



# Board of Directors Meeting Public Papers Thursday 11<sup>th</sup> January 2024



## **BOARD MEETINGS PUBLIC INFORMATION SHEET**

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

### **1. Introduction**

This sheet provides some information about how Board meetings work.

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

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

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

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

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

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

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

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

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

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

#### **4. Debate**

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

#### **5. Minutes**

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

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

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



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

Helen Board  
Board Secretary  
The Dudley Group NHS Foundation Trust  
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Helen Attwood  
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**PUBLIC SESSION**

**Board of Directors**  
**Thursday 11 January 2024 at 10:00am**  
**via MS Teams Video Conference**  
**AGENDA**

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	<b>Chairman's welcome and note of apologies</b>	Verbal	D Nicholson	For noting	10:00
2	<b>Declarations of Interest</b>	Enclosure 1	D Nicholson	For noting	
3	<b>Minutes of the previous meeting</b> Thursday 9 November 2023 Action Sheet 9 November 2023	Enclosure 2 None to report	D Nicholson	For approval	
4	<b>Chief Executive's Overview</b>	Enclosure 3	D Wake	For information & assurance	
5	<b>Chair's Update</b>	Verbal	D Nicholson	For information	
6	<b>Public Questions</b>	Enclosure 4	D Nicholson	For information	
7	<b>Annual Planning update 2024/25</b>	Enclosure 5	K Rose	For assurance	10:20
8	<b>Staff &amp; Patient Story – Alcohol Care Team</b> introduced by H Blanchard, Interim Chief Nurse				10:30
9.	 <b>Drive sustainability financial and environment</b> Reduce the cost per weighted activity   Reduce carbon emissions				10:50
9.1	Finance & Productivity matters <ul style="list-style-type: none"> <li>Committee upward assurance report</li> <li>Finance report Month 8 (Nov '23)</li> </ul>	Enclosure 6 Enclosure 7	L Williams C Walker	For approval	
9.2	Cost Improvement Programme Update	Enclosure 8	K Rose	For discussion	
9.3	Emergency Planning Resilience & Response Strategy	Enclosure 9	K Kelly	For approval	
9.4	Emergency Planning Resilience & Response – Industrial Action update	Enclosure 10	K Kelly / J Hobbs	For assurance	
10.	 <b>Build Innovative Partnerships in Dudley &amp; beyond</b> Increase the proportion of local people employed   Increase the number of services jointly across the Black Country				11:15
10.1	Winter Plan 2023/2024	Verbal	K Kelly	For approval	
10.2	Integrated Performance Dashboard	Enclosure 11	K Kelly	For assurance	
<b>Comfort break (5 mins)</b>					



11.  <b>Deliver right care every time</b> 11:45 CQC rating good or outstanding   Improve the patient experience survey results					
11.1	Quality Committee upward assurance report	Enclosure 12	G Bhogal	For approval	
11.1a	Chief Nurse report	Enclosure 12a	H Blanchard	For assurance	
11.2	Maternity Incentive Scheme Year 5	Enclosure 13	H Blanchard/C MacDiarmid	For approval	
11.3	Maternity Incentive Scheme Year 3	Enclosure 14	H Blanchard/C MacDiarmid	For approval	
11.4	Learning from Deaths	Enclosure 15 & presentation	J Hobbs	For assurance	
12.  <b>To be a brilliant place to work and thrive</b> 12:10 Reduce the vacancy rate   Improve the staff survey results					
12.1	People Committee - upward assurance report - Workforce key performance indicators (to include agency usage update)	Enclosure 16 Enclosure 16a	J Atkins A Duffell	For approval	
12.2	Freedom to Speak Up	Enclosure 17	A Burrows	For assurance	
13.  <b>Build Innovative Partnerships in Dudley &amp; beyond</b> 12:30 Increase the proportion of local people employed   Increase the number of services jointly across the Black Country					
13.1	Integration Committee upward assurance report	Enclosure 18	V Randeniya	For approval	
13.2	Joint Provider Committee upward assurance report	Enclosure 19	G Crowe	For approval	
14. <b>GOVERNANCE</b> 12:45					
14.1	Audit Committee upward assurance report	Enclosure 20	G Crowe	For approval	
14.2	Digital Committee upward assurance report	Enclosure 21	C Holland	For approval	
14.4	Charity Committee upward assurance report	Enclosure 22	J Atkins	For approval	
14.5	Board Assurance Framework	Enclosure 23	H Board	For approval	
15.	<b>Any Other Business</b>	Verbal	All	For noting	
16.	<b>Date of next Board of Directors meeting</b> (public session) Thursday 14 March 2024 Annual work plan Enclosure 24				
17.	<b>Meeting close</b> 13:05				
<b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non-executive Director					

**Items marked\*:** indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.

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

updated 20/12/23

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage of Shareholding
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day per week as Strategic Communications Advisor			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work			
Thuvarahan Amuthalingam	Associate Non-Executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy services			100
Julian Atkins	Non-Executive Director	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training			
Julian Atkins	Non-Executive Director	01/09/2021	Non-Executive Director of an organisation called ENTRUST			
Gurjit Bhogal	Non-Executive Director	01/10/2015 19/10/23	Aston Villa Football Club, Doctor providing medical care for Aston Villa			
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work			
Gurjit Bhogal	Non-Executive Director	01/12/2022	Independent Non-Executive Director of Great Britain Table Tennis			
Gurjit Bhogal	Non-Executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board			
Gurjit Bhogal	Non-Executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job			
Gurjit Bhogal	Non-Executive Director	24/07/2023	Trustee - Royal Osteoporosis Society			
Helen Blanchard	Interim Chief Nurse	23/10/2023	Nil			
Karen Brogan	Director of Operational HR	30/06/2023	Nil			
Helen Board	Board Secretary	01/11/2022	Nil			
Gary Crowe	Deputy Chair	01/09/2019	Independent Member, The Human Tissue Authority			
Gary Crowe	Deputy Chair	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust			
Gary Crowe	Deputy Chair	01/09/2019	Occasional lecturer, Keele University			
Alan Duffell	Chief People Officer	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust			
Alan Duffell	Chief People Officer	20/06/2022	CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust			
Alan Duffell	Chief People Officer	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.			
Alan Duffell	Chief People Officer	01/07/2023	Workforce/HR SRO for the Black Country Provider Collaborative			
Joanne Hanley	Non-Executive Director	01/01/2004	Executive employment with Lloyds Banking Group			
Anthony Hilton	Non-Executive Director	01/03/2020	Aston University - Pro-vice Chancellor and Executive Dean			
Anthony Hilton	Non-Executive Director	01/01/2010	Director, Microbiology Consulting Limited			
William Hobbs	Medical Director - Operations	26/06/2023	Nil			
Catherine Holland	Senior Independent Director	26/06/2023	Nil			
Elizabeth Hughes	Non-Executive Director	03/09/2021	Medical Director NHS England from 01/04/23 (formerly Health Education England)			
Elizabeth Hughes	Non-Executive Director	02/08/2021	Appointed Honorary Professor at Warwick Medical School			
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust			
Elizabeth Hughes	Non-Executive Director	20/06/2021	Development of educational material for Novartis			
Elizabeth Hughes	Non-Executive Director	01/04/2018	Director Dinwoodie Charitable Company			
Elizabeth Hughes	Non-Executive Director	26/11/2021	Educational Speaker for Amgen			
Elizabeth Hughes	Non-Executive Director	08/05/2021	Educational Speaker for Sobi educational material preparation			
Elizabeth Hughes	Non-Executive Director	06/10/2020	Educational Speakers Bureau Daiichi Sankyo -occasional lecture			
Elizabeth Hughes	Non-Executive Director	01/09/2016	Honorary Professor University of Aston			
Elizabeth Hughes	Non-Executive Director	01/07/2008	Honorary Professor University of Birmingham			
Elizabeth Hughes	Non-Executive Director	01/03/2017	Honorary Professor University of Worcester			
Elizabeth Hughes	Non-Executive Director	01/06/2022	Non-executive Director - chair of Quality Committee for Birmingham and Solihull ICS			
Elizabeth Hughes	Non-Executive Director	01/01/2022	Professor of General Practice University of Bolton			
Elizabeth Hughes	Non-Executive Director	01/04/2022	Speakers Bureau Amarin occasional lecture			
Elizabeth Hughes	Non-Executive Director	03/07/2007	Trustee HEARTUK charity			

