Board of Directors Meeting Further reading Public meeting
Thursday 11 January 2024

In December 2023, over 3000 years of long service were recognised at The Dudley Group NHS Foundation Trust's Long Service Awards, which celebrated the careers of members of staff who had reached key milestones of 25, 30 and 40 years of service for the NHS in 2023.

The annual event was hosted by chair Sir David Nicholson and chief executive Diane Wake who said, "Our Long Service Awards recognise the dedication of staff members who have been with the NHS for much of their working lives. It is always a great joy to shine a spotlight on these fantastic members of our Trust at this event and say a huge thank you for their hard work over the years."

During the ceremony, those being presented with an award received a certificate of recognition, a commemorative length of service badge and a piece of locally hand-crafted glassware. Some staff members were also joined by their colleagues or family members as they received their awards.

Partners Jannine Hewlett and David Bradley receiving their 30 years Long Service awards

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) STRATEGY		
	DOCUMENT TITLE:	**EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) STRATEGY**
	Name of Originator/Author /Designation & Specialty:	Luke Lewis – Head of Corporate Resilience
	Director Lead:	Chief Operating Officer /Accountable Emergency Officer
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	Relevant Documents /Legislation/Standards	NHS Commissioning Board EPRR Core Standards The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 National Risk Assessment
	Contributors:	**Designation:**
	The electronic version of this document is the definitive version	

CHANGE HISTORY

Version	Date	Reason
1.0	March 2018	New strategy
2.0	September 2018	Addition of Training and Exercising Strategy element for EPRR
3.0	November 2018	Full review inclusion of Trust EPRR overarching risk assessment

4.0	October 2019	Annual Update
5.0	October 2020	Annual Update
6.0	July 2021	Update due to changes of the risk register
7.0	December 2022	Annual Review
8.0	November 2023	Annual Review

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

Contents

THE DUDLEY GROUP NHS FOUNDATION TRUST

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) STRATEGY

1. INTRODUCTION

The Dudley Group NHS Foundation Trust (here on referred to as the Trust) has a responsibility to ensure that it is properly prepared to respond to and recover from an emergency as defined by legislation and relevant guidance. This strategy indicates the Trust's programme of work to ensure compliance.

Civil Contingencies Act 2004 (CCA 04)

The CCA 04 defines that, as an acute trust, we are a Category 1 responder and therefore are required to fulfil six core duties:

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

EPRR Framework 2022

This is the framework of recommendations made by NHS England containing overarching principles required for the embedding of good EPRR across an NHS trust.

EPRR Core Standards

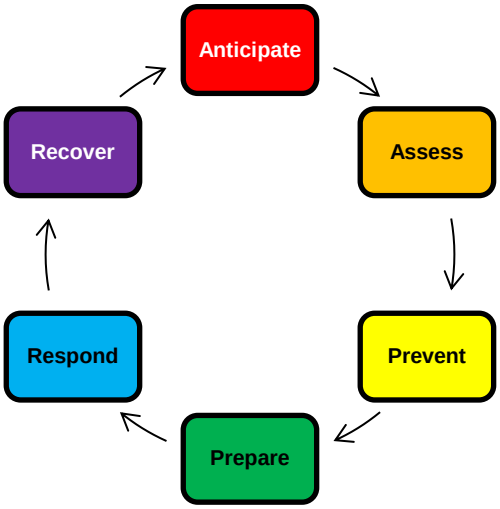
This is the annual assurance process undertaken to demonstrate that suitable EPRR arrangements are in place.

ISO 22301/302

This is the International Standard for Business Continuity that the Trust is expected to be aligned to.

Integrated Emergency Management (IEM)

This is the concept on which UK civil protection is based. IEM is a holistic approach to emergency preparedness. The Trust utilises IEM in the development of the annual work plan and preparation for response to civil emergencies.



Corporate Aims and Objectives

EPRR also considers the Trust's corporate aims and objectives in its IEM cycle.

Corporate Aim/Objective	EPRR Context
Deliver right care every time	The Trust's EPRR processes ensure that patient/staff safety is provided regardless of the incident being dealt with. This also includes aftercare.
Be a brilliant place to work and thrive	EPRR will be at the heart of ensuring that staff feel safe and able to respond to incidents as they occur.
Drive sustainability (financial and environmental)	Using cost save techniques, EPRR will be provided comprehensively whilst ensuring that costs are kept down.
Build innovative partnerships in Dudley and beyond	The Trust's EPRR processes are included within any new project planned and the Trust's Corporate Resilience Team will always ensure that new mechanisms and developments in the field are applied to the Trust's processes.
Improve health and wellbeing	The EPRR team will work to ensure that any resilience intervention that is required will continue to maintain and improve health and wellbeing of staff, patients, and visitors.

2. STATEMENT OF INTENT/PURPOSE

Aim

To indicate the processes by which the Trust ensures compliance against EPRR legislation, and the steps taken to ensure resilience across the Trust.

Objectives

- Ensure a planning process is in place with the full engagement of relevant internal/external stakeholders and multi-agency partners.

- Indicate relevant risks and associated mitigations pertinent to the Trust.
- Indicate processes for raising risks and issues related to EPRR processes.
- Indicate the training needs analysis pertaining to EPRR.
- Indicate the exercising needs analysis pertaining to EPRR.
- Indicate assurance processes for EPRR.

3. DEFINITIONS & ABBREVIATIONS

Emergency

Is defined by the Civil Contingencies Act 2004 as:

(a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom.

(b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom.

(c) War, or terrorism, which threatens serious damage to the security of the United Kingdom.

Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.
Critical Incident	Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies to restore normal operating functions.
Major Incident	An occurrence that presents a serious threat to the health of the community, or causes such numbers or types of casualties, requiring special arrangements to be implemented. For the NHS, this will include any event defined as an emergency (as above).

Mass Casualty

Is defined as an incident (or series of incidents) causing casualties on a scale beyond normal resources of emergency and healthcare services' ability to manage. This may involve hundreds or thousands of casualties with a range of injuries; the response to which will be beyond the capacity of normal major incident procedures to cope and requires further measures to appropriately deal with these numbers.

Emergency Preparedness

Is defined as the extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.

Resilience

Is defined as the ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.

Response

Is defined as decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders.

Command

Is defined as the exercise of vested authority that is associated with a role or rank within an organisation (e.g. the NHS), to give direction in order to achieve defined objectives.

Control

Is defined as the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.

Coordination

Is defined as integration of multi-agency efforts/capabilities in order to achieve pre-defined objectives.

4. DUTIES (RESPONSIBILITIES)

4.1 Chief Executive

Has overall responsibility for EPRR including business continuity.

The Chief Executive is responsible for ensuring that:

- The Trust has the required plans and arrangements in place.
- The Board receives regular updates on EPRR.
- Appropriate resources are made available to facilitate these responsibilities.
- Board level responsibility for EPRR is clearly defined with clear lines of accountability through the organisation leading to the Board.

The Chief Executive may designate these responsibilities to a Trust Accountable Emergency Officer (AEO). For the Trust, this is the Chief Operating Officer (COO).

4.2 Non-Executive Director

Will be designated by the Board to have oversight of all Trust EPRR arrangements and will represent EPRR from a non-executive director perspective. Where possible, they will also assist to ensure that the Trust is resilient.

4.3 Accountable Emergency Officer (AEO)

The Chief Operating Officer (COO) will have lead responsibility for EPRR arrangements across the Trust. They are nominated and accountable to the Trust Board for producing and testing resilience arrangements for the Trust.

The AEO is responsible for ensuring that:

- The Trust, and any sub-contractors, are compliant with EPRR requirements as set out in relevant legislation and guidance.
- The Trust is prepared and resourced to deal with an emergency.
- The Trust has robust business continuity plans (aligned to ISO 22301) in place which will include any third-party contractors.
- The Trust is compliant with requirements set by the Integrated Care Board (ICB), NHS England, or others.
- Co-operation processes are in place to provide external partners with any appropriate information and/or assistance.
- The Trust is appropriately represented at relevant groups internal and external to the Trust i.e., Local Health Resilience Partnerships (LHRP), Local Resilience Forums (LRF) etc.
- The Board is updated and informed on issues relating to EPRR.

4.4 Head of Corporate Resilience

Responsible for:

- Ensuring that the Trust has appropriate response and recovery plans in place that are regularly reviewed, tested, and circulated to partners.
- Ensuring that horizon scanning is conducted, relevant risks are placed onto relevant risk registers, and processes are put in place where possible to mitigate against their effects.
- Ensuring that a robust training and exercising process is in place ensuring relevant roles are trained to fulfill roles when responding to emergencies.
- Facilitating any assurance processes pertaining to EPRR.
- Making recommendations and applying subject matter expertise to Trust projects, ensuring that EPRR is considered within processes.
- Providing internal liaison and subject matter expertise in matters pertaining to EPRR and business continuity.

4.5 EPRR and Business Continuity Advisor

Responsible for:

- Supporting the implementation of emergency plans, business continuity and resilience processes.
- Supporting and assisting with the facilitation of exercises/scenarios to test Trust emergency plans.
- Providing administration support to EPRR processes.
- Providing tactical advice as part of a rota to the Trust senior on call management team.
- Providing ‘on scene’ tactical advice in the event of a multi-agency incident.

4.6 Corporate Resilience Project Support Officer

Responsible for:

- Supporting the implementation of national standards for EPRR.

- As required, supporting the audit process required by NHS England, providing national and local assurance of compliance against EPRR Core Standards, and assisting in the development of an action plan to mitigate against identified risks.
- Being a second point of contact for Trust staff in relation to issues pertaining to the EPRR portfolio.
- Engaging and assisting staff in understanding the importance of EPRR and business continuity and how it integrates with daily practice.

4.7 Corporate/Divisional Directors

Responsible for ensuring:

- That their departments/divisions have appropriate EPRR arrangements (including local business continuity plans) in place and that these compliment the overall Trust response to emergencies.
- Staff attendance compliance against all relevant training and exercising.
- That, where relevant, any planned works or projects are highlighted to the Head of Corporate Resilience to ensure EPRR is considered in all areas of work.
- That each service/divisional area has an identified lead for EPRR and business continuity and that this individual is made aware to the Head of Corporate Resilience.
- That each service area's EPRR provisions are regularly checked and updated (i.e., Corporate Resilience blue awareness folders), and that any issues are raised immediately to the Head of Corporate Resilience.
- Appropriate representation/attendance at the EPRR Assurance Group.

4.8 Departmental/Ward Managers, Directorate Managers and Matrons

Responsible for ensuring:

- Departmental EPRR and that areas are prepared to respond to emergencies.
- That local plans and processes are regularly updated (i.e., Corporate Resilience blue awareness folders and service level business continuity plans).
- Full engagement in EPRR processes and planning, providing input and updates to relevant plans and processes.
- Identification of all key critical assets and staffing for an emergency through the Trust's business continuity planning process.
- That a robust call-in process for emergencies is in place and that this is adequately maintained.
- That staff are allocated time to attend relevant training and exercises for the purposes of improving Trust resilience.
- That a departmental debrief is conducted following incidents and that recommendations are fed into the Trust-wide debrief.

4.9 All staff

Responsible for ensuring:

- Familiarisation with all relevant EPRR arrangements and plans.
- Where possible, that they exercise 'self-resilience' and assist in the Trust's response to an incident.

- That they regularly update their service contact lists to ensure that they can be contacted in an emergency.
- Completion and compliance against all appropriate training.
- Engagement with the Trust's exercising process.

4.10 Summit (Hard and Soft FM/Security)

Responsible for ensuring:

- That all contractors on site (i.e., Mitie) have robust EPRR and business continuity arrangements in place and that the Trust, as part of the contracting process, is assured that these are in place.
- That these arrangements are created in conjunction with and compliment the Trust's response to emergencies.
- That, where required, relevant subject matter expertise is provided to the Trust in relation to planning for, responding to, and recovering from emergencies.
- Attendance and engagement with the Trust's EPRR training and exercising processes.
- That the Head of Corporate Resilience is informed of any planned works to ensure that EPRR and business continuity arrangements are considered.
- Regular appropriate attendance at the Trust's EPRR Assurance Group.

4.11 TeraFirma (IT Solutions)

Responsible for ensuring:

- That robust EPRR and business continuity arrangements are in place and that the Trust is assured that these are in place.
- That these arrangements are created in conjunction with and compliment the Trust's response to emergencies.
- That, where required, relevant subject matter expertise is provided to the Trust in relation to planning for, responding to, and recovering from emergencies.
- Attendance and engagement with the Trust's EPRR training and exercising processes.
- That the Head of Corporate Resilience is informed of any planned works to ensure that EPRR and business continuity arrangements are considered.
- Regular appropriate attendance at the Trust's EPRR Assurance Group.

4.12 Third Party Contractors

Any third party contractors that are requested to conduct work on behalf of or for the Trust will be expected to ensure that:

- They have robust business continuity and EPRR response and recovery elements in place and that the Trust is assured that these are in place as part of the contracting process.
- As required, they engage fully with all EPRR processes as part of the Trust's EPRR arrangements.
- Where required, subject matter expertise is provided to the Trust for the purposes of response and recovery.

4.13 On Call Teams (Manager/Executive/Site Manager)

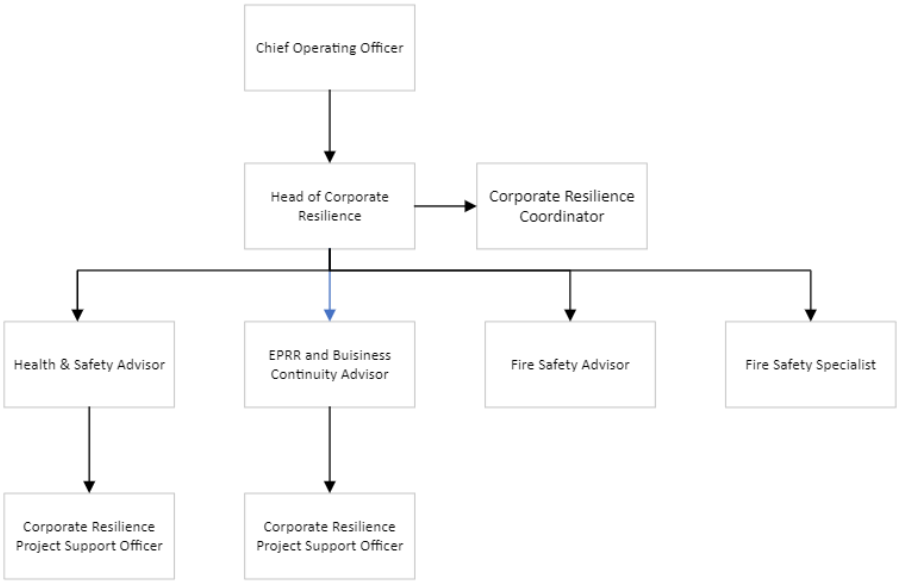
These roles have been pre-identified as having key responsibilities in disaster/emergency response:

- **Executive on call** – will act as the Strategic (Gold) Commander for the Trust during incidents, providing strategic direction and oversight for the Tactical Command Team.
- **Manager on call** – will act as the Tactical (Silver) Commander for the Trust during incidents, providing tactical direction and management of front-line services to minimise disruption whilst providing patient care.
- **Site Manager** – will act as the capacity management lead during an incident, ensuring that the Trust continues to maintain patient flow and safety, and ensuring that the day to day running of the Trust continues whilst providing the link into the incident response.

All of the roles identified above are contactable 24/7 for the period of their on call duties, for incidents affecting the Trust either internally or externally. These members of staff are alerted via Mitie Switchboard (here on referred to as Switchboard).

5. EPRR PROCESS

5.1 Reporting Lines for EPRR



5.2 Corporate Resilience Team

EPRR forms a key element of the Corporate Resilience Team, under the direct management and supervision of the Deputy Chief Operating Officer. The team is formed by the close working of the EPRR and Health, Safety and Fire Teams, allowing sharing of resource to complete a multitude of projects. The Head of Corporate Resilience retains direct management responsibility for the portfolio of EPRR.

This means that there is sufficient and appropriate resourcing for EPRR processes across the Trust, enabling these processes to be delivered to the required and recommended status.

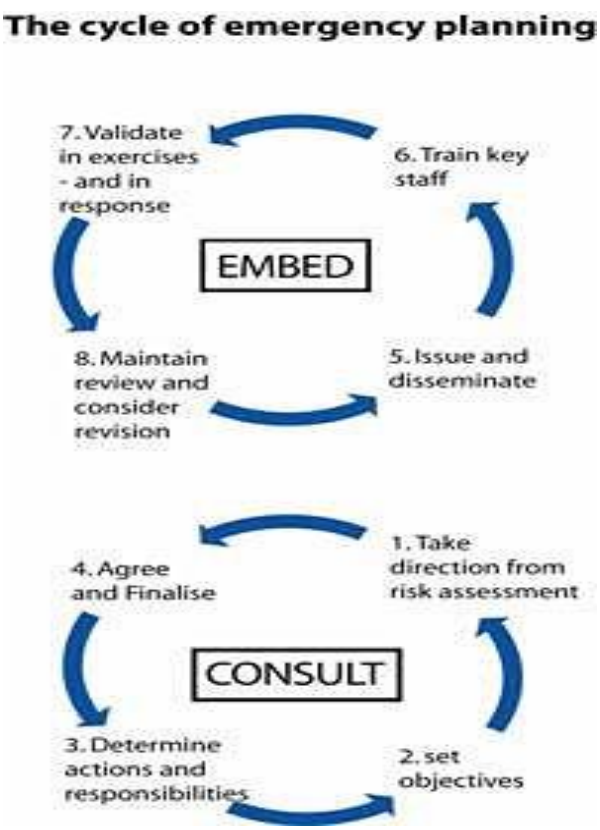
5.3 EPRR Funding

EPRR are now funded as part of the Corporate Resilience Team. Larger projects are identified and costs allocated to the relevant department e.g., Powered Respirator Protective Suit (PRPS) management and servicing is funded by the Emergency Department.

Costs are captured and reflected by Finance and meet the requirements to ensure that EPRR is appropriately funded by the Trust.

5.4 Emergency Planning Cycle

The Trust follows the Emergency Planning Cycle to ensure that all aspects are considered within the Trust's EPRR arrangements.



This cycle will follow an annual refresh pattern with all standing plans and polices being, as a minimum, assessed annually to ensure that new learning can be embedded within the relevant documents. This may also be dynamic dependant on developments within the field of EPRR.

5.5 EPRR Work Plan

Using this process, an annual work plan will be formed. This will indicate what activities the Corporate Resilience Team will undertake during the financial year in order to improve resilience at the Trust. It will take into consideration the national risk assessment, LHRP risk assessments, and risks locally determined and indicated onto the Trust's DATIX system. The work plan is accessible through request to the Corporate Resilience Team.

5.6 Emergency Plans

The Trust ensures that it has policies and standard operating procedures (SOPs) (here to referred as plans) relevant to risks identified in the Trust's risk assessments and/or those identified during the ongoing risk assessment. The Trust will maintain plans which are required as identified by the annual and ongoing risk assessment process. These include:

- Major Incident and Mass Casualty Policy
- Critical Incident Policy
- Business Continuity Policy
- Adverse Weather SOP
- Chemical, Biological, Radiological and Nuclear (CBRN)/HAZMAT/Mass Countermeasures and Infectious Diseases SOP
- Pandemic and Excess Deaths SOP

- Lockdown and Bomb Threat SOP
- Evacuation and Shelter SOP
- Resilient Communications SOP

These plans will be supported and complimented by relevant EPRR guidance, local plans, and standard operating procedures, for example:

- Dudley Local Health Protection Agreement
- Major Incident Clinical Guidelines
- Public Health England CBRN and HAZMAT Guidelines
- Operational Business Continuity Plans
- Operational Lockdown Plans

These documents will also be supported by other standing Trust arrangements and processes.

5.7 Maintenance of Plans

As standard, all plans will be reviewed annually; initially to ensure plans fit with current operational Trust requirements, but they will also be subject to review under the following parameters:

- *Change led:* Plans to be updated if changes are required as a result of audits (internal and external), updates to partner agency plans, or updates to associated legislation and/or guidance.
- *Post Exercise*: Plans will be updated as a result of lessons learnt following an exercise.
- *Post Incident:* Plans will be updated as a result of lessons learnt following an incident.

5.8 Availability of plans

Plans will be made available in relevant areas to ensure full engagement by all members of Trust staff and/or contractors. As plans and policies are updated, these will be communicated to identified service leads and via the Hub page.

As a minimum, these will be available in:

- Hard copies are shared with relevant responders/staff (these are listed in the rear of the 3 main response policies).
- Accessible through the Emergency Planning page on the Trust Hub.
- Located within the Incident Control Centres (ICC).
- Resilience Direct.
- Relevant sections of all plans, policies, and procedures will be available in a blue Corporate Resilience folder located within each service area. ***The maintenance of these is the responsibility of service leads, including:***
    - Service level business continuity arrangements.
    - Lockdown processes.
    - If relevant, major incident clinical processes.
    - Maintenance of a call out cascade for usage in incidents.
    - Training of staff (available on the Hub).

5.9 Communication of Plan and Process updates

As plans are updated, these will be uploaded to the shared folder and Hub page with communications sent to Directors of Operations, relevant service leads, and the EPRR Assurance Group. There is also an expectation that these updates will be cascaded down through all layers of staffing to ensure resilience and that relevant areas where plans are stored are also updated. These documents will also be shared with key external partners as required and indicated in the final sections of this document.

5.10 EPRR Audit

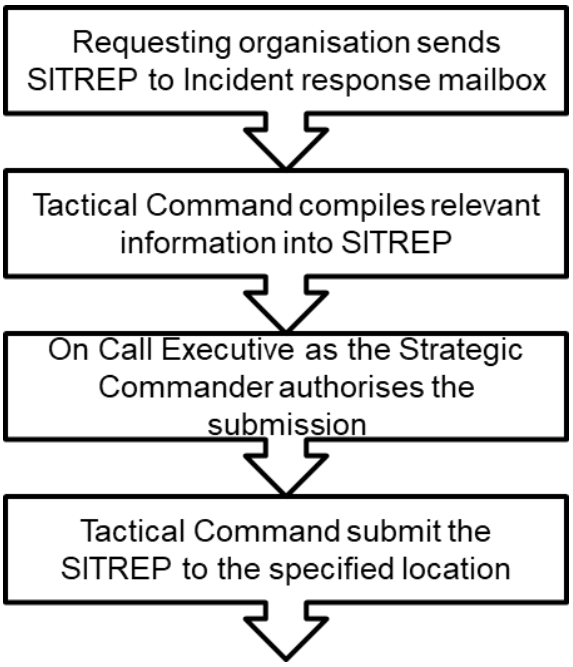
The Corporate Resilience Team will ensure that all key areas are fully audited in relation to EPRR:

- Blue Corporate Resilience folders will be audited bi-monthly.
- Emergency Department Major Incident and CBRN equipment is audited monthly.
- Incident Control Centre equipment is audited monthly.

5.11 Situation Reports (SITREP)

The scale of an incident will dictate the type of SITREP required. Each document contains example SITREPs that may be used during incidents. It must be noted that external partners e.g., LRF, NHS England may release templates during the response that will require completion to the battle rhythm set by the requesting organisation.

The process for sign off at is:



5.12 Mutual Aid

The Trust is able to call on mutual aid as required. This will be coordinated through the local ICB responders and, where required, NHS England.

The process for requesting mutual aid involves the Executive and/or Manager on call contacting the ICB on call and requesting mutual aid. This must include detail of:

- What is required.
- Why it is required.
- When it is required.
- Funding identification (if necessary).

NHS England and/or the ICB will then consider this request and, where necessary, facilitate the mutual aid deployment to the Trust site.

5.13 Information Sharing

The Trust has a responsibility to share relevant information with other responder agencies. This must be necessary and required for the response and all data requests should consider Information Governance processes and how that information is to be shared.

The Trust has access to the Resilience Direct 'Collaborate' page that allows the data storage of key documents and processes in a secure, externally hosted system. This will be the in-facto method of on call staff accessing information if they are offsite or if the internal server for the Trust was to fail.

6. RESILIENT COMMUNICATIONS

Good two-way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public (EPRR Framework, 2022). This section details the processes that the Trust has in place to ensure communications resilience. This section also indicates the process for exercising in relation to communications, specifically in relation to the requirement under the EPRR Framework 2022:

"10.4.1 Communications exercise Minimum frequency – every six months.

These exercises test the organisation's ability to contact key staff and other NHS and partner organisations 24/7. They should include testing telephone, email, paging and other communications methods in use. The communications systems exercise should be conducted both during the in-hours period and the out-of-hours period on a rotational basis and should be unannounced. Participation in a communications systems exercise initiated by another organisation does not remove the requirement for each organisation to undertake its own communications system exercise."

The Trust's Business Continuity Policy covers the resilience processes utilised in relation to:

- Switchboard.
- Multi-Tone (Bleep system).
- Alert Cascade.
- Internet Provision.
- Radio Provision.

Warning and informing, and Resilient Telecommunications

During an incident, communication with the public, other responders, and those utilising the Trust's services is key. The Trust has a variety of policies in place to manage communications during incidents. The Trust also has a variety of media streams that can be used:

- Twitter.
- Facebook.
- The Hub.
- All staff messaging.

This process and those documents are managed and maintained by the Trust Communications Team. Out of hours, whilst not formally on call, senior members of the Communications Team have made their contact details available for advice and deployment for Major, Critical, or Business Continuity Incidents.

Other departments that would require rapid messages to be dispatched in an incident also have access to facilities to release messages onto the Trust communication systems (i.e., IT).

The Trust's On Call Executive and Manager also have access to contact details for Regional and National advisors in relation to media management.

The Communications Team will provide specific advice and management processes in relation to the press and press management. An area is predetermined for their utilisation during an emergency (Action Heart), which will be staffed and managed by the Communications Team.

The Trust also considers resilience within its communications and telecommunications systems. This is managed through the Trust Resilient Communications Group and a SOP has been released which is managed by this group, indicating the processes in place to ensure resilience of systems to a variety of failure types. This includes key areas such as the Incident Control Centres.

6.1 COMMUNICATIONS PROCESSES USED BY THE DUDLEY GROUP NHS FOUNDATION TRUST

	Dudley Group Capability	
Communications Functions	**Primary Communications systems**	**Secondary communications systems**
Public Switched Telephone Network (PSTN)	• Node hosted Switchboard. • Trust mobile phones.	• Analogue lines. • x4 spare mobile handsets in the ICC.
Data Sharing Capability up to Official-Sensitive and Patient Identifiable	• NHS.net email to NHS net email. • Fixed external VPN connection.	• Direct access to Trust systems/server via (and its fixed systems). • Hard copy/paper. • Telephone. • Encrypted disc or encrypted memory stick.
Internet Service	• NHS-installed internet web browser.	• Smart phones (Windows Phone) issued to key staff. • x4 spare handsets in the ICC.
Collaboration/file sharing server accessible from the internet	• NHS-installed shared IT service areas.	• Web based shared service – The Hub. • Resilience Direct.
Key staff public wide area paging or alerting system	• Analogue phone lines in Switchboard. • Switchboard. • Helpdesk. • Bleep system. • Alert Cascade major incident alerting system. • Radio handsets issued to Site Team.	• Digital private radio network. • Smart phones (Windows Phone) issued to key staff. • x4 spare handsets in the ICC.
Monitoring of Public Service news broadcasts and social media	• Internet Based services. • Digital Radio.	• Smart phones (Windows Phone) issued to key staff. • x4 spare handsets in the ICC. • Major Incident radio.
Acute Trust Emergency Departments and Ambulance Trusts should ensure inter-organisational connectivity	• Hard line telephones. • Red alert phone. • Radio handsets issued to Site Team.	• Smart phones (Windows Phone) issued to key staff. • x4 spare handsets in the ICC. • Major Incident radio. • Digital private radio network.

6.2 MAJOR/CRITICAL AND BUSINESS CONTINUITY INCIDENT CALLOUTS

As per the EPRR Framework 2022 and the Civil Contingencies Act 2004, the Trust has a duty to communicate with key partners during an incident. This includes ensuring that relevant key staff are alerted by the Trust in the event of an emergency to mount an effective response. This is done at the Trust through the callout process delivered and managed by the Switchboard Team.

The Trust utilises Alert Cascade to ensure key on call teams are aware of a Major Incident and the actions required by them.

Departments across the Trust will also be manually contacted to inform them of the Major Incident Standby/Declared message, as well as an alert through Team 20 (bleep system).

Switchboard will gather the required information as indicated by their action card in the Major Incident and Mass Casualty Policy. They will then activate the Major Incident alerting process.

Any delays in contacting will be escalated to the On Call Manager as the Tactical (Silver) Commander for the Trust.

6.3 COMMUNICATING WITH THE PUBLIC AND KEY STAKEHOLDERS

The Trust has an established Communications Team who take responsibility for ensuring that messages pertaining to a response being provided by the Trust are provided across a range of media platforms. As a minimum, the Communications Team have access to:

- Facebook
- Twitter
- WhatsApp
- Press (management of the press and releases to the press will be through the Trust Communications Team)

6.4 EXERCISE HERMES

Exercise Hermes is the Trust's designed exercise to fulfil the requirements indicated above and is completed by the Switchboard Team.

The determined months for the year are designated and approved by the Head of Corporate Resilience and are communicated to the Facilities Contract Manager, Soft Services Manager and the Helpdesk and Switchboard Manager. The Switchboard Team is then responsible for the completion of the tests within this time period.

The tests will be conducted via testing of the call out systems for Major Incidents. The report will be generated automatically via Alert Cascade. There are a number of calls required as part of the Major Incident process which will be recorded to document:

- The length of time taken to respond/answer call.
- No response.
- Estimated time of arrival to site.

The EPRR and Business Continuity Advisor will then collect this data and construct the Post Exercise Report. This will be submitted to the EPRR Assurance Group for approval before submission Executive/Board meetings as necessary.

6.5 ALERT CASCADE

Alert Cascade is the system procured by the Trust to enable Major Incident alerting. The system works through an automated callout system, allowing rapid effective callout of staff required for a Major Incident response. Switchboard provide administration and management of the system as well as the initiation of the callout through contact with Alert Cascade Switchboard. An action card is available to Switchboard staff within the Major Incident and Mass Casualty Policy to assist with the call out process.

