our Deteriorating Patient Team facilitated numerous sessions in and outside of the Trust, demonstrating and teaching the skills for resuscitation.

### 3. COMMITTEE AND GROUP UPWARD HIGHLIGHTS

- 3.1 The new Infection Prevention Control (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 Framework document in full is considered at the Quality Committee each quarter.
- 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 information on the number of births, neonatal deaths and fetal losses throughout **August and September 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. A further amendment to the MIS document occurred on the 25<sup>th</sup> October 2023.






**Helen Bromage**  
**Deputy Chief Nurse**  
**30<sup>th</sup> October 2023**



**Paper for submission to the Board of Directors  
on Thursday 9<sup>th</sup> November 2023**

<b>Report title</b>	Upward Report from the People Committee Meetings held on 26 <sup>th</sup> September and 31 <sup>st</sup> October 2023
<b>Sponsoring executive</b>	Alan Duffell - Chief People Officer
<b>Report author</b>	Karen Brogan - Director of Operational HR
<b>Report presenter</b>	Julian Atkins - Non-executive Director

<b>1. Suggested discussion points</b>
<p><b>September 2023</b>  Matters of concern/key risks to escalate - industrial action by junior doctors and consultants.</p> <p>Positive assurances - significant improvements in statutory and mandatory training with an overall compliance figure of 93%, excellent General Medical Council (GMC) junior doctors' survey results, gold status maintained in the Employers Network for Equality &amp; Inclusion Tidemark Assessment.</p> <p>Major actions commissioned/underway - excellent presentations from divisions which detailed the positive work ongoing since April 2023 in response to the 2022 staff survey results.</p> <p>Decisions made - BAF Risk 2 remained as positive assurance, BAF Risk 3 changed to positive assurance.</p> <p><b>October 2023</b>  Matters of concern/key risks to escalate - a slight increase in in-month sickness absence to 5.02% (just above Trust target of 5%), turnover had also increased.</p> <p>Positive assurances - a fall in vacancy rate from 6% to 5%, assurance of good performance against the workforce plan - at month 6, it was 1.1% below the plan with an overall workforce growth YTD of 0.9%. There was a slight increase in retention, statutory and mandatory training compliance had increased, good results from the annual organisation audit (medical revalidation) with an appraisal rate of over 99%.</p> <p>Major actions commissioned/underway - a draft culture statement and behaviour framework, the development of a Shadow Board was discussed, and feedback would be incorporated for re-submission to Executive Directors, a review of statutory and mandatory training programme (Priority 1 subjects) had taken place.</p> <p>Decisions made - BAF Risks 2 and 3 committee level assurance remained unchanged as positive.</p>

2. Alignment to our Vision														
Deliver right care every time			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

<b>3. Report Journey</b>
The Board of Directors.

<b>4.</b>	<b>Recommendation(s)</b>
	The Public Trust Board is asked to:
<b>a.</b>	Accept the upward report for assurance

5	Impact							
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity						
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale						
Corporate Risk Register		Various						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

**CHAIR'S LOG**  
**UPWARD REPORT FROM PEOPLE COMMITTEE**  
**Date Committee last met: 31<sup>st</sup> October 2023**

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>The Committee heard that there was a mixed picture on the KPI report, with a small increase in in-month absence, with both absence metrics remaining above target, but the twelve-month rolling average reporting showed a continued reduction and improving trajectory.</li> <li>Turnover (all terminations) increased from 8.50% in August to 8.58% in September. Normalised turnover (voluntary resignations) had also increased from 4.28% in August to 4.34% in September. The Committee heard that work would commence to understand any key themes, staff groups or areas of concern and this will be reported back to Committee.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The Committee discussed the draft culture statement and behaviour framework. Comments were noted and would be incorporated to produce a final version, which would be presented back to People Committee after the Board Development Workshop in December 2023.</li> <li>A good discussion took place on the potential development of a Shadow Board, the purpose of which would be to prepare a pipeline of diverse leaders for senior leadership positions. The feedback would be incorporated into the proposal which would go back to the Executive Directors meeting and then the People Committee.</li> <li>A review of the Trust's Statutory and mandatory training programme for Priority 1 subjects had been undertaken to identify areas for improvement. The review focused on refresher training, reviewing the training needs based on proportionality and ensuring training delivery was high quality, relevant and met staff needs. As the programme is aligned to the National Core Skills Training Framework, limited changes were planned to these subjects. A proposal will go to the Executive Committee in early November 2023.</li> <li>The Committee heard about the ongoing work to develop both the corporate risks and BAF.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The vacancy rate had fallen from 6% in August to 5% in September and retention had seen a slight increase from 90.5% in August to 91% in September. The Committee was assured there was good performance against the workforce plan - at month 6, it was 1.1% below the plan with an overall workforce growth YTD of 0.9%.</li> <li>Statutory and mandatory training had increased and overall had remained above 90% for a sustained period. Performance as at 19/10/23 was 93.42%. All seven Resus and Safeguarding subjects were now amber rated.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities) and Risk 3 (Failure to improve and sustain staff satisfaction and morale) should both remain as 'positive assurance'.</li> </ul>

- The progress on strategy for Quarter 2 was noted, with both measures of success proposed to be rated green. This was because the vacancy rate had reduced to 6%, achieving target (with recruitment focus now on AHP and Community roles) and the actions from the 2022 staff survey results were being completed. The 2023 staff survey had started with results expected to be published in Q4.
- The new Freedom to Speak Up Guardian, April Burrows, outlined the three-month plan from NHS England which required all lead Executive Directors and Non-executive Directors to complete a reflective tool about their organisation by January 2024. There were 25 FTSU Champions across the Trust, which needed to increase by at least 25%, to ensure that there was at least one in all areas.
- The Committee was asked to note the positive assurance on the annual organisational audit (medical revalidation) with an appraisal rate of over 99%.
- An update was provided on the Provider Collaborative workforce workstream projects with the objectives of - vacancy reduction, process and system alignment and easier staff movement. This would be provided bi-monthly.
- No new risks had been added to the Corporate Risk Register; four risk scores had reduced, which showed good progress with mitigating actions.
- There were positive reports from the Wellbeing and Equality, Diversity & Inclusion Steering Groups and the Committee was asked to note the progress made on the Trust's EDI Strategic Journey 2023-25 which launched in May 2023.