Elizabeth Hughes	Non-Executive Director	08/03/2023	Honorary Professor (Vice Chancellor) University of Coventry			
Karen Kelly	Chief Operating Officer	26/06/2023	Nil			
David Nicholson	Chairman	01/04/2023	Chair - Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust			
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust			
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College			
David Nicholson	Chairman	01/01/2023	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating			
Andrew Proctor	Director of Governance	26/06/2023	Nil			
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University			
Vijith Randeniya	Non-Executive Director	01/05/2023	Chair of Birmingham Women and Childrens facilities management company called Vital services.			
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA			
Vijith Randeniya	Non-Executive Director	01/08/2022	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			o
Kathleen Rose	Director of Strategy &	26/06/2023	Nil			
Kevin Stringer	Chief Finance Officer	14/06/2022	Interim IT Director and SIRO Walsall Healthcare NHS Trust			
Kevin Stringer	Chief Finance Officer	01/12/2022	Group Chief Financial Officer - The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Chief Finance Officer	15/07/2023	Group Deputy Chief Executive Officer – The Royal Wolverhampton and Walsall Healthcare			
Kevin Stringer	Chief Finance Officer	01/01/2013	Brother-in-law – Chief Executive of Midlands and Lancashire CSU for more than ten years			
Kevin Stringer	Chief Finance Officer	01/03/2023	Daughter – employed part time at National Institute of Healthcare Research			
Kevin Stringer	Chief Finance Officer	01/01/1990	Member of Healthcare Financial Management Association (HFMA) since around 1990 and the			
Adam Thomas	Chief Information Officer	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the Black Country ICB Board			
Diane Wake	Chief Executive	01/03/2023	Spouse: Peter Williams, appointed non-executive director at University Hospitals Birmingham NHS			
Chris Walker	Intermin Chief fiannce Officer	09/10/2012	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Lowell Williams	Non-Executive Director	01/01/2023	Principal & CEO National College for Advanced Transport & Infrastructure			
Lowell Williams	Non-Executive Director	01/08/2017	Chair, Dudley Academies Trust			
Lowell Williams	Non-Executive Director	01/01/2023 - 31/10/23	Principal & CEO National College for Advanced Transport & Infrastructure			
Lowell Williams	Non-Executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Lowell Williams	Non-Executive Director	01/12/2019	Lowell Williams Consulting Limited			100
Lowell Williams	Non-Executive Director	01/04/2022	Director - Transformational Technologies Partnership Ltd (which oversees the Black Country &			
Lowell Williams	Non-Executive Director	04/05/2023	Elected as a Councillor to Warwick District Council on behalf of the Green Party			
Lowell Williams	Non-Executive Director	24/10/2023	Registered as Director at NCHSR Limited. National College for High Speed Rail			0

Enclosure 2

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

**Present:**

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

**In Attendance:**

Helen Attwood, Directorate Manager (Minutes) (HA)  
Helen Board, Board Secretary (HB)  
April Burrows, Freedom to Speak Up Guardian (AB) [for Freedom to Speak Up Report]  
Antoinette Cummings, Head of Complex Discharge (HC) [for Staff/Patient Story]  
Paul Hudson, Associate Medical Director (PH)  
Clare MacDiarmid, Head of Midwifery (CM) [for Chief Nurse Report]  
Rachel Ormston, Matron (RO) [for Staff/Patient Story]  
Debbie Pook, Deputy Chief Operating Officer (DP)  
Chris Walker, Operational Director of Finance (CW)

**Apologies**

Fouad Chaudhry, Guardian of Safe Working  
Anthony Hilton, Associate Non-executive Director

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

Arthur Brown, Public Governor, Brierley Hill  
Alex Giles, Lead Governor  
Maria Lodge-Smith, Public Governor, Brierley Hill  
Ismail Nazir, Pharmacy Student and Volunteer  
Cllr Alan Taylor, Appointed Governor, Dudley MBC  
Karen Wilshaw, Aspirant NED



## **23/77 Note of Apologies and Welcome**

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

The Chair welcomed Helen Blanchard (HBI), Interim Chief Nurse to her first Board meeting and the Board asked for their well wishes to be passed to Anthony Hilton, Associate Non-executive Director and wished him a speedy recovery.

## **23/78 Declarations of Interest**

The Chair declared that he was the shared Chair of Sandwell and West Birmingham NHS Hospitals Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare Trust. AD and KS were Directors at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

## **23/79 Minutes of the previous meeting held on 14 September 2023**

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

It was **RESOLVED** to

- approve the minutes of the last meeting

## **Action Sheet of 14 September 2023**

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

## **23/80 Chief Executive's Overview and Operational Update**

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

The Emergency Access Standard continued to be a challenge although some improvement was noted during August and September 2023. Ambulance handover delays remained a problem for the System and the Trust continued to work closely with the Improvement Team to improve flow.

There was an improvement plan for elective recovery that included having no 65 week waits by the end of March 2024. Dudley was providing mutual aid to other providers in the System. ENT and Urology and Gynaecology performance remained a System problem.

Patient Initiated Digital Mutual Aid System (PIDMAS) was launched on 31<sup>st</sup> October 2023 and had a 1% take up currently.

Clinicians were undertaking extra work to reduce long waits. The Trust continued to deliver good performance against Cancer standards and would meet all targets by the end of March 2024.

The Trust was achieving the 75 day faster diagnostic standard and 2 week wait standard.

The Trust had received an announcement from NHS England the previous day advising an additional funding amount of £800m of which £25m would potentially come to the Black Country System.

There would be additional income opportunities from Elective Recovery Fund (ERF) monies. The Board would be required to sign off the submission for additional monies including plans for delivery of the Emergency Care Standard and managing ambulance handover delays.

There was a lot of positive work progressing relating to Provider Collaboration to improve clinical services and reflected similarly in clinical areas.

There was a growing need for additional elective capacity in the Black Country with further capacity and demand modelling in the system to inform on future external bids or potential use of capital monies.

The seventh Clinical Summit was held on 27<sup>th</sup> October and was a really successful event with good engagement from Primary Care. A further event was planned for March 2024.

The staff survey was underway and currently 35% of staff had completed the survey.

All efforts are being made to encourage staff to have Covid and flu vaccinations although initial uptake has been slow.

VR asked about Breast Screening moving from green to an amber rating and asked why it was an outlier. DW confirmed that The Dudley Group hosted the Breast Screening service and there had been some hesitancy from the Wolverhampton population. There were steps being taken to improve uptake and the Trust was working closely with minority groups on a number of initiatives.

It was **RESOLVED**

- That the report be noted and taken for assurance

### **23/81 Chair's Update**

The Chair provided an update on the work of the Integrated Care Board (ICB) in relation to Organisational Development and Board members had recently attended a System workshop. A further event was scheduled to take place in December 2023 and all Board members were encouraged to attend.

The Chair reflected on the news in Israel and that it was important to support staff through this difficult period.

It was **RESOLVED**

- That the report be noted

### **23/82 Public Questions**

No public questions received.

### **23/83 Staff/Patient Story – Discharge Pathway**

Rachel Ormston, Matron for Elderly Care, ward B6, ward C3 and the Forget me not Unit and Antoinette Cummings, Head of Complex Discharge joined the meeting.

Helen Blanchard, Interim Chief Nurse, introduced the Discharge Pathway story.

Following a series of falls in her care home, an 81 year old Alzheimer's patient from Stourbridge was admitted to Russells Hall Hospital. It was determined by clinical staff that the patient required a nursing home and could not return to her residential care home.

The closest available nursing home was Belvedere Court in Wolverhampton and presented a challenge for her husband, who was also 81 years old and lived just a few minutes away from the care home. The husband was initially unhappy with the decision but following discussions with both himself, his son and staff, it was decided that it was in his wife's best interest despite the practical issues it presented.

The patient's husband shared his story, talking the Board through some of the challenges he and his wife had faced, but despite his frustrations understood the position of the Discharge Team in relation to the lack of available nursing homes closer to home.

The Chair commented on the emotional story and thanked AC and RO for their efforts in helping the patient and her family. He asked about falls prevention in care homes. RO confirmed that the Trust undertook comprehensive work on falls prevention adding it was more challenging in care homes. In response to the Chair's question, KR confirmed that the Integration Committee took a keen interest in the topic and would continue to support any opportunity to identify extra measures to improve and support falls prevention. She outlined some activities that had recently been introduced and highlighted an upcoming event with care homes to provide education and support. KK confirmed that everyday there were difficult conversations with care providers. The Trust worked closely with System partners to try and place patients in a location of choice. In relation to falls there was equipment available to alert staff to the movement of patients and in particular to help patients with Alzheimer's.

VR supported the prevention aspect and felt that there was much more that could be done; prevention should be a mindset.

AD asked about support for the patient to visit his wife. KK confirmed that our teams undertook follow up phone calls to relatives adding that much of the requirements post discharge were in the remit of others.

RO confirmed that there was also the option of the developing virtual ward and much work was taking place in respect of the overlap in care. The Trust was working closely with the community hub on falls prevention.

The Chair asked who was responsible for ensuring that there are enough beds in care homes in Dudley for patients with Dementia. KK confirmed that the Local Authority and Social Care are the gatekeepers for placements and the Trust worked closely with them noting that there were waiting lists for specialist homes. The Chair noted the importance of the matter featuring in discussions at Place.

The Chair thanked RO and AC for their work and commented that the Trust had a responsibility to support patients, their families and relatives.

It was **RESOLVED**

- That the story be noted

## **23/84 Drive Sustainability Financial and Environmental**

### **23/84.1 Finance and Productivity Matters**

#### **23/84.1.1 Finance & Productivity Committee Upward Assurance Report**

LW summarised the reports from previous Committee meetings held on 28<sup>th</sup> September and 26<sup>th</sup> October 2023, given as enclosure five and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

LW commented that finance was a fast moving agenda. At the September meeting there was concern in respect of grip and control over bank spend and the Committee had commissioned a report for improved assurance.