7. RISK REGISTER

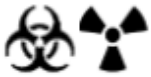
Risks identified within the National Risk Register, West Midlands CRR and LHRP risk register are detailed in Tables 1 and 2 below. Annex D also details the West Midlands Local Resilience Forum (LRF) Local Risk Register. The Trust's internal risk register is captured on the DATIX system.

Table 1

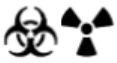
Impact Severity	**5**					
	4					
	3					
	2					
	1					
		1	**2**	**3**	**4**	**5**
	Likelihood of occurring in the next 5 years					

Natural Hazards		***Diseases***	
	Storms and Gales		Pandemic Influenza
	Surface Water Flooding		Emerging Infectious Disease
	Cold and Snow		Animal Disease
	Heatwave	***Major Accidents***	
	Poor Air Quality		Widespread electrical failure
	Space Weather		Transport accidents
	Drought		Industrial and urban accidents
Societal Risks			System failures
	Industrial action		
	Public Disorder		

Table 2 Malicious attack risks

Impact Severity	**5**					
	4					
	3					
	2					
	1					
		Low	**Medium-Low**	**Medium**	**Medium-High**	**High**
	Relative <u>plausibility</u> of occurring in the next 5 years					

Malicious Attacks

	Larger scale Chemical, Biological, Radiological, or Nuclear attacks		Attacks on Infrastructure
	Attacks on Crowded Places/Transport		Cyber-attacks on services
	Cyber-attacks on infrastructure		Smaller scale Chemical, Biological, Radiological, or Nuclear attacks

8. ENGAGEMENT IN MULTI AGENCY PLANNING

As part of its legislative and framework requirements and guidance, the Trust is required to attend and participate in relevant local, regional, and national resilience planning and preparedness processes and arrangements.

The Trust will accomplish this through two mechanisms:

1. Regularly arranged meetings.
2. Ad-hoc meetings specific to an identified risk or resilient activity.

Regularly arranged meetings that will meet the requirements for multi-agency working are indicated below with the appropriate attendee. This may be substituted by an appropriate replacement person to ensure resilience for attendance.

Meeting Title	Function	Named role attendee
Local Health Resilience Partnership (LHRP)	Executive-level Strategic resilience meeting for Birmingham, Solihull, and the Black Country areas. Under the EPRR Core Standards, the Trust is required to attend 75% of these meetings per annum.	Deputy Chief Operating Officer
Local Health Resilience Forum (LHRF)	Emergency Planning practitioner level Tactical meeting for Birmingham, Solihull, and the Black Country areas.	Head of Corporate Resilience
Strategic Assessment Group (SAG)	Risk assessment and planning meeting for events within the Dudley conurbation area.	Head of Corporate Resilience
Dudley Local Resilience Forum	Multi-agency planning meeting for the Dudley conurbation area to ensure multi-agency planning for response.	Head of Corporate Resilience
Dudley Local Health Protection Forum	Multi-agency planning meeting specific to health protection outbreaks and the preparation for response to these types of incidents.	Head of Corporate Resilience

Ad-hoc meetings will be determined at the time of identification and will be allocated to the most appropriate person for the task that is requested. This will be determined by the AEO and the Head of Corporate Resilience.

9. EPRR TRAINING STRATEGY

To ensure EPRR is embedded across the Trust, we are required to engage in training to ensure key roles and those identified by guidance and legislation are appropriately prepared to plan for and respond to an incident within the Trust. These roles and the types of training required are identified within the EPRR Training Needs Analysis below.

Staff Group	Title of training	Format	Frequency	Mandatory?
Trust On Call Executives	Strategic Commander Incident Response Training	Face to Face	Annual	Yes
Trust On Call Managers	Tactical Commander Incident Response Training	Face to Face	Annual	Yes
Clinical Site Managers	Site Operations Incident Response Training	Face to Face	Annual	Yes
IT On Call Team	Incident Response Training (IT)	Face to Face	Annual	Yes
Identified staff	Incident Support and Loggist	Face to Face	Every 3 years	Yes
ED Nursing Team	ED Major Incident and CBRN Training	E-learning Face to Face	Annual	Yes
ED Medics	ED Major Incident and CBRN Training for Medics	E-learning Face to Face	Annual	Yes
Identified Business Continuity Leads	Business Continuity for Leaders	Face to Face	Every 3 years (or as guidance changes)	Yes
All Trust staff including Mitie/Summit etc.	EPRR Awareness	Leaflet at Induction E-learning	Annual	No

Mandatory Training: Some elements of EPRR are mandatory under the EPRR Core Standards requirements and those are indicated above.

Responsibility for training: All training is constructed by the Head of Corporate Resilience and is aligned to relevant National Occupational Standards for EPRR. A range of methods for delivery with a variety of dates can be offered; some will be coordinated by the EPRR Team, and some will be the responsibility of service areas to plan. Staff members are ultimately responsible for ensuring that they attend training and keep up to date on EPRR developments.

National Occupational Standards (NOS):

Under the NOS for EPRR, which are Skills for Justice:

- AA3, AB1, AC1, AD1, AE1, AE2, AG2, AG4, AF2, HB6 and HG

There are a number of requirements and core competencies that staff are expected to meet annually to provide an effective response in an incident. The table below identifies what is expected and against which role.

Key

X = Required for role

D = Desirable for role

Requirement	Role			
	Commander Strategic	Commander Tactical	Other roles in the ICC	Loggist
Analytical/Strategic thinking	X	X	X	
Communication/Briefing	X	X	X	X
Consulting	X	X	X	
Creative problem solving	X	X	X	
Decision making using evidence	X	X	X	
Effective leadership	X	X	X	
Influencing & persuasive	X	X	X	
Liaison	X	X	X	X
Negotiation	X	X	X	
Numerical	X	X	X	X
Planning/Project management	X	X	X	
Prioritising/Organising	X	X	X	X
Report/Plan writing	X	X	X	

Knowledge	Role			
	Commander Strategic	Commander Tactical	Other roles in the ICC	Loggist
Current and relevant legislation, policies, procedures, codes of practice, and guidelines in relation to emergency response	X	X	X	
Current and relevant legislation and organisational requirements in relation to health, safety, and welfare	X	X	X	
The principles of effective response and recovery	X	X	X	
The principles of Integrated Emergency Management (IEM) and Joint Emergency Response Interoperability Programme (JESIP)	D	D		
The roles and responsibilities of partner organisations in all areas of response and recovery	D	D		
The principles of command, control, and coordination	X	X	X	
How to develop and implement an effective communications strategy	X	D		
The range of tactical options and how they should be communicated, reviewed, and implemented	D	D		
How to formulate an action plan which takes account of all available information	X	X	X	
Circumstances where expertise or coordination are	X	X	X	

required beyond the tactical level				
The type of resources which may be required and how they can be obtained	X	X	X	
How to assess the short- and long-term human impact of the emergency and identify the most vulnerable groups	X	X	X	
How to conduct briefings and de-briefings	X	X	X	
How to complete Situation Reports and METHANE Reports	X	X	X	
The purpose of recording information and the types of records that must be kept	X	X	X	X
Attitudes	**Role**			
	Commander Strategic	**Commander Tactical**	**Other roles in the ICC**	**Loggist**
Community Minded	X	X	X	X
Determined	X	X	X	X
Empathetic	X	X	X	X
Flexible	X	X	X	X
Investigative/Problem solving	X	X	X	X
Realistic	X	X	X	X

This will be monitored through continuing professional development (CPD) portfolios that will include a pre-learning assessment by the learner as to their knowledge of the above requirements followed by a post-learning analysis by the trainer. Some aspects will not be completed in training as staff members are expected to undertake CPD, which will be monitored through the individual's CPD portfolio. The process will be managed by the Head of Corporate Resilience.

Types of training

There are a variety of teaching methods that will be used by the Head of Corporate Resilience to deliver training across the Trust, including:

- Face to Face
- E-Learning
- Self-Learning
- Practical
- Exercise based

Training records/lesson plans

These can be made available through the Head of Corporate Resilience at request.

Alternate training resources available to all staff

- JESIP All staff awareness
- IOR for the wider NHS
- UKHSA E-learning system for EPRR

Individual Training Plans

If required, the Corporate Resilience Team are able to develop and deliver individual training plans and processes for staff. These can be requested through the Corporate Resilience Team.

10. EPRR EXERCISING STRATEGY

As a Category 1 responder, the Trust is required to undertake, at a minimum, the following level of exercising:

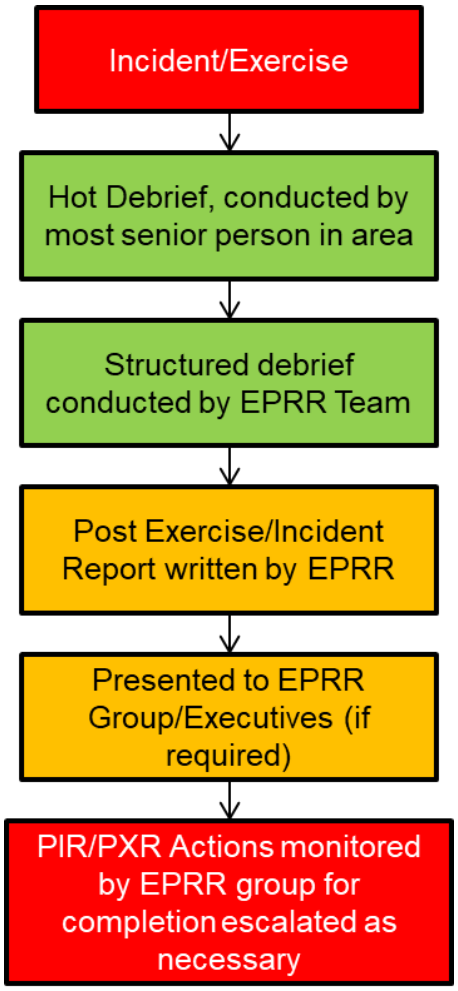
- Six-monthly communications cascade tests (Exercise Hermes) – this requires x1 in hours and x1 out of hours test in the rolling 12-month period.
- Annual tabletop exercise.
- Three-yearly live exercise (a live incident activating key documents during this time will act as a live exercise if appropriate debriefing and lesson learning can be demonstrated).

Following each exercise, the Head of Corporate Resilience or the relevant organiser of the exercise will produce a post exercise report for presentation at EPRR Assurance Group. This will include a series of recommendations and a tracker to indicate progress against this learning.

Ad Hoc exercising

Additional exercises will be planned throughout the year to test new threats or to exercise new plans, documents, or SOPs as required.

11. CONTINUOUS IMPROVEMENT PROCESS



As soon as practicable following an exercise or incident, debriefs will be conducted. These can take two main forms within the Trust:

1. **Hot Debrief** – Conducted immediately at handover or at stand-down. This allows responders within the area for which the debrief is being conducted to capture their immediate thoughts on areas of good practice and those that require improvement. This will be led by the most senior person within the area at the time and will utilise the Trust's hot debrief forms held within the relevant plans.
2. **Structured Debrief** – This will be conducted some time post stand-down from the incident or exercise and will be conducted by the Corporate Resilience Team (trained in performing structured debriefs). This will require representation from key players and individuals involved in the response as well as those that lead the hot debriefing process. This debrief will ensure that full details of areas of good practice and those that require improvement are captured.

Post Incident/Exercise Report (PIR/PXR)

These will be constructed by the Corporate Resilience Team for any incidents that require the activation of a Trust EPRR policy or SOP. This process may also be followed for incidents where key learning is identified but activation of a document was not required. The report and actions will then be presented to the Trust EPRR Assurance Group for sign off; exceptions to this will be severe incidents that have major impacts on patients/staff safety, the ability of the

Trust to discharge its functions, and those with significant impacts on the financial or reputational status of the Trust. These reports will be presented at executive level with approval from the AEO.

12. PROCESS FOR MONITORING COMPLIANCE

Monitoring of Compliance Chart

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Examples of key aspects to include are given below:						
EPRR Strategy	EPO	Review	Annually	To F&P via EPRR	Line managers, clinical directors	Via EPRR Assurance Group
EPRR Working Group	EPO	Work streams	As required	To F&P via EPRR	Line managers, clinical directors	Via EPRR Assurance Group
Annual EPRR Report	EPO	Report framework	Annually	To F&P via EPRR	EPO	Via EPRR Assurance Group
EPRR Core Standards	EPO	NHSE framework	Annually	To F&P via EPRR & NHSE	Line managers, clinical directors	Changes in practices will be communicated Trust wide
Review of EPRR Plans and Procedures	EPO	EPRR agenda	At least annually	To F&P via EPRR	Line managers, clinical directors	Via EPRR Assurance Group
EPRR Training	EPO	EPRR agenda	At least annually	To F&P via EPRR	Line managers, clinical directors	Via EPRR Assurance Group
Live Exercise	EPO	Core Standard	3-yearly	To F&P via EPRR	Line managers, clinical directors	Changes in practices will be communicated Trust wide
Command Post Exercise	EPO	Core Standard	3-yearly	To F&P via EPRR	Line managers, clinical directors	Changes in practices will be communicated Trust wide
Communications Exercise (Exercise Hermes)	EPO	Core Standard	6-monthly	To F&P via EPRR	Line managers, clinical directors	Changes in practices will be communicated Trust wide

13. EQUALITY

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

14. REFERENCES

- Cabinet Office Civil Contingencies Act 2004.
- Health and Social Care Act 2012.
- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005.
- Expectations and Indicators of Good Practice Set for Category 1 and 2 responders.
- NHS Commissioning Board EPRR Core Standards.
- ISO 22301 Societal Security – Business Continuity Management Systems – Requirements.
- ISO 22313 Societal Security – Business Continuity Management Systems – Guidance.
- Business Continuity Institute Business Continuity Good Practice Guidelines 2013 – A Guide to Global Practice in Business Continuity.
- The Route Map to Business Continuity Management Meeting the Requirements of ISO 22301.
- NHS England Emergency Preparedness Framework 2022.
- NHS Commissioning Board frequently asked questions (FAQs) on the future arrangements for health Emergency Preparedness, Resilience and Response (EPRR) (Jan2013).
- Everyone Counts: Planning for Patients 2013/14.
- NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013).
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
- Summary of published key strategic guidance for health EPRR.
- NHS England Business Continuity Management Framework (service resilience) (2023).
- Preparation and planning for emergencies: responsibilities of responder agencies and others.
- NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident: interim strategic national guidance.
- CBRN Incidents: A Guide to Clinical Management and Health Protection.
- The United Kingdom’s Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism.
- Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013.
- Chapters 5 to 7 Revision to Emergency Preparedness.
- Management of Surge and Escalation in Critical Care Services Standard Operating Procedure for Adult & Paediatric Burns Care Services in England & Wales (2015)

ANNEX A EPRR DOCUMENT RETENTION PROCESS

In line with Information Governance processes, the Corporate Resilience Team will ensure archiving of all relevant EPRR documents and processes in line with national NHS guidelines in relation to document retention. They will be stored as necessary in an online account or hard copies will be securely stored by the Corporate Resilience Team. These are available for view through request via the Corporate Resilience Team, contactable via email to dgft.corporateresilience@nhs.net

Document Type	Period of Retention
EPRR Assurance Group Agendas and associated papers	2 years from date of meeting
EPRR Annual Report	3 years from date of authorisation
EPRR Core Standards	2 years from date of sign off by NHS England
EPRR Work Plan	20 years from date of reporting period
EPRR Incident Report Forms/PIR and PXR	10 years from date of creation
EPRR Policies and SOPs	10 years from date of creation/sign off
EPRR Serious Incidents/Major Incident Report forms	Indefinitely
Corporate Resilience Team applications (Unsuccessful candidate information)	1 year from interview date
Corporate Resilience Team applications (Successful candidate information)	3 years post termination of contract
Corporate Resilience Team Leavers dossier	6 years post termination of contract

ANNEX B EPRR DOCUMENT DISTRIBUTION LIST

This table indicates the minimum roles and/or organisations that the strategy, policies, and SOPs of the Dudley Group NHS Foundation Trust must be shared with to ensure collaboration with our wider partners and embedding within the Trusts resilience strategy.

Role	EPRR Strategy	Major Incident and Mass Casualty Policy	Internal (Critical) Incident Policy	Business Continuity Policy	CBRN/HAZMAT, Mass Countermeasures, Infectious Disease SOP	Lockdown and Bomb Threat SOP	Evacuation and Shelter SOP	Pandemic and Excess Deaths SOP	Incident Coordination Centre SOP
Chief Executive	X	X	X	X	X	X	X	X	X
Chairman	X	X	X	X	X	X	X	X	X
Chief Operating Officer (AEO)	X	X	X	X	X	X	X	X	X
Non-Executive Director for EPRR	X	X	X	X	X	X	X	X	X
On Call Executives and Managers	X	X	X	X	X	X	X	X	X
Site Operations Team	X	X	X	X	X	X	X	X	X
Director/Deputy of Operations	X	X	X	X	X	X	X	X	X
Head of Trust Estates		X	X	X	X	X	X		
Summit		X	X	X	X	X	X		
Mitie FM		X	X	X	X	X	X		
Matrons	X	X	X	X	X	X	X	X	X
Head of Pharmacy		X		X	X			X	
Head of Radiology		X		X					

ED EPRR Clinical Lead		X		X	X				
ED EPRR Nursing Lead		X		X	X				
Incident Control Centres	X	X	X	X	X	X	X	X	X
Dudley ICB	X	X	X	X	X	X	X	X	X
Infection Prevention and Control Team								X	
Trust IT			X	X					

ANNEX C EPRR AWARENESS FOR TRUST INDUCTION

Emergency Preparedness, Resilience and Response (EPRR) and you!

What is EPRR?

EPRR is the NHS term used to indicate preparation for and response to incidents. This includes anything from Major Incidents to Business Continuity such as power failure, cyber-attacks etc.

Who is responsible?

Everyone, we are all responsible for ensuring preparation for incidents this includes ensuring local plans are up to date, self-resilience i.e., during times of heavy snow ensuring you have an identified route to access work.

Major Incidents

Are defined as that which threatens community health or incidents where casualty numbers require special arrangements to be enacted, numbers alone do not determine a major incident, and what is a major incident for one service may not be a Major incident for others.

If a Major Incident occurs there are 2 main terms that will be used:

Major Incident Standby:

- This alerts that a major incident is possible or imminent to occur.
- Identified individuals are alerted allowing risk assessment to be undertaken.

Major Incident Declared:

- A Major Incident is occurring now, and a response is required.
- Trust staff will all be alerted to this eventuality.

Patients may arrive at the hospital before we are alerted in this eventuality the Trust has capability to activate a Major Incident response independently.

How do we ensure effective messages are passed?

We utilise SBAR to pass messages internally in relation to any incident.

S	**Situation**	What is the situation? What is happening now?
B	**Background**	What has led to this situation occurring?
A	**Assessment**	What are the impacts being felt by this incident?
R	**Recommendation**	What are your recommendations? What is required now?

What if an incident is declared and I am on site?

- Observe safety of self, staff, and patients.
- If you identify an incident contact 2222 and inform Switchboard.
- Access your emergency planning folder and follow the relevant action card.

DO NOT contact switchboard or site operations for non-incident enquires

DO NOT use social media to post about actions/response on site

What if I am off site when an incident is declared?

DO NOT attend site if not requested to come in

DO NOT contact switchboard or site operations as they are responding

IF contacted:

- Bring your ID, you won't be allowed on site without it
- Wear your uniform and bring a change of clothes
- Bring plenty of drinks and food for a prolonged shift

Checklist	
Read the relevant action cards in the Trusts emergency plans	
Ensure your manager has up to date contact numbers	
Complete EPRR awareness e-learning (via EPRR hub page)	

ANNEX D WEST MIDLANDS LRF LOCAL RISK REGISTER

West Midlands Local Resilience Forum
Local Risk Register

Risk Assessment Workstream

**includes local planning assumptions and capability assessment*

Version 1.09 **Date** 21 September 2023

West Midlands Local Resilience Forum

This document is security marked **Official - Sensitive**, please contact the Risk Assessment Workstream Chair, Xris_Middleton@sandwell.gov.uk if you wish to share information outside of the West Midlands LRF membership.

The aim of this document is to highlight the most significant risks to the local area. This document provides a single point of information for risk scores, planning assumptions, capability assessment and recommendations.

The following documents are located on Resilience Direct:	https://collaborate.resilience.gov.uk/RDService/home/1497/02.-Risk-Management
Title	**Notes**
List of Supporting Documents:	
West Midlands LRF Risk Framework - Version 1.1	Explains the Risk Assessment Methodology used in the West Midlands.
WM LRF Local planning Assumptions and Capability Assessment & Methodology - Version 1.0	The aim of the Local Resilience Planning Assumptions (LRPA) is to set out the common consequences that could occur as a result of an emergency. This document highlights the LRPA and capabilities within the West Midlands & identify any gaps which may need further work.
CRR 2021 v0.1	Public Community Risk Register (PDF Version) using the 2019 risks.
2022 New risk IDs comparison	Compares the 2019 and 2022 risk IDs
WM Localised Impact Scores Rationale	This document localises the impact dimensions to the West Midlands. It was last updated 2019.
2023 LRMG & 2023 National Planning Assumptions Summary	Presentation which summarises the Local Resilience Management Guidance and 2023 National Planning Assumptions documents (these documents were produced by Government)
List of Templates	
2023 Local Risk Assessment Template v1.0	
West Midlands LRF template - Capability Gap Analysis v1.0	

ID	National Ref	Local Lead	Hazard Category	Risk	Type	Likelihood Score	Impact Score	National Risk Rating	Local Risk Rating	Risk Priority	Risk Cycle Review	Risk Assessment Date	Review Date	Is risk up to date?	Date Approved by RAWG Group:
R36	R36-DHSC	CSW	Accidents and System Failures	Major Social Care Provider failure	Hazard-related risk	4	2	Medium	Medium	2	2 years	TBC	2022	No	
R37	R37-CO	Emma Smallman, Wolverhampton Council	Accidents and Systems Failures	Insolvency of supplier(s) of critical services to public sector	Hazard-related risk	3	2	Medium	Medium	2	2025	27/07/2023	27/07/2025	Yes	Requires Approval
R38	R38-BEIS	Emma Smallman, Wolverhampton Council	Accidents and Systems Failures	Insolvency affecting fuel supply	Hazard-related risk	4	1	Low	Low	3	2026	27/07/2023	27/07/2026	Yes	Requires Approval
R39	R39 - BEIS	WMP	Accidents and System Failures	Failure of a supplier of CNI chemicals	NEW RISK - requires assessment									New Risk	
R40	R40-Dft	BTP	Accidents and System Failures	Rail Accidents	NEW RISK - requires assessment									New Risk	
R44	R44-DfT	WMFS	Accidents and System Failures	Accident involving high consequence dangerous goods	Hazard-related risk	2	3	Medium	Medium	2	2 years	TBC	2022	No	
R45	R45-DFT	CSW / Airport	Accidents and System Failures	Aviation Collision	Hazard-related risk	1	4	Medium	Medium	2	2 years	TBC	2022	No	
R46	R46-DfT	WMP	Accidents and Systems Failures	Malicious Drone Incident	Hazard-related risk	2	3	Medium	Medium	2	2025	30/08/2023	30/08/2025	Yes	05/09/2023
R47	R47-BEIS	Sheridan Buckley, Walsall Council	Accidents and Systems Failures	Disruption of space-based services	Hazard-related risk	2	3	Medium	Medium	2	2025	06/07/2023	06/07/2025	Yes	05/09/2023
R48	R48-BEIS	Sheridan Buckley, Walsall Council	Accidents and Systems Failures	Loss of Positioning, Navigation and Timing (PNT) Services	Hazard-related risk	2	4	High	High	1	2024	06/07/2023	06/07/2024	Yes	05/09/2023
R49	R49-DCMS	Fran Hyde - Dudley Council	Accidents and Systems Failures	Simultaneous loss of all fixed and mobile forms of communication	Hazard-related risk	3	3	High	High	1	2024	28/07/2023	28/07/2024	Yes	05/09/2023
R50a	R50a-BEIS	NHS & National Grid (supported by Walsall and Dudley)	Accidents and System Failures	Failure of the NETS	Hazard-related risk	3	4	Very High	Very High	1	1 year	TBC	2021	Yes	Requires Approval
R50b	R50b-BEIS	NHS & National Grid (supported by Walsall and Dudley)	Accidents and System Failures	Regional failure of the electricty network	NEW RISK - requires assessment									Yes	Requires Approval
R51	R51-BEIS	NHS	Accidents and System Failures	Failure of gas supply infrastructure	Hazard-related risk	2	1	Medium	Low	3	3 years	TBC	2022	No	
R52	R52-BEIS	MOD	Accidents and System Failures	Civil nuclear accident	Requires an Assessment - not started									New Risk	
R53	R53-BEIS	MOD	Accidents and System Failures	Radiation release from overseas nuclear accident	Requires an Assessment - not started									New Risk	
R54	R54-BEIS	UKHSA / WMFS	Accidents and System Failures	Radiation exposure from transported, stolen or lost goods	Hazard-related risk	2	1	Low	Low	3	3 years	TBC	2023	No	
R55	R55 - HMT	Fran Hyde, Dudley Council;	Accidents and Systems Failures	Technological Failure of a Systemically Important Retail Bank Or Critical Market Infrastructure	Hazard-related risk	3	3	High	High	1	2024	28/07/2023	28/07/2024	Yes	05/09/2023
R56	R56-HSE	WMFS	Accidents and System Failures	Accidental fire or explosion at an onshore major hazard (COMAH) site	NEW RISK - requires assessment									New Risk	
R57	R57-HSE	WMFS	Accidents and Systems Failures	Accidental large toxic chemical release from an onshore major hazard (COMAH) site	Hazard-related risk	1	4	Medium	Medium	2	2025	30/05/2023	30/05/2025	Yes	12/06/2023
R59	R59-HSE	WMFS	Accidents and System Failures	Accidental fire or explosion at an onshore fuel pipeline	Hazard-related risk	1	4	Medium	Medium	2	2 years	TBC	2022	No	
R60	R60-HSE	WMFS	Accidents and System Failures	Accidental fire or explosion at an onshore major accident hazard pipeline	Hazard-related risk	1	4	Medium	Medium	2	2 years	TBC	2022	No	
R61	R61-HSE	UKHSA	Accidents and System Failures	Accidental work-related (laboratory) release of a hazardous pathogen	Hazard-related risk	1	3	Low	Medium	2	2 years	TBC	2022	No	
R62	R62-DEFRA	BCC	Accidents and System Failures	Reservoir or Dam Collapse	Hazard-related risk	1	4	Medium	Medium	2	2025	01/09/2023	01/09/2025	Yes	05/09/2023
R63	R63-DEFRA	Seven Trent /Sandwell	Accidents and Systems Failures	Water infrastructure failure or loss of drinking water	Hazard-related risk	2	1	Low	Low	3	2026	10/08/2023	10/08/2026	Yes	05/09/2023
R64	R64-FSA	CSW	Accidents and System Failures	Food Supply Contamination	Hazard-related risk	3	3	High	High	1	1 year	TBC	2021	No	
R65	R65-HO	WMFS	Accidents and System Failures	Major Fire	Hazard-related risk	1	3	Medium	Medium	2	2 years	TBC	2022	No	
R66	R66-HO	WMFS	Accidents and System Failures	Wildfire	Hazard-related risk	2	2	Medium	Medium	2	2 years	TBC	2022	No	
R67	R67-Dft	Katie Rheeston, Sandwell Council	Natural and Environmental Hazards	Volcanic Eruptions	Hazard-related risk	4	3	High	High	1	2024	07/07/2023	07/07/2024	Yes	05/09/2023

R68	R68-DLUHC	Katie Rheeston, Sandwell Council	Natural and Environmental Hazards	Earthquake	Hazard-related risk	1	1	Low	Low	3	2026	06/07/2023	06/07/2026	Yes	05/09/2023
R71	R71-MO	Sheridan Buckley, Walsall Council	Natural and Environmental Hazards	Severe Space Weather	Hazard-related risk	4	3	Very High	High	1	2024	06/07/2023	06/07/2024	Yes	05/09/2023
R72	R72-MO	Katie Rheeston, Sandwell Council	Natural and Environmental Hazards	Storms	Hazard-related risk	3	3	Very High	High	1	2024	07/07/2023	07/07/2024	Yes	05/09/2023
R73	R73-MO	UKHSA / MO	Natural and Environmental Hazards	High temperatures and heatwaves	Hazard-related risk	3	4	Very High	Very High	1	2024	31/05/2023	31/05/2023	Yes	12/06/2023
R74	R74-MO	UKHSA / MO	Natural and Environmental Hazards	Low Temperature and snow	Hazard-related risk	3	3	Very High	High	1	2024	31/05/2023	31/05/2024	Yes	12/06/2023
R75b	R75b-DEFRA	EA / Birmingham Council	Natural Hazards	Fluvial flooding	Hazard-related risk	3	3	Very High	High	1	1 year	TBC	2021	No	
R75c	R75c-DEFRA	CSW / EA	Natural Hazards	Surface Water Flooding	Hazard-related risk	3	2	High	Medium	2	2 years	TBC	2022	No	
R76	R76-DEFRA	EA	Natural Hazards	Drought	Hazard-related risk	2	3	Medium	Medium	2	2 years	TBC	2022	No	
R77	R77-Defra	UKHSA	Human, Animal and Plant Disease	Poor Air Quality	Hazard-related risk	3	2	High	Medium	2	2026	31/05/2023	31/05/2026	Yes	12/06/2023
R78	R78-DHSC	UKHSA	Human, Animal and Plant Disease	Pandemic	Hazard-related risk	4	4	Very High	Very High	1	2024	31/05/2023	31/05/2024	Yes	12/06/2023
R79	R79-DHSC	UKHSA	Human, Animal and Plant Disease	Outbreak of an emerging infectious disease	Hazard-related risk	4	4	Very High	Very High	1	2024	31/05/2023	31/05/2024	Yes	12/06/2023
R80	R80 - Defra	UKHSA	Human, Animal and Plant Disease	Outbreak of Exotic Notifiable Disease in Animals (including birds)	NEW RISK - requires assessment									New Risk	
R80a	R80a - Defra	UKHSA	Human, Animal and Plant Disease	Major outbreak of foot and mouth disease	NEW RISK - requires assessment									New Risk	
R80b	R80b - Defra	UKHSA	Human, Animal and Plant Disease	Major outbreak of highly pathogenic avian influenza	NEW RISK - requires assessment									New Risk	
R81	R81 - Defra	UKHSA	Human, Animal and Plant Disease	Major outbreak of plant pest	NEW RISK - requires assessment									New Risk	
R82	R82-HO	Caitlin Leach, West Midlands Police	Societal	Public Disorder	Hazard-related risk	3	2	Medium	Medium	2	2025	13/07/2023	13/07/2023	Yes	05/09/2023
R83	R83-DfT	Transport for West Midlands	Societal	Industrial action - public transport	Hazard-related risk	5	2	Medium	Medium	2	2025	01/09/2023	01/09/2025	Yes	05/09/2023
R84	R84-Ho	WMFS	Societal	Industrial Action (Firefighters)	Hazard-related risk									New Risk	
R85	R85-MOJ	TBC - Birmingham Prison?	Societal	Industrial Action - Prison staff	Hazard-related risk	4	2	Medium	Medium	1	1 year	TBC	2021	No	
R86	R86-BEIS	Emma Smallman, Wolverhampton Council	Societal	Industrial Action - fuel supply	Hazard-related risk	3	3	High	High	1	2024	27/07/2023	27/07/2024	Yes	Requires Approval
R87	R87-DLUHC	CSW Resilience	Societal	Reception and integration of British Nationals arriving from overseas	Hazard-related risk	5	3	High	High	1	2024	25/08/2023	25/08/2024	Yes	05/09/2023
RL02	RL02	Under Review - TBC	Local	Closure or collapse, of a bridge or elevated section of highway	Reviewed Locally	1	3	0	Medium	3	3 years	TBC	2023	No	
RL03	RL03	Under Review - TBC	0	Canal Breach	Reviewed Locally	1	1	0	Low	3	3 years	TBC	2023	No	
RL04	RL04	Under Review - TBC	Local	HS2 Community Impacts in Warwickshire	Reviewed Locally	3	3	0	High	1	1 year	TBC	2021	No	

Strategy Consultation Form

(This page to be deleted from the document prior to adding to HUB Trust Central document page)

Please ensure that you receive either a confirmation or comments from a stakeholder (via an email) before you add their details to the consultation section on the procedural document

During the development or review of the Strategy, consideration must be given to the actual or potential impact on equality. Due care is given to ensure that they do not contravene the article of the Human Rights Act or could be interpreted as containing any matters of a discriminatory nature, including but not limited to age, disability, sex, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity.