#### **Chair's comments on the meeting**

Despite a full agenda, all topics had sufficient time to allow good discussion and the meeting ran to time.

## CHAIR'S LOG

### UPWARD REPORT FROM PEOPLE COMMITTEE

Date Committee last met: 26<sup>th</sup> September 2023

#### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The Committee heard that the junior doctors' strike action took place on 21<sup>st</sup>-22<sup>nd</sup> September 2023 and consultants' strike action on 19-20<sup>th</sup> September, with further joint junior doctor/consultant action planned for 2<sup>nd</sup>-4<sup>th</sup> October 2023.

#### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Excellent presentations were made by Corporate, Community with Core Clinical Services (CCCS), Medicine & Integrated Care (MIC) and Surgery, Women & Children's (SWC), confirming the positive work ongoing since April in response to the 2022 Staff Survey results. The Committee considered that the actions taken should improve the results of the 2023 Staff Survey (to be launched 2<sup>nd</sup> October 2023). The effect of strike action on morale was however noted.
- As a result of the 2022 Staff Survey, a Psychological Wellbeing Practitioner had been recruited to provide dedicated psychological support to neonatal staff in the Children's Ward. It was hoped this service could be made available to other areas such as Theatres, and a formal evaluation of the post was planned.

#### POSITIVE ASSURANCES TO PROVIDE

- The KPI's were generally positive, with significant improvement made in statutory and mandatory training; the overall compliance figure was 93% and no subjects were RAG rated as red.
- The Committee heard of the excellent General Medical Council (GMC) junior doctors' survey results.
- Following a letter received by the Trust in June 2023, assurance was provided in relation to the Health & Safety Executive (HSE) routine surveillance visit in October 2021 which focused on violence and aggression, manual handling, and social distancing. The Trust performed well and no significant control or management failings were found.
- The Trust had retained Gold Status in the Employers Network for Equality & Inclusion (enei) Tidemark Assessment and had seen a slight improvement on the previous assessment year.

#### DECISIONS MADE






- The Committee was made aware of eight items which had been completed in respect of the BAF Risks. The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that 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) would be changed to positive assurance following the divisions' updates on their actions in respect of the 2022 national staff survey results and the positive results from the GMC junior doctors' survey.

**Chair's comments on the meeting** An excellent discussion on BAF took place and there was good challenge and discussion on all agenda items. The meeting finished slightly later than planned.

## Paper for submission to Trust Board on Thursday 9<sup>th</sup> November 2023

<b>Report title</b>	Workforce KPI Report
<b>Sponsoring executive</b>	Alan Duffell - Chief People Officer
<b>Report author</b>	Karen Brogan - Director of Operational HR

<b>1. Suggested discussion points</b>
<p>The Committee is invited to note and discuss the key areas highlighted and the mitigating actions presented.</p> <p>The three key areas highlighted are:</p> <ul style="list-style-type: none"> <li>• Sickness Absence</li> <li>• Turnover/Vacancies</li> <li>• Mandatory Training</li> </ul>

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

<b>3. Report journey</b>
<p>People Committee</p> <p>Trust Board</p>

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. ASSURANCE:</b> Receive the report for assurance.

5.	Impact							
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care, and treatment						
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity						
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale						
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond						
Corporate Risk Register	Y	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.						
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed		



# Workforce KPI Report

Alan Duffell

Chief People Officer



The Dudley Group  
NHS Foundation Trust



# Summary

Metric	Rate	Target	Trend	
Absence – In Month	5.02%	<=5%	↑	<b><u>Sickness Absence</u></b> <ul style="list-style-type: none"> <li>In month sickness absence for September is 5.02%, an increase from 4.72% in August. This is just above Trust target.</li> <li>The rolling 12-month absence shows a slight decrease from 5.57% in August to 5.26% in September 2023. This remains above target but continues to reduce and show an improving trajectory.</li> </ul>
Absence - 12m Rolling	5.26%	<=5%	↓	
Turnover	8.58%	<=8%	↑	<b><u>Turnover</u></b> <ul style="list-style-type: none"> <li>Turnover (all terminations) has increased from 8.50% in August to 8.58% in September 2023.</li> <li>Normalised Turnover (voluntary resignation) has increased from 4.28% in August to 4.34% in September 2023.</li> <li>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.</li> </ul>
Normalised Turnover	4.34%	<=5%	↑	
Retention (12 month)	91%	>=80%	↑	<b><u>Retention</u></b> <ul style="list-style-type: none"> <li>The 12-month retention rate has increased from 90.5% in August to 91% in September 2023.</li> </ul>
Vacancy Rate	5%	<=7%	↓	<b><u>Vacancy Rate</u></b> <ul style="list-style-type: none"> <li>The vacancy rate has fallen from 6% to 5% in September 2023 with total vacancies of 320.38 WTE.</li> </ul>
Mandatory Training	92.86%	>=90%	↑	<b><u>Mandatory Training</u></b> <ul style="list-style-type: none"> <li>Statutory Training has seen a monthly increase – and overall has remained above 90% target for a sustained period. Performance at 26/10/23 is 93.77%</li> </ul>



# Exceptions/Improvement/Actions



**The Dudley Group**  
NHS Foundation Trust

<u>METRIC</u>	<u>SUMMARY</u>
<b>Absence</b>	<p>In-month performance for September is above Trust target, both metrics are rated amber and there has been a slight increase in both metrics. Both long-term absence and short-term absence continue to show reductions.</p> <p>In September long-term absence has marginally reduced to 2.80% and there has been a small increase in short-term absence to 2.47%. There is an overall reducing trajectory in both short and long-term absence.</p> <p>In September short-term absence accounted for 87% of all sickness absence episodes, with long-term absence (28 days +) accounting for 13% of absence episodes. However long-term absence accounted for 73% of all days lost, compared to 27% for short term absence.</p>
<b>Mandatory Training</b>	<p>Statutory Training overall compliance has now been above target for six consecutive months. Although there are some monthly increases and decreases, these are small deviations and remain well above target overall.</p> <p>All safeguarding and Resus subjects are now amber rated.</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>
<b>Appraisals</b>	<p>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 ten appraisals outstanding to achieve target.</p>