The Committee considered the long term financial challenges faced by the Trust and System.

A number of positive assurances were received including the Cost Improvement Programme (CIP) being ahead of plan. The financial position at month 5 was strong and was expected to be for month 6.

The Committee had reviewed a number of business cases to assess the impact of the investment and what they have delivered compared to plan; the review work was in the early stages and would be ongoing.

The Committee received a robust assurance report on VTE performance.

Positive assurance was also received in the October meeting in respect of CIP and the Green Plan.

The Committee approved the Annual Accounts and agreed two contracts for onward submission to Board for final approval.

Finance remained a challenge but a strong degree of positive assurance was noted and LW thanked the work of the Committee members and the Executive team for their work during a time of challenging financial pressures. The Chair echoed the previous comments and commended the Executive team for their efforts.

It was **RESOLVED**

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

#### **23/84.1.2 Finance Report Month 6 (September 2023)**

KS presented the Month 6 (September 2023) Finance Report given as enclosure six.

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

Bank costs remained high, whilst an element had been distorted by industrial action costs and operating additional areas/beds due to emergency pressures, there remained a concern that bank spend required closer scrutiny.

The Trust year end forecast position was expected to achieve the recovery plan previously reported with a slight improvement to the worse case forecast.

The best case scenario deficit was forecast to be £17,224m which was a £1,950m variance to plan, the most likely case scenario was a £22,366m deficit which was a £3,192m variance and the worst case scenario was a £32,065m deficit which was a £12,891m variance to plan.

Guidance was received late the previous day relating to the £800m money for the NHS. The Trust would need to resubmit its year end forecast including winter planning, service developments and elective recovery, by 22<sup>nd</sup> November 2023.

GC asked how much the industrial action had cost the Trust to date that would be reimbursed from the additional funding. KS confirmed that the system would receive £18.8m for industrial action and winter pressures. The methodology was based on the number of employed clinicians at each organisation.

Responding to the Chairs question, KS confirmed it was time to reset out financial expectations.

It was **RESOLVED** to

- approve the financial performance for Month 6 (September) 23 and note the potential risks associated with the achieving the 2023/24 financial plan

### **23/84.1.3 NHSE Agency Rule Submission**

KS and AD presented the NHSE Agency Rule Submission Report given as enclosure seven.

AD confirmed that on 10th October 2023, the Trust had received a letter from Professor Nina Morgan, Regional Chief Nurse for NHS England – Midlands, regarding agency reduction which identified that urgent action was required. There were four key actions to address which required a response by 31st October 2023 that needed board endorsement.

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

To respond to the actions set out in the letter, a gap analysis had been completed, identifying key actions, with clear timescales for achievement. The Board would routinely receive agency usage updates in future performance reporting. Whilst agency use in the Trust had seen a substantial reduction, the cost of using agency staff had drastically increased.

It was **RESOLVED** to

- endorse the NHSE agency rule submission

### **23/84.2 Cost Improvement Programme Update**

KR presented the Cost Improvement Programme (CIP) update given as enclosure eight.

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

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



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

In response to a question from the Chair, KR advised that plans were in place to align the work related to managing the year end, the balance between financial and annual planning and the work underway with PA Consulting.

It was **RESOLVED** to

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

### **23/84.3 Industrial Action Update**

KK and JHo presented the Industrial Action update report given as enclosure nine.

The Board noted that the report included information on health and wellbeing support for those non-striking staff as requested at the last meeting.

The October joint Consultant and Junior Doctor strike represented one of the most difficult strike periods to date, with the Trust experiencing significant pressure across all aspects of the patient journey and site capacity.

A significant level of elective activity was cancelled during the strike period, to ensure compliance with the British Medical Association (BMA) definition of “Christmas Day cover” and to ensure that any non-striking staff were allocated to emergency areas. Conversations were ongoing between the Trust and the BMA’s Local Negotiating Committee regarding suggestions that the Trust deployed staffing levels that were greater than “Christmas Day cover” during the strike period.

The Finance and Productivity Committee continued to monitor the cost impact of industrial action.

The pressure to meet waiting list targets for elective activity increased with each successive strike period.

There had been 16 MET calls logged during the strike period, including a spike of eight calls on Wednesday 4<sup>th</sup> October. Eleven deaths had been reported during the strike period, compared to 18 deaths during the same period in 2022.

Industrial action continued to have a negative impact on staff morale, which the Trust expected to feed through to the national staff survey. The Trust continued to support all staff with a wide range of health and wellbeing initiatives, as well as a range of options for staff to raise any concerns they may have.

A number of areas for improvement had been highlighted ahead of future strikes, notably the need for significantly more robust planning to maintain patient flow and capacity throughout strike periods, and improved planning for post-strike recovery. The potential for the Trust to explore additional derogations to ensure that time-critical elective Caesarean sections and other time-critical elective activity could continue during strike periods. Detailed appendices to the report were included in the further reading pack.

JHa noted the good work described in the paper and asked about the position with the BMA. PH confirmed that the October combined action was a difficult period. The unique situation resulted in a challenging situation.

JA noted that the People Committee had updated the committee level assurance rating for BAF risk 3 to positive based on the results of the junior doctors survey and the work undertaken by the divisions. He asked about the impact of the action on staff morale. JHo commented that the measure of that would be the results of future surveys and noted the good work on maintaining positive relationships. There would be further meetings with the BMA pre-emptively to agree rules ahead of any next action.

Responding to LW question about the Trust adherence to EPRR standards, KK confirmed that L Lewis was scheduled to provide an update to the next Board meeting.

VR asked if the plan for the strike action worked and if it hadn't what would the Trust do differently in preparation for any further action. KK confirmed that the number of doctors available to provide cover was a challenge and conversations needed to take place sooner for greater clarity on numbers and rotas. She confirmed that the plans had been effective although managing the action was a challenge.

It was **RESOLVED** to

- note the review of the Trust's response to the joint Consultant and Junior Doctor industrial action during October 2023, and the associated impacts and areas for improvement.

## **23/85 Build Innovative Partnerships in Dudley and Beyond**

### **23/85.1 Winter Plan 2023/2024**

KK presented the Dudley PLACE Winter Plan 2023/24 report given as enclosure ten.

KK thanked the Deputy Chair for his work on supporting how assurance was provided to Board. KK presented a slide deck providing an update on the Winter Plan.

The plan included reflections on the previous winter with considerations for local context and national expectations on performance. It also included detailed modelling and analysis of forecast demand, mitigating schemes, delivery and further proposed mitigations.

Further mitigations had been put in place to generate further opportunities to bridge the original gap of beds in the pessimistic scenario resulting in minus 6 beds which was supported as the most probable position. However, the System would need to support that position with additional mitigations. The bed numbers did not include the 16 Discharge Lounge beds that could be used flexibly.

Robust reporting mechanisms would be developed using BI report, IPR reports and daily silver escalation calls which are currently being held and an example of the format was included in the slide presentation.

A review of winter 2023/24 would commence in January/February 2024.

Key risks included the increase in patient demand and the number of delayed discharges, an increase in cases of Covid-19, staff sickness, input from Dudley Place and ability to use Discharge Lounge beds.

JHa commented on the precarious nature of the Dudley Council current financial position and the potential risk to the Winter Plan as a result. KK confirmed that conversations were taking place with the ICB about funding. Whilst there had not yet been an increase in the number of packages of care required, assurance had been received that funding would be made available.

VR asked about the underutilisation of the clinical hub and low uptake of the vaccination programme. KK confirmed that the over 75 patients had been piloted with the ambulance service via the clinical hub. The vaccination programme was seeing “vaccination fatigue” with input from all partners to encourage take up.

The Chair asked how the Trust was encouraging the vaccination of staff. HBI confirmed that the flu vaccination figures were similar to last year and we continued to encourage staff to be vaccinated.

The Chair thanked KK for the update and commented on the number of meetings described in the slides and whether there was a need to “declutter” the process to ensure that staff had time to undertake actions. He asked if our partners were clear about expectations and if the plan was set up for Trust success. KK stated that partners cannot blame each other and have to work together, numbers are challenging and re-iterated that partners were supportive and understood the requirements to deliver safe care for patients.

It was **RESOLVED** to

- note the Winter Plan and mitigation proposals, approve the Super Surge escalation plans, noted the investment associated with the additional mitigation schemes and noted that the plan was a live document and work would continue to further support successful delivery of the Winter Plan and resilience working with System partners and Place

## **23/85.2 Integrated Performance Dashboard**

KK presented the Integrated Performance Report for September 2023 given as enclosure 11. The full IPR was included in the reading pack. The Board noted the following key highlights:

The Trust was performing well overall and provided mutual aid to System partners. The clinical teams had been supportive and undertaking additional waiting lists.

The Patient Treatment List (PTL) had doubled in size during Covid-19 and was now being tackled across all specialities using Patient Initiated Digital Mutual Aid System (PIDMAS), Patient Initiated Follow Up (PIFU) and virtual wards.

Managing demand at the front door remained a focus. The Trust was on trajectory to achieve the DM01 and Cancer targets although there were some challenged areas.

The Chair noted the good progress.