What is the title of the document:			
EPRR Strategy			
Date of Submission:	**15/11/2023**	**Author**	**Luke Lewis**
Is there a similar/same document already in existence? Please state which document this will replace. **If the document has a different title or has been merged with another document, please provide details of relevant documents.**			
Annual update to current EPRR Strategy			
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Emergency Planning			
Consultation: Please list the stakeholders who have been consulted in the development of this document and the date they confirmed agreement of its content. This is any member of staff/groups who will be part of or affected by this. If this was a group please list attendees:			

Name	Designation	Date confirmed agreement (mm/yy)
EPRR Assurance Group	EPRR Assurance Group	16/11/2023
Finance and Productivity Committee	Finance and Productivity Committee	30/11/2023

EPRR Industrial action update - Appendices

Appendix 1 – Rescheduled activity due to the December 2023 junior doctor strike.

Elective Inpatient Activity	
Medicine	0
SWC	19
CCCS	0
Total	**19**
Elective Day Case Activity	
Medicine	0
SWC	71
CCCS	0
Total	**71**
New Outpatient Appointments	
Medicine	25
SWC	61
CCCS	0
Total	**86**
Follow-up Outpatient Appointments	
Medicine	51
SWC	105
CCCS	0
Total	**156**
78+ week waiters	
Medicine	0
SWC	0
CCCS	0
Total	**0**
104+ week waiters	
Medicine	0
SWC	0
CCCS	0
Total	**0**
2ww cancer activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**
62+ day cancer activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**
104+ day cancer activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**

MRI diagnostic activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**
CT diagnostic activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**
Ultrasound diagnostic activity	
Medicine	0
SWC	0
CCCS	0
Total	**0**
Other diagnostic activity	
Medicine	0
SWC	0
CCCS	1
Total	**1**

Appendix 2 – Impacts to mortality rates due to industrial action (Nuala Hadley)

During the December 2023 Junior Doctor industrial action there were 12 deaths, in the 3 days prior there was 11 deaths and the 3 days following there were 8 deaths. There has been one Structured Judgement Review requested due to the patient being re-admitted to the hospital within 7 days of discharge. It is felt that this death was unavoidable and no harm experienced by the patient although had there have been better conversations with the patient and family prior to discharge and the completion of a ReSPECT form this may have avoided unnecessary admission of a very frail patient who was clearly at the end of her life on the final attendance to ED. The number of deaths for this period compares favourably to the numbers seen for the same period in 2022 which was 14,16,14. From these figures and no incidents been reported for review it believed that there has been deterioration in patient safety during the industrial action.

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

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

There were 13 deaths during the combined industrial action between 19th September and 23rd September with 23 deaths in the same time period prior to the strike and 20 deaths in the same time period post-strike. There are currently no logged incidents requiring a Structured Judgement from Governance and the Medical Examiner referred 2 cases for review for the period of industrial action but neither related to governance investigations or where there may have been harm. There are also no incidents logged for the dates pre and post-industrial action. The figures for the same periods last year are:

14th ~ 18th September 2022 – 20

19th ~ 23rd September 2022 – 21

24th ~ 28th September 2022 – 19

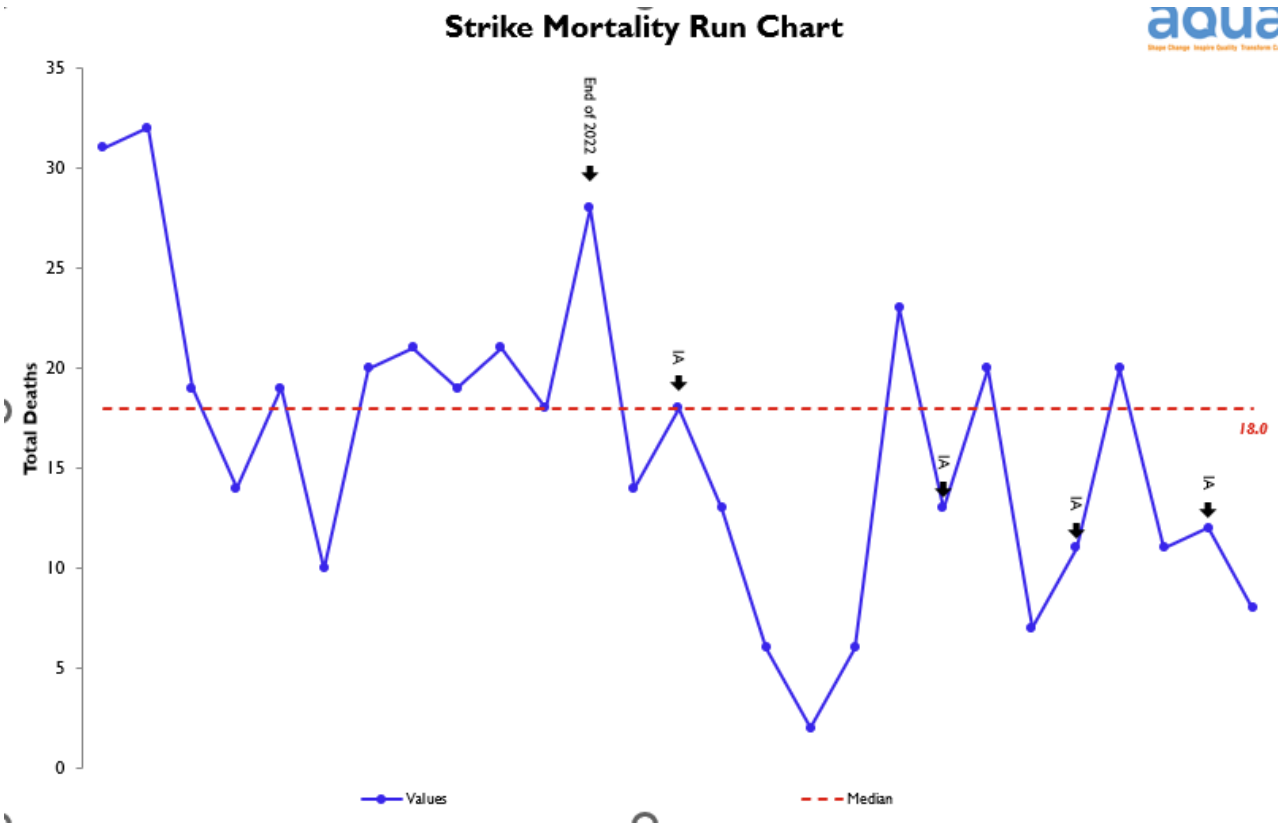
For the industrial action that took place between 2nd – 5th October there were 11 deaths, for the period prior to the industrial action there were 7 deaths and for the period following the industrial action there were 20 deaths. There was one death reported on Datix and currently registered as a green incident and there were 3 further cases referred by the ME for SJR for learning. There are also no incidents logged for the dates pre and post-industrial action. The figures for the same periods last year are:

27th September ~ 1st October 2022 - 21

2nd ~ 5th October 2022 – 18

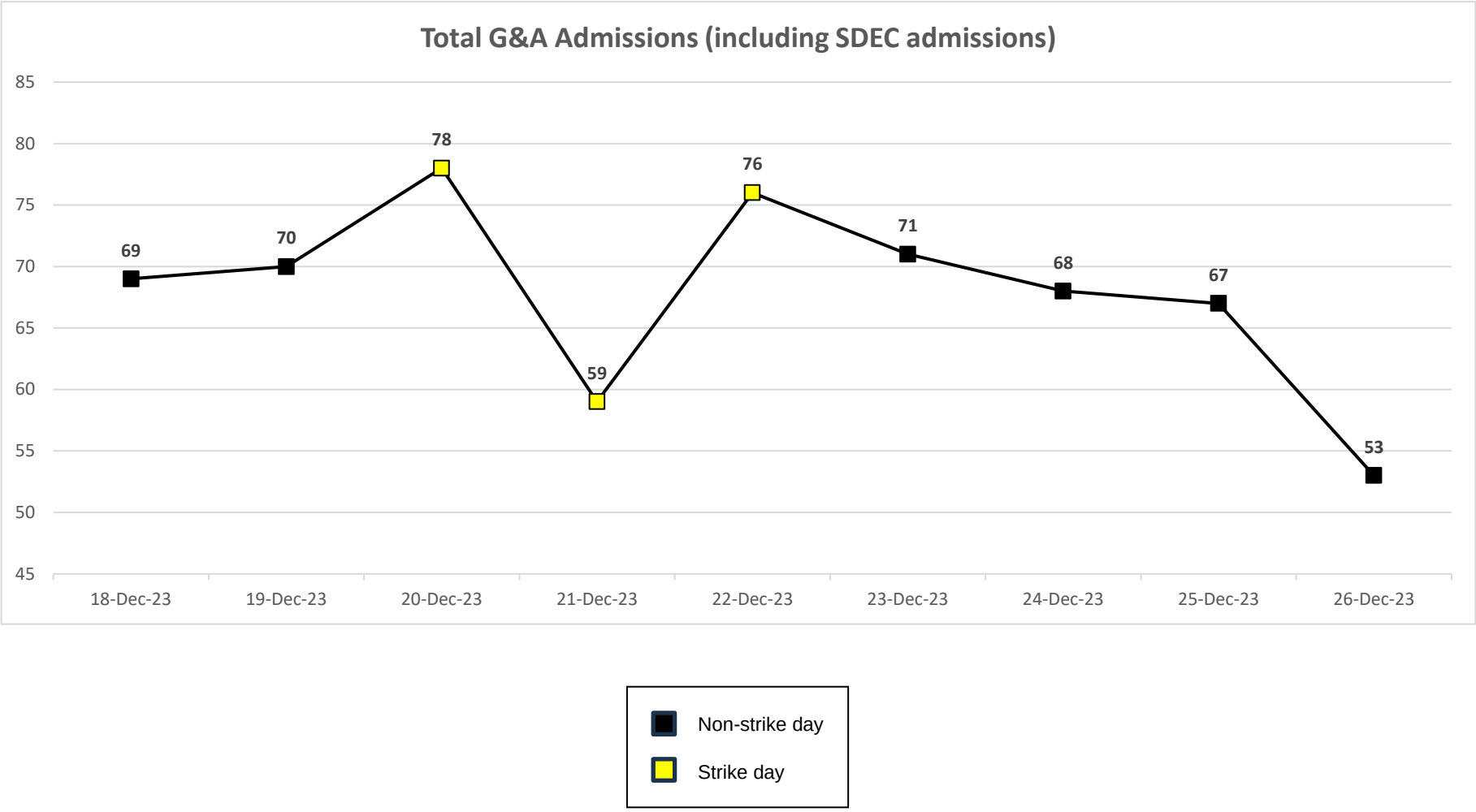
6th ~ 9th October 2022 – 28

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

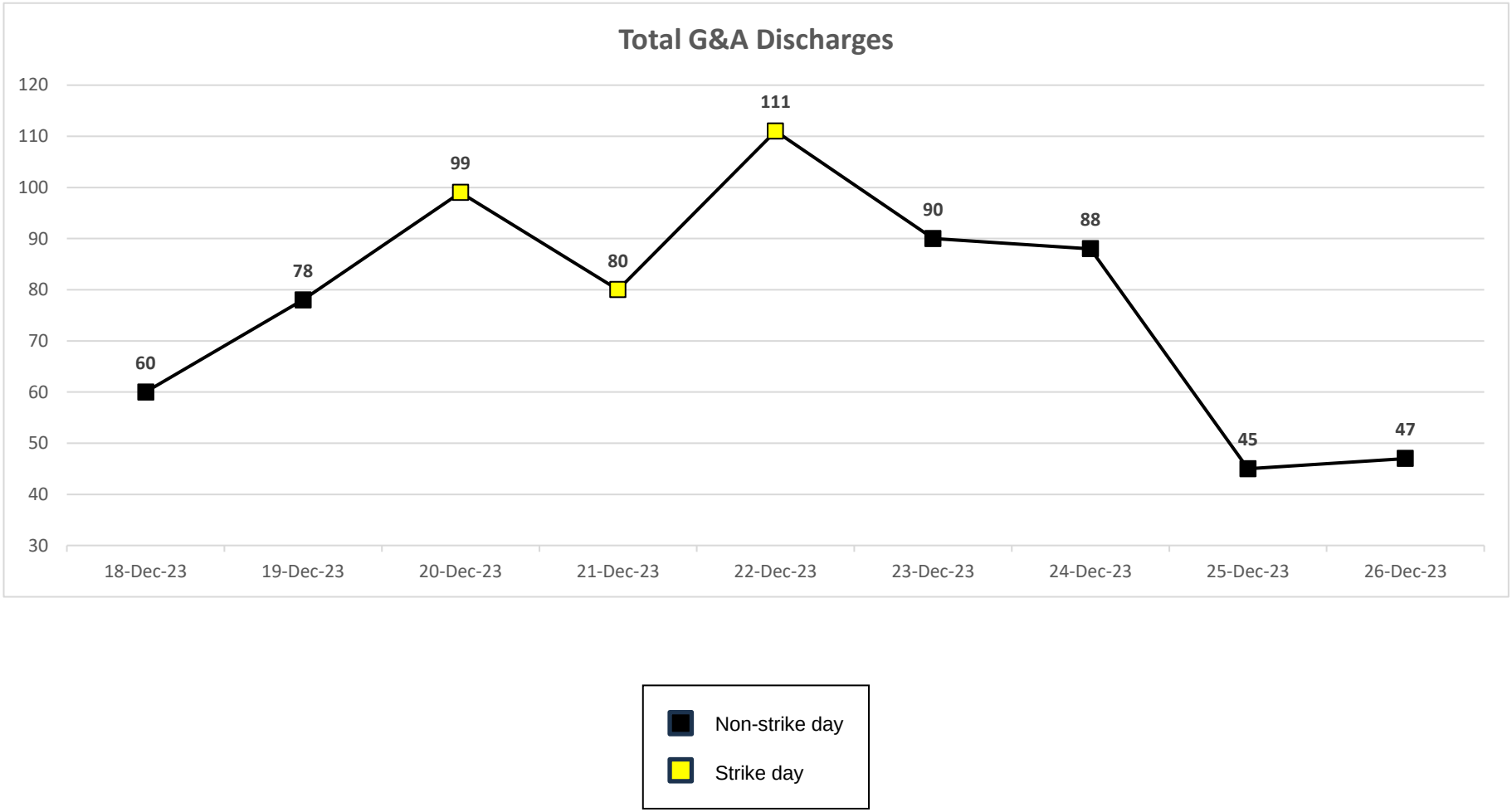


The run chart demonstrates the same periods in 2022 compared to the Industrial Action in 2023, it can be noted that other than the first instance of industrial action there was an increase in deaths following the action, this would need to be triangulated with other data to identify the reasoning for this.

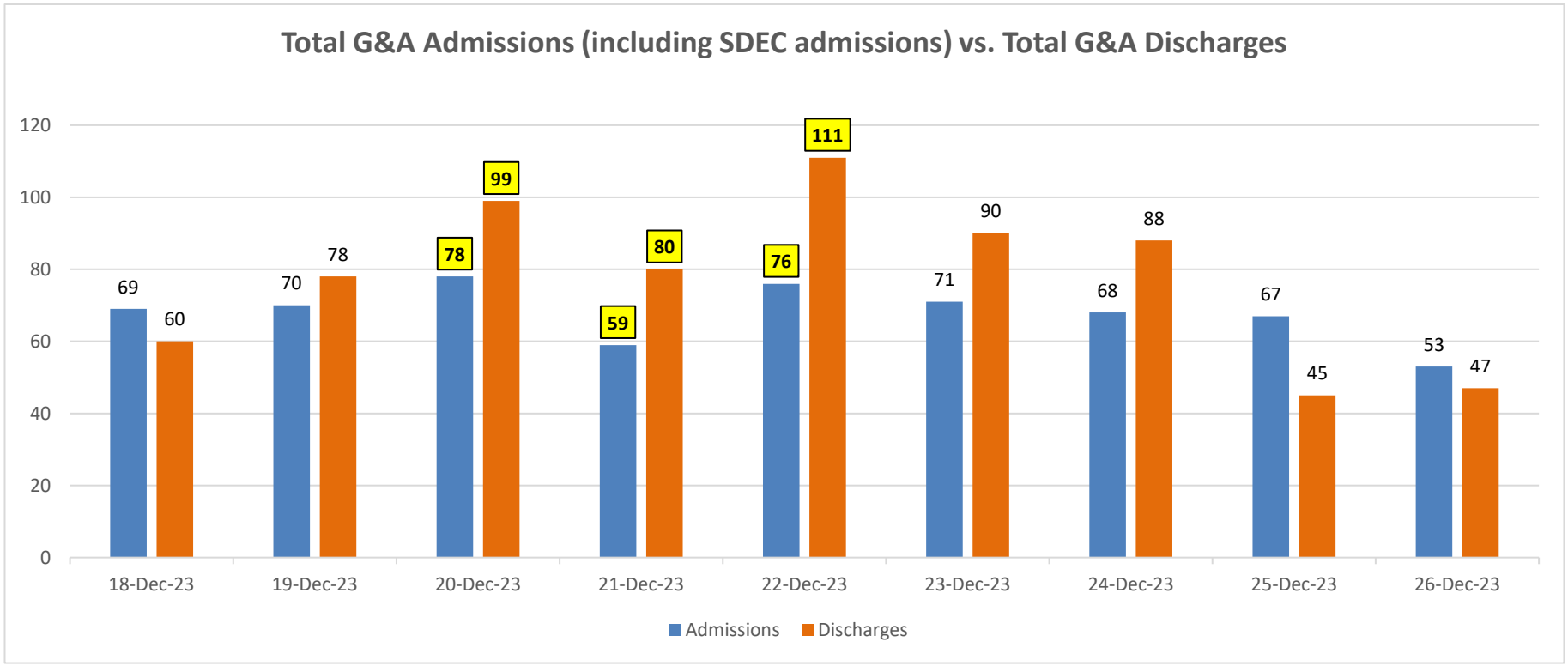
Appendix 3 – Total G&A admissions (including SDEC admissions) per day at The Dudley Group from Monday 18th December to Tuesday 26th December 2023.



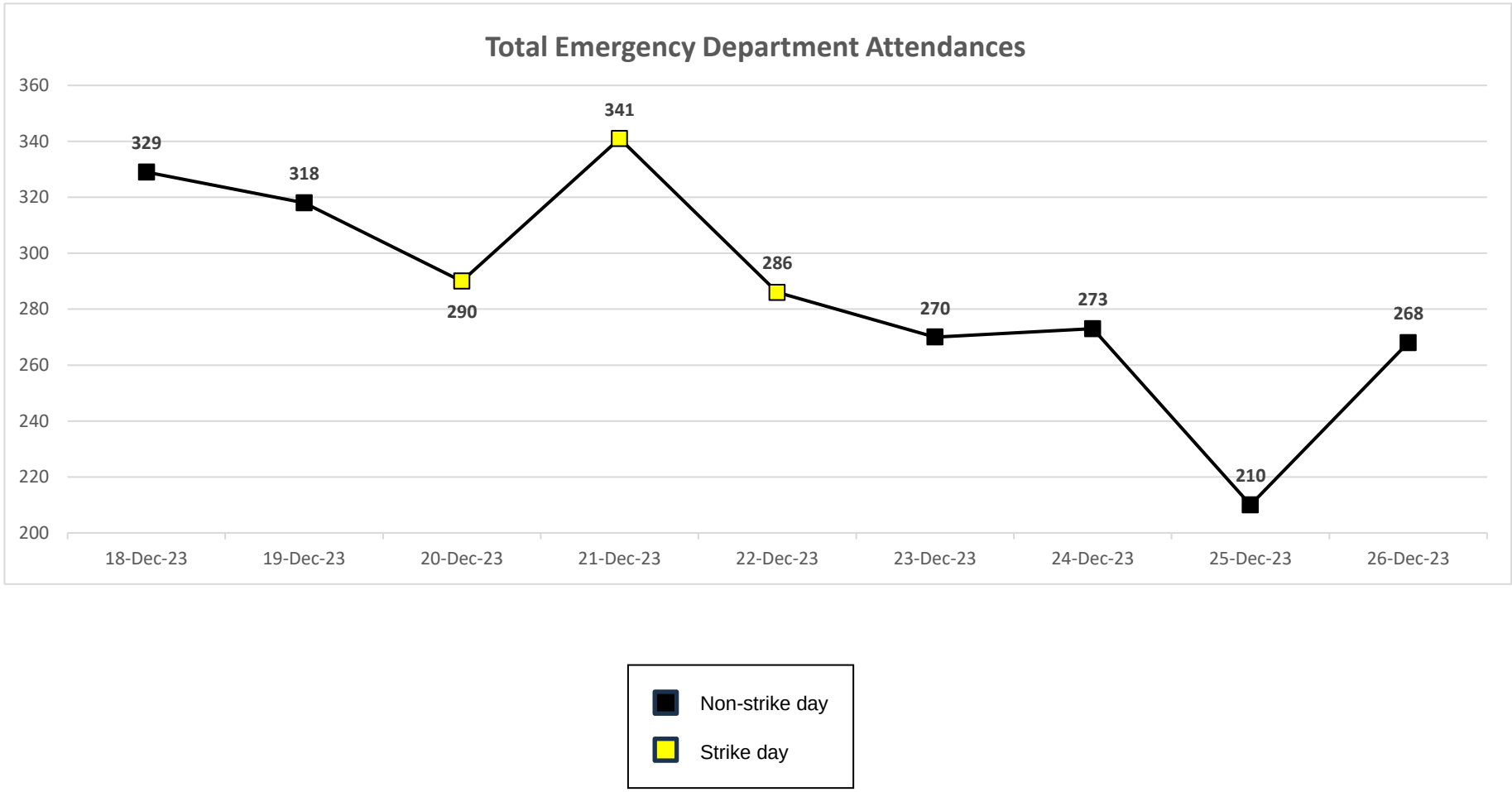
Appendix 4 – Total G&A discharges per day at The Dudley Group from Monday 18th December to Tuesday 26th December 2023.



Appendix 5 – A graph to show the total G&A admissions (including SDEC admissions) per day compared to total G&A discharges per day at The Dudley Group from Monday 18th December to Tuesday 26th December 2023.



Appendix 6 – Total Emergency Department attendances per day at The Dudley Group from Monday 18th December to Tuesday 26th December 2023.



Performance KPIs

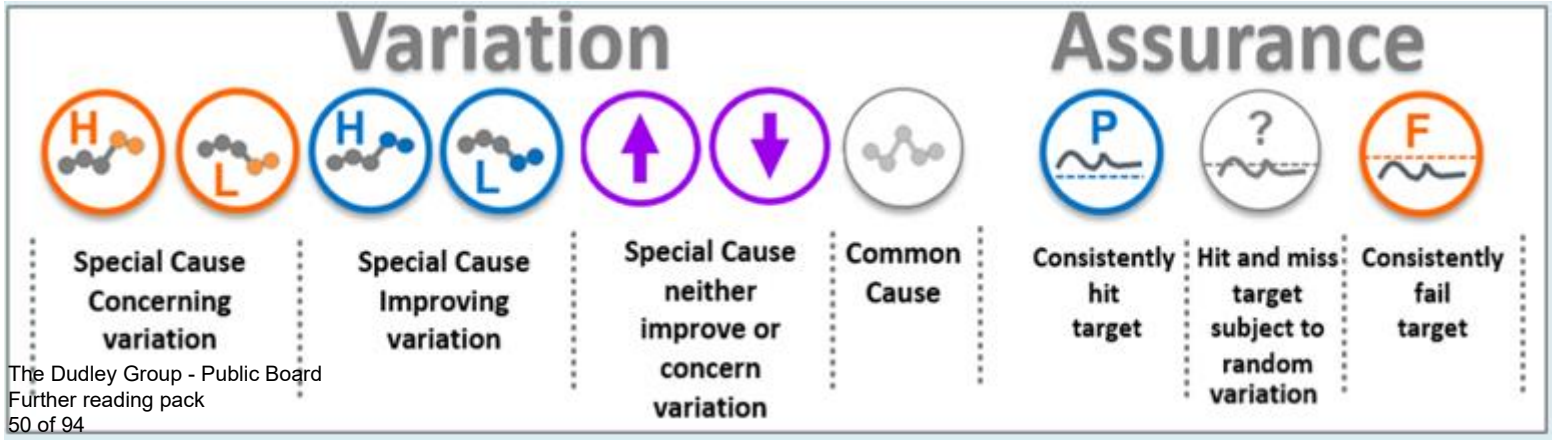
December 2023 Report (November 2023 Data) Item 10.2

Karen Kelly, Chief Operating Officer

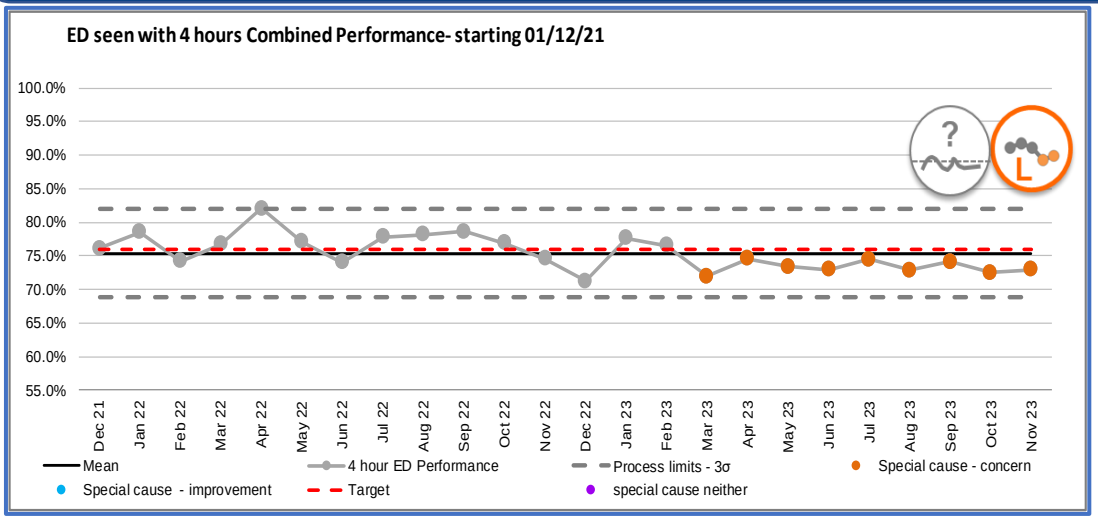
The Dudley Group
NHS Foundation Trust

Constitutional Performance

Constitutional Standard and KPI		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	76.5%	72.0%	74.5%	73.4%	72.9%	74.5%	72.8%	74.1%	72.5%	72.9%	L	?
Triage	Triage - All	80.7%	74.2%	79.5%	80.2%	73.3%	71.0%	74.0%	78.0%	84.3%	80.6%		F
Cancer	Cancer 62 Day - All	42.0%	60.0%	59.4%	61.3%	52.9%	64.0%	59.2%	57.4%	49.1%	N/A		F
	Cancer 31 Day -	88.4%	86.9%	89.0%	83.3%	85.5%	85.7%	85.4%	82.6%	87.8%	N/A	L	?
	All Cancer 2 Week Waits	93.8%	93.9%	84.7%	75.2%	74.1%	93.2%	92.5%	87.3%	81.0%	N/A		?
Referral to Treatment (RTT)	RTT Incomplete	58.9%	58.2%	57.4%	58.0%	58.3%	56.7%	55.6%	55.6%	55.5%		L	F
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	74.0%	72.1%	68.5%	68.7%	68.7%	67.4%	64.4%	66.6%	68.9%	70.3%	L	F
VTE	% Assessed on Admission	94.3%	94.3%	94.8%	95.1%	97.4%	98.3%	99.1%	99.0%	98.9%	N/A	H	P



ED Performance



Latest Month	Latest Month	4th
72.9%	142	For September 23
EAS 4 hour target 75% for Type 1 & 3 attendances	DTA 12 hour breaches - target zero	DGFT ranking out of 13 West Midlands area Trusts

Performance

4hour performance split into the following:

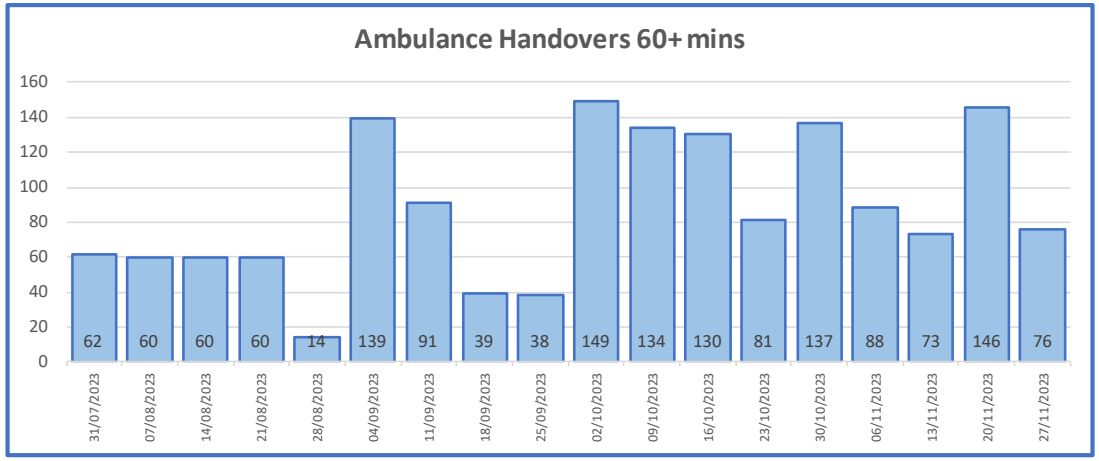
Non-Admitted: 230mins Average LoS.
Admitted: 519mins Average LoS.