# Exceptions/Improvement/Actions

METRIC	SUMMARY
Leadership and Culture	<ul style="list-style-type: none"><li>• Culture #makeithappen was re-launched during September with the first new cycle of face-to-face engagement. These were well received by staff and around 1000 pieces of feedback have been collected. Work to summarise these will be drafted for the end of October and shared back through Divisions, regular communications channels and in the next round of #makeithappen in December. A Culture statement and draft behaviour framework are starting initial consultation.</li><li>• Leadership Development Development activity continues with a focus on promotion of Manager's Essentials and Developing Leaders. Manager inductions are being developed to launch a session linked to Welcome to Dudley from January 2024, with a programme of work for a new manager in their first year. Shaping Your Future Event was undertaken on 13<sup>th</sup> October to promote the available learning and development opportunities including sharing the Learning Prospectus. Further events are planned for 2023/24 – with a focus on online and out and about engagement.  Staff Survey – launched on 3<sup>rd</sup> October with a response rate of 20% after 2 weeks. Work will continue throughout the fieldwork period to ensure we reach an increased rate for 2023.</li></ul>
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 September, both continue to perform under the national average for the NHS between 10-12%. Retention has seen a marginal increase to 91% in September. The normalised vacancy rate for September is 5% with a vacancy factor of 320.38 WTE .</p>

# Exceptions/Improvement/Actions

## METRIC

## SUMMARY

### Vacancies/ Turnover and performance against plan

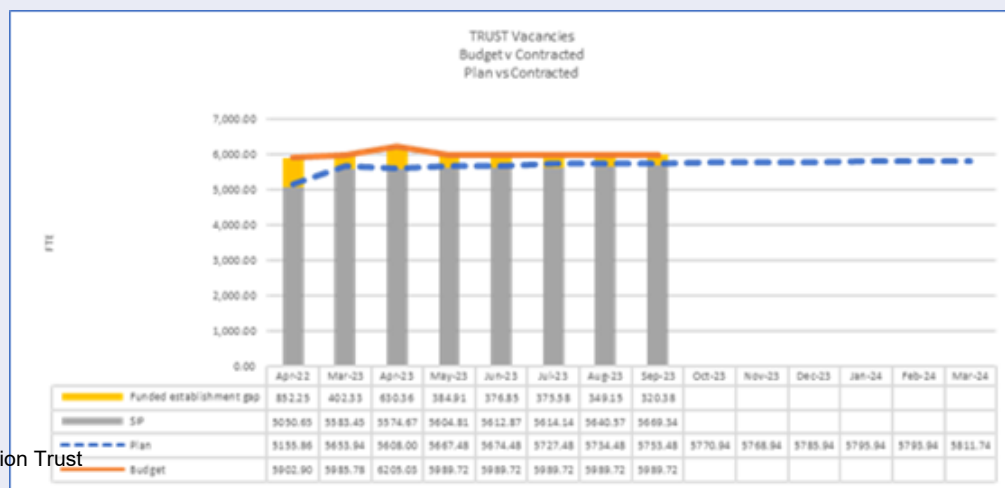
As demonstrated in the table below, the overall workforce growth year to date (April 23 and September 23) in 23/24 (inclusive of bank and agency staffing) is 0.9%, specifically for substantive staff this is 1.38% growth (77.34 WTE), bank staff -4.33% and agency staff 24.57%. Recruitment to substantive posts has been lower than anticipated in plan resulting in higher bank and agency costs.

	Apr-23	Sep-23	Difference	Variance
Total Workforce (WTE)	6271.1	6324.89	53.79	0.86%
Total Substantive	5595.15	5672.49	77.34	1.38%
Total Bank	656.21	627.81	-28.4	-4.33%
Total Agency	19.74	24.59	4.85	24.57%

Principal areas of growth within substantive staff have been seen in Registered Scientific, therapeutic and technical staff (6%)

	Apr-23	Sep-23	Difference	Variance
Registered Nursing, Midwifery and Health Visiting Staff (substantive total)	1799.52	1861.83	62.31	3%
Registered Scientific, therapeutic and technical staff (substantive total)	628.72	668.12	39.4	6%
Support to Clinical Staff (substantive total)	1,370.22	1304.23	-65.99	-5%
Total NHS Infrastructure support (substantive total)	1006.38	1022.4	16.02	2%
Medical and Dental (substantive total)	790.31	815.91	25.6	3%
	5595.15	5672.49	77.34	1.4%

For 2023/24 performance at month 6 (July) Overall workforce is 1.1% below plan with less substantive staff but more bank usage than planned.



## Paper for submission to the Board of Directors on 09 November 2023

<b>Report title</b>	Guardian of Safe working
<b>Sponsoring executive</b>	Dr Julian Hobbs, Medical Director
<b>Report author/presenter</b>	Mr Fouad Chaudhry, Guardian of Safe Working

### 1. Suggested discussion points

This report is for the period between 05 September 2023 and 31 Oct 2023






There have been 22 exception reports raised in the period. 12 were carried forward from the previous report. 31 have been fully closed including the 12 from the previous report. 3 Exception Reports are pending.

No fines have been issued in this reporting period.

There are currently vacancies in the junior workforce.

The Guardian has developed good relationships via the Junior Doctor Forum, has initiated a range of communication methods to raise awareness of the reporting process and is assured that the process well embedded.

### 2. Alignment to our Vision

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

Private Board, 09/11/2023

### 3. Recommendation

The Private Trust Board is asked to:

**a. Note the assurance**

### 4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Corporate Risk Register							
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## REPORTS FOR ASSURANCE

### Guardian of Safe working Report

#### Report to Trust Board November 2023

## 1 EXECUTIVE SUMMARY

This is the fourth report from the current Guardian of safe working (GOSW) and covers the period between 05 September 2023 and 31 Oct 2023

There have been 22 exception reports raised in the period. 12 were carried forward from the previous report. 31 have been fully closed including the 12 from the previous report. 3 ER are pending.

No fines have been issued in this reporting period.

There are 32 currently 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 22<sup>nd</sup> GSW report and covers the period from 05 September 2023 to 31 October 2023. This is the fourth report from the current guardian (Fouad Chaudhry). The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, and finance to establish his role in the Trust and build relationships.