It was **RESOLVED** to

- note the Trust’s performance against national standards and local recovery plans for the month of September 2023 (August 2023 for Cancer and VTE).

## 23/86 Deliver Right Care Every Time

### 23/86.1 Quality Committee Upward Assurance Report

LH summarised the upward reports from the Committee meetings held on 26<sup>th</sup> September and 24<sup>th</sup> October 2023, given as enclosure 12.

The Board noted the following key issues:

In September there was positive assurance received from the Surgery and Women and Children Division and in particular that the Critical Care Unit had attained the gold standards framework for end of life care. The Committee received an update on the end of life pathway that had recently received a commended recognition at the HSJ awards. The Trust worked hard to understand practices that led to improvement to apply and share with other areas.

The Patient Safety Response Plan and Policy were approved.

The Ward to Board visits were being relaunched and would involve all Board members and Governors.

The October Committee noted the move to Patient Safety Incident Response Framework PSIRF and LH thanked the Patient Safety Team for their work.

There was improved compliance with the Maternity Incentive Scheme (CNST). There was a negative impact from industrial action.

The Community Care and Support Division was first in the country for detection rates for small babies.

Concerns were noted in relation to the neonatal death rate and a mortality review was underway being overseen by the Deputy Medical Director.

The Committee noted issues relating to poor reporting timeframes for pathology samples by the Black Country Pathology Service.

The Committee noted significant extended wait times for patients who have had their care transferred back to the Trust from other organisations.

JHo commented on neonatal mortality and noted there had been a national rise in mortality. The Trust was working with the regional team to consider data and regional comparisons. Trust data is reflective of the national trend and action had been taken to put in bundles of care to improve neonatal outcomes. An update paper would be presented to the Quality Committee.

In response to the Chairs question relating to ongoing issues with the performance of the Black Country Pathology service, DW confirmed that slow improvement was evident and there was confidence that it would continue.

It was **RESOLVED** to

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

### 23/86.270.3 Chief Nurse Report

Claire MacDiarmid joined the meeting to present the Maternity Incentive Scheme (CNST) update which would require Board sign off of the final submission at the January 2024 Board meeting.

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

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

In relation to the inpatient survey from last year there was clear opportunities to improve the experience of our patients and families including work on pain, discharge planning, mealtimes and overall communication; work would be overseen by the Patient Experience Group.

Surgical site infections had seen higher rates than expected and there were quality improvement projects underway.

The Trust was receiving a significant number of complaints and quality improvement work was underway to improve response times.

CH welcomed the complaints process initiative adding that simpler and quicker responses would be welcomed by patients.

GC agreed that improvements to complaint handling was welcomed. He also encouraged thematic reviews.

SDN asked that the surgical site infection action plan is implemented rapidly. DW confirmed that that it had been implemented and improvements were already evident.

CM provided an update on the year 5 Maternity Incentive Scheme. An update to the rules was received in October as a result of industrial action. A deep dive would be presented to the Quality Committee in December before being signed off by the Board in January 2024.

A thematic review of still births across the Black Country was being undertaken with the ICB.

Three serious incidents were noted within the report. The Trust had a higher number of babies referred to the Neonatal Unit at term and a number of actions were underway to address.

Achievement of all safety actions was on track noting there was a risk of not achieving Saving Babies Lives version 3 and confirmed there was a dedicated team working on actions to achieve the target performance.

CM emphasised the importance of robust evidence to support the submission and confirmed that work was underway to ensure collation was achieved efficiently and effectively.

It was **RESOLVED** that the Board:

- accepted the Maternity assurance provided and current position with mortality data, Ockenden compliance, information on new and ongoing serious incidents, Maternity Incentive Scheme year 5 and Saving Babies Lives V3.
- accepted the Infection Prevention Control BAF and assurance provided
- noted the good work of the Chief Nurses office and the wider promotional activities of the professions and the public involvement



## **23/87 To be a Brilliant Place to Work and Thrive**

### **23/87.1 People Committee Upward Assurance Report**

JA summarised the report given as enclosure 14 relating to the Committee meetings held on 26th September and 31st October 2023.

The following key issues were noted:

#### **September 2023**

Matters of concern/key risks to escalate included the industrial action taken by junior doctors and consultants.

Positive assurances were noted around the significant improvements in statutory and mandatory training with an overall compliance figure of 93%, the excellent General Medical Council (GMC) junior doctors' survey results and the gold status maintained in the Employers Network for Equality and Inclusion Tidemark Assessment.

Major actions commissioned/underway noted the excellent presentations from divisions which detailed the positive work ongoing since April 2023, in response to the 2022 staff survey results.

Decisions made noted that BAF Risk 2 remained as positive assurance and BAF Risk 3 changed to positive assurance.

#### **October 2023**

Matters of concern/key risks to escalate included the slight increase in in-month sickness absence to 5.02% (just above Trust target of 5%) and increase in turnover.

Positive assurances noted the fall in the vacancy rate from 6% to 5%, and assurance of good performance against the workforce plan at month 6 which was 1.1% below the plan with an overall workforce growth year to date of 0.9%. There was a slight increase noted in retention. Statutory and mandatory training compliance had increased, and good results were noted from the annual organisational audit (medical revalidation) with an appraisal rate of over 99%.

Major actions commissioned/underway included a draft culture statement and behaviour framework, the development of a Shadow Board was discussed, and feedback would be incorporated for re-submission to Executive Directors, a review of statutory and mandatory training programme (Priority 1 subjects) had also taken place.

Decisions made noted BAF Risks 2 and 3 Committee level assurance remained unchanged as positive.

GC thanked staff for progress made around mandatory training and the positive news around the development of a Shadow Board. AD confirmed that the matter would be discussed in further detail at the December Board workshop.

It was **RESOLVED** to

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

## 23/87.2 Workforce KPIs

AD summarised that the report, given as enclosure 15 and highlighted the following key areas for noting:

The Board noted that the full data set was included in the further reading pack. All staff had received communication to raise any concerns around conflict taking place. Turnover showing red was an in month position and the People Committee would continue to monitor. The excellent 5% vacancy rate position was noted.

It was **RESOLVED** to

- note the report and the key areas highlighted for assurance, concern, major works underway and decisions made

## 23/87.3 Freedom to Speak Up Verbal Update

The Chair introduced April Burrows (AB) who was the newly appointed Freedom to Speak Up (FTSU) Guardian.

AB had commenced in her new role in October and delivered a short presentation outlining her plans for the first three months in post and provided information regarding the FTSU toolkit that invited Boards to complete a reflective piece on the Freedom to Speak up in their organisation that was due for submission in January 2024.

Plans for her first three months included increasing the number of FTSU Champions across the Trust by 25%, reducing barriers to raising concerns and increase the numbers of champions from diverse backgrounds and raising the profile of the service within the medical staff cohort. AB was also planning to update the Hub page and undertake visits to all off site locations. Regular 1:1s would be scheduled with the champions and a review of their training requirements. AB would also promote positive case studies and support the Board to complete a reflective exercise on Freedom to Speak Up by January 2024. A planning tool that focussed on the eight FTSU principles had been provided and would be completed by Board members.

The Chair observed that the reflective document was not straightforward and had been shared with staff at Wolverhampton and Walsall; noted that not all sections could be completed by some staff in the level of detail required. AB confirmed that she was working with Communications to ensure that the format was easier for completion.

JHa welcomed the visits to staff off site and asked about the spread of Champions at offsite locations. AB confirmed that there were less staff off site but staff were encouraged to speak to any Champion and not just within their own areas; ensuring there was a better spread of Champions was a key priority.

The Chair thanked AB for her presentation and welcomed the important work for developing an inclusive and compassionate culture.

It was **RESOLVED** to

- note the update and support the NHSE request to complete a reflective piece as per the recently issued Freedom to Speak Up toolkit

## **23/87.4 Guardian of Safe Working Report**

JHo presented the Guardian of Safe Working report given as enclosure 16.

The Board noted that the report related to the period between 5<sup>th</sup> September 2023 and 31<sup>st</sup> October 2023.

There had been 22 exception reports raised in the period of which 12 were carried forward from the previous report. Thirty one had been fully closed including the 12 from the previous report. There were three Exception Reports pending.

No fines had been issued in the reporting period. There were currently vacancies in the junior workforce.

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

The Board noted the National Education and Training Survey (NETS) scores that had seen significant improvement. A Medical Education report would be provided to Board on a six monthly basis and the Board noted that the last report had been received in October 2023,

It was **RESOLVED** to

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

## **23/88 Build Innovative Partnerships in Dudley and Beyond**

### **23/88.1 Integration Committee Upward Assurance Report**

LW summarised the report given as enclosure 17 relating to the Committee meetings held on 28<sup>th</sup> September and 26<sup>th</sup> October 2023. The Board noted the following key highlights:

At the September meeting the Committee received an update on Dudley Health and Care Partnerships which was a standing item for the Committee. A discussion had taken place with regards to stakeholder engagement, and the Committee received a deep dive on Health Inequalities within Elective Care.