Delays are occurring with patients waiting an extended period in ED after referral and post-take by speciality waiting for bed capacity in the wider hospital.

Action

- ED Tri working on Roles & Responsibilities in department to ensure that staff groups are aligned in early decision making.
- Communication with wider specialities to ensure that patients are not left stranded in ED Assessment areas limiting ED ability to make prompt decisions.
- Continue to utilise pathways to SDEC/SAEC/UCC for patients who are suitable.
- Ensure when beds are allocated, patients are moved promptly while maintaining safety and dignity.
- Working with DCH & WMAS to increase prehospital utilisation of pathways other than transport to ED, with a particular focus on the > 70 years cohort
- Implementation of Rapid Assessment Triage (RAT) at the front door from week of the 23.10.23.
- Joint ED/AMU SOP to support early flow to AMU and thus creating ED capacity.
- Integrated Front Door Team assessing and identifying patients who require further community POC and to then avoid a hospital admission.

Ambulance Handovers 60+ Mins



Performance

In November, the overall ICB 60min delays increased a further 45%, representative of further deterioration across the ICS. RHH saw the smallest % rise in the ICB at 25% with SWBH recording the highest at 87% increase in 1hr breaches.

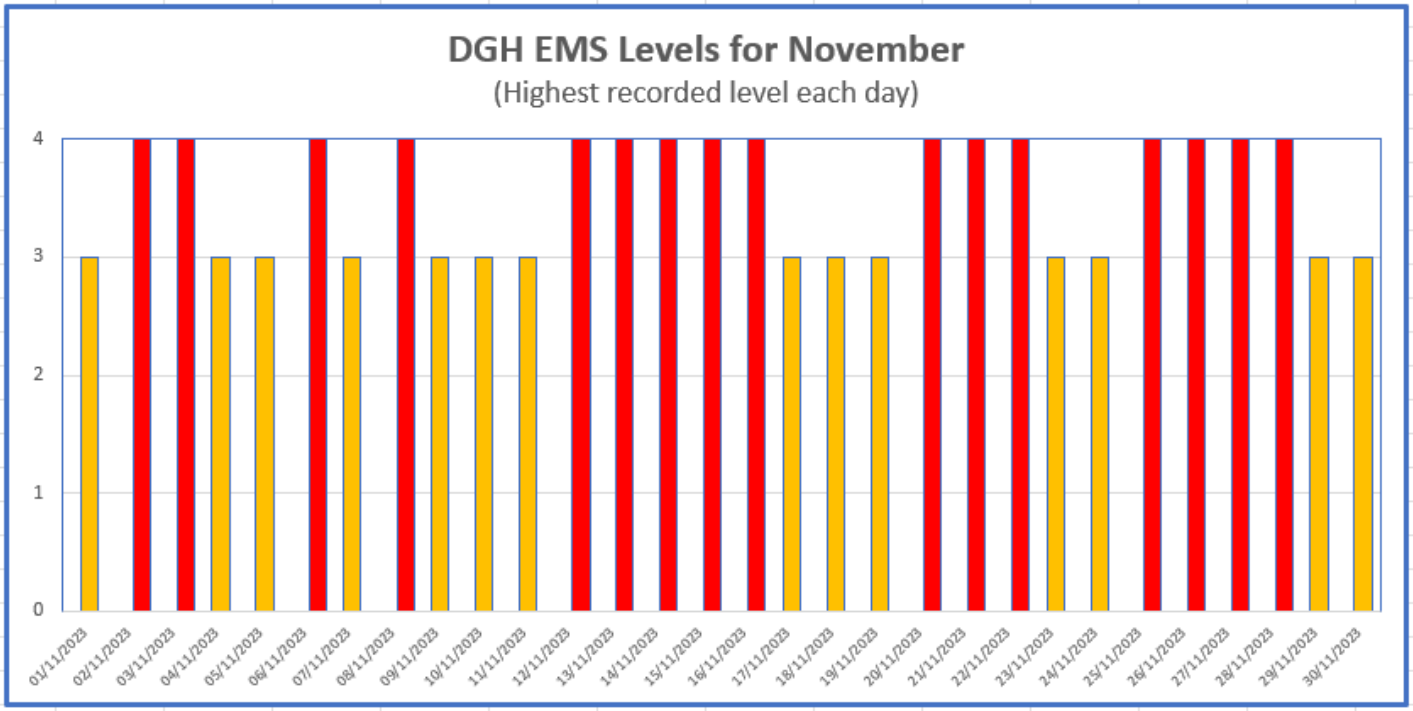
Utilisation of pathways remains negligible with most days recording single figures of calls to Hub from WMAS and the proposed call before convey scheme did not start as planned.

Initial RAT Data shows significant falls in LoS in RAT cubicles and quicker access to antibiotics, fluids and analgesia. 4-week trial period has since ceased, and we continue to RAT where possible dependant on staffing and resource.

Action

- Electronic transfer sheets developed and being rolled out to aid prompt transfer of patients out of the department.
- Developing offload model to enable WMAS to offload closer to the entrance and under supervision of HALO to prevent unnecessary delays at the bedside or in cleaning trolleys prior to PIN.
- 4-week Rapid Assessment Triage (RAT) pilot beginning 23rd October with increased senior medical resource, as well as, integrated front door team focusing on frailty patients and discharge routes back out to community setting and Virtual Wards.
- Escalation of ambulances without a plan to offload at 30mins to Site Team with additional role cards to link AMU & Site teams based on the Kings College Model.

EMS Level for last month



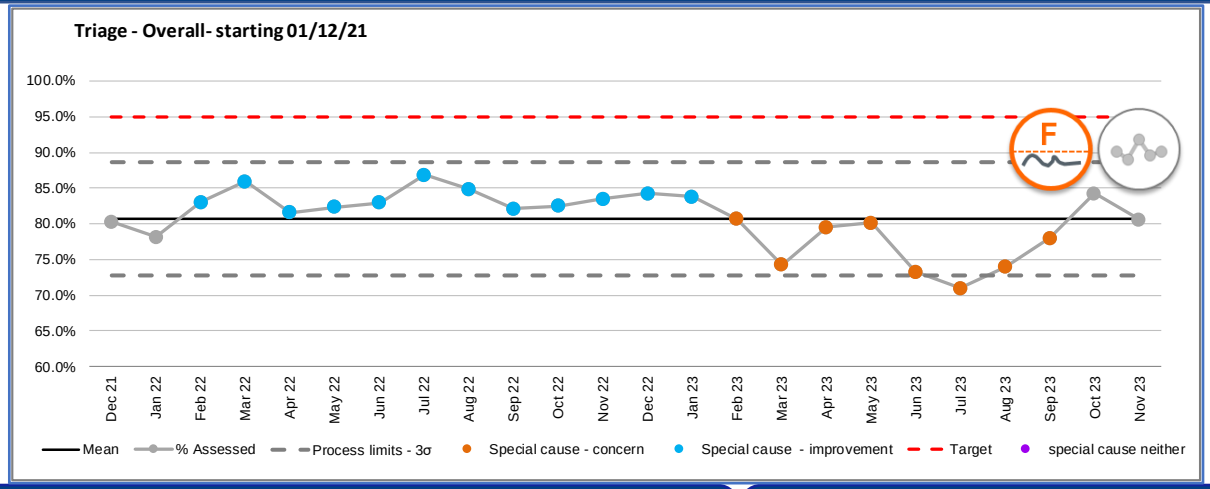
Performance

During November we had a sustained number of patients when compared with October bringing us back to our summer peak. We continue to see >300 patients a day. This coincides with the number of ICs from Sandwell since the reduction of the bed base to meet the footprint of the new facility at The Midland Met Hospital. This has been independently modelled by the ICB and it is currently adding 5% of ambulance conveyancing, which is not evenly distributed throughout the day. In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.

Action

- To continue to utilise non-admitted pathways wherever possible.
- Maintain step downs from acute areas to ensure provision available for the highest acuity patients.

ED Triage



Latest Month

80.6%

Triage – target 95%

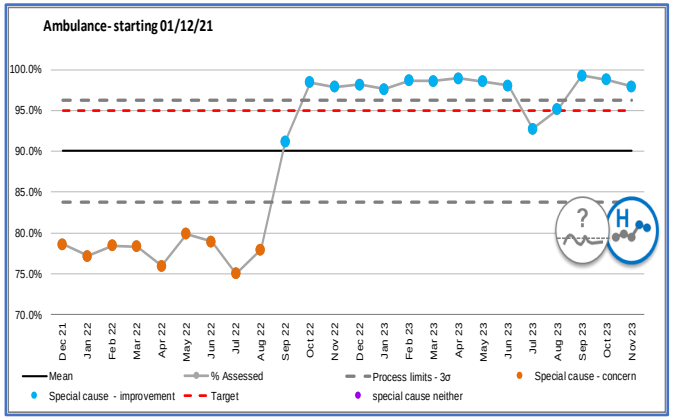
Performance

November's Overall Triage position 80% vs 95% national target – this is on an upward improvement since June 2023 – contributed by the work undertaken by the DIP team.

Action

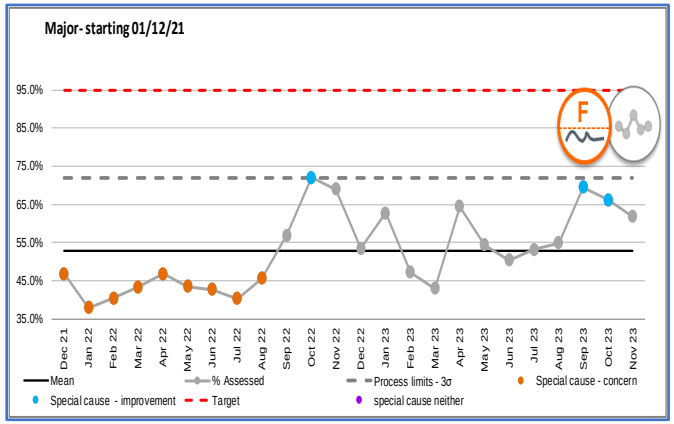
- ECIST currently in supporting with triage process and opportunities for improvement. 2 visits already completed with 3 opportunities identified for focus.
- Deputy Matron now leading on Triage improvement from October.
- DIP supporting with structured improvement plan and monitoring of actions – weekly meetings to review ongoing.
- ED tri team to present back to the Board on the results of the Triage Project mid-November.
- Triage project has completed, and assurance report was submitted and presented to the execs with positive feedback.

ED Triage



Latest Month

98.0%



Latest Month

61.8%

Performance

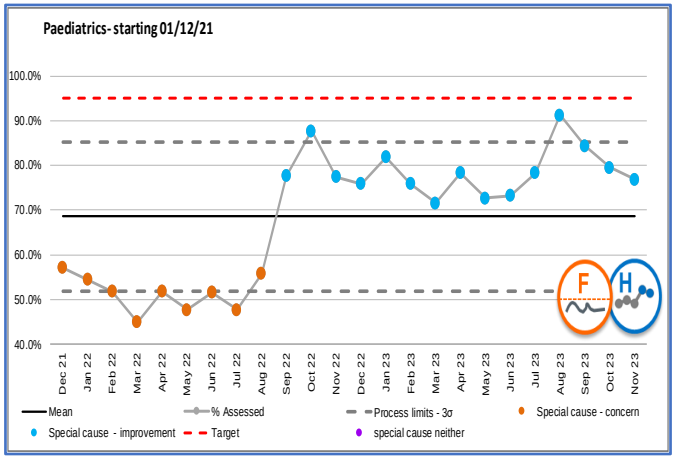
November Ambulance Triage position 98.1%

November Majors – 65% continues to show as special cause improvement.

Action

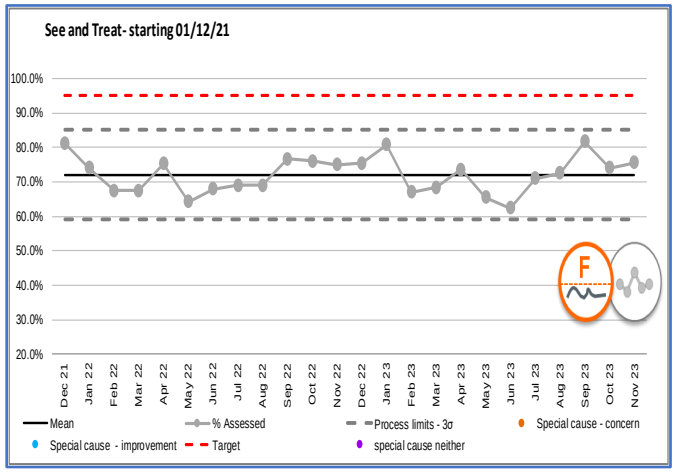
- Reconfiguration of front triage area.
- Roles and responsibilities of triage nurse defined and agreed at Triumvirate to reduce inappropriate tasks and reduce delays calling patients through.
- 1:1 observations by Deputy Matron to identify learning.
- ECIST focusing on registration pathway and staffing of front triage environment.
- Change of upper age limit for minors' triage from 11th September means that less people will need to be seen in majors for a minor injury.
- ED tri team presented back to the Board on the results of the Triage Project mid-November. Assurance report has since been presented to the execs with positive feedback surrounding the changes which have been made to improve triage performance.

ED Triage



Latest Month

76.9%



Latest Month

75.6%

Performance

Redesigning the registration process in conjunction with UCC.

Ensuring that ESI is supported from majors if required.

November Paeds – continues special cause improvement however staff shortage has meant support required from other areas.

November see & treat (minors) continue to be challenged staff wise due to absence and short-term sickness. Advert is now out for dedicated minors band 6 posts who will primarily support with triage and treatments allowing ENP focus on assessment and diagnosis. Interview date is to be confirmed in the next coming week.

Action

- Paediatric ward clerk relocated to paeds area for registration of patients.
- Develop process for quickly monitoring and altering when minors patients need to begin having early "eyes on" assessments rather than just seeing and treating patients all in one go – this is being developed and supported by Nurse/ENP/Medical teams.
- ED tri team to presented ED Triage assurance to the board and received positive feedback on the improvements which have been made.

Cancer Performance – 28 Day Faster Diagnosis Standard - Achieving

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
28-day Faster Diagnosis Standard (FDS): patients who are referred for the investigation of suspected cancer, and find out within 28 days if they do or do not have a cancer diagnosis	82.6%	75.9%	71.1%	82.3%	77.7%	75.2%	77.1%	76.5%	83.6%	80.1%	76.9%	81.9%

Latest Month

81.9%

All cancer 28 Day FDS waits – target 75%

Performance

- All cancer data reports two months behind. Data included is up to and including October 2023.
- 28 day Faster Diagnosis Standard (FDS) performance achieved above the constitutional target standard. **October 28 day FDS position – 81.9% vs 75% national target**

Action

- To sustain performance

Cancer Performance – Combined 31 Day Decision to treat to treatment

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
31 Day Combined	88.5%	84.9%	85.2%	84.6%	86.9%	85.0%	86.9%

Latest Month

86.9%

Target 96%

Performance

October 2023 is the first month where the target has been combined to include first and subsequent treatments. October's performance has improved and achieved 86.9% against the national target of 96%.

Action

- Increased focus on the 31-day target when escalating for treatments going forward and ensuring that data validation is undertaken monthly.
- Weekly PTL meetings to incorporate 31-day decision to treat date in addition to 62-day decision to treat date.

Cancer Performance – 62 Day

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
62 Day Combined	66.7%	71.4%	61.3%	69.5%	70.5%	67.1%	67.1%

Latest Month

67.1%

Target 85%

Performance

October 2023 is the first month where the target has been combined to include GP referrals, screening referrals and consultant upgrades.

Performance is below the required operational standard and has remained static at 67.1%.

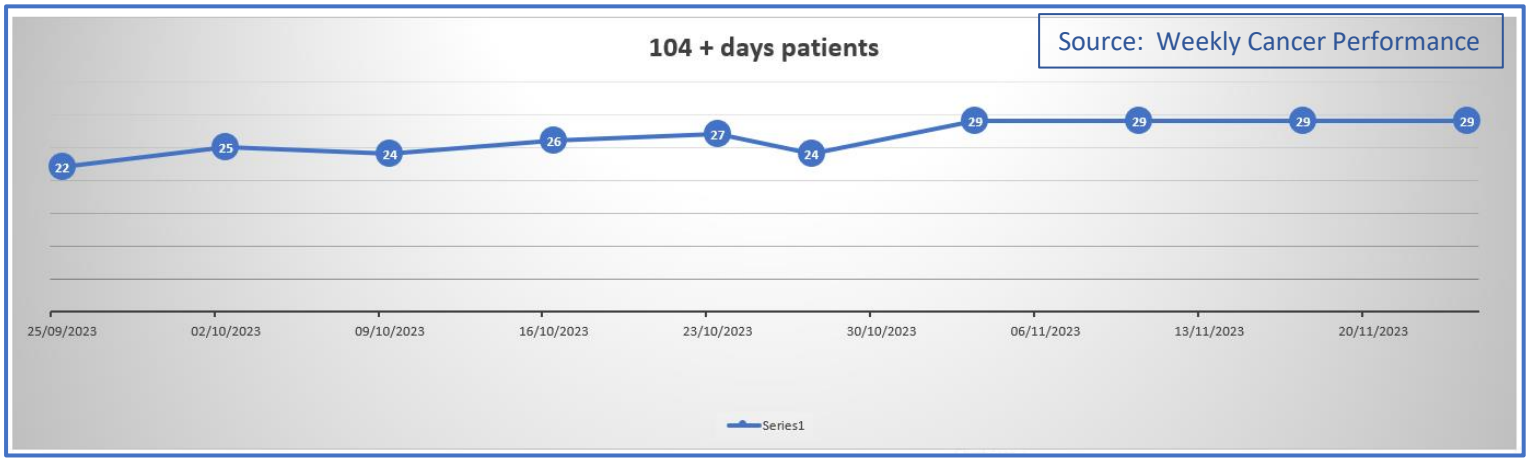
October combined 62-day position – 67.1% vs 85% national target. NHSE have a set a target of 70% by the end of March 2024. This target does not supersede the 85% constitutional standard but set to support tiering measures for cancer performance.

The trust set a trajectory with the ICB to reduce the backlog of patients waiting over 62 days to 118 by the end of March 2024. Currently we are ahead of trajectory on 96 patients.

Action

- Dermoscopy service to be implemented into the CDC in January 2024, this is to support dermatology referrals for suspected cancers. Patients to receive imaging in the community setting to support robust triage of referrals to ensure that we utilise rapid access capacity appropriately.
- Urology rapid access one stop clinics at Corbett commencing in December 2023 to add ultrasound investigation in the haematuria clinic to support faster diagnosis.
- Increased capacity in Endoscopy to support the improvements in the faster diagnosis standards for colorectal.
- Ongoing work with BCPS to address urgent histology turnaround times.

Cancer Performance – 104 Day – Harm Review



Latest Week

(20/11/23)

29

All 104 week waits, target 10 Patients

Performance

Of the 29 over 104 days patients, urology remains the most challenged pathway with 15 patients waiting over 104 days.

10 of the 29 104+ day patients are tertiary referrals from other Trusts for Urology (Robotic Renal work).

12 of 29 breaches have treatment plans / treatment dates. Those without treatment plans were awaiting surgery dates, best interest meetings or further investigations.

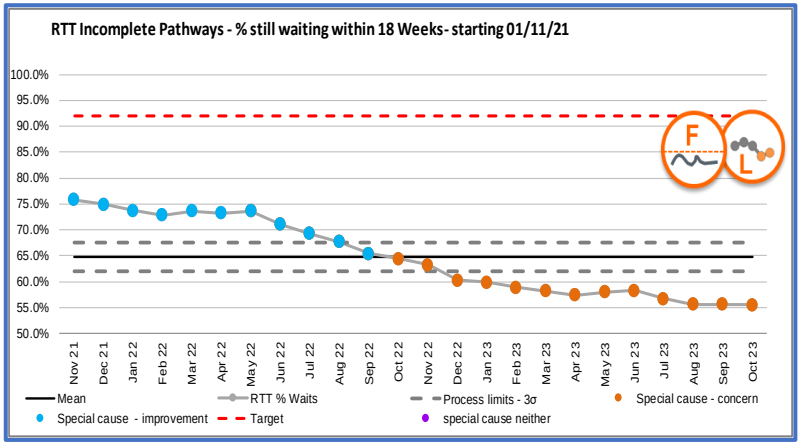
Following harm review, there were 0 patients for September (reported 2 months in arrears, October's data to be report the end of December)

November 104 day position – 29 patients

Action

- Monthly harm review undertaken for patients waiting over 104 days on the cancer pathway.
- Focus on reducing the backlog of 104 day waits to release treatment capacity for 31 day and 62-day targets continues.
- It is anticipated that actions taken to improve combined 62-day performance will support the reduction of patients waiting over 104 days.

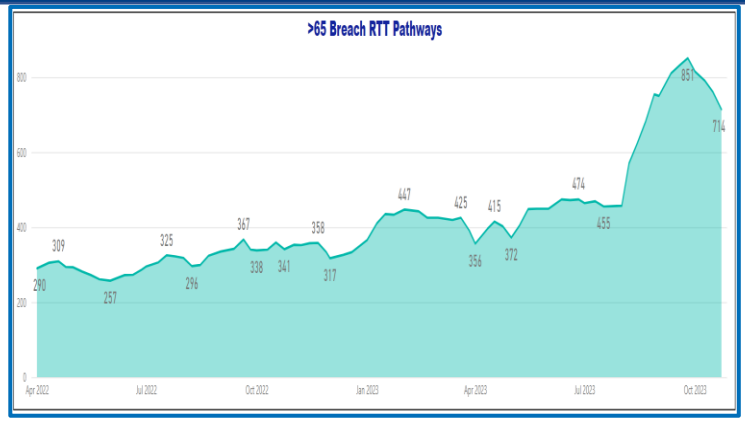
RTT Performance



Latest Month

55.5%

RTT Incomplete pathways target 92%



Taken from: RTT Incompletes - Post Validation Analysis - Power BI Report Server

Performance

Performance against the RTT standard is not routinely monitored nationally with the focus instead being on reducing the backlog of elective patients awaiting treatment.

The trust continues to perform well against both the 78- and 65-week targets for both elective and outpatient procedures, acknowledging some challenges in Neurology, Dermatology and Gynaecology.

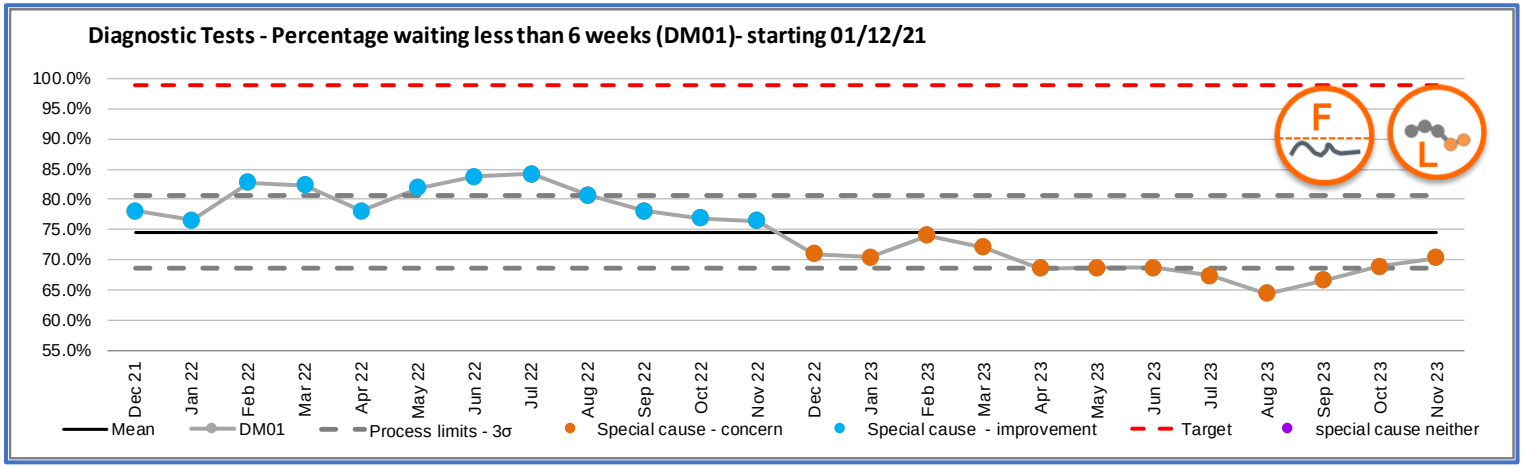
The trust is participating in the GIRFT led Further Faster Programme with all specialities having been issued with the national handbook on how to improve productivity in the outpatient setting.

September RTT position 55.6% vs 92% national target.

Action

- Outsourcing to support Neurology, Dermatology & Gynaecology long waiters which is now proving effective
- Continue to engage with the Further Faster Programme.
- Productivity gains within theatre to increase throughput and attain the 65-week target.
- Increase PIFU and reduce the DNA rate to improve the outpatient throughput.
- **Likely to be a significant impact of upcoming industrial action.**

DM01 Performance



Latest Month

70.3%

DM01 combining 15 modalities - target 99%

Performance

DM01 achieved 70.31% against a system trajectory of 70.40%. November performance has improved compared to October.

Despite non achievement, Non-Obstetric Ultrasound (NOUS) showed further improvement at 98.24% for November compared to 95.75% in October. Cardiology and Endoscopy are facing continued pressures due to capacity constraints. Recovery plan is being developed for cardiac MRI to help tackle backlog.

Sleep Studies have seen a slight improvement in performance from 63.81% in October to 66.07% in November.

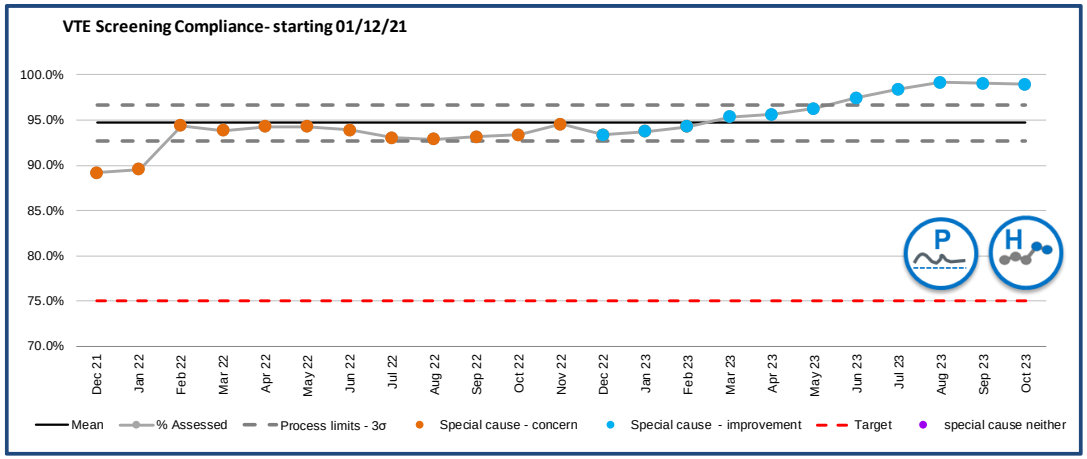
November DM01 position 70.31% vs 70.40% system trajectory.

Action

- Patients waiting over 6 weeks for NOUS has seen continuous reduction planned from 98 in October to 34 in November. Staffing has improved and this has helped reduce backlog. NOUS mutual aid is still being offered to SWBH since November.
- Overall Endoscopy performance is improving, expansion works are helping and expected to see continuous improvement.
- Cardiology is most challenged area. CDC Echo activity has commenced on the 11/12/2023. Cardiac MRI recovery plan to address backlog.
- Additional machines in sleep studies has increased capacity to reduce long waits.