**Exception Reports– 05-09-2023 till 31-10-2023 total = 22**

## Exception Reports (ER) over past quarter

Reference period of report	05/09/23-31/10/23
Total number of exception reports received	22
Number relating to immediate patient safety issues	2
Number relating to hours of working	21
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	General medicine	FY1 *	0	1	1	0
	General surgery	FY	0	1	1	0
	<b>Total</b>		<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>
No. relating to hours/pattern	Cardiology	FY1	1	0	1	0
	Cardiology	FY1 *	1	0	1	0
	Gastroenterology	FY 1	0	1	1	0
	General medicine	FY 1	5	4	9	0
	General medicine	FY1	1	0	1	0
	General medicine	FY1 *	2	2	4	0
	General medicine	ST2	0	2	2	0
	General surgery	FY 1	1	4	4	1
	General surgery	ST8	1	0	1	0
	Oral & Max surgery	CT3	0	2	2	0
	Paediatrics	ST1	0	1	1	0
	Resp Medicine	CT1	0	2	0	2
	Surgical specialties	FY 1	0	2	2	0
	Urology	FY 1	0	2	2	0
	<b>Total</b>		<b>12</b>	<b>22</b>	<b>31</b>	<b>3</b>
No. relating to educational opportunities	<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
No. relating to service support available	<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## ER by Month

Month	Number of Doctors	Number of reports
Sep 2023	10	20
Oct 2023	1	2

## Historic Data

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

## Exception Reports and Fines.

- No fines submitted.

## Medical Vacancies – Training

Medical Vacancy - Doctors in training: 32

Total number of doctors in training: 262

Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST	ST Higher	
Acute Medicine	0	0	2	1	3
Anaesthetics	0	0	1	0	1
Cardiology	1	0	2	0	3
Emergency Medicine	0	0	1	0	1
Endo/Diabetics	0	0	1	0	1
Gastro	0	0	1	0	1
Max/Fac	0	0	1	1	2
MOC	1	0	2	0	3
Obs/Gyane	0	0	3	0	3
Older People	0	0	2	0	2
Paediatrics	0	0	5	0	5
Radiology	0	0	0	1	1
Renal	0	0	1	0	1
Respiratory	0	0	1	0	1
Stroke	0	0	1	0	1
Surgery	2	0	0	0	2
GP Medicine	0	1	0	0	1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>24</b>	<b>3</b>	<b>32</b>

### **Mitigations:**

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

- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution.
- The number of exception reports during the reporting period is 22. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy.
- The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.
- A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.
- Reminder emails are sent to the educational supervisors about the process. They are encouraged to arrange the meeting at the earliest with the trainee, once the exceptional report is submitted.
- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

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



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

<b>Report title</b>	<b>Integration Committee Upwards Report</b>
<b>Sponsoring executive</b>	<b>Kat Rose</b> , Director of Strategy and Integration
<b>Report author /presenter</b>	<b>Vij Randeniya, Non-Executive Director</b> (Integration Committee Chair)






### 1. Suggested discussion points

Two formal Integration Committee meetings took place on the 28<sup>th</sup> of September and 26<sup>th</sup> October 2023.

In the meeting in September, we received an update on Dudley Health and Care Partnerships which is a standing item for the committee. A discussion had taken place with regards to stakeholder management, and we received a deep dive on Health Inequalities within Elective Care.

At the October meeting, it was noted that the Board Assurance Framework (BAF) risk 6 had been updated. It was the first committee meeting where we received an update on Communications. We also received an update on Dudley Health and Care Partnerships, Community Service Plan and the Strategy Report. Within the Strategy report it was noted that Breast Screening had moved from Green to Amber, in the RAG Rating, with a note to feedback further on this at the next committee meeting. It was recognised that positive assurance was received with regards to the Dudley Winter Plan, which was presented following on the progress made since the presentation at the last Board of Directors. Procurement joined the committee to give an update on Health Inequalities which we will receive every quarter.

### 2. Alignment to our Vision

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

This report is an upwards report following the Integration Committee Meetings.

### 3. Recommendation(s)

The Public Trust Board is asked to:

- To note the upward report from the first two Integration Committee's.

### 4. Impact

Board Assurance Framework Risk 6.0	<b>X</b>	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Corporate Risk Register		[Give risk Nos]					
Equality Impact Assessment	Is this required?	Y		N	<b>X</b>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	<b>X</b>	If 'Y' date completed	

## UPWARD REPORT FROM INTEGRATION COMMITTEE

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p><b>28th September 2023</b></p> <ul style="list-style-type: none"> <li>No matters of concern were raised.</li> </ul> <p><b>26th October 2023</b></p> <ul style="list-style-type: none"> <li>The impact of the council's financial position on the Trust's Strategy and operational performance.</li> <li>Concerns were raised within the Community Service Plan, that West Midlands Ambulance Service under utilising the Clinical Hub.</li> <li>Concern was raised with regards to the Breast Screening moving from green to amber in the quarterly strategy update, further update and recovery plan to be received at the next committee.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <p><b>28th September 2023</b></p> <ul style="list-style-type: none"> <li>Reach a conclusion with the outcome of the DIHC in the best way possible taking into consideration the effect this will have on staff and managing the risks.</li> </ul> <p><b>26th October 2023</b></p> <ul style="list-style-type: none"> <li>It was noted that work around the DIHC Transition Progress is still ongoing. It was agreed that DIHC will be a standing item on the committee's agenda on going forward.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p><b>28th September 2023</b></p> <ul style="list-style-type: none"> <li>Green shoots are developing in the relationships between the Trusts and Primary Care.</li> <li>The governors offer of support in respect of stakeholder management.</li> <li>Establishing a Health Inequalities Group is assuring the committee are taking this issue seriously.</li> </ul> <p><b>26th October 2023</b></p> <ul style="list-style-type: none"> <li>Positive assurance was received around the progress of the Dudley Winter's Plan.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <p><b>28th September 2023</b></p> <ul style="list-style-type: none"> <li>The committee endorsed the creation of a group to review the stakeholder map and insights. Along with endorsing and being supportive of the direction of travel in regards of the DIHC options.</li> </ul> <p><b>26th October 2023</b></p> <ul style="list-style-type: none"> <li>BAF was reviewed following the recommendations from RSM, the committee agreed the changes.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Good, detailed discussions within the committee meeting, with actions to report back on at future meetings.</p>	

## Joint Provider Committee (JPC) – Report to Trust Boards

Date: October 2023

Agenda item:

<b>TITLE OF REPORT:</b>	Report to partner Trust Boards from the 13 <sup>th</sup> October 2023 meeting.
<b>PURPOSE OF REPORT:</b>	To provide all partner Trust Boards with a summary of key messages from the 13 <sup>th</sup> October 2023 Joint Provider Committee.
<b>AUTHOR OF REPORT:</b>	Sohaib Khalid, Black Country Provider Collaborative (BCPC) Managing Director
<b>MANAGEMENT LEAD/SIGNED OFF BY:</b>	Sir David Nicholson, Chair of BC JPC & Joint Chair of DGFT, SWBH, RWT, & WHT Diane Wake, CEO Lead of the BCPC
<b>KEY POINTS:</b>	The Joint Provider Committee (JPC) met for the first time. The JPC was quorate with attendance by the Chair, two Deputy Chairs, and the three CEO's Key
<b>RECOMMENDATION(S):</b>	The partner Trust Boards are asked to: a) <b>RECEIVE</b> this report as a summary update of key discussions at the 13 <sup>th</sup> October JPC meeting. b) <b>NOTE</b> the key messages, agreements, and actions in section 2 of the report.
<b>CONFLICTS OF INTEREST:</b>	All CEO's declared an interest for the 'North Hub' paper.
<b>DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:</b>	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
<b>Possible implications identified in the paper:</b>	
<b>Financial</b>	The following agenda items have a potential financial implication: <ul style="list-style-type: none"> <li>North Hub- Reflections and where next?</li> <li>MMUH Revenue Implications</li> </ul>
<b>Risk Assurance Framework</b>	The following agenda items have a potential risk implication: <ul style="list-style-type: none"> <li>North Hub- Reflections and where next?</li> <li>MMUH Revenue Implications</li> </ul>
<b>Policy and Legal Obligations</b>	N/A
<b>Health Inequalities</b>	N/A
<b>Workforce Inequalities</b>	N/A
<b>Governance</b>	The following agenda items have a potential governance implication: <ul style="list-style-type: none"> <li>Collaborative Executive Refresh</li> <li>Further development of Collaboration Agreement schedules</li> <li>Board Development sessions</li> </ul>
<b>Other Implications (e.g. HR, Estates, IT, Quality)</b>	N/A

## 1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 13<sup>th</sup> October 2023 Joint Provider Committee (JPC).

## 2. SUMMARY

- 2.1 Following the approval by all partner Trusts of the Collaboration Agreement and the JPC terms of reference in the summer, the first Joint Provider Committee was held on the 13<sup>th</sup> October 2023.
- 2.2 The meeting was quorate with attendance by the Chair, three CEO's and two Deputy Chairs. The Deputy Chairs of the Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare Trust (WHT) had provided apologies.

- 2.3 The following actions and agreements were noted:

### a) CEO Leads update report

- i. **Collaborative Executive membership refresh** – It was agreed that some further work was required on the Expression of Interest (EOI) prior to commencing this process. BCPC Managing Director to work with BCPC CEO Lead to finalise and then commence process.
- ii. **Further development of the Collaboration Agreement** – It was agreed that the six areas identified should be developed as additional schedules for consideration by the JPC at the six-month review point (March 2024). The BCPC Managing Director to manage and coordinate their development and review by the JPC.
- iii. **Board Development sessions** – There was positive feedback on the Joint Board Development session in September 2023, and agreement to pursue a programme of three Board Development sessions (as outlined at d(iv) of enc.2). JPC Governance lead to coordinate with BCPC Managing Director. Possible use (and extension) of December JPC slot for a focus on the outcome of the PA work. BCPC CEO Lead to work with BCPC Managing Director to review and arrange if possible.

### b) North Hub – reflections and where next?

- i. The JPC welcomed the paper and agreed on the need for additional elective capacity within the Black Country to support elective recovery. It was thought that the 'North Hub' business case may be the more advanced at this time but recognised the need for due process and an options appraisal, including South Hub at Sandwell, to be undertaken by the Elective Care & Diagnostic Board. The JPC requested that it be kept informed and engaged on the selected preferred solution and how it is proposed to be financed.

### c) MMUH Revenue Implications

- i. The JPC was provided on an update from SWBH CEO on the outstanding MMUH Revenue implications. Plans are being pursued to address the current gap, and it was agreed that the revenue ask should be viewed as a collaborative system issue rather than solely a Provider Trust issue. JPC were supportive of the clinical model and are to be kept apprised of outcomes of plans being progressed and any subsequent required system actions.

## 3. REQUIRED ACTIONS

- 3.1 The partner Trust Boards are asked to:
- a. **RECEIVE** this report as a summary update of key discussions at the 13<sup>th</sup> October JPC meeting.
  - b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

## Paper for submission to Board of Directors on 9<sup>th</sup> November 2023

<b>Report title</b>	Strategy progress report – Q2 2023/24
<b>Sponsoring executive/presenter</b>	Kat Rose, Director of Strategy & Integration
<b>Report author</b>	Ian Chadwell, Deputy Director of Strategy

### 1. Suggested discussion points






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 October.

The committees received the reports as being a comprehensive reflection.

Three measures of success have changed their RAG ratings this quarter:

- Be a brilliant place to work and thrive (improve the staff survey results) upgraded from amber to green on the basis that the action plans following the previous staff survey are being implemented and the appraisal rate is above target which is a good indicator for the forthcoming staff survey.
- Drive sustainability (reduce cost per weighted activity) upgraded from red to amber on the basis that at the end of the quarter the trust was delivering its submitted financial plan, had identified the majority of CIP and was meeting the target for agency expenditure as a percentage of total pay bill.
- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) downgraded from green to amber on the basis that the breast screening service is not achieving the acceptable level of uptake (63% versus 70%) despite the actions being taken in conjunction with Public Health to improve uptake in different communities.

### 2. Alignment to our Vision

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

Executive Directors – 10<sup>th</sup> October

Relevant sections to all four committees – 24<sup>th</sup>, 26<sup>th</sup> and 31<sup>st</sup> October 2023

Public Trust Board – 9<sup>th</sup> November 2023

### 3. Recommendation(s)

The Board of Directors are asked to:

- a.** To note the strategy progress report for Q2 2023/24

### 4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.

Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		[Give risk Nos]					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

# STRATEGY PROGRESS REPORT – Q2 2023/24

Report to Board of Directors on 9<sup>th</sup> November 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 November.

The committees received the reports as being a comprehensive reflection.