At the October meeting the Committee noted that the Board Assurance Framework (BAF) risk 6 had been updated. It was the first Committee meeting where it received an update on Communications. The Committee also received an update on Dudley Health and Care Partnerships, Community Service Plan and the Strategy Report. Within the Strategy report it was noted that Breast Screening had moved from Green to Amber, in the RAG Rating, the Committee would receive a further update at its next meeting.

It was recognised that positive assurance was received in respect of the Dudley Winter Plan, which was presented highlighting the progress made since its presentation at the last Board meeting. Colleagues from the procurement team joined the Committee to give an update on Health Inequalities which would be presented every quarter.

VR asked for a non-executive colleague to volunteer to sit on the Committee over the coming months whilst AH was absent.

It was **RESOLVED** to

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

## **23/88.2 Joint Provider Committee Upward Report**

GC summarised the report given as enclosure 18 relating to the Joint Provider Committee meeting held on 13<sup>th</sup> October 2023.

Most issues had been covered already on the Board agenda. In relation to the Midland Metropolitan Hospital being developed at Sandwell there were implications that needed to be understood further.

The Committee also met earlier in the week and an emerging priority was to ensure that CIP, annual planning and the work underway by PA Consulting began to feel like integrated planning that released opportunities for improvement and transformation across the Black Country within available resources along with sustaining the excellent work being undertaken in clinical areas led by DW.

A Board development session for the four Boards was scheduled for 15<sup>th</sup> December 2023.

It was **RESOLVED** to

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

## **23/89 GOVERNANCE**

### **23/89.1 Trust Strategy Progress Report Q2 2023/24**

KR presented the Trust Strategy progress for Q2 given as enclosure 19 and noted the following key highlights:

The report summarised progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during October 2023. The Committees received the reports as being a comprehensive reflection.

Three measures of success have changed their RAG ratings during the quarter:

- Be a brilliant place to work and thrive (improve the staff survey results) upgraded from amber to green on the basis that the action plans following the previous staff survey are being implemented and the appraisal rate is above target which is a good indicator for the forthcoming staff survey.
- Drive sustainability (reduce cost per weighted activity) upgraded from red to amber on the basis that at the end of the quarter the Trust was delivering the submitted financial plan and had identified the majority of CIP and was meeting the target for agency expenditure as a percentage of the total pay bill.

- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) was downgraded from green to amber on the basis that the breast screening service is not achieving the acceptable level of uptake (63% versus 70%) despite the actions being taken in conjunction with Public Health to improve uptake indifferent communities.

It was **RESOLVED** to

- note the progress detailed in the report for Q2

### **23/89.2 Digital Committee Upward Assurance Report**

CH presented the upward report from the Committee meeting held on 19<sup>th</sup> July 2023, given as enclosure 23, including the following key highlights:

The Committee noted the excellent work undertaken by the Portfolio team in support of the Shared Care Record (ShCR) rollout.

The Trust had achieved a Health Service Journal (HSJ) Highly Commended for Digital deteriorating patient pathway team safety improvement through technology.

A meeting had taken place as part of the Black Country Collaborative to discuss aligning digital solutions and governance for digital across the four providers. Further meetings were to be arranged.

Phase two of the infrastructure business case was currently rated green.

A Medical Devices report had been requested for review at the next Committee meeting in November 2023, and escalated to the Director of Estates and Facilities.

The Digital Maturity Assessment (DMA) has identified gaps in function and funding which were being reviewed in line with priorities.

The Chair commented on the number of reports received at the Board meeting that included details of awards and recognitions. LW agreed and confirmed that there were also a number of highly commended reviews. JHo confirmed that departments were also seeking additional external accreditation and it was good to collect the detail together noting there was a significant strong change in culture within the organisation.

GC congratulated the work of the Chief Information Officer on initiating the recent Back to the Floor visit.

It was **RESOLVED** to

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

### **23/89.3 Charity Committee Summary Report**

JA presented the Charity Committee Report given as enclosure 21. The Board noted the following key highlights:



There was one matter of concern in relation to the staff wellbeing hub. A proposal had been received from Mitie which had been too expensive and the Committee asked for an urgent review.

The Chair enquired about the next steps in relation to the Wellbeing Hub. LA confirmed that conversations were underway with staff to establish what they would like from the Hub in the current climate.

Positive assurance was noted in relation to the expenditure of income and the Committee had been working on the spending plans of fund balances for some time. Fund balances currently stood at £2.6m.

Four bids were approved by the Committee.

JA reminded the Board that the Glitter Ball event was taking place on 16<sup>th</sup> November 2023.

It was **RESOLVED** to

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

## **23/89.4 Board Assurance Framework**

HB presented the Board Assurance Framework given as enclosure 22. The Board noted the following key highlights:

A Board development workshop had been held in October 2023 to specifically review the BAF and the Trust's Risk Appetite statement and had received draft BAF audit findings from RSM. The events invite list was extended to the wider senior leadership team from across the Trust. There was a rolling programme of BAF risks presented to the Trust's Management Group.

Each of the Committees assign an assurance level for each BAF risk for which they have oversight. The approach informed the agenda and regular management information received by the lead committee.

Of the eight risks listed, Committee assurance ratings have remained unchanged from the previous summary report:

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

The Chair noted the positive feedback received from RSM and acknowledged the refinements that were included as part of their recommendations. LW urged caution around focussing on the BAF and Risk Register and not the risk itself. HB confirmed that assurances were captured reflecting accreditation and awards achieved by the Trust.

It was **RESOLVED** to

- The Board is asked to approve the BAF summary report and movement of risk scores

## **23/90 Any other Business**

There was none raised.

### **23/91 Date of next Board of Directors Meeting**

The next meeting would be held on Thursday 11<sup>th</sup> January 2024.

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

The Chair declared the meeting closed at 13:03 hr.






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

Date:

**Paper for submission to the Board of Directors on 11 January 2024**

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

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

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

<b>2. Report journey</b>
Board of Directors

<b>3. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. Note</b> and discuss the contents of the report

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

## CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 11 JANUARY 2024

### Operational Performance

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

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4 hour performance showed a marginal improvement in November's position at 72.9% vs 72.5% in October.

Ambulance handover delays of over 60 minutes increased markedly during the month of November; a function of higher demand and a higher level of medically optimised for discharge patients within the trust, as occupancy is the key contributory factor to ambulance delays.

From October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31 day combined decision to treat, and 62 days combined referral to treatment.

The 28 day Faster Diagnostic Standards (FDS) achieved 81.9% (October validated) against the constitutional standard of 75%.

31 day combined decision to treat target is 96%, October's performance reported at 86.9%. This is driven by workforce capacity challenges in breast, high demand for urology and skin over the last few months.

Performance against the 62 Day combined target achieved 67.1% in October against a national target of 85%. NHSE have revised this target to 70% by March 2024 pending further review. However, the total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory that has been submitted earlier this year; there are total of 96 patients in the backlog currently.

### Black Country Provider Collaborative

The following are the key messages from the Black Country Provider Collaborative activities during December 2023.

#### 'Extended' Collaborative Executive – 4<sup>th</sup> December 2023

##### 1) Clinical Improvement Programme

The following were key performance highlights:

- Paper on proposed Renal Cancer Surgery Centre presented to Collaborative Executive, Clinical Leads Group and Cancer Board. Black Country Integrated Care Board service change 'screening document' activated and response has confirmed that the proposal triggers the service change process.
- Proposal for a Black Country Pelvic Urology Centre and Black Country Percutaneous Nephrolithotomy service in development and to be reviewed in December, prior to completion of Integrated Care Board 'screening document.'
- Ear, Nose & Throat strategic plan presented at last Collaborative with the 'east & west' model now being developed for review and subsequent service change process being activated.

- 'Cold site' Elective Care Hub needs analysis and Options Appraisal commissioned and will report in in early January 2024.
- Bariatric and Breast proposals now underway and will present papers early in the New Year.
- Urology & Ear, Nose & Throat High Volume Low Complexity plans being reviewed to ensure that the system can support delivery of the 65-week targets.
- Closure reports being written for some Dermatology and Critical Care priorities, which will be presented to the Clinical Lead Group shortly.
- Ophthalmology plans remain a challenge and are being revisited.
- Networked Service Solutions priorities for Neurology and Renal Medicine services have yet to commence due to capacity and illness, thus may be deferred until the next Work Plan. Black Country Provider Collaborative Managing Director and Chief Medical Officer to review shortly.

## **2) Corporate Improvement programme**

An update was presented on the Corporate Improvement Programme with some support from PA Consulting Colleagues. The Collaborative Executive heard about the progress being made on the three key priority areas of Payroll, Procurement and Mandatory Training, in addition to emerging opportunities identified by PA Consulting as part of the work on the Financial Recovery Plan, and some suggested Black Country Provider Collaborative Principles for consideration on any next steps.

## **3) Financial Recovery Plan**

Colleagues from PA Consulting attended to present an overview of their 'brief', progress in identifying possible service solutions, and set the scene for the forthcoming Joint Board Workshop on the Financial Recovery Plan where the opportunity to explore the proposed service solutions in more detail would be afforded.

## **4) Strategic Business Planning for 2024/25**

The Black Country Provider Collaborative Medical Director and Directors of Strategy led a session on Strategic Business Planning for 2024/25, building on the previous work initiated on the 4<sup>th</sup> September 2023. An emergent framework was shared, and populated with draft priorities by each partner organisation to illustrate how this may be utilised.