VTE Performance

Please note: VTE figures now run 1 month in arrears



Latest Month	Latest Month	Latest Month
98.9%	99.1%	98.8%
Trust overall Position	**Medicine & IC**	**Surgery, W & C**

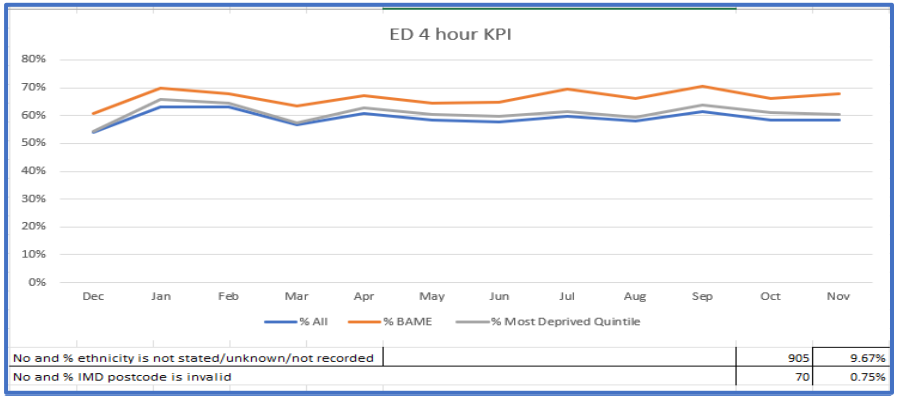
Performance

VTE performance sustained above the standard of compliance in consecutive months since March 2023.

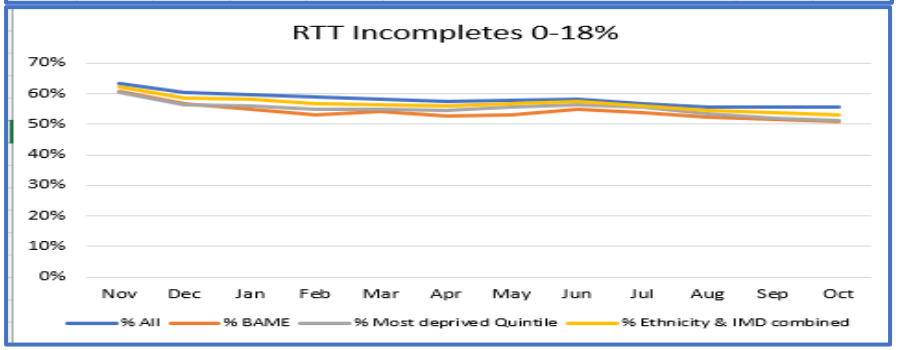
Action

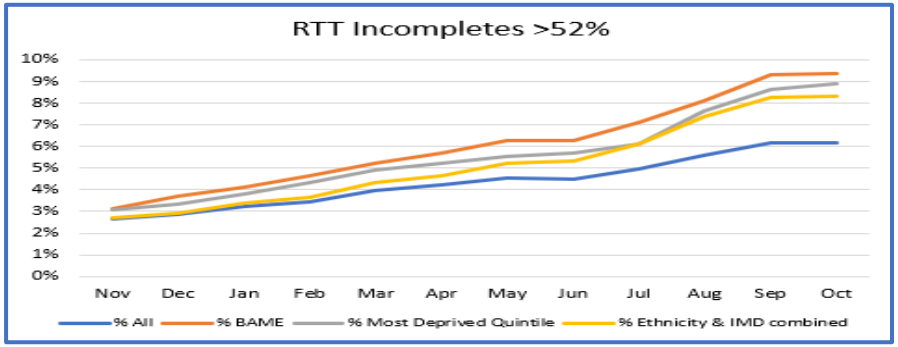
Ward level reporting is available, and this is being monitored as part of the ward performance reviews.

Health Inequalities



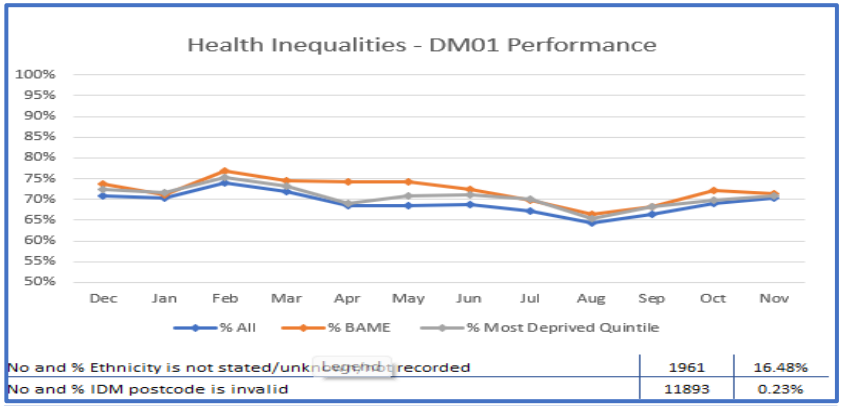
No and % ethnicity is not stated/unknown/not recorded	905	9.67%
No and % IMD postcode is invalid	70	0.75%



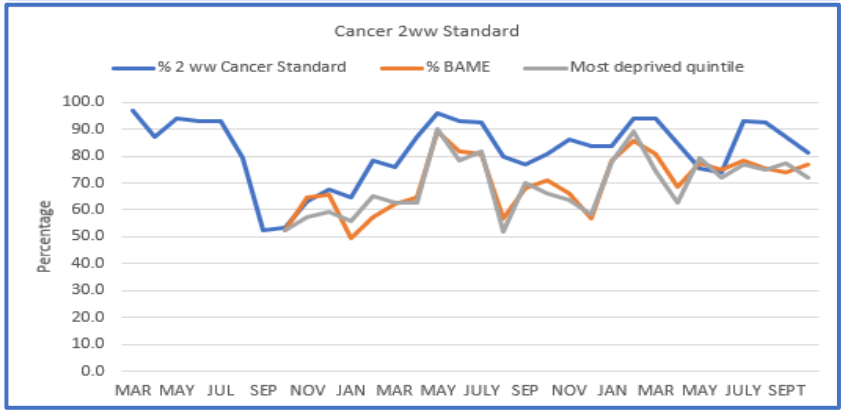


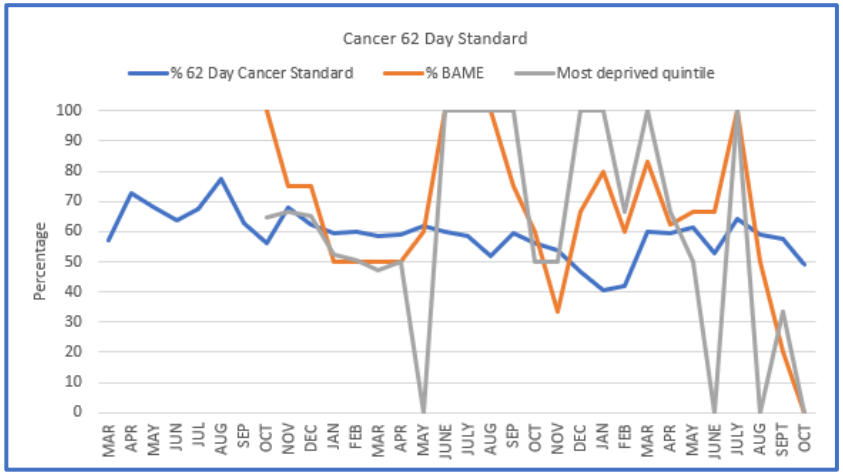
No and % ethnicity is not stated/unknown/not recorded	24520	48.2%
No and % IMD postcode is invalid/missing	18610	36.6%

Please note: As a significant number of missing ethnicity & IMD are for patients currently on ASI or RAS, these will be shortly added to the "IMD 1&2" figures, causing an downward skew of their performance. The yellow line shows performance for only those RTT waits with both a recorded ethnicity and IMD decile, and is therefore more comparative than the blue line of total waiting list figures.



No and % Ethnicity is not stated/unknown/not recorded	1961	16.48%
No and % IDM postcode is invalid	11893	0.23%





Workforce KPI Report

Item 12.1

The Dudley Group
NHS Foundation Trust

Summary

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NHS Foundation Trust

Metric	Rate	Target	Trend	
Absence – In Month	4.92%	<=5%	↓	**Sickness Absence** In month sickness absence for November is 4.92%, a decrease from 5.06% in October.
Absence - 12m Rolling	5.15%	<=5%	↓	The rolling 12-month absence shows a decrease from 5.20% in October to 5.15% in November 2023. This remains above target but over the year has been showing an improving trajectory.
Turnover	8.55%	<=8%	↓	**Turnover** Turnover (all terminations) has decreased minimally from 8.57% in October to 8.55% in November.
Normalised Turnover	4.10%	<=5%	↓	Normalised Turnover (voluntary resignations) has decreased from 4.13% in October to 4.10% in November. * Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed term contracts, redundancy, retirement and rotations.
Retention (12 month)	90.9%	>=80%	=	**Retention** The 12-month retention rate remained at 90.9% in in November.
Vacancy Rate	5%	<=7%	=	**Vacancy Rate** The vacancy rate remains at 5% in November 2023 with total vacancies of 301.04 WTE.
Mandatory Training	93.38%	>=90%	↑	**Mandatory Training** • Statutory Training has seen a monthly increase – and overall has remained above 90% target for a sustained period.

Exceptions/Improvement/Actions

The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Mandatory Training	Statutory Training overall compliance remains above target and this is a sustained position since April 2023, there are some monthly increases and decreases, these are small deviations and remain well above target overall. There are nine areas that are below target (eight are amber rated between 83.25% and 88.94%) and one (Safeguarding Children Level 3) which is red rated (78.72%). For Safeguarding, this is attributable to the change in 2022 to an annual requirement. Work continues to support ongoing compliance for Resus and Safeguarding, including targeted follow-up at both individual and department level.
Leadership and Culture	Manager's Essentials courses continue to be the main focus of training. From January, this (along with the Manager's induction) will be expected for all newly recruited managers (both internal and externally recruited). Courses for January and February are booked to capacity with around 40 managers per month planned to complete. Developing Leaders will launch a new cohort in January with three cohorts planned for 2024. Programmes are being reviewed to support Clinical Leadership development and Developing Potential with a new framework being designed for April 2024. This will provide more flexible options to complete learning. Being a Brilliant Place to work Culture Statement and revised Behaviour Framework were reviewed at the Board workshop on 14th December and are undergoing final reviews of content and design. These will then be embedded within existing workstreams (Recruitment, Induction and Leadership Training). The national Staff Survey fieldwork closed on 24th November. The final response rate for Dudley was 45% (peer benchmark 46%). Initial results are available for limited view and use. Summary reports are being developed for proceeding through the governance structure from February. Final release of national benchmarking will be early March 2024. The next round of #makeithappen is timetabled for late January to focus on the Trust Strategy. This will run alongside the online quarterly People Pulse questionnaire using the same question set. Results will be available from the People Pulse in early February.

Exceptions/Improvement/Actions

The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Vacancies/ Turnover and performance against plan	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 reduced marginally in November and continue to perform under the national average for the NHS between 10-12%. Retention has remained stable at 90.9% in November. The normalised vacancy rate for November is 5% with a vacancy factor of 301.04 WTE. As demonstrated in the table below, the overall workforce growth year to date (April 23 and November 23) in 23/24 (inclusive of bank and agency staffing) is 1.17%, specifically for substantive staff this is 2.30% growth (128.64 WTE), bank staff -9.03% and agency staff 21.48%.

	Apr-23	Nov-23	Difference	Variance
Total Workforce (WTE)	6271.1	6344.71	73.61	1.17%
Total Substantive	5595.15	5723.79	128.64	2.30%
Total Bank	656.21	596.94	-59.27	-9.03%
Total Agency	19.74	23.98	4.24	21.48%

Principal areas of growth within substantive staff have been seen in Registered Scientific, Therapeutic and Technical staff (8%), Registered Nursing, Midwifery and Health Visiting Staff (5%) and Medical and Dental Staff (8%).

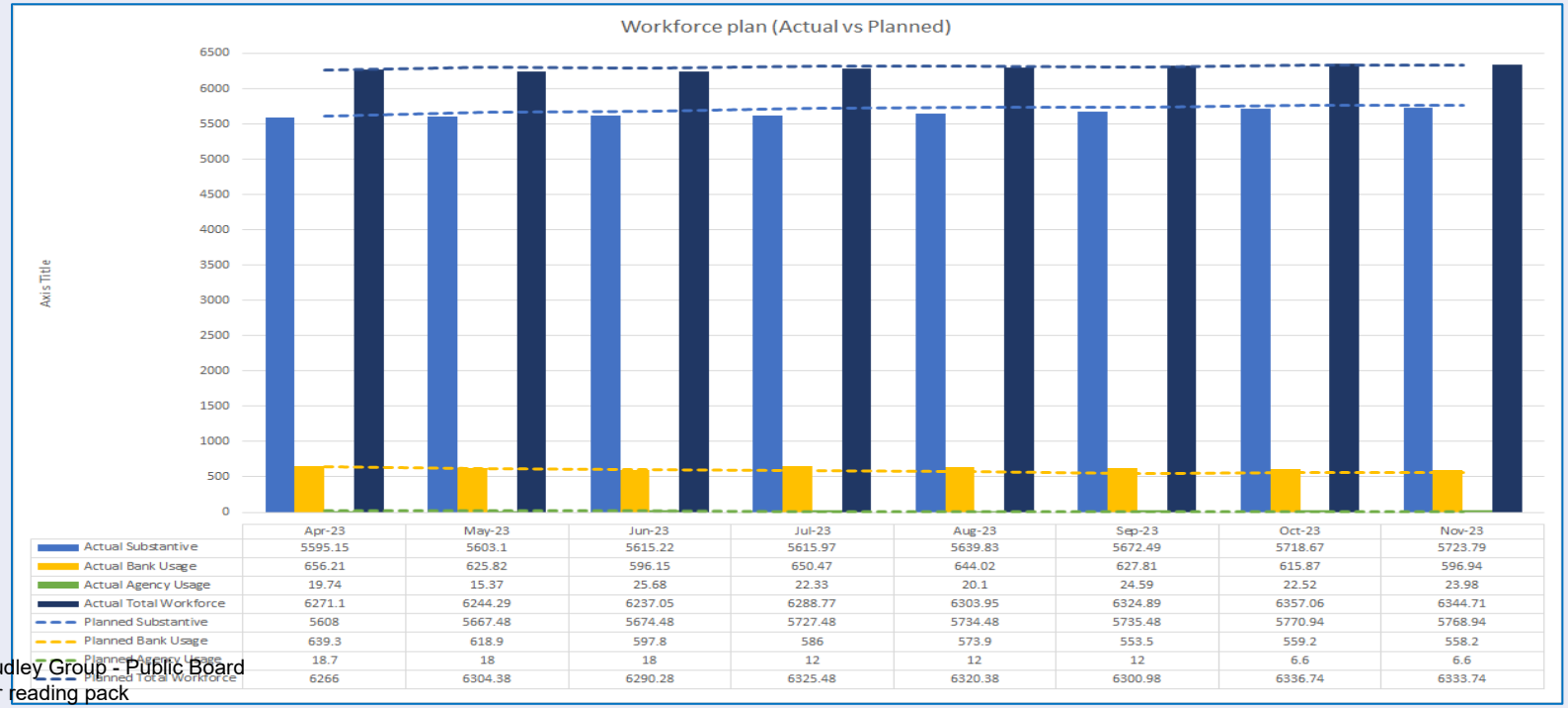
	Apr-23	Nov-23	Difference	Variance
Registered Nursing, Midwifery and Health Visiting Staff (substantive total)	1799.52	1894.74	95.22	5%
Registered Scientific, therapeutic and technical staff (substantive total)	628.72	679.82	51.1	8%
Support to Clinical Staff (substantive total)	1,370.22	1282.61	-87.61	-6%
Total NHS Infrastructure support (substantive total)	1006.38	1010.19	3.81	0%
Medical and Dental (substantive total)	790.31	856.43	66.12	8%
	5595.15	5723.79	128.64	2.3%

Exceptions/Improvement/Actions

The Dudley Group

METRIC	SUMMARY
Vacancies/ Turnover and performance against plan	For 2023/24 performance at month 8 (November) overall workforce is on plan (0% variance – 10.97 WTE over plan) with less substantive staff but more bank usage than planned.

	Substantive			Bank			Agency			Total			
	Plan	Actual	Variance	Planned Bank Usage	Actual Bank Usage	Variance	Planned Agency Usage	Actual Agency Usage	Variance	Planned Total Workforce	Actual Total Workforce	Variance	
Apr-23	5608	5595.15	-12.85	639.3	656.21	16.91	18.7	19.74	1.04	6266.00	6271.1	5.1	0%
May-23	5667.48	5603.1	-64.38	618.9	625.82	6.92	18	15.37	-2.63	6304.38	6244.29	-60.09	-1%
Jun-23	5674.48	5615.22	-59.26	597.8	596.15	-1.65	18	25.68	7.68	6290.28	6237.05	-53.23	-1%
Jul-23	5727.48	5615.97	-111.51	586	650.47	64.47	12	22.33	10.33	6325.48	6288.77	-36.71	-1%
Aug-23	5734.48	5639.83	-94.65	573.9	644.02	70.12	12	20.1	8.1	6320.38	6303.95	-16.43	0%
Sep-23	5735.48	5672.49	-62.99	553.5	627.81	74.31	12	24.59	12.59	6300.98	6324.89	23.91	0%
Oct-23	5770.94	5718.67	-52.27	559.2	615.87	56.67	6.6	22.52	15.92	6336.74	6357.06	20.32	0%
Nov-23	5768.94	5723.79	-45.15	558.2	596.94	38.74	6.6	23.98	17.38	6333.74	6344.71	10.97	0%



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Actual Substantive	5595.15	5603.1	5615.22	5615.97	5639.83	5672.49	5718.67	5723.79
Actual Bank Usage	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94
Actual Agency Usage	19.74	15.37	25.68	22.33	20.1	24.59	22.52	23.98
Actual Total Workforce	6271.1	6244.29	6237.05	6288.77	6303.95	6324.89	6357.06	6344.71
Planned Substantive	5608	5667.48	5674.48	5727.48	5734.48	5735.48	5770.94	5768.94
Planned Bank Usage	639.3	618.9	597.8	586	573.9	553.5	559.2	558.2
Planned Agency Usage	18.7	18	18	12	12	12	6.6	6.6
Planned Total Workforce	6266	6304.38	6290.28	6325.48	6320.38	6300.98	6336.74	6333.74

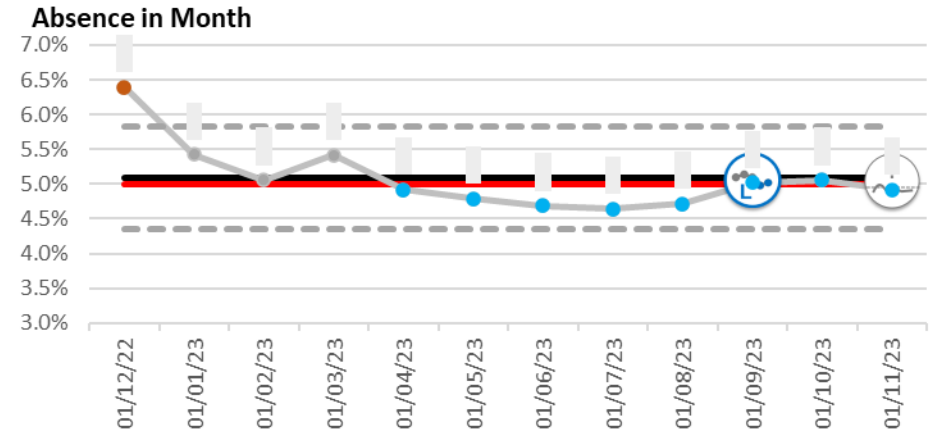
Exceptions/Improvement/Actions

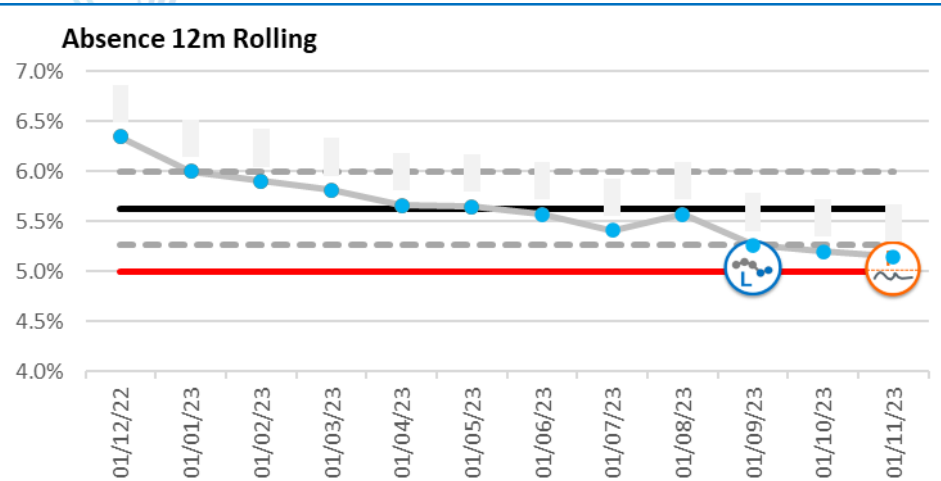
The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Industrial Action	**BMA (British Medical Association)** Junior doctors strike action took place from Wednesday (20 December) at 7.00am and finished at 7.00am on Saturday (23 December). Further strikes from 7.00am on 3 January until 7.00am on 9 January 2024 will also take place. DGFT have established an Industrial Action task group, established regular contact with Trade Union colleagues, completed Business Continuity Plans and rated services in terms of priority – this will be reviewed against the national derogation guidance and have considered alternative workforce options (including skills audit, redeployment, and temporary staffing).

Sickness Absence

The Dudley Group
NHS Foundation Trust





In-Month Sickness Absence

In-month sickness absence for November is 4.92%, a decrease from 5.06% in October.

Rolling 12 M Sickness Absence

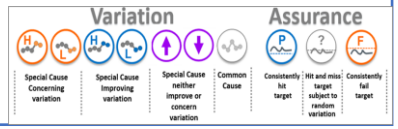
The rolling 12-month absence shows a decrease from 5.20% in October to 5.15% in November 2023.

This remains above target but over the year has been showing an improving trajectory.

Assurance

Reducing the length of absence is key, to support this we are reviewing how we can support overall wellbeing for our staff members, including the development of a wellbeing strategy.

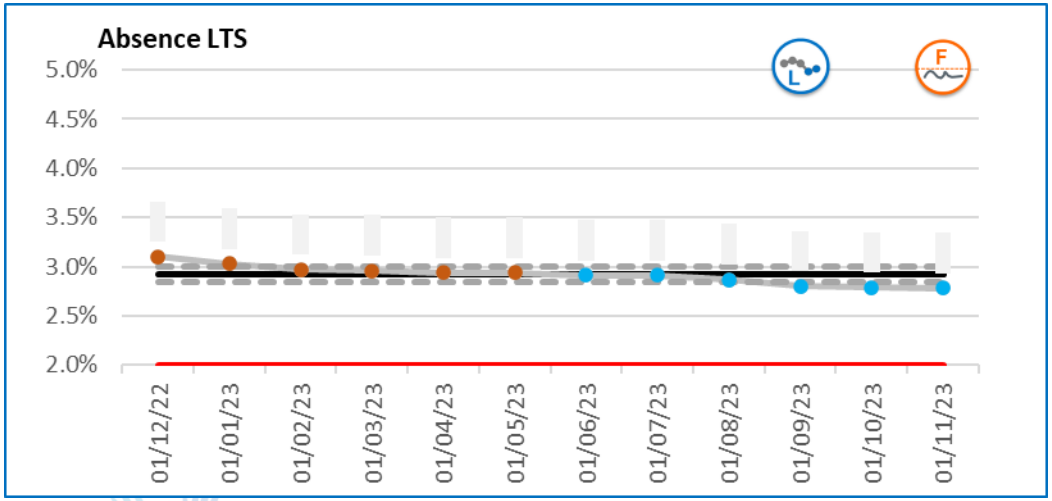
The main objective is to avoid absences and, where absences do occur, reduce their length, so early intervention is key and is supported by the following discrete pieces of work:

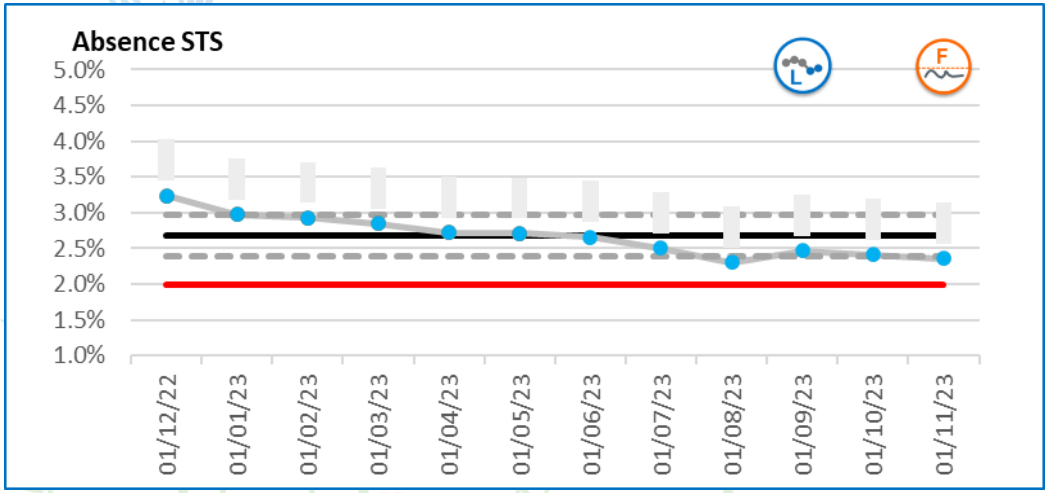


	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Absence in Month	6.39%	5.43%	5.06%	5.42%	4.92%	4.79%	4.69%	4.64%	4.72%	5.02%	5.06%	4.92%
Absence 12m Rolling	6.34%	6.00%	5.90%	5.81%	5.66%	5.65%	5.57%	5.41%	5.57%	5.26%	5.20%	5.15%

Long-Term and Short-Term Absence

The Dudley Group
NHS Foundation Trust





Long-Term and Short-Term Sickness Absence

In November long-term absence has marginally reduced to 2.78% and there has been a small decrease in short-term absence to 2.36%.

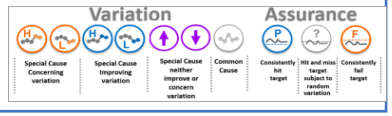
The graphs evidence an overall reducing trajectory in both short and long-term absence.

In November short-term absence accounted for 88% of all sickness absence episodes, with long-term absence (28 days +) accounting for 12% of absence episodes. Long-term absence accounted for 44% of all days lost, compared to 56% for short-term absence.

Assurance

The HR Business Partners will support divisions to review both short-term absence and long-term absence and to review the plans in place to ensure that all long-term sickness at six months+ and for all short-term persistent absence is being managed robustly.

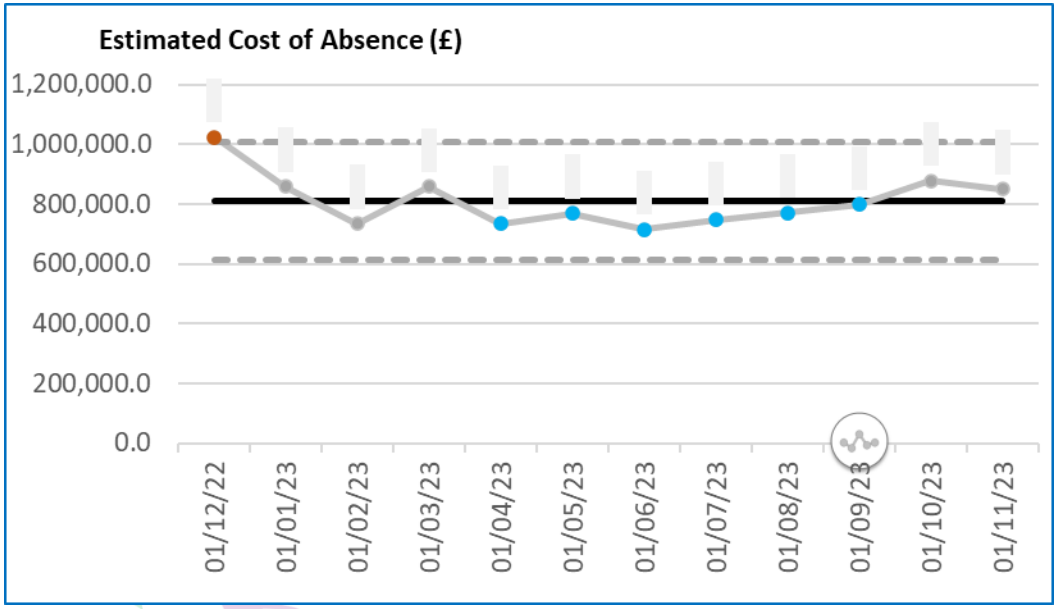
Short-term absence is currently the key focus.



	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Absence LTS	3.10%	3.03%	2.97%	2.96%	2.94%	2.94%	2.91%	2.91%	2.87%	2.80%	2.79%	2.78%
Absence STS	3.24%	2.97%	2.93%	2.85%	2.72%	2.71%	2.66%	2.50%	2.30%	2.47%	2.41%	2.36%

Estimated Cost of Absence

The Dudley Group
NHS Foundation Trust



Estimated Cost of Absence

The estimated cost of absence for November is £851,051 compared to £877.913 in October 2023.