## 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
Be a brilliant place to work and thrive	People
Drive sustainability	Finance & Productivity
Build innovative partnerships in Dudley and beyond	Integration Committee
Improve health & wellbeing	Integration Committee

The committees have received the detailed reports in October 2023 as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success. Three changes to the RAG ratings have been proposed for this quarter:



- Be a brilliant place to work and thrive (improve the staff survey results) upgraded from amber to green on the basis that the action plans following the previous staff survey are being implemented and the appraisal rate is above target which is a good indicator for the forthcoming staff survey.
- Drive sustainability (reduce cost per weighted activity) upgraded from red to amber on the basis that at the end of the quarter the trust was delivering its submitted financial plan, had identified all but £690k of a CIP target of £26.2m and was meeting the target for agency expenditure as a percentage of total pay bill (1% against the target of 3.7%). There has been no update on the latest cost per weighted activity unit metrics which still relate to FY 2021/22.
- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) downgraded from green to amber on the basis that the breast screening service is not achieving the acceptable level of uptake (63% versus 70%) despite the actions being taken in conjunction with Public Health to improve uptake in different communities. Screening services will be the focus of a health inequalities deep dive at Integration Committee in November.

#### Progress to highlight from quarter 2 2023/24

- Deteriorating Patient Pathway Highly Commended at HSJ Awards;
- Vacancy rate remains stable as 6% thereby meeting the target;
- A round of #makeithappen events in September and appraisal rates above the target;
- Good progress in identifying schemes for the Cost Improvement Programme and benchmarking of costs of corporate services showing trust better than England average;
- Trust is participating in Getting It Right First Time (GIRFT) Further, Faster initiative to transform outpatient services and improve waiting times;
- Food waste reduced by 70% following implementation of electronic meal ordering system by Mitie;
- Family Hubs / Start for Life launched in Dudley on 14<sup>th</sup> August. Trust is contributing with community midwifery services working in partnership with health visiting and council services supporting families.

#### Areas of challenge during quarter 2 2023/24

- Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme going forwards;
- Trust faced pressures around urgent & emergency care;
- Use of the discharge lounge remains significantly short of the target of 30 patients a day.

#### 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 Q2 2023/24.

Ian Chadwell, Deputy Director of Strategy

1<sup>st</sup> November 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	Following the CQC's unannounced inspections of the urgent and emergency services in May and children and young people in June the Trust awaits the draft reports for factual accuracy. As these were whole service inspections they will come with revised ratings. There were no new CQC inspections in Q2.		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Recently published national patient surveys show trust performing 'about the same' as other trusts. Family and Friends Test results are below the national average for all Divisions		
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% and has been stable since May 2023		
	Improve the staff survey results	Target: better than England average by 2024/25	Action plans from last survey being implemented. #makeithappen events started. Appraisal rates are above target		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical, and nursing costs by 2024/25	Good progress made in identifying cost improvement for current year but need to identify more recurrent schemes; recent benchmarking of corporate functions showed trust has below average costs		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	2019/20 to 2021/22 carbon footprint reduced by 7.2%. A further reduction of 11.2% is required in 2022/23 for the Trust to remain on track for Net Zero.		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Unchanged at 66%; apprenticeship uptake on schedule to meet target; 'I Can Dudley' pre-employment programme being developed in conjunction with local authority		
	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)	Latest available data for Q1 showed 24% of patients diagnosed at stage I, II; options for implementing lung health check programme drawn up and recruitment for programme manager started		
	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%	Current uptake 63%; proactive actions being taken by breast screening service in collaboration with Dudley public health		

## Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023

<b>Report title</b>	Digital Committee Upward Report
<b>Sponsoring executive / presenter</b>	Catherine Holland (Digital Committee Chair)
<b>Report author /presenter</b>	Catherine Holland (Digital Committee Chair)

<b>1. Suggested discussion points</b>
<ul style="list-style-type: none"> <li>- Highlight the excellent work undertaken by the Portfolio team in support of the Shared Care Record (ShCR) rollout</li> <li>- The Trust achieved a Health Service Journal (HSJ) Highly Commended for Digital deteriorating patient pathway team safety improvement through technology</li> <li>- A meeting has taken place as part of the Black Country Collaborative to discuss aligning digital and governance for digital across the four providers. Further meetings to be arranged</li> <li>- Phase two of the infrastructure business case is currently rated green</li> <li>- A Medical Devices report has been requested for review at the next committee meeting in November 2023 and escalated to the Director of Estates &amp; Facilities</li> <li>- The Digital Maturity Assessment (DMA) has identified gaps in function and funding which are being reviewed in line with priorities</li> </ul>

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

<b>3. Report journey</b>
Digital Steering Group Digital Committee Board of Directors

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a.</b> Note the report, matters of concern, positive assurance and decision

5	Impact						
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		COR1083, COR1540, COR1083					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## UPWARD REPORT FROM THE DIGITAL TRUST TECHNOLOGY COMMITTEE

**Date Committee last met:** 20<sup>th</sup> September 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The Digital Maturity Assessment (DMA) has identified gaps in function and funding which are being reviewed in line with Trust priorities.</li> <li>• A Medical Devices Assurance report was not submitted to committee, this is escalated and required for the next meeting.</li> <li>• Due to delays in national funding, the board agreed approach to commence recruitment 'at risk' for front-line digitisation temporary resources to avoid delays in achieving benefits, is now at risk of losing successful candidates.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Phase 2 Infrastructure Business Case</li> <li>• Front-line digitisation programme</li> <li>• 3-year digital plan</li> <li>• Skills for the information age (SFIA) workforce development</li> <li>• A meeting has taken place as part of the Black Country Collaborative to discuss aligning digital and governance for digital across the four providers. Further meetings planned.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Excellent work undertaken by the Portfolio Team has been recognised in the system to support of the Shared Care Record (ShCR) rollout.</li> <li>• Phase 2 of the infrastructure business case is currently on time, budget and trajectory (RAG rated - green)</li> <li>• Health Service Journal (HSJ) Highly Commended for Digital deteriorating patient pathway "safety improvement through technology."</li> <li>• The committee recorded formal thanks to Helen Bromage (Dept Chief Nurse) and Ravinder Sahota-Thandi (Digital Portfolio Director) and their teams for the seamless delivery of the nursing and AHP documents project.</li> <li>• Positive assurance on Digital Steering Group processes and reporting</li> <li>• A deep-dive on data /analytics demonstrated positive assurance linked to internal audit work.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• BAF assurance rating remains 'inclusive', acknowledging progress at risk (central funds not yet available)</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b>          Whilst the reports are of good quality, some are highly detailed and required additional narrative during presentation.          An enjoyable meeting with a strong agenda, further alignment of strategic areas will support future discussion</p>	






## Paper for submission to the Board of Directors on 9<sup>th</sup> November 2023

<b>Report title</b>	Charity Committee Summary Report
<b>Sponsoring executive</b>	Julian Atkins, Charity Committee Chair
<b>Report author</b>	Julian Atkins, Charity Committee Chair

### 1. Suggested discussion points

Summary of key issues discussed and approved by the Charity Committee on 4<sup>th</sup> October 2023

### 2. Alignment to our Vision

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
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### 3. Report journey

Board of Directors – 9<sup>th</sup> November 2023

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a. Note** the contents of the report.