The Black Country Provider Collaborative Medical Director also took the opportunity to 'take stock' of progress against the 2023/24 Black Country Provider Collaborative work plan, in addition to projecting an out-turn position, and the identification of key residual / continued work that will form the foundations of the 2024/25 work plan.

It was noted that this was still a journey for the system with some variables yet to be revealed (e.g. NHS Operating Framework, and output of the Black Country Financial Recovery Plan), and thus would be continuously reviewed between now and the end of the financial year, with all partner organisations encouraged to continue their planning processes and populate their Strategic Business Plans.

## **Joint Board Workshop – 15<sup>th</sup> December 2023**

The Black Country Provider Collaborative hosted a Black Country system wide Board workshop on the 15<sup>th</sup> December 2023. The focus of this workshop was centred around the work commissioned from PA Consulting in helping the Black Country to develop and establish a Financial Recovery Plan which would support the system in meeting / addressing the financial challenges being faced.

Over 100 delegates attended from seven organisations in addition to the Black Country Provider Collaborative, Black Country Primary Care Collaborative and PA Consulting. The session was opened by the Black Country Provider Collaborative Chief Executive Officer and led by all four Deputy Chairs from the Black Country Provider Collaborative, supported with an opening address by the Black Country Integrated Care Board Non-executive Director, Mr Alan Edwards.

The objectives of the workshop were outlined by Mr Gary Crowe as:

- Establish a **common understanding** of the **size and scale** of the financial challenge within and across the Black Country system.
- Better understand the Financial Recovery Plan work and range of **proposed solutions** to support the Black Country Integrated Care System in delivering balanced financial position.
- Explore, interrogate, and **own the proposed solutions** outlined through the various workshops.
- Enable subsequent **formal sign-off** of the range of FRP service solutions at respective Trust Board meetings prior to the ICB Board meeting at the **end of January 2024**.

Mr Paul Assinder outlined a range of key messages for all delegates which were:

- Important for **all Boards** to hear **one consistent message** so that there is no confusion.
- Workshop pre-reading provides a foundation for all that will be heard by PA Consulting.
- Understand the **collective size and scale** of the challenge which will require:
  - Agreement on a road-map for the remainder of 2023/24
  - Agreement on a road-map for 2024/25
- Be confident and assured that proposed **solutions are real**, and that issues of '*double-counting*' have been accounted for / addressed.
- Important **need to balance** system development / transformation, and the continued delivery of quality (& performance) with financial efficiency & productivity.
- **Governance** at all levels will be critical to managing delivery.
- The importance of **working as 'one system'** cannot be understated or underestimated.

Through a series of 4 x 25 mins rotational workshops, all delegates heard the background to each of the 5 service solution themes, and the opportunity to delve deeper into these identified / proposed solutions through some questions was afforded.

The Workshop concluded with some key thoughts from the Black Country Integrated Care Board leadership (Mr Tom Jackson) and closing remarks from two Deputy Chairs (Mr John Dunn and Mrs Lesley Writtle) who all encouraged the system to rise to the challenge being faced.

All Boards are to receive a final draft of the proposed service solutions for respective Board review and sign off in early January, to enable the Black Country Integrated Care Board to sign off at their Board meeting at the end of January 2024.

### **Patient Feedback**

**MRI** – Just want to say how efficient, professional, kind & caring all the staff were. Thank you also for scheduling appointments so late to make sure people are being seen so quickly.

**Ward B1** – I want you to pass on my sincere thank you for my care, it was wonderful, to each and everyone who works on that ward, the care was excellent.

**Community Heart Failure** - The nurse was very helpful explained what I wanted to know and very pleasant it couldn't have been any better.

**Minor Procedures Room** - Today I was treated with a lot of care and love from all staff in this department - thanks very much to all the staff.

**Emergency Department** - Everybody was so helpful and was treated with care and compassion, Thank you very much.

**Ward C7** - In the whole time my wife was in your care, she was treated with dignity, respect and all staff were polite, friendly and courteous, treated her with utmost care.

**Gynaecology** - The whole department was very friendly, staff were very kind ,and respectful given the circumstances of my visit, would like to thank everyone.

**Dudley Rehabilitation Service** - Made to feel more secure about my future knowing that there is a support system in place.

**Dermatology** - I felt at ease while at procedure was happening, I was thoroughly explained what was going to happen.

### Healthcare Heroes

- **October's individual award** went to Chaminda Sellaheewa who was described as friendly, approachable and humble. Chaminda helps anyone who needs help and treats everyone equally regardless of status or position, showing the upmost respect to all. He was recognised for his recent hard work as the product owner and clinical services lead for the delivery of E-Consent to General Surgery.



- **October's team award** went jointly to our Haematology and Neurology Medical Secretaries. Our Haematology Secretaries were recognised for outstanding teamwork during consultant strikes, working tirelessly setting up additional clinics, ensuring patients have up to date blood tests, resulting in minimal delays and impact to patients care. Our Neurology Secretaries have been recognised for going above and beyond with no extra resources in a high-pressured environment, ensuring clinics are set up, even at short notice, ensuring patients are contacted and the service runs smoothly meeting national targets.



- **November's Team Award went to our discharge lounge team.** The team have worked really hard to maintain patient safety switching between a bedded lounge and a seated lounge, often running both to help our teams at the front door care for patients safely and off load ambulances. They have a flexible work attitude combined with a can do attitude putting patients at the centre of what they do and working flexibly to create a safe place for patients.



- **November also saw our first ever special award for Dr Sarah Whallett, Dr Ahmed Ismail and Dr Fahad Lakhdar** who were nominated for exemplary and lifesaving care which they gave to a patient who collapsed with a STEMI in the hospital car park. The patient was brought in experiencing chest pain, and the prompt and expert intervention of all three individuals and their wider support teams undoubtedly improved the patient's chances of survival and ensured one family and a loved one at home with them for Christmas!



## Charity Update

### Inpatient Christmas Cards Appeal

Our inpatient Christmas Card appeal received a record amount of Christmas cards this year, primary and secondary schools across Dudley were contacted to ask to take part in the appeal. Six primary, four secondary schools had taken part as well as 3rd Wombourne Beavers and Cubs and PS Olympic Girls football team had also designed cards for the patients.

### Billy the busker fundraiser

'Billy' Dakin donated an incredible £6,500 to the charity specifically for our Emergency Department. Billy had been fundraising for year busking in and around Dudley as well as the main entrance of Russells Hall Hospital.

### Christmas Jumper Day

Christmas Jumper Day took place across Russells Hall Hospital and all our community sites including Guest and Corbett Outpatient Centres. We also had several businesses taking part in the campaign too, one of the businesses was Dudley College. Each person taking part in the campaign donated £2, all donations will help raise funds for the Children's appeal. The total raised from the campaign was £687 and with more money to arrive.

## Awards and Achievements

- International visit from healthcare workers in Singapore, to learn more about the Gold Standards Framework accreditation the Trust has achieved.
- Russells Hall Hospital was awarded [JAG](#) accreditation for our endoscopy services. Accreditation is a supportive process of evaluating the quality of clinical services by guiding services through a quality framework.
- The UK's first long distance proctoring surgical procedure with Intuitive Hub has been carried out at Russells Hall Hospital by two consultants who were 170 miles apart! Dudley consultant urologist Mr Syed Shahzad performed a complex robotic-assisted partial nephrectomy during surgery while consultant urological surgeon Mark Rochester remotely entered the operating theatre via the Intuitive Hub from almost 200 miles away in Norfolk.





- A state-of-the-art robot was used for the first time to carry out joint replacement procedures here in Dudley. We are one of a handful of Trusts in the UK using the Stryker MAKO robot which improves surgical accuracy, produces better outcomes and reduces length of stay for patients.



- Our Cardiology research teams won Research Contribution of the Year Award at the NIHR Clinical Research Network West Midlands Awards 2023.



## Visits and Events

1 November 23	Site visit to Midland Met University Hospital
7 November 23	Black Country Joint Provider Committee
7 November 23	GP Engagement Event
8 November 23	NHS Leadership Event
9 November 23	Dudley Group Private and Public Board meetings
9 November 23	Dudley Integrated Healthcare Project Board
13 November 23	Surgeon General of Pakistan and Prof Ghafoor Khan visit
14 November 23	West Midlands Imaging Network Board
16 November 23	Black Country Financial Recovery Plan Workshop
16 November 23	Dudley Group Charity Glitter Ball
16 November 23	Neonatal Quality Improvement Review
20 November 23	Integrated Care System Cancer Board
20 November 23	Dudley Group Extra-ordinary Finance and Productivity Committee
21 November 23	Midlands Outpatient Board
21 November 23	Black Country System Chief Executive Officer/Productivity and Value Group
22 November 23	Dale Bywater, Regional Director NHS England Monthly Update

22 November 23	Black Country and West Birmingham Elective Diagnostic Strategic Board
30 November 23	Dudley Group Finance and Productivity Committee
30 November 23	Integration Committee
30 November 23	Black Country Integrated Care Board public and private meetings
1 December 23	Dudley Group Staff Long Service Awards
4 December 23	Black Country Provider Collaborative Executive meeting
5 December 23	Executive Directors Development Day
6 December 23	Dudley Integrated Healthcare Project Board
11 December 23	Dudley Group Remuneration Committee
11 December 23	Dudley Group Audit Committee
13 December 23	Exploration of Paediatric Services Workshop
13 December 23	Black Country Productivity and Value Group
14 December 23	Dudley Group Private Board
14 December 23	Dudley Group Board Let's talk culture workshop
14 December 23	Extra-ordinary Black Country Integrated Care Board
15 December 23	Black Country Joint Board Development workshop






## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024

<b>Report title</b>	Annual Business Planning 2024/25
<b>Sponsoring executive / presenter</b>	Kat Rose, Director of Strategy & Integration
<b>Report author /presenter</b>	Ian Chadwell, Deputy Director of Strategy

### 1. Suggested discussion points

This paper summarises the position regarding the production of the Trust's Annual Business Plan 24/25 as at the beginning of January.