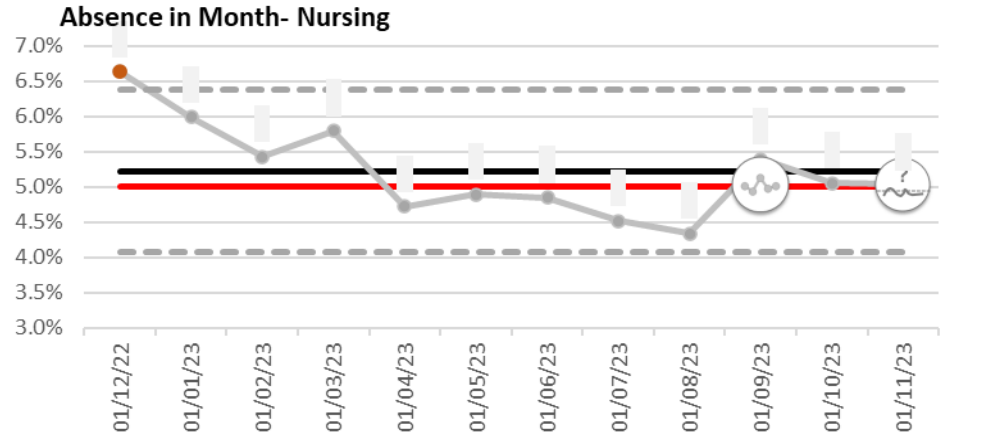
It should be noted that the estimated cost of absence refers only to sick pay and does not include any cover arrangements.

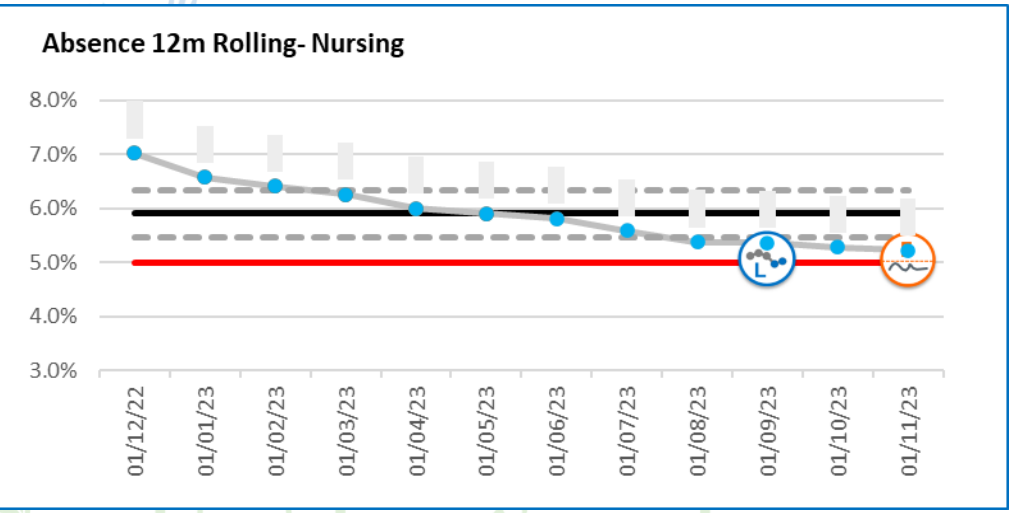
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Estimated Cost of Absence (£)	£ 1,023,406	£ 859,668	£ 735,312	£ 858,936	£ 733,729	£ 769,327	£ 715,978	£ 746,460	£ 770,785	£ 798,619	£ 877,913	£ 851,051

CARE RESPECT RESPONSIBILITY

Sickness Absence- Nursing

The Dudley Group NHS Foundation Trust





In-Month Sickness Absence

In-month sickness absence in nursing for November is 5.03% a decrease from 5.05% in October. This is marginally above Trust target

Rolling 12 M Sickness Absence

The rolling 12-month absence for nursing shows a reduction from 5.28% in October to 5.22% in November 2023.

This is now amber against target and has shown a reducing trajectory over the last twelve months.

Assurance

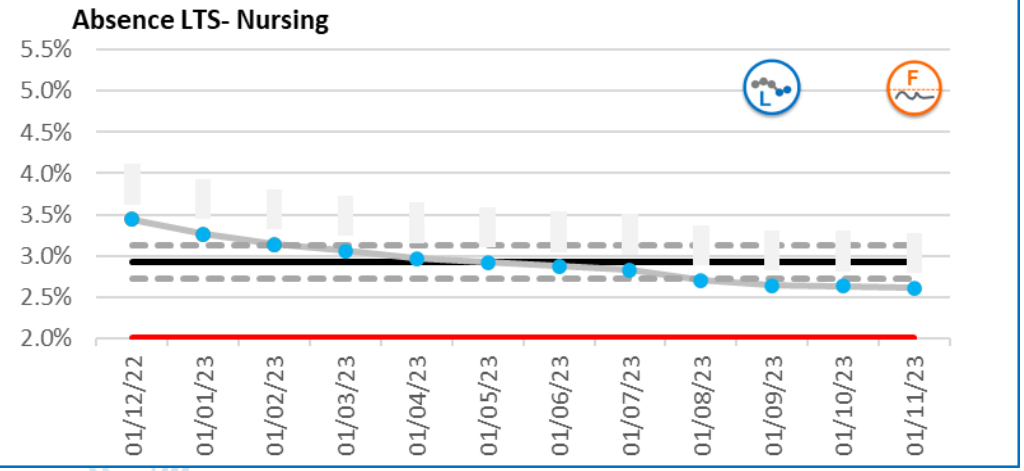
Reducing the length of absence is key, to support this we are reviewing how we can support overall wellbeing for our staff members, including the development of a wellbeing strategy.

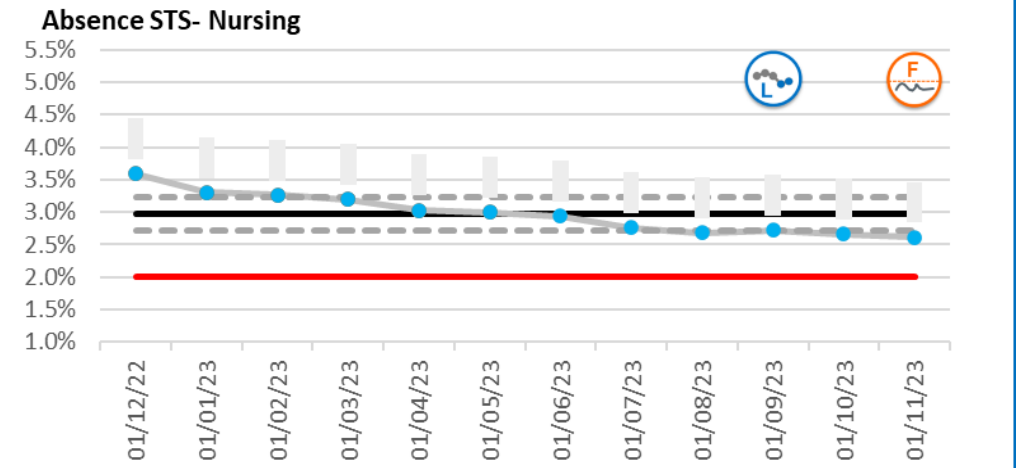
The main objective is to avoid absences and, where absences do occur, reduce their length, so early intervention is key and is supported by the following discrete pieces of work:

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Absence in Month- Nursing	6.63%	5.99%	5.43%	5.80%	4.72%	4.89%	4.85%	4.52%	4.34%	5.39%	5.05%	5.03%
Absence 12m Rolling- Nursing	7.03%	6.57%	6.41%	6.26%	6.00%	5.91%	5.81%	5.58%	5.38%	5.36%	5.28%	5.22%

Long-Term and Short-Term Absence – Nursing

The Dudley Group
NHS Foundation Trust





Long-Term and Short-Term Sickness Absence

Long-term absence in nursing and midwifery has shown a decreasing trend since December 2022 and is now at 2.61% in November 2023.

Short-term absence had also shown a decreasing trend since December 2022 and is now at 2.61%.

Assurance

The HR Business Partners will support divisions to review both short-term absence and long-term absence and to review the plans in place to ensure that all long-term sickness at six months+ and for all short-term persistent absence is being managed robustly.

Short-term absence is currently the key focus.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Absence LTS- Nursing	3.44%	3.26%	3.14%	3.06%	2.97%	2.92%	2.87%	2.83%	2.70%	2.64%	2.63%	2.61%
Absence STS- Nursing	3.59%	3.30%	3.26%	3.20%	3.03%	3.00%	2.94%	2.76%	2.68%	2.72%	2.66%	2.61%

Sickness Absence

The Dudley Group NHS Foundation Trust

Top 10 Departments By Time Lost (November)

Department	Absence FTE	Available FTE	Absence FTE %
253 Pharmacy Department Serv	484.87	4,988.73	9.72%
253 Critical Care Serv	398.84	4,014.68	9.93%
253 Maternity Unit Serv	312.23	6,130.76	5.09%
253 Emergency Dept Nursing Serv	252.76	3,773.12	6.70%
253 Pathology - Phlebotomy Serv	246.60	1,926.09	12.80%
253 Ward C2 Serv	216.84	1,803.52	12.02%
253 Therapy Department Serv	203.17	4,123.51	4.93%
253 Ward AMU 1 Serv	187.12	2,100.48	8.91%
253 Ward C8 Serv	155.04	2,351.56	6.59%
253 Imaging - X-ray Serv	152.87	2,085.51	7.33%

Top 10 Departments By Absence Rate (November)

Department	Absence FTE	Available FTE	Absence FTE %
253 Frenulotomy Service Serv	8.40	20.76	40.46%
253 Mgt Team Specialist Surgery Serv	30.00	111.00	27.03%
253 Rheumatology CNS Service Serv	35.00	162.00	21.60%
253 Renal CAPD Uni Serv	64.48	358.32	18.00%
253 Long Covid Team Serv	22.67	130.00	17.44%
253 Medical Secretaries Urology Serv	30.00	176.00	17.05%
253 Med Secs - Renal Serv	23.80	144.00	16.53%
253 Paediatric Outpatients Serv	15.40	93.60	16.45%
253 Health In Pregnancy Support Serv	30.00	192.00	15.63%
253 Leg Ulcer Service Adult DN Serv	37.80	242.20	15.61%

Top 10 Absence Reasons By FTE Days Lost (12m)

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	748	971	23,089.47	22.4
S13 Cold, Cough, Flu - Influenza	2311	3,090	10,298.20	10.0
S12 Other musculoskeletal problems	502	617	9,189.31	8.9
S25 Gastrointestinal problems	1953	2,654	8,683.56	8.4
S99 Unknown causes / Not specified	558	661	5,232.99	5.1
S30 Pregnancy related disorders	255	630	5,053.78	4.9
S28 Injury, fracture	226	246	4,846.34	4.7
S26 Genitourinary & gynaecological disorders	340	429	4,653.56	4.5
S27 Infectious diseases	537	571	3,727.56	3.6
Other	614	652	3,670.21	3.6

Top 10 Absence Reasons By Absence Days Lost (12m)

Absence Reason	Headcount	Abs Occurrences	Abs Days	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	748	971	28,161	£2,188,377.60	23.4
S13 Cold, Cough, Flu - Influenza	2311	3,090	11,585	£1,088,467.05	9.6
S12 Other musculoskeletal problems	502	617	10,886	£768,992.62	9.0
S25 Gastrointestinal problems	1953	2,654	9,965	£815,190.88	8.3
S99 Unknown causes / Not specified	558	661	6,131	£545,217.62	5.1
S28 Injury, fracture	226	246	5,816	£513,127.19	4.8
S30 Pregnancy related disorders	255	630	5,724	£494,700.45	4.7
S26 Genitourinary & gynaecological disorders	340	429	5,504	£426,105.35	4.6
S27 Infectious diseases	537	571	4,349	£354,899.22	3.6
Other	614	652	4,155	£383,010.68	3.4

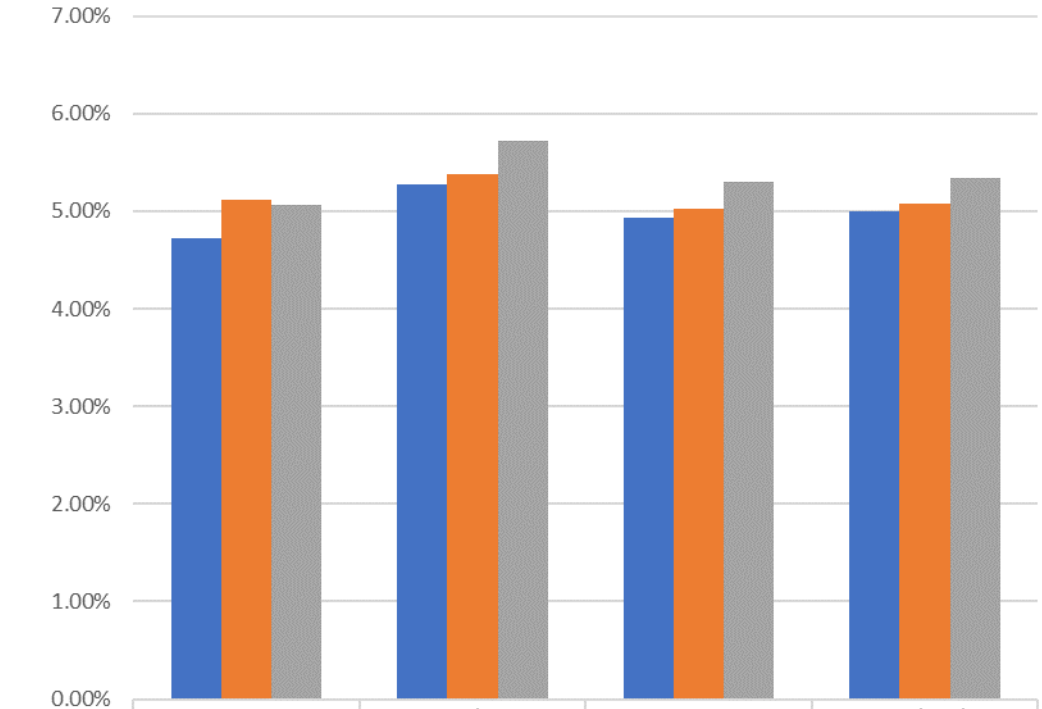
Absence Reasons

- The most common reasons for absence are Anxiety, Stress, and Depression (ASD), musculoskeletal and cough, cold and flu.
- The departments ranked absence by time lost will be the focus for the HR Business Partners.

CARE RESPECT RESPONSIBILITY

Absence Benchmarking

The Dudley Group
NHS Foundation Trust



	Trust	Region	Country	National
2023 / 08	4.72%	5.27%	4.93%	5.00%
2023 / 09	5.12%	5.38%	5.02%	5.08%
2023 / 10	5.07%	5.72%	5.30%	5.34%

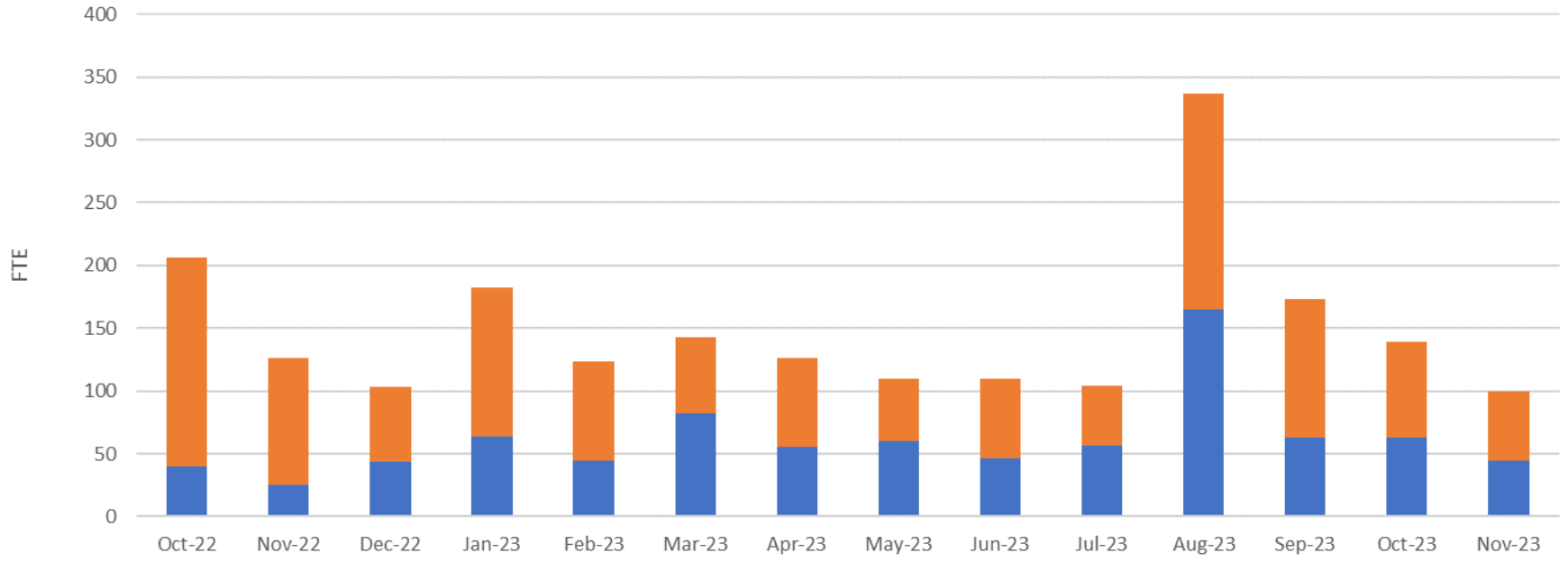
Benchmarking

- National and Regional benchmarking data is only available until end of October.
- Due to local differences in timeframes and methods used for recording sickness absences, national and regional comparative data is subject to change. DGH absence includes COVID related absences and is refreshed each month twelve months in arrears.
- In October, the Trust's sickness absence rate was slightly lower than the regional, National and England (Country) Sickness Absence rates.

CARE RESPECT RESPONSIBILITY

Starters and Leavers

The Dudley Group NHS Foundation Trust



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Starters FTE	165.91	101.32	59.87	118.15	78.99	60.42	70.64	50.29	63.5	47.56	172.18	109.84	76.71	54.58
Leavers FTE	40.19	24.91	43.76	63.95	44.49	82	55.66	59.79	46.58	56.66	164.49	62.96	62.53	44.71

Starters vs Leavers

- This month we have seen more starters than leavers, in November there were 44.71 WTE leavers compared to 54.58 WTE starters.

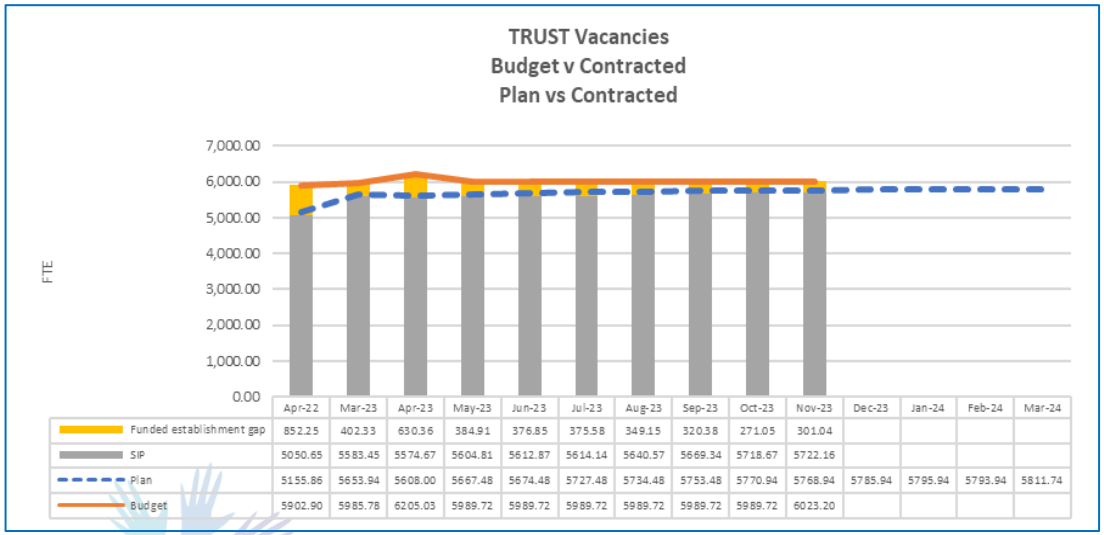
Assurance

- Work is continuing on both recruitment and retention and this forms part of NHSE's Long-Term Workforce Plan.

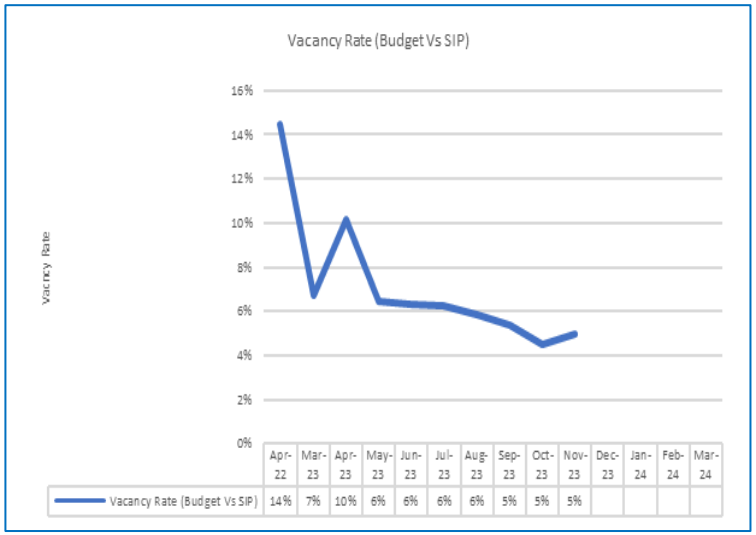
CARE RESPECT RESPONSIBILITY

Recruitment/Vacancies/Turnover - TRUST

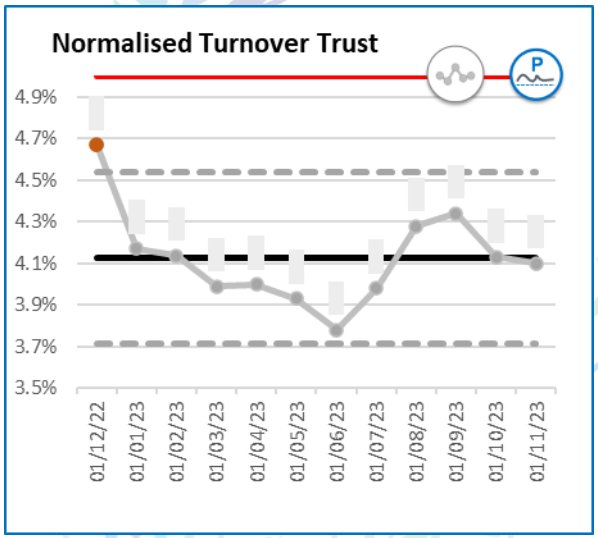
The Dudley Group
NHS Foundation Trust

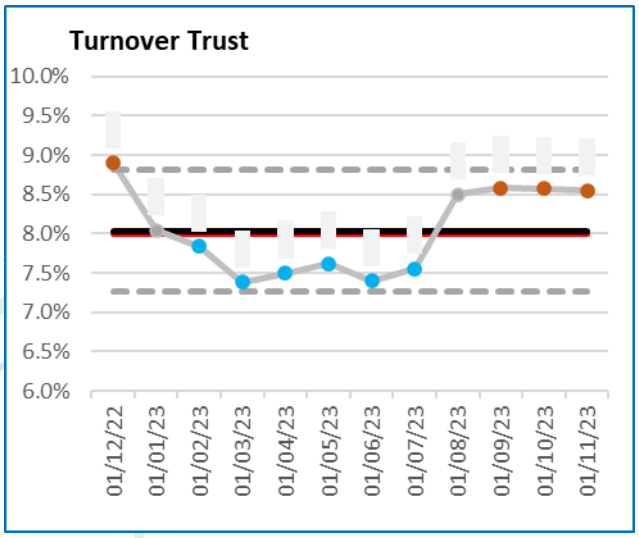


	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Funded establishment gap	852.25	402.33	630.36	384.91	376.85	375.58	349.15	320.38	271.05	301.04				
SIP	5050.65	5583.45	5574.67	5604.81	5612.87	5614.14	5640.57	5669.34	5718.67	5722.16				
Plan	5155.86	5653.94	5608.00	5667.48	5674.48	5727.48	5734.48	5753.48	5770.94	5768.94	5785.94	5795.94	5793.94	5811.74
Budget	5902.90	5985.78	6205.03	5989.72	5989.72	5989.72	5989.72	5989.72	5989.72	6023.20				



	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Vacancy Rate (Budget Vs SIP)	14%	7%	10%	6%	6%	6%	6%	5%	5%	5%				





Contracted WTE staff has increased from 5718.67 WTE in October to 5722.16 WTE in November 2023.

For substantive staff this is 46.78 under the workforce plan.

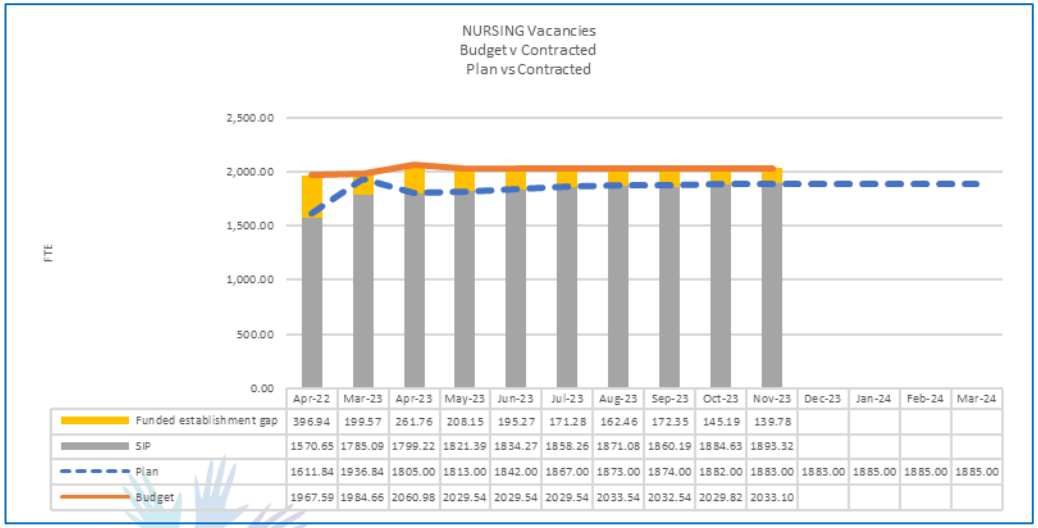
The total vacancies stands at 3601.04 WTE in November 2023. This equates to a vacancy factor of 5%.

Overall staff turnover (rolling twelve months average) is at 8.55%, with normalised turnover at 4.10%.

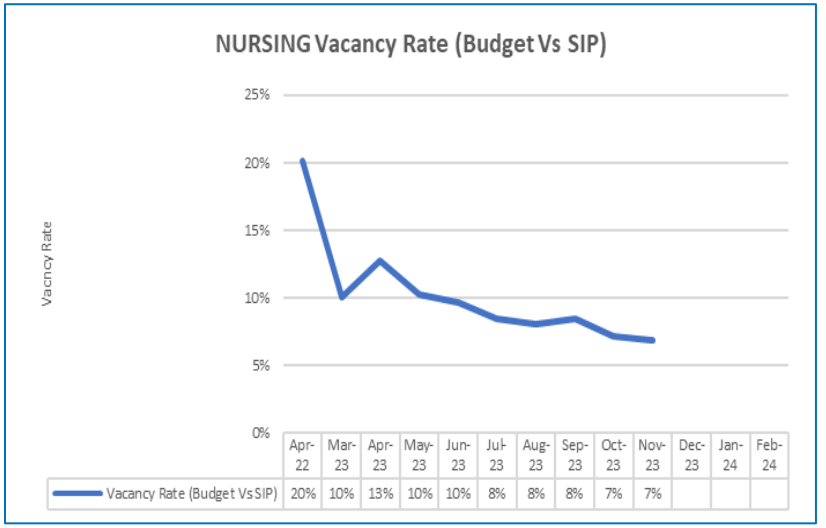
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Trust Turnover	8.30%	8.04%	7.84%	7.38%	7.50%	7.62%	7.40%	7.55%	8.50%	8.58%	8.57%	8.55%
Trust Normalised Turnover	4.67%	4.17%	4.14%	3.99%	4.00%	3.93%	3.78%	3.98%	4.28%	4.34%	4.13%	4.10%

Recruitment/Vacancies/Turnover - Registered Nursing & Midwifery

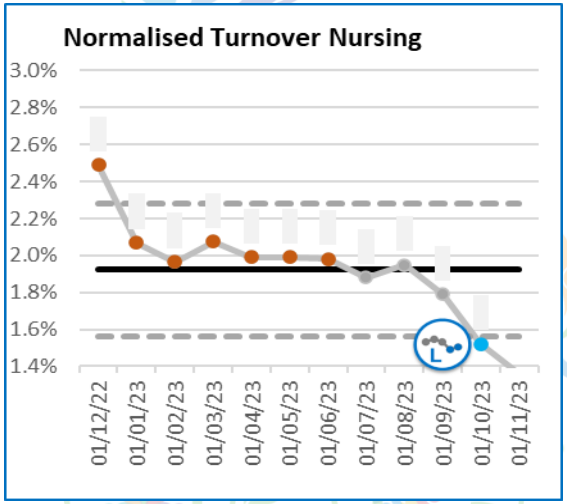
The Dudley Group NHS Foundation Trust

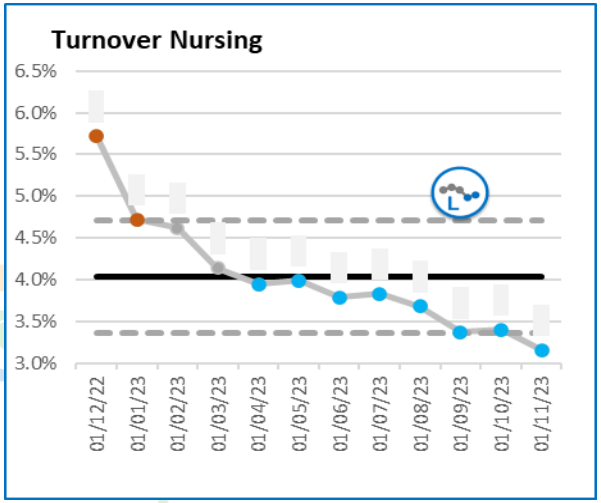


	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Funded establishment gap	396.94	199.57	261.76	208.15	195.27	171.28	162.46	172.35	145.19	139.78				
SIP	1570.65	1785.09	1799.22	1821.39	1834.27	1858.26	1871.08	1860.19	1884.63	1893.32				
Plan	1611.84	1936.84	1805.00	1813.00	1842.00	1867.00	1873.00	1874.00	1882.00	1883.00	1883.00	1885.00	1885.00	1885.00
Budget	1967.59	1984.66	2060.98	2029.54	2029.54	2029.54	2033.54	2032.54	2029.82	2033.10				



	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Vacancy Rate (Budget Vs SIP)	20%	10%	13%	10%	10%	8%	8%	8%	7%	7%			





Contracted WTE for nursing and midwifery staff has increased from 1884.63 WTE in October 2023 to 1893.32 WTE in November.