### 5 Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment						
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale						
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond						
Board Assurance Framework Risk 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets						
Corporate Risk Register								
Equality Impact Assessment	Is this required?			N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?			N	X	If 'Y' date completed		

## UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 4<sup>th</sup> October 2023

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>Mrs Abbiss gave an update on the Staff Wellbeing Hub. A proposal from Mitie was regarded as being too expensive and the Committee requested that this be urgently reviewed, not least because there was a risk that £60k of funding received from NHS Charities Together might have to be returned.</li></ul>	<b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b> <ul style="list-style-type: none"><li>The Committee were advised that the M&amp;S stores in the Merry Hill Centre had chosen the Dudley Group Charity as their charity of the year and that £13k had already been raised and donated. They aim to raise a further £20k.</li><li>Work continues with fund managers to help them spend their fund balances effectively. The managers of the three funds with the largest balances attended the meeting to explain their spending plans. Mrs Philpott advised the committee on spending plans within the maternity unit. Following the development of the baby bereavement suite, a second multifunction room is planned. This would be for bereaved families, families having rainbow babies or women with severe perinatal mental health who require a partner to be with them. There are also plans to fund staff training around caring for bereaved families. Mrs Palmer presented the spending plans for the Georgina Unit. These included the refurbishment of the family room and staff rooms. A request had also been made for the purchase of scalp cooling equipment (see below). Mrs Hall presented the spending plans for the specialist palliative care team. This included staff training on how to have difficult conversations and non-medical prescribing.</li><li>Arrangements for the Glitter Ball on the 16<sup>th</sup> November were discussed and were well advanced.</li></ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"><li>Mrs Patel reported that the NHS Big Tea event raised over £2k for the Charity.</li><li>Mr Walker advised the Committee that since the 1<sup>st</sup> April the Charity had received income of just under £194k, whilst expenditure had been £261k. Total fund balances at the end of August were £2.57m.</li></ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>The Committee approved the bid for three Paxman Scalp Cooling Systems (£58,249) but noted that, because of the value, a recommendation for final approval should go to Board.</li><li>The Committee approved a further three bids:<ul style="list-style-type: none"><li>A breast simulator training aid with brown skin (£1,230).</li><li>Patient information folders for those affected by patient safety incidents (£442).</li><li>Inpatient welcome booklets to give inpatients advice about their stay in hospital and how they should take care of their health after hospital (£5,000).</li></ul></li></ul>
<b>Chair's comments on the effectiveness of the meeting:</b> The meeting was quorate and effective.	

## Paper for submission to the Board of Directors on 9 November 2023

<b>Report title</b>	Board Assurance Framework
<b>Sponsoring executive</b>	Diane Wake, Chief Executive Officer
<b>Report author/presenter</b>	Helen Board, Board Secretary

### 1. Suggested discussion points

#### 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.

RSM have completed an annual audit that considered the design and the application of the control framework. They have issued their draft findings and identified a number of management actions that will be the focus for further BAF refinement.

#### Summary of changes since the last report – September 2023

Each of the Committees 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:

**BAF Risk 1.1: There is a risk that the Trust Fails to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.** *Outcomes have direct links to BAF1.2 Compliance & Regulation*

Work is ongoing to review BAF 1.1 with further refinement to be undertaken and will reflect the RSM audit feedback.

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.

There were no changes to note as Trust awaited CQC reports, and on receipt anticipate significant impact. The current risk score is 12 (3x4).

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.

Further refinement will reflect the audit feedback.

**BAF Risk 2 – If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy and to deliver safe and effective care**

Current risk score is 9 (3x3) (Moderate x Possible). This is because the Trust requires sufficient workforce capacity to deliver safe services. This score has been reviewed in line with the levers in the Risk Management Strategy, the rationale is that there are still key performance indicators above Trust target (mandatory training, turnover, absence).

Whilst there are existing staffing challenges, normalised vacancy levels are at 5%, retention remains high, however there has been an increase in turnover (8.58%). There has also been a steady increase in temporary staffing shift fill rates for registered staff, a significant reduction in agency usage and stability in absence rates.

There is however a continuation of medical industrial action and a national shortage in some professions such as Allied Health Professionals.

The current/immediate likelihood (pre-mitigation) is 'Possible.' There are a range of mitigating actions in place, which are realising a positive impact reducing the risk score (Post Mitigation Risk Score) to 9 (Moderate x Possible).

#### **Actions completed**

Career pathways for other staffing groups (admin and clerical to management) developed and shared through events/intranet.

Develop an Anti-Racism Statement

Implement and embed a 'stay' process instead of exit surveys

Development of Dudley People Plan and associated journeys are making good progress following ratification of the Dudley People Plan at September board. The journeys are now planned for November Board.

**BAF Risk 3 – If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction and consequently could impact turnover, retention and absence**

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 should this be 2023/24?.

Whilst there has been improved staff retention, reduced vacancy levels and stable 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 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.

This score has been reviewed in line with the levers in the Risk Management Strategy, the rationale is that there are still key performance indicators above Trust target (mandatory training, turnover, absence).

#### Action completed

Review and re-launch Staff Engagement model using Quarterly and National Staff Surveys as measures - date reviewed and aligned to People Plan/Culture development work.  
Implement and embed a 'stay' process instead of exit surveys.

#### Actions where date extended

Develop a gap analysis/action plan against NHSE's Long-term Workforce Plan – awaiting further information from NHSE – closure date updated to November 2023 (was October 2023).