- Planning guidance from NHS England had not been received at the time of writing but a [letter issued to the NHS on 22nd December](#) confirmed that planning should continue using the information currently available. This is the approach that has been taken, proceeding on the basis of what is known, including the likely financial resources available;
- The internal process for generating the business plan started in September. Directorates have identified priorities and these are being used to inform Divisional priorities;
- Activity planning has started, making explicit the activity that can be delivered within core scheduled sessions and that which will need to be delivered via Waiting List Initiatives. The expectation is that the Trust will need to produce an elective plan at least as high as the original plan for 2023/24 but this will be confirmed once the planning guidance is published;
- Additional allocations of central funding are expected to support the implementation of the Community Diagnostic Centre and the Targeted Lung Health Check Programme, both of which attract additional income into the system;
- There is an expectation of no workforce growth unless this is associated with specific additional income such as Community Diagnostic Centre. One notable exception to this is the planned investment in Dudley Clinical Hub and transformation of community services which is likely to require additional workforce. The anticipated transfer of services and staff from Dudley Integrated Health & Care will not impact on overall workforce numbers across the system;
- Trusts within the Provider Collaborative have been working on a common approach to planning and this has led to the development of a draft strategic planning framework for each organisation. The aim will be to create a common template for the narrative document that will accompany the planning templates that are submitted to ICB and NHS England;
- A detailed timeline of activities to support the planning process is attached in the slide deck. Once the dates of submission to ICB and NHSE are confirmed, this will need to be re-visited but in the meantime provides a framework to work towards. The key dates are:
  - o Briefing paper to F&P 25<sup>th</sup> January
  - o 1<sup>st</sup> submission of returns to ICB 31<sup>st</sup> January
  - o 1<sup>st</sup> submission of returns from ICB to NHSE mid-Feb
  - o Draft plan (narrative and templates) to F&P 29<sup>th</sup> February
  - o Final submission of returns to ICB mid-March
  - o Briefing to Trust Board on final submission of plans 14<sup>th</sup> March
  - o Final plan (narrative and templates) to F&P and Board 28<sup>th</sup> March
  - o Final submission of plan and returns from ICB to NHSE 29<sup>th</sup> March

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

3. Report journey
Executive Directors – 19 <sup>th</sup> December 2023
Board of Directors – 11 <sup>th</sup> January 2023

4. Recommendation(s)
The Public Trust Board is asked to:
a. <b>Note</b> the progress to date in preparing the Trust's annual business plan

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

# Annual business planning 2024/25

**NHS**

The Dudley Group  
NHS Foundation Trust



# Aims of this report

- Summarise the position regarding the production of the Trust's Annual Business Plan 2024/25 based on the latest information available at the time
- Outline key emerging themes
- Describe the next steps including the expected timeline





# Shaping #OurFuture

## Vision

Excellent health care, improved health for all



## Values



## Goals



Deliver right care every time



To be a brilliant place to work and thrive



Drive sustainability financial and environment



Build innovative partnerships in Dudley & beyond



Improve health and wellbeing

## Measures of success

Care Quality Commission rating good or outstanding Improve the patient experience survey results	Reduce the vacancy rate Improve the staff survey results	Reduce cost per weighted activity Reduce carbon emissions	Increase the proportion of local people employed Increase the number of services jointly delivered across the Black Country	Improve rate of early detection of cancers Increase planned care and screening for the most disadvantaged groups
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## Programmes

Black Country system service transformation	Local leadership to address health inequalities	Research and development, education and innovation
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# Progress to date



The Dudley Group  
NHS Foundation Trust

- Internal process launched on 21<sup>st</sup> September
- Briefing to Trust Management Group 16<sup>th</sup> October
- Business Planning Group meeting every 2 weeks
- Planning templates being completed by Directorates and corporate services – deadline was 3<sup>rd</sup> November
- Activity planning – initial discussions completed by 30<sup>th</sup> November. Converted to financial value
- Finance and budget setting – initial discussions completed by 30<sup>th</sup> November
- Draft Strategic Planning Framework – presented to Execs for comment
- Workshop at Council of Governors – 6<sup>th</sup> December
- Divisional priorities circulated with check and challenge planned for early January



# What we know already

- We expect the following to feature prominently in the planning guidance
  - Improving access to urgent and emergency care
  - Reducing the number of patients in hospital with no criteria to reside
  - Reducing longest elective waits to 52 weeks by March 2025
  - 95% diagnostic tests within 6 weeks by March 2025
  - More elective activity than before the pandemic



# What we already know (cont...)

- We also expect
  - Financial allocations (capital and revenue) to be as per Spending Review 2021
  - payment system likely to be similar to 2023/24 with potential to earn more income by doing more elective activity (inpatient, day case, first outpatients and outpatient procedures)
  - Scrutiny of any proposed workforce increases
  - A relentless focus on improving productivity

# High level themes for plan 2024/25



The Dudley Group  
NHS Foundation Trust

- focus on productivity - making best use of what we have and implement recommendations from PA Consulting
- investing in Community Diagnostic Centre – further expansion of services at Corbett hub and designated spokes
- Transfer of primary care services from Dudley Integrated Health & Care and development of Dudley place partnership
- Top priority for any additional investment will be to transform Dudley Clinical Hub and community services
- Discharge improvement
- redevelopment of resuscitation area in Emergency Department
- managing the impact of opening MMUH anticipated autumn 2024
- Targeted Lung Health Check Programme

# Financial Recovery Plan

- PA Consulting been working with the ICS to devise a system financial recovery plan
- This will be a five-year plan to 2029 designed to deliver financial balance
- Values are currently being validated by individual organisations within the system

# Draft planning framework 2024/25



The Dudley Group  
NHS Foundation Trust

DGFT	DRIVE SUSTAINABILITY	RIGHT CARE EVERY TIME			INNOVATIVE PARTNERSHIPS	HEALTH & WELLBEING	BRILLIANT PLACE TO WORK		
	Finance	Experience	Quality	Access		Inequalities	Workforce		
Success Measures	Achieve financial sustainability	Improve our patient experience results	CQC rated good or outstanding	Achieve NHS Constitution targets (Referral to treatment, diagnostics, cancer, emergency access)		Improve rate of early detection of cancers	Staff survey results above England average Reduce Vacancy Rates		
	Reduce cost per weighted activity to better than average								
	Reduce Carbon Emissions					Increase planned care and screening from disadvantaged groups Increase proportion of local people employed			
In year objectives	Deliver financial plan (deficit of £xxm)	Reduce complaints from x to y	Reduction in incidents resulting in significant harm (moderate, severe, death) Standardised Hospital Mortality Index (SHMI) (quarterly) better than England average Re-admission within 28 days better than England average	Eliminate 52 week waits by March 25		Achieve acceptable coverage for breast screening (70%)	Staff survey results for culture above England average - specify which questions		
	Deliver cost improvement programme of £xxm			Improve Friends and Family Test (FFT) recommendation rate	Reduce DNA rate to better than England average			Number of apprenticeships from 142 (23/24) to xx	
									
Multi-year commitments		Delivery of Digital 3 year Plan							
	Work collaboratively to increase elective capacity								
	Delivery of Financial Recovery Plan								
	Productivity (outpatient transformation, theatre utilisation, discharge)								
	Delivery of People Plan								
Task and finish	Consolidate payroll function across provider collaborative	Redevelopment of resus area in ED	Embedding of Patient Safety Incident Response Framework (PSIRF)	Transfer services from DIHC into DGFT		ICAN (pre-employment programme)	Launch and embedding of revised Behavioural Framework		
		Nutrition and hydration, pain management based on patient survey		Establish structures to support DGFT becoming Lead Provider for Dudley Health and Care Partnership by March 2026					



# Activity plans

- Working on the assumption that elective activity plan for 24/25 will need to be at least as high as original plan for 23/24
- Initial calculations show that elective activity plan for 24/25 is 101.5% of 19/20 baseline but will need to be in excess of 104.2% (which was plan for 23/24)
- Plan being validated at specialty level
- Non-elective plan needs to factor in changes to way same day emergency care (SDEC) activity recorded and reported
- Non-elective and ED attendances need to factor in assumed impact of MMUH