This is 10.32 WTE above the workforce plan.

The total nursing and midwifery vacancies reported stands at 139.78 WTE, which equates to a vacancy rate of 7%.

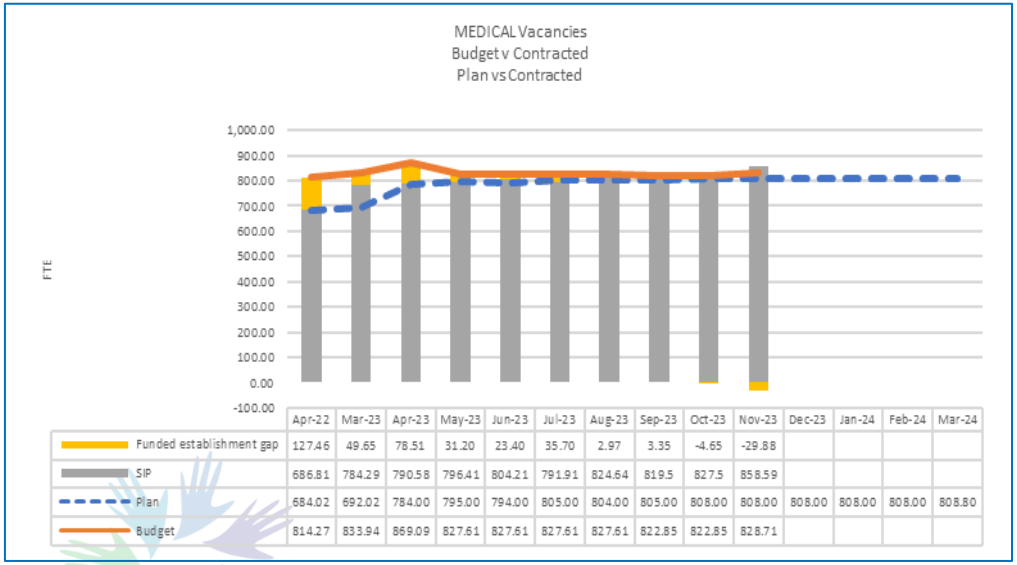
Staff turnover for nursing (rolling 12 months average) is at 3.16%, with normalised turnover at 1.36%.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Nursing Turnover	5.72%	4.72%	4.62%	4.14%	3.95%	3.99%	3.79%	3.83%	3.68%	3.37%	3.40%	3.16%
Nursing Normalised Turnover	2.49%	2.07%	1.97%	2.07%	1.99%	1.99%	1.98%	1.88%	1.95%	1.79%	1.52%	1.36%

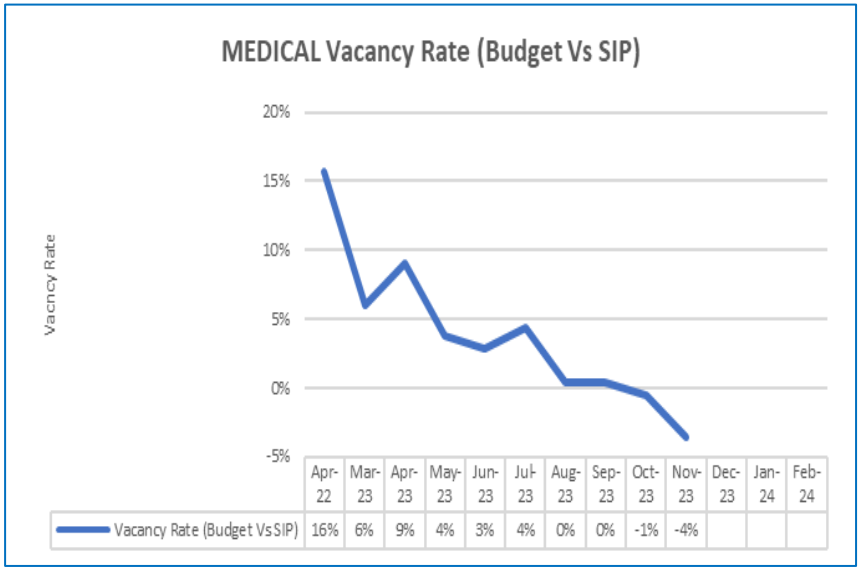
CARE RESPECT RESPONSIBILITY

Recruitment/Vacancies/Turnover - Medical & Dental

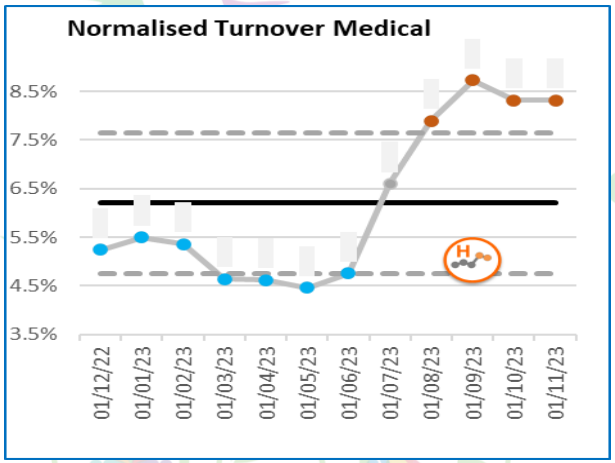
The Dudley Group NHS Foundation Trust

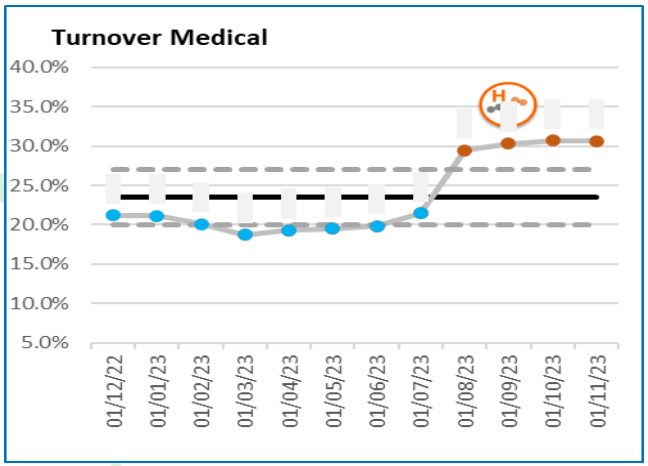


	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Funded establishment gap	127.46	49.65	78.51	31.20	23.40	35.70	2.97	3.35	-4.65	-29.88				
SIP	686.81	784.29	790.58	796.41	804.21	791.91	824.64	819.5	827.5	858.59				
Plan	684.02	692.02	784.00	795.00	794.00	805.00	804.00	805.00	808.00	808.00	808.00	808.00	808.00	808.80
Budget	814.27	833.94	869.09	827.61	827.61	827.61	827.61	822.85	822.85	828.71				



	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Vacancy Rate (Budget Vs SIP)	16%	6%	9%	4%	3%	4%	0%	0%	-1%	-4%			





Contracted WTE for medical and dental staff has increased from 827.5 WTE in October 2023 to 858.59 in November 2023.

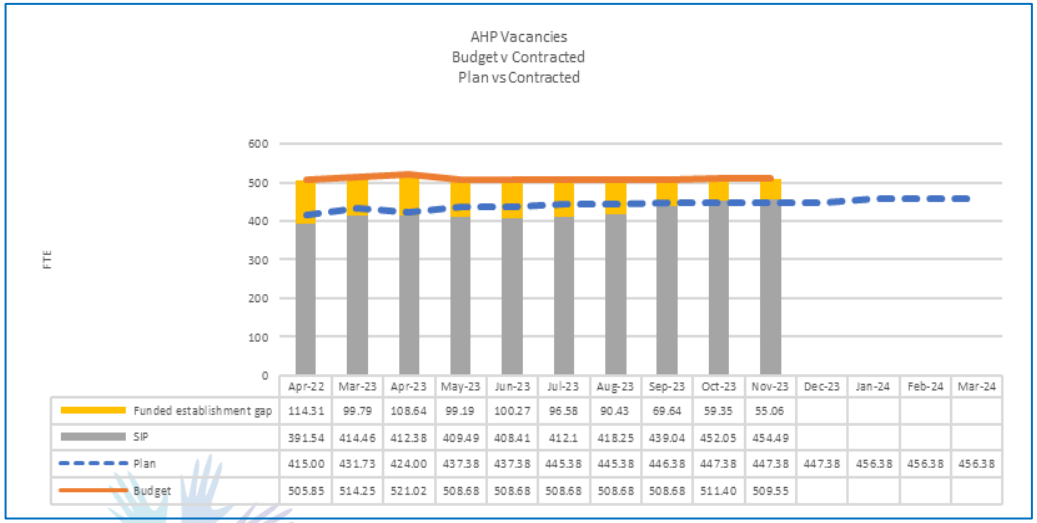
The total medical and dental vacancies stands at -29.88 WTE. The vacancy rate is -4%.

Staff turnover for medical and dental (rolling 12 months average) has decreased to 30.63% (mainly due to rotation), with normalised turnover remaining at 8.32%.

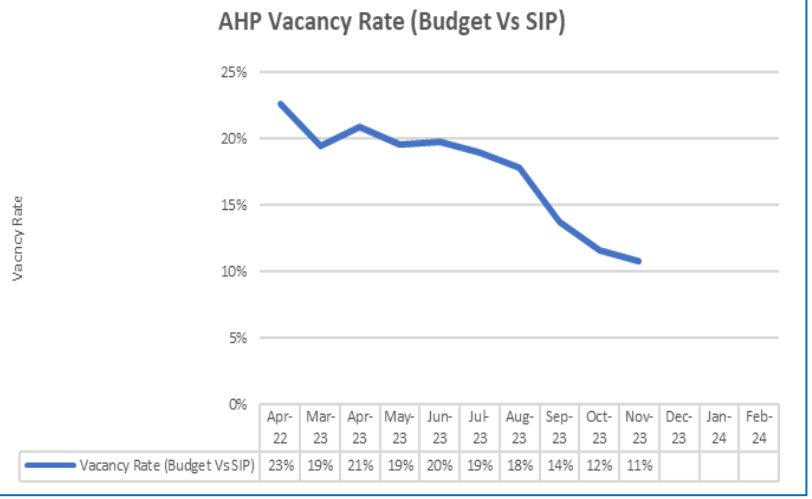
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
M&D Turnover	21.18%	21.12%	20.10%	18.75%	19.28%	19.52%	19.82%	21.45%	29.45%	30.34%	30.71%	30.63%
M&D Normalised Turnover	5.47%	5.50%	5.36%	4.65%	4.62%	4.46%	4.76%	6.60%	7.89%	8.73%	8.32%	8.32%

Recruitment/Vacancies/Turnover - Allied Health Professional

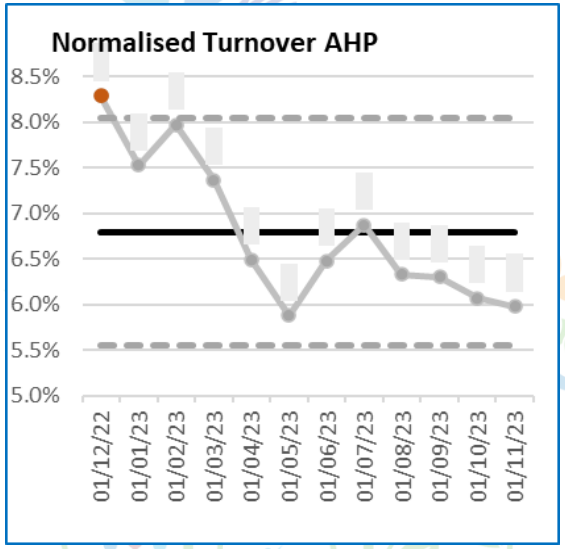
The Dudley Group NHS Foundation Trust

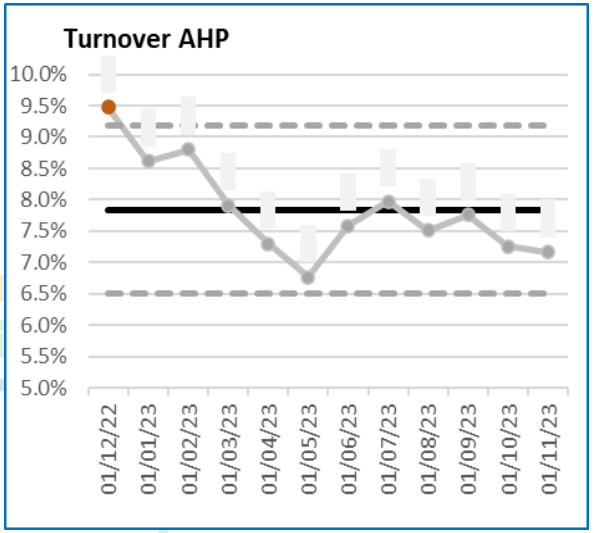


	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Funded establishment gap	114.31	99.79	108.64	99.19	100.27	96.58	90.43	69.64	59.35	55.06				
SIP	391.54	414.46	412.38	409.49	408.41	412.1	418.25	439.04	452.05	454.49				
Plan	415.00	431.73	424.00	437.38	437.38	445.38	445.38	446.38	447.38	447.38	447.38	456.38	456.38	456.38
Budget	505.85	514.25	521.02	508.68	508.68	508.68	508.68	508.68	511.40	509.55				



	Apr-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Vacancy Rate (Budget Vs SIP)	23%	19%	21%	19%	20%	19%	18%	14%	12%	11%			





Contracted WTE for AHP's has increased from 452.05 WTE in October to 454.49 in November 2023.

This is 7.11 WTE above the workforce plan.

The total AHP vacancies in November 2023 are 55.06 WTE, this equates to a vacancy factor of 11%.

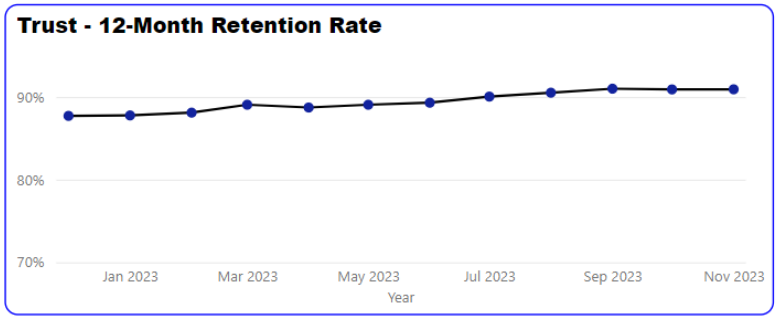
Staff turnover for AHP's (rolling 12 months average) is at 7.17%, with normalised turnover at 5.98%.

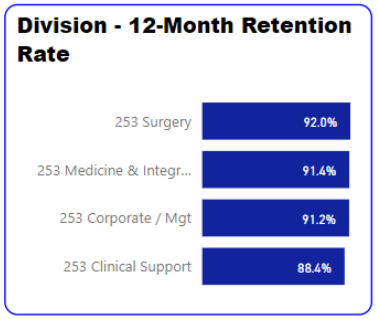
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
AHP Turnover	9.47%	8.62%	8.08%	7.91%	7.30%	6.77%	7.59%	7.97%	7.51%	7.76%	7.26%	7.17%
AHP Normalised Turnover	8.29%	7.53%	7.97%	7.37%	6.49%	5.88%	6.48%	6.87%	6.33%	6.30%	6.07%	5.98%

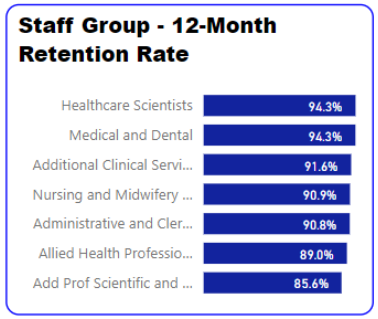
CARE RESPECT RESPONSIBILITY

Retention

The Dudley Group
NHS Foundation Trust

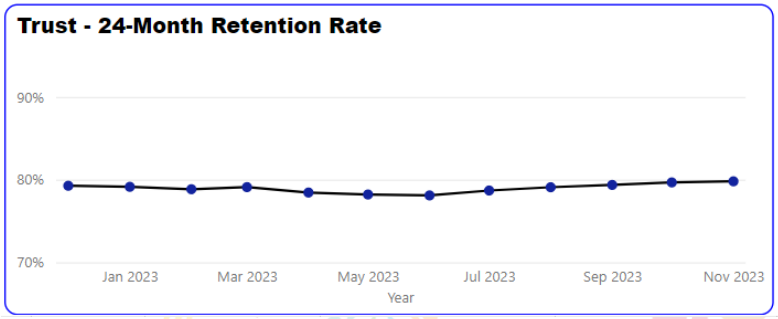


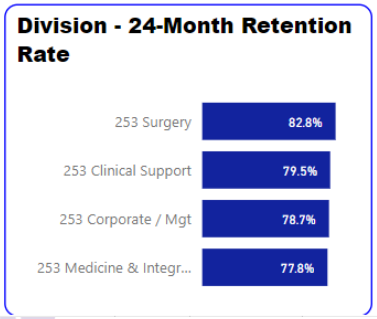


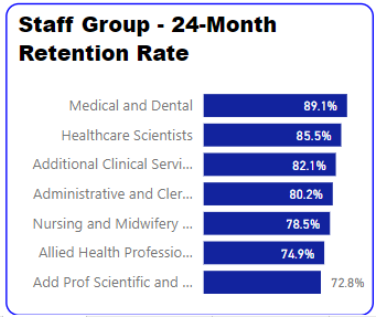


November 2023

12-Month	Trust 90.9%
24-Month	Trust 79.8%







Workforce have developed a retention metric to ensure we are able to retain our workforce. Employee retention improves stability and promotes a better patient experience. In addition, by improving retention we can address employee turnover costs, low staff engagement, poor quality of care with a view to increasing efficiency and developing a positive organisational culture.

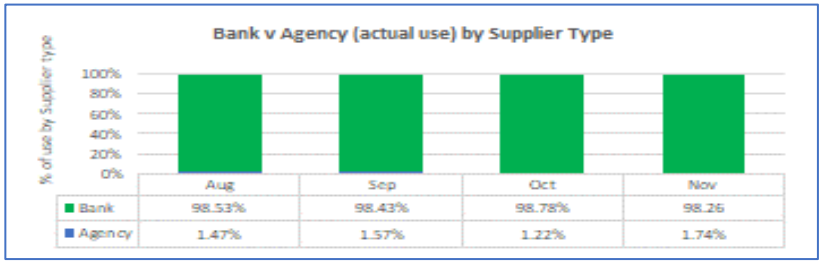
The 12-month retention rate is relatively stable and increasing, the 24-month rate was showing a steady decline since March 2023 but is now showing an increasing trajectory.

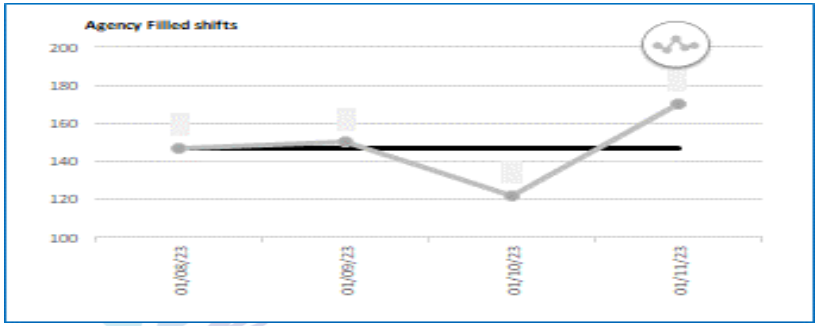
The division with the lowest retention rate is Medicine and Integrated Care at 77.8% over 24 months; both Additional Professional, Scientific and Technical staff and Allied Health Professionals are two staff groups that show as areas for concern.

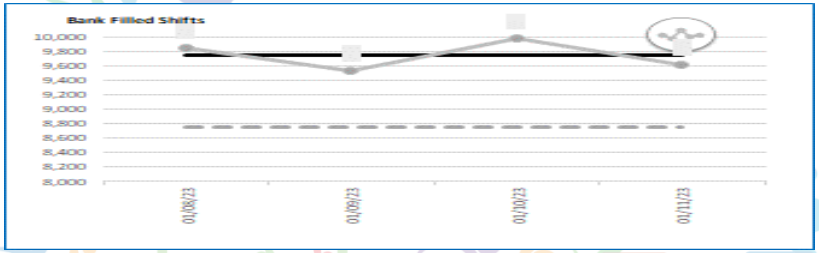
CARE RESPECT RESPONSIBILITY

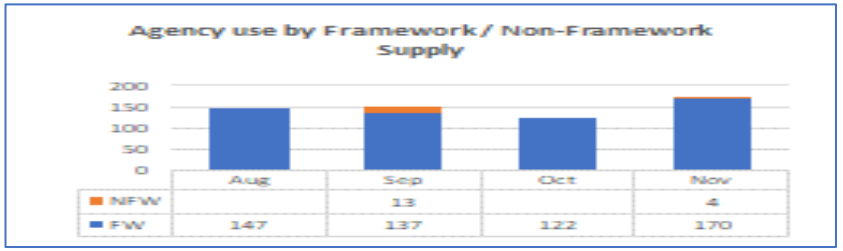
Bank and Agency Usage

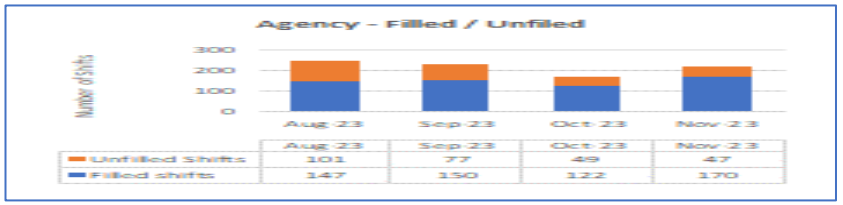
The Dudley Group
NHS Foundation Trust

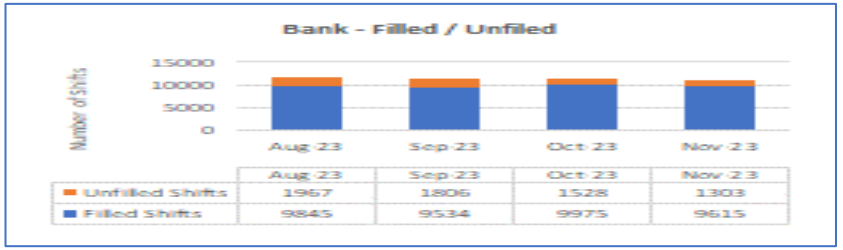












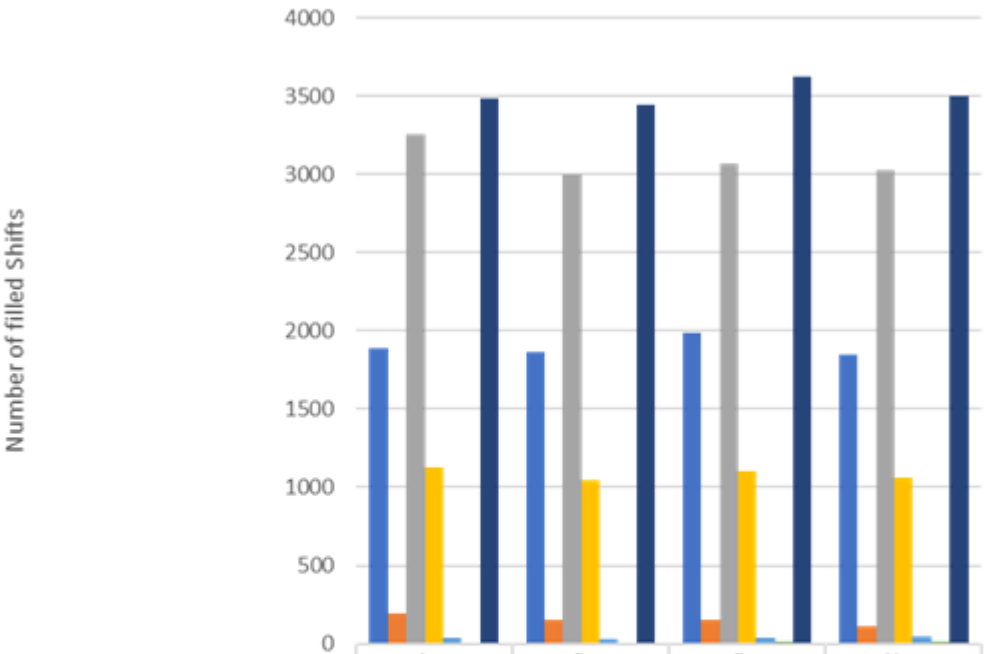
Bank spend to November equates to £28.038m. WLI spend to November equates to £4.235m. There is currently a downward trend for bank spend. Expenditure appears favourable in comparison to 22/23 (£2.038m lower spend). However, 22/23 included the Trust acting as lead provider for the Covid Vaccination programme plus one-off bonus payments. When stripping these out, bank spend is £4.585m higher than expended in the corresponding previous period.

Following removal of Covid Vaccination/bonus costs, all staff groups are incurring greater bank costs in 23/24, particularly Scientific/AHPs.
The 23/24 figures will include the impact of industrial action. There is approximately £0.610m within the bank spend that is attributable to covering strikes. The WLI spend shows an increasing trend linked in part to industrial action (c£1.123m) and also due to the drive to improve elective recovery and deliver improved income.

For agency costs, the Trust has incurred £2.110m to November. Agency spend reduced again in November following the increase in September. As such, the spend has reduced to 0.9% of payroll (was 1%) and is well within the agency cap (3.7%).