**BAF Risk 4 – Failure to achieve financial Sustainability in 2023/24 and beyond due to current pressures of limited resources results in the Trust being unable to deliver the agreed financial plan. The resulting impact has the potential to cause a risk to the following areas: regulatory, financial, workforce, patient outcomes, operational performance, and Trust reputation**

The current risk score is 20 (5x4) based on an almost certain and major impact assessment. The Trust has set a deficit plan of £19.2m which is extremely challenging. A most likely forecast position has been agreed at a deficit of £22.4m which is £3.2m worse than plan because of industrial action costs and excess inflation. The medium-term financial plan currently shows a deficit of £77.1m for 2024/25 with further work taking place at a system level with 3rd party assistance.

Cost Improvement Programme (CIP) £690k unidentified but 50% of this remains non-recurrent.

All directorates/divisions now being managed against the Board approved recovery plan with further challenge sessions with directors in October.

The System awaits the final report from PA Consulting showing the underlying financial position and savings opportunities for the medium term.

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 and a clear medium-term plan showing financial sustainability.

**BAF Risk 5 – Failure to successfully adapt and reduce carbon emissions due to competing organisational and PFI pressures and availability of resources, resulting in a failure to meet targets set by NHSE and outlined within the Health and Social Care Act (2022). The resulting impact will cause risk in the following areas: regulatory, financial, workforce, patient safety, and increased health inequalities**

The risk has received no changes with the next update scheduled post issuing of the quarterly Green Plan report due in October 2023. The current risk score remains unchanged at 12 (4x3).

The document will be reviewed and refined as need in line with BAF audit recommendations.

**BAF Risk 6 – Build Partnerships Failure to successfully build innovative partnerships due to competing organisation pressures, priorities and historic actions results in the Trust being unable to transform clinical services, improve the outcomes of our local population and develop our future workforce. The resulting impact will cause a risk to the following areas: regulatory, financial, workforce, patient outcomes, operational performance, and Trust reputation**

To note that BAF 6 residual score for is 12 (3x4). This is based on a possible and major impact assessment. The impact is assessed as major as the health outcomes of our population will not improve without us working in partnership to deliver transformation. There will also be an impact on our reputation.

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 recommendation arising from the RSM audit.



### **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’. Ongoing Industrial Action is adding to backlog and impeding clearance.

The target score is 12 (3x4). The aim is to reduce the likelihood to “possible”, whilst the impact would remain ‘major’.

The document will be reviewed and refined as need in line with BAF audit recommendations.

### **BAF Risk 8 – If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust’s operational performance and strategic objectives will not be delivered**

#### **Delayed actions**

- The funding stream for the Clinical Safety Officer (CSO) role has been approved through vacancy grip and control measures (in budget) although the post is not yet filled - now due October 2023
- Delayed action. Work is in progress within finance to complete the devolving of software budgets back to divisions. Analysis to be completed by the end of September 2023 and agreed budgets devolved for next financial year 2024-25

#### **Overdue actions**

- None

Actions to replace the electronic patient record infrastructure and software before end-of-extended support are at risk.

Corporate Risks COR1081 and COR1865 have been closed

### **RSM Board Assurance Framework Annual Audit**

#### **Overall internal audit opinion**

The Trust has received audit findings from RSM who have completed their annual review of the Board Assurance Framework. A factual accuracy check has been completed and the final report is awaited.

Design of the Control Framework - RSM found that there was a robust framework in place at the Trust for the recording and updating of the BAF. There is also a clear governance structure to report through from Committee level to Trust Board about the BAF risks and their impact on the overall Trust Strategic Objectives, therefore, they have provided a substantial assurance opinion on the design of the control framework.

Application of the Control Framework – RSM noted improvements in the design of the control framework, they identified that there are still a number of weaknesses in respect of the application. These largely relate to ensuring that the overall risk descriptions are clearly defined, alongside a set of controls and assurances which can be easily substantiated with evidence. There needs to be further work to challenge the closure of actions, the impact that this has on the overall scoring and the impact on closing the gap towards the Trust’s target score.






During November, each of the BAF risks will be reviewed and updated in line with the recommendations

### **Next Steps**

To support further embedding of effective risk management, a Board development workshop was held in October to specifically review the BAF and the Trust’s Risk Appetite statement. The Trust will continue to provide training and facilitate ongoing discussions to ensure the BAF is embedded within the culture of the organisation and driving Committee and Board business.

A rolling programme of BAF risks will be presented to the Trust's Management Group in the coming months.

## 2. Alignment to our Vision

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

The relevant sections have been considered by sub-committees of the Board:

- Finance & Productivity Committee
- Quality Committee
- People Committee
- Digital Committee
- Integration Committee

## 4. Recommendations

The Public Trust Board is asked to:

- Receive** the latest BAF risk summary report showing the current position of each BAF risk
- Note** that each of the Board Committees have reviewed their respective BAF risks at meetings held during September and October 2023 and assigned an assurance level rating
- Note** ongoing work to embed effective risk management with actions arising from the audit activity. A further BAF and Risk Workshop was held in October 2023.

## 5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

## Summary Board Assurance Framework (BAF): November 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	20 (4x5)	16 (4x4)	12 (3x4)	Cautious	Inconclusive 24/10/23
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating. Comply with external reviews, reports, and inspections.	Director of Governance	Quality	20 (4x5)	12 (3x4)	6 (2x3)	Open	Inconclusive 24/10/23
2	Workforce	Failure to address critical shortage of workforce capacity and capability priorities	Chief People Officer	People	20 (4x5)	12 (4x3)	10 (2x5)	Seek	Positive 31/10/23
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	People	15 (3x5)	12 (3x4)	8 (2x4)	Open	Inconclusive 31/10/23
4	Finance	Failure to remain financially sustainable in 2023/24 and beyond	Director of Finance	Finance and Productivity	20 (4x5)	20 (5x4)	16 (4x4)	Open	Inconclusive 26/10/23
5	Environmental	Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets	Director of Finance	Finance and Productivity	16 (4x4)	12 (3x4)	8 (4x2)	Open	Positive 26/10/23
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Integration (from June '23)	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive 26/10/23
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	20 (4x5)	16 (4x4)	12 (3x4)	Open	Positive 26/10/23
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	25 (5x5)	20 (4x5)	16 (4x4)	Open	Inconclusive 20/09/23

Risk Scoring Levels					
Consequence score	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
Likelihood score	1	2	3	4	5
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