Bank Usage by Staff Group

The Dudley Group
NHS Foundation Trust



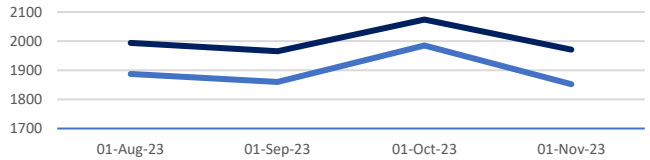
	Aug	Sep	Oct	Nov
A&C	1888	1860	1985	1848
Add Prof Scientific and Technic	195	155	152	115
Additional Clinical Services	3259	3001	3065	3028
AHP	1125	1044	1103	1065
Healthcare Scientists	35	30	35	48
Medical & Dental	6	2	12	11
Nursing & Midwifery Registered	3484	3442	3623	3500

CARE RESPECT RESPONSIBILITY

Bank Fill Rates

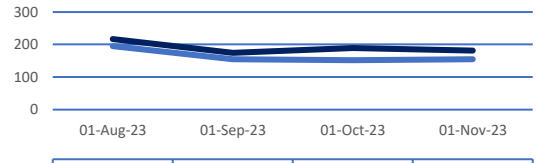
The Dudley Group
NHS Foundation Trust

Bank A&C Filled / Requested



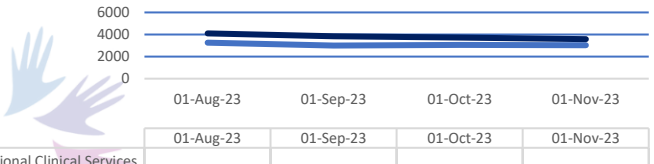
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
A&C Filled	1888	1860	1985	1852
Total Request	1994	1965	2074	1971

Bank Add Prof Scientific and Technic Filled / Requested



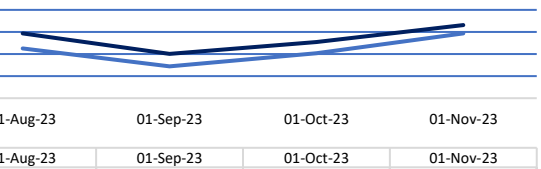
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
Add Prof Scientific and Technic Filled	195	155	152	155
Total Request	217	174	189	181

Additional Clinical Services Filled / Requested



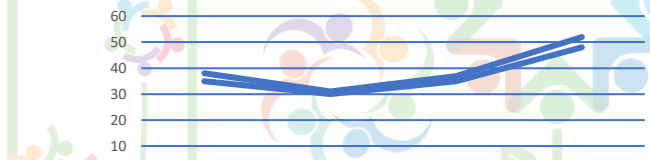
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
Additional Clinical Services Filled	3259	3001	3065	3028
Total Request	4116	3831	3733	3581

AHP - Filled / Requested



	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
AHP Filled	1125	1044	1103	1193
Total Request	1193	1100	1155	1231

Healthcare Scientists Filled / Requested



	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
Healthcare Scientists Filled	35	30	35	48
Total Request	38	31	37	52

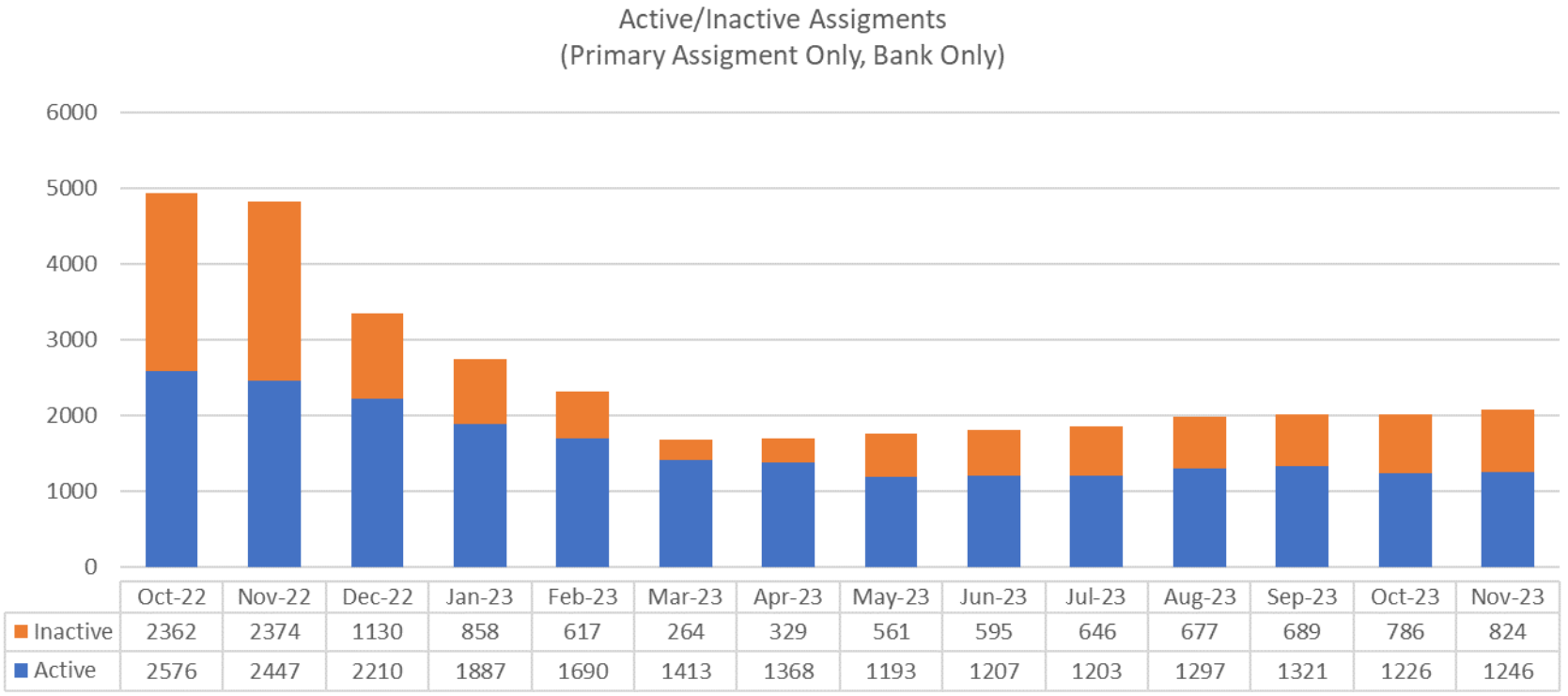
Registered Filled / Requested

	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23
Nursing & Midwifery Registered Filled	3484	3442	3623	3550
Total Request	4493	4311	4349	4163

CARE RESPECT RESPONSIBILITY

Active / Inactive Assignments

The Dudley Group
NHS Foundation Trust



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Inactive	2362	2374	1130	858	617	264	329	561	595	646	677	689	786	824
Active	2576	2447	2210	1887	1690	1413	1368	1193	1207	1203	1297	1321	1226	1246

Bank Efficiency

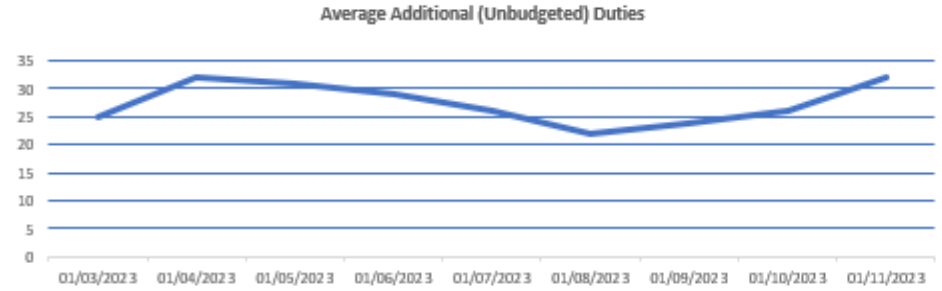
There are 2,070 bank assignments registered on the Trust's Staff Bank in November, which is slightly higher than October which was 2012.

We now have 824 inactive records as opposed to the 786 previously recorded as inactive (not worked in 17-week period).

RESPECT
RESPONSIBILITY

Rostering – Roster Performance

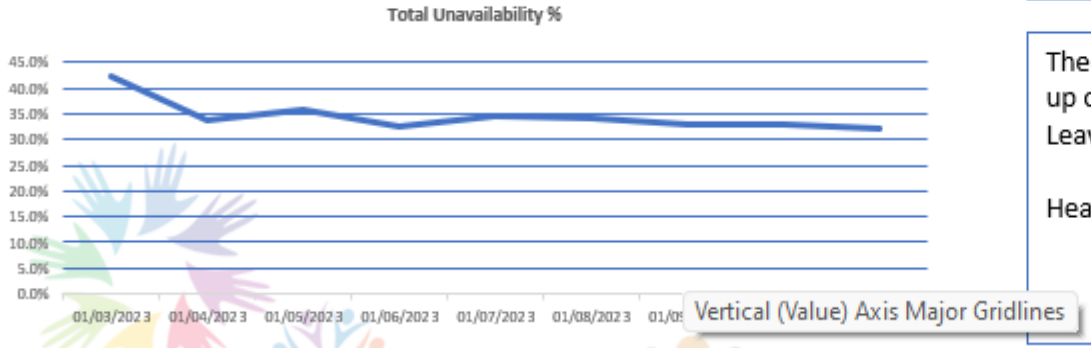
The Dudley Group
NHS Foundation Trust



Average number of assigned unbudgeted shifts per department. These are in addition to the agreed budgeted establishment.

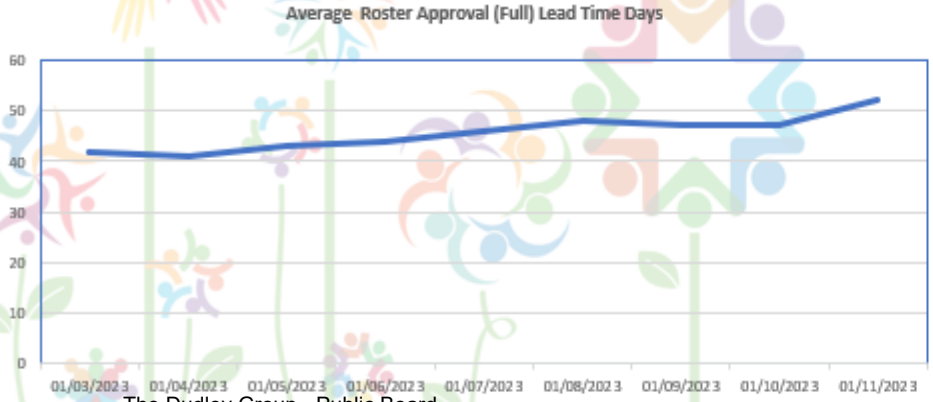
Registered 57%, Unregistered 43%

Top departments are Discharge Lounge, Neonatal & Theatres.
Top reasons are 'Increase in capacity' & 'WLI'



The percentage of staff hours marked as unavailable. Made up of Annual Leave 13%, Sickness 7%, Parenting 4% , Other Leave 1%, Study Day 3% & Working Day 4%.

Headroom percentage built into budgets is 22%.



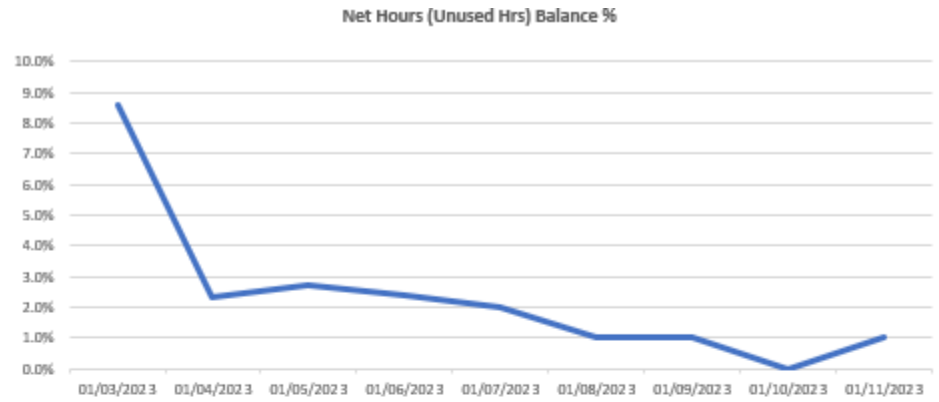
The average amount of days the 4 week roster has been visible for staff to view before the first day of the roster period.

Trust target is 55 days. NHSE minimum is 42 days.

This is trending in the right direction. Confirm & Challenge meetings along with frequent e-mail notifications now being used to improve compliance.

Rostering – Net Hours

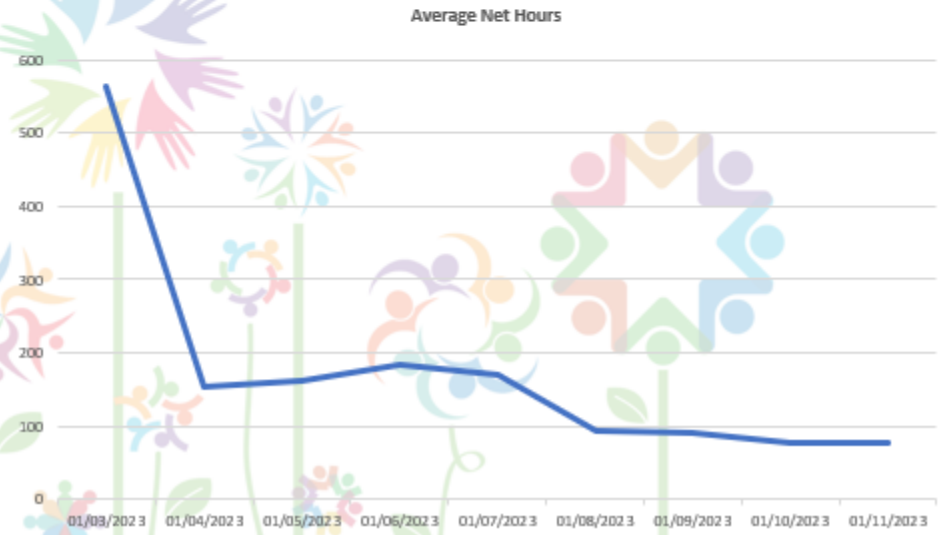
The Dudley Group
NHS Foundation Trust



Percentage of unused hours at the end of the roster period.

Target – Below 2%

Outreach work by the rostering team helped departments tidy up their rosters so we could report more accurately from April 2023. This metric is monitored during confirm & challenge meetings to ensure departments keep on top of time owing and make up shifts.

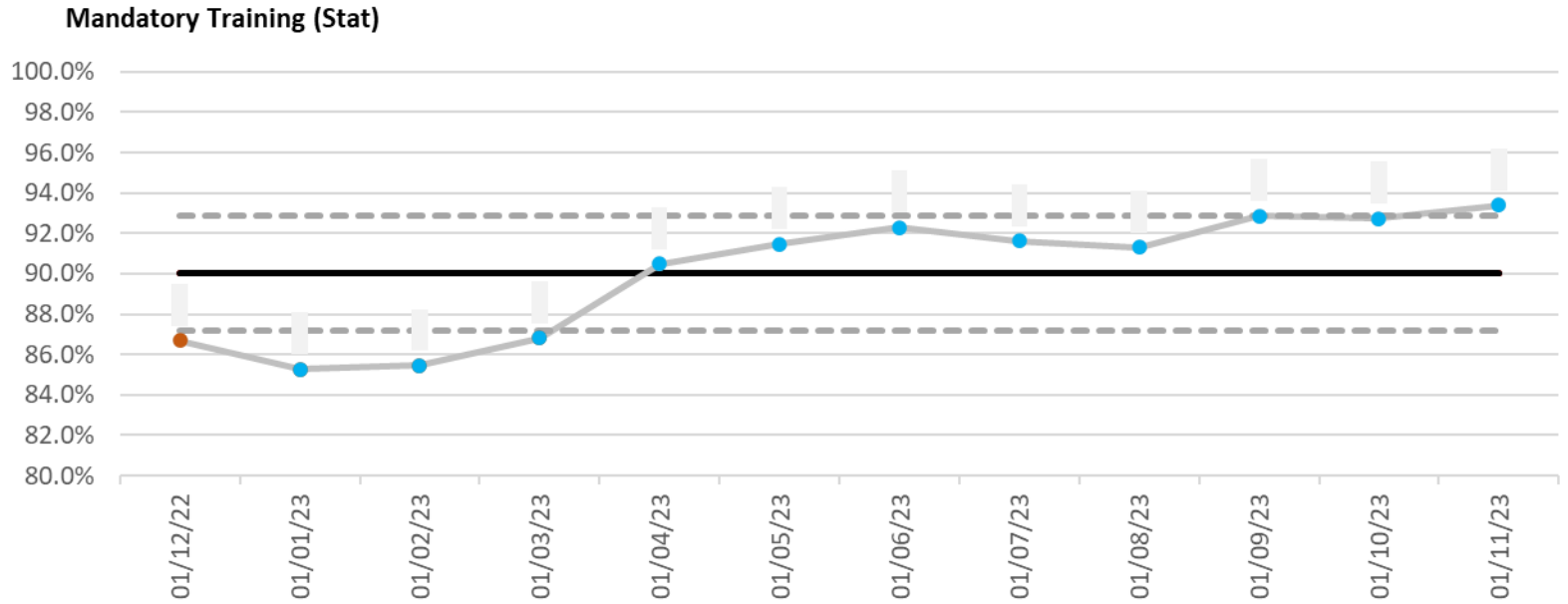


Average number of Divisional unused hours at the end of the roster period.

CARE RESPECT RESPONSIBILITY

Mandatory Training

The Dudley Group
NHS Foundation Trust



Performance against target for mandatory training overall shows a positive sustained performance at above target. There is some limited monthly variation with minor decreases and then increases – with the latest month showing an increase from last reported figures.
This provides an overall positive position in winter months where operational pressures can impact on the ability of staff to be released to complete training. Improvements in the information available on the hub page and external web links have seen a decrease in queries.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Mandatory Training (Stat)	86.68%	85.27%	85.45%	86.82%	90.48%	91.48%	92.30%	91.63%	91.32%	92.86%	92.74%	93.38%

CARE RESPECT RESPONSIBILITY

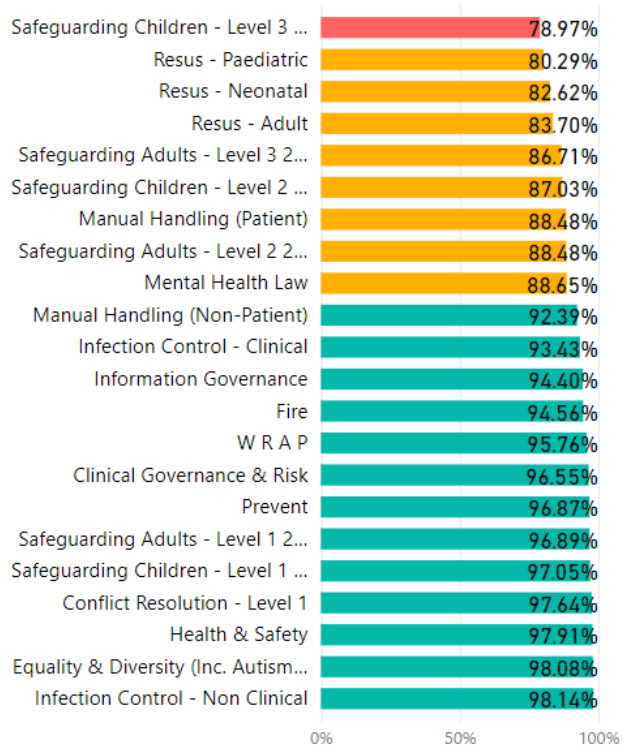
Mandatory Training – Priority 1

The Dudley Group
NHS Foundation Trust

Month: November 2023	Trust	CS	Corporate	MIC	Surgery
	93.38%	95.19%	95.24%	92.75%	92.41%

Course Compliance

Course Compliance (based on selections)



Depts by no. required to achieve 90%

Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 MOC Medical Staff Serv	422	54	79.92%
253 General Surgery Medical Staff Serv	502	51	81.75%
253 Medical Staff GP Medicine Serv	53	48	47.32%
253 Medical Staff Cardiology Serv	163	39	72.76%
253 Psychiatry Medics Rechg PCT Serv	90	36	64.28%
253 Med Staff (Clin Haematology) Serv	170	32	75.89%
253 Ambulatory-Medics Dermatology Serv	96	30	68.57%
253 Medical Staff - Acute Medicine Serv	931	25	87.66%
253 ENT Medical Staff Serv	160	21	79.60%
253 Medical Staff Renal Serv	105	21	75.00%
253 Medical Staff Endocrin/Diab Serv	132	20	78.57%
253 Maxillofacial Surgery Medical Staff Serv	36	15	64.28%
253 Medical Staff - Respiratory Serv	249	15	84.98%
253 Dudley Nursing (Adult DN) Serv	332	14	86.45%
253 West Midlands Imaging Network Serv	26	14	59.09%
253 Medical Staff - General Medicine Serv	177	13	83.88%
253 Main Theatre Other Specialities Serv	427	12	87.67%
253 Medicine Division Management	151	11	83.88%
Total	**70,610**	**-2562**	**93.38%**

Statutory Training has continued to remain above target.

All divisions are above the organisation target of 90% - with the Surgery Division at the lowest position.

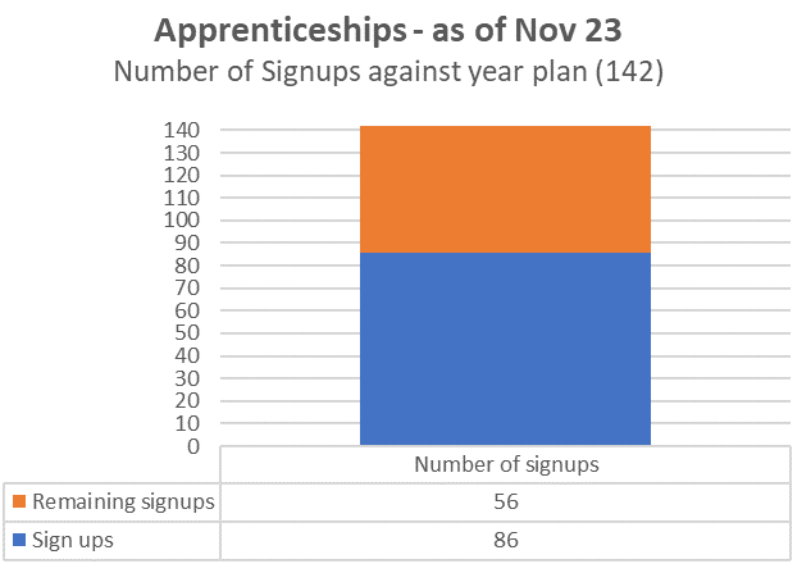
The five subjects requiring most improvement are Resuscitation Paediatric, Safeguarding Children Level 2, Safeguarding Adults Level 2 & 3 and Resuscitation Adult.

Targeted work is underway for challenge subjects (Resus and Safeguarding).

CARE RESPECT RESPONSIBILITY

Apprenticeships

The Dudley Group
NHS Foundation Trust



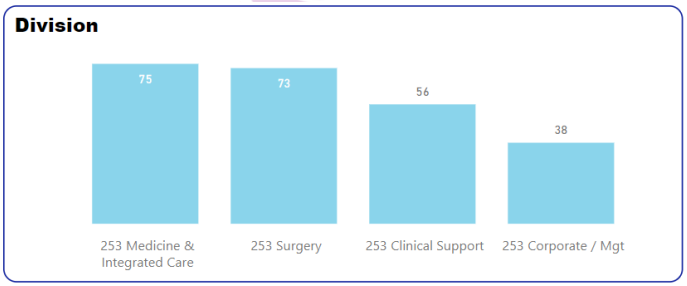
Total Active Apprenticeships **242**

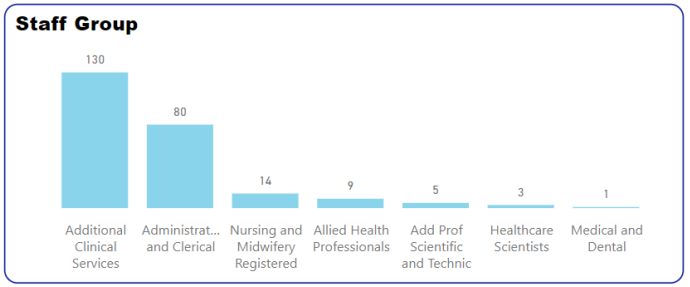
Apprenticeship Levy	£
Expired Levy April 23	£0
Expired Levy May 23	£0
Expired Levy June 23	£1,134.04
Expired Levy July 23	£14,555
Expired Levy Aug 23	£10,052.31
Expired Levy Sep 23	£6,478.73
Expired Levy Oct 23	£26,522.63
Expired Levy Nov 23	£16,922.89

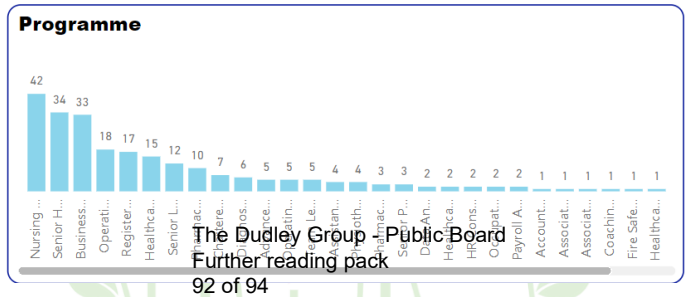
Sign-ups for November include the re-introduction of the Payroll Administrator Level 3 and Medical Administration apprenticeships.

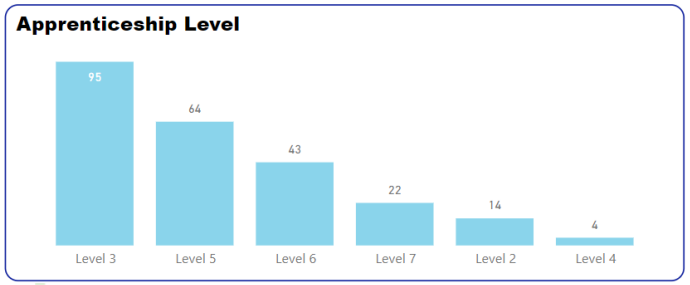
Developments to increase sign-ups for Q4 include the following. Work is underway to establish new programmes into IT for staff development. We continue to expand on the higher-level management programmes. Plans to introduce support worker pathways within AHP professions and maternity are in progress. A significant increase in the number of level 3 Senior Healthcare Support Worker apprenticeships is expected.

Active Apprenticeships breakdown





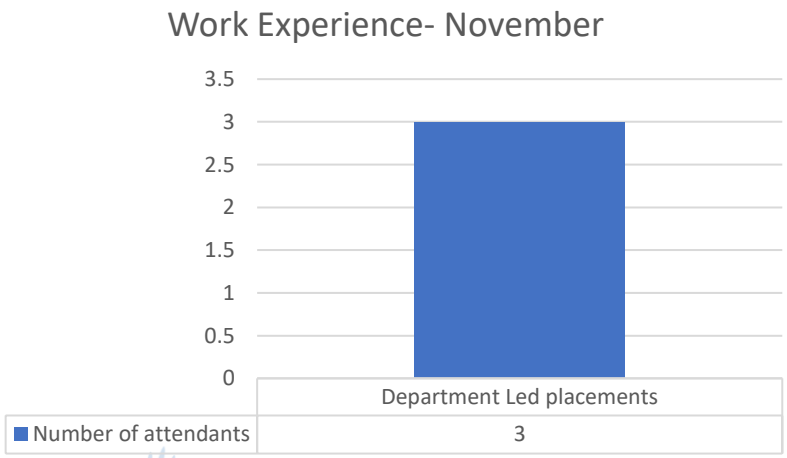




CARE RESPECT RESPONSIBILITY

Work Experience and Widening Participation

The Dudley Group NHS Foundation Trust



Ambassadors - November			
Breakdown	Total number of active ambassadors on record	New active (following In the Know)	Number requested to be removed due to time commitments, retirement and leaving the trust
Q3	73	1	0

Work Experience

Three face-to-face department-led placements (all of which were clinical, of which one was to gain access to higher education, and two as part or organised college work experience).

New Centralised WEx programme commencing in 2024 for (Nursing, Midwifery, and AHPs).

Careers Education Information Advice and Guidance (CEIAG)

This data will report on Ambassadors activity and Meet the Expert events.

Ambassador activity:

75 x CEIAG contacts delivered during November (from the Behind-the-Scenes event)

Meet the expert - no meet the expert sessions were delivered in November. These events are ad-hoc as requested by local schools. One session has been booked for December.

Ambassadors

We currently have **73** Ambassadors in total. 1 new active for November.

Employability Programmes

'I Can' workstream in planning phase – strategic approach to recruitment, challenge systems and processes to ensure we meet the need of our local people. Appointment of new post – Widening Participation and Workforce Development Business Partner as part of partnership programme with Dudley Council – commencing in post December 2023. 'I can get Started' pre-employment programme commencing in Jan.

Work Related Learning

Behind the Scenes – One event took place on Thursday 30th November and engaged with six local schools and saw 75 students visit the Trust to receive careers information and each school group was able to visit two different departments. Feedback so far is really positive – collating specific feedback during December. Next Behind the Scenes event scheduled for March.

Springpod – 2nd year virtual programme (went live 3rd July 2023).

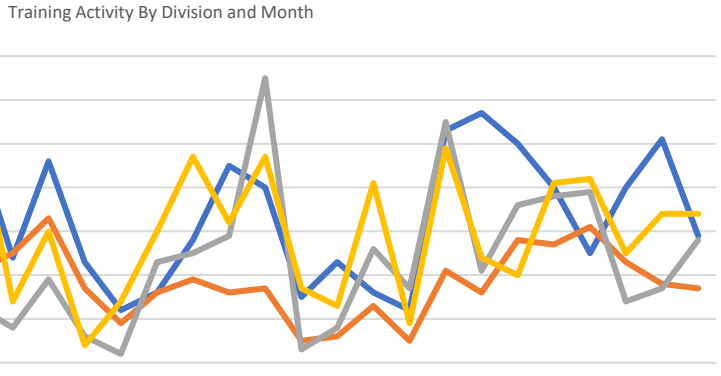
Figures come externally from Springpod and are available at the end of every quarter. Next report to cover Q3 figures – due in January 2024.

Enrolments from July to end of Nov – 181 students enrolled.

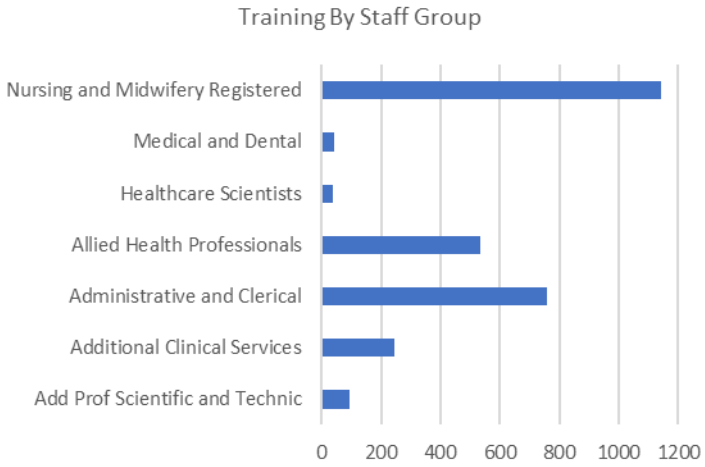
CARE RESPECT RESPONSIBILITY

Organisational Development

The Dudley Group
NHS Foundation Trust



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
253 Clinical Support	5	9	50	24	46	23	12	16	28	45	40	15	23	16	12	53	57	50	40	25	40	51	29
253 Corporate / Mgt	7	11	21	25	33	17	9	16	19	16	17	5	6	13	5	21	16	28	27	31	23	18	17
253 Medicine & Integrated Care	4	11	13	8	19	6	2	23	25	29	65	3	8	26	17	55	21	36	38	39	14	17	28
253 Surgery	4	7	54	14	30	4	14	30	47	32	47	17	13	41	9	49	24	20	41	42	25	34	34



Course	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Grand total
253 Annual Review Training			99	20	54	13				3	2		4	7	6	84	69	34	1					396
253 Bespoke Training							8		5			6					17							36
253 Coaching																	2		7			2		11
253 Communications 1																	5	3	13	12	8	13	20	74
253 Developing Leaders	6								4	6			8											24
253 Living The Values				6	19				19	17	13	6		6	15	3	3	22	13	5	10	38	13	208
253 Local Induction Training																		30	12	7	8		2	59
253 Managers Essentials	1	10	18	18	28	8	15	13	12	18	11	12	25	20	15	20	9	22	20	19	26	30	36	406
253 Welcome 2 Dudley Induction	9	16	16	27		19	5	4	11	13	8	3	7	3	2		2	11	11	12	11	19	10	219
253 Wellbeing	4	12	5	0	27	10	9	68	68	65	135	13	6	60	5	71	11	12	69	82	39	18	27	816
Grand Total	20	38	138	71	128	50	37	85	119	122	169	40	50	96	43	178	118	134	146	137	102	120	108	2249

Training activity remains steady – with a continuing focus on ensuring that Manager's Essentials courses are delivered to capacity and reach all managers. 700 participants have attended in total to the end of December 2023. Course bookings are consistently high, but non-attendance continues to be challenging with around 35% of short notice cancellations or DNAs. There are 69 places booked to the end of December.

Core programmes now running include Manager's Essentials, Developing Leaders, Living the Values, Wellbeing, Welcome to Dudley, Being Brilliant at Communication, An Introduction to Coaching, Admin Essentials and Complex Communication Skills.

We are seeing an increase in requests for the team based 'Living the Values' sessions – across all divisions. Managers Inductions launch in January 2024.