# Workforce plans

- Expectation is that workforce growth only where specific new resource is being brought into the system
- This will include Community Diagnostic Centre
- Notable exception will be any investment and transformation of Dudley Clinical Hub and community services
- Transfer of staff from Dudley Integrated Health & Care will also need to be accounted for but no net impact on staff numbers across the system
- Existing grip and control measures to continue
- Consolidation of different rates paid for bank/additional sessions

# Financial plans and budget setting

- Allocations for 24/25 already available as published as part of the Spending Review 2021
- Budget setting has commenced. Currently being validated and process has already identified cost pressures some of which will be unavoidable



# Next steps

- Planning guidance expected early in January 2024
- Triangulation of activity, workforce and financial plans
- Determine which elements of plans can be afforded within available resources
- Be clear about investments that have been requested and that we cannot currently afford
- Work with partners in the provider collaborative to determine which elements of our plan need to be delivered across the Collaborative
- Work with partners in the place-based partnership to determine which elements of the plan need to be delivered through place-based partnership
- Ensure that primary care plans from DIHC adequately reflected in the plan
- Once agreed, communicate the plan widely across the organisation

# Detailed timeline



**The Dudley Group**  
NHS Foundation Trust

Workstream	Action	Date
Governance	Orientation workshop	21-Sep-23
Governance	Discussion about planning process at Trust Management Group	16-Oct-23
Governance	Planning templates to be completed by directorates and corporate services	3-Nov-23
Activity	Activity planning meetings completed	30-Nov-23
Finance	Review recurrent budgets	30-Nov-23
Governance	Planning workshop with Council of Governors	6-Dec-23
Activity	Draft activity plans to Business Planning Group	7-Dec-23
Governance	Discussion at Trust Management Group including presentation of Divisional priorities	18-Dec-23
Governance	Planning and financial update to Execs	19-Dec-23
Finance	Draft financial plans to Business Planning Group	21-Dec-23
National and ICS requirement	Planning guidance published by NHSE (ASSUMED)	22-Dec-23
Finance	Agree which cost pressures are to be funded	29-Dec-23
National and ICS requirement	Technical guidance and templates published by NHSE (ASSUMED)	8-Jan-24
Governance	Discussion at Exec Directors including presentation of Divisional priorities	9-Jan-24
Governance	Planning and financial update to Trust Board	11-Jan-24
Governance	Briefing paper to F&P outlining next steps	25-Jan-24
Governance	Draft activity, finance and workforce plans to Execs	30-Jan-24
National and ICS requirement	1 <sup>st</sup> submission of returns to ICB (activity, workforce and finance) ASSUMED	31-Jan-24
National and ICS requirement	1 <sup>st</sup> submission of returns from ICB to NHS E (activity, workforce and finance) ASSUMED	Mid-Feb-24
Governance	Briefing to Trust Board on 1 <sup>st</sup> submission of plans	8-Feb-24
Governance	Draft Trust Annual Plan (narrative and templates) to Execs	20-Feb-24
Finance	Budgets signed off by all budget managers	29-Feb-24
Governance	Draft Trust Annual Plan (narrative and templates) to F&P	29-Feb-24
Governance	Final Trust Annual Plan (templates) to Execs	5-Mar-24
National and ICS requirement	Final submission of returns to ICB (activity, workforce and finance) ASSUMED	Mid Mar-24
Governance	Briefing to Trust Board on final submission of plans	14-Mar-24
	Final Trust Annual Plan (narrative and templates) to Execs	19-Mar-24
Governance	Final Trust Annual Plan (narrative and templates) to F&P	28-Mar-24
Governance	Final Trust Annual Plan (narrative and templates) to extraordinary Trust Board	28-Mar-24
National and ICS requirement	Final submission of returns from ICB to NHS E (activity, workforce and finance) ASSUMED	29-Mar-24
Governance	Communicate agreed plan across the organisation	Apr-24

## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024






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

### 1. Suggested discussion points

The committee has considered and robustly discussed all matters relating to financial challenges, focused on performance against related targets and reviewed the workforce bridge and related productivity.

Please receive the summaries from the Finance and Productivity Committee meetings held on 20<sup>th</sup> November 2023, 30<sup>th</sup> November 2023 and 21<sup>st</sup> December 2023.

### 2. Alignment to our Vision

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

Board of Directors – 11<sup>th</sup> January 2023

### 3. Recommendation(s)

The Public Trust Board is asked to:

- a.** Approve the report and in particular the items referred to the Board for decision or action.

### 4. Impact

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

## EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 20 November 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• From an £800m national allocation the Integrated Care Board (ICB) received £18.8m share to support financial pressures associated with industrial action. The Trust was allocated £4.3m additional funding.</li> <li>• A performance review to the end of month 7 showed a further reduction of 2% to the Elective Recovery Fund (ERF) target would result in £1.934m of income to the Trust.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee approved the 2023/24 financial forecast of £19.174m to be submitted to Integrated Care Board (ICB).</li> <li>• The committee endorsed the decision to continue with elective work as proposed due to the impact on waiting lists and patient safety.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p>	

## EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 30 November 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The deterioration in the EPRR core standards compliance rating resulted in the Trust receiving a 'partial compliance' rating, largely due to administration errors.</li> <li>• The committee was concerned around a high level of bank spend in medical and dental and nursing and midwifery driven by acute care.</li> <li>• The ability to adhere to an outdated agency price cap was cause for concern.</li> <li>• The challenged cash position requires cash support from NHSE.</li> <li>• The committee expressed concern with the A&amp;E 4 hour performance, cancer 2 week wait and ambulance handovers.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• It was agreed to add an interim review of EPRR to the business cycle.</li> <li>• The committee asked executives to make better use of the discussion box on cover sheet template for reports.</li> <li>• A development of a more concise template detailing investment target outcomes for business case reviews was commissioned.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Improved controls over bank and agency spend that are supported by more granular data.</li> <li>• The Trust had developed and were monitoring an agency dashboard as required by NHS England.</li> <li>• There was a positive variance against nursing spend that is forecast to year end.</li> <li>• Positive assurance was gained around the strong performance against national elective targets and diagnostics.</li> <li>• High level and proactive conversations were being held with Dudley Council to better manage patients with no criteria to reside in hospital.</li> <li>• There had been improvements seen in estates management delivered by the Trusts PFI provider.</li> <li>• The procurement team had received a 'best' rating which is the highest in the Cabinet Office.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• It was agreed that the review of carbon emission reduction data be moved to 6 monthly.</li> <li>• The committee revised the rating of BAF risk 7 to inconclusive due to external factors.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> It was a good meeting that focused on important topics.</p>	

## EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 21 December 2023

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• There was concern surrounding the financial impact of industrial action with potential deterioration of the end year forecast.</li> <li>• Unprecedented pressures at emergency portals compounded by strike action was affecting flow through the hospital.</li> <li>• Despite the work of PA Consulting the System or Trust had not yet identified a viable recovery plan, noting the further need for work on transformational change.</li> <li>• Urgent and emergency care remained challenged with the deterioration of ambulance handover performance.</li> <li>• There was a concern around the underperformance of BCPS.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• A position paper for Board was commissioned on the outcome of PA Consulting work and recommended a developmental session on transformational change.</li> <li>• It was agreed that the chair of the committee meet with the CEO, CFO and Trust chair if required.</li> <li>• It was agreed to escalate to executives and Board the underperformance of BCPS.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• There was positive assurance provided by the accumulative position in November of £4.7m better than the plan submitted to NHSE and on target to hit plan (subject to the impact of further industrial action)</li> <li>• The Trust was forecasting an over performance of £195k on CIP, noting that 50% was non recurrent.</li> <li>• The strong performance against elective target was positive.</li> <li>• The winter plan dashboard was live, supporting a timely response to issues as they arise.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• It was agreed to recommended to Board the Siemens healthcare tender award for CT equipment and modular imaging unit to be located at Guest Hospital.</li> <li>• The amendment to the lease car policy was agreed with a review in 12 months.</li> <li>• It was agreed for the assurance levels of the BAF to remain the same with BAF risk 5 being brought to the committee bi-annually in April and October.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> The meeting was well chaired and good discussions were held.</p>	

## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024






<b>Report title</b>	Month 8 Financial Position
<b>Sponsoring executive / presenter</b>	Chris Walker, Interim Director of Finance
<b>Report author</b>	Chris Walker, Interim Director of Finance

### 1. Suggested discussion points

The Month 8 (November 2023) Trust financial position and forecast year end position.

The Black Country System November 2023 financial position and year end deficit forecast of £90m.

### 2. Alignment to our Vision

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

Month 8 (November 2023) detailed finance report presented to the Finance and Productivity Committee on the 21st December 2023.

Summary Month 8 financial report presented to Executive Directors on 12th December 2023.

### 4. Recommendation(s)

The Public Trust Board is asked to:

- Approve the report of the financial performance for the month of November 2023.
- Note the reported Trust and System forecast year end position.

### 5. Impact

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

## REPORTS FOR ASSURANCE

### FINANCE REPORT

#### REPORT TO PUBLIC BOARD OF DIRECTORS ON 11 JANUARY 2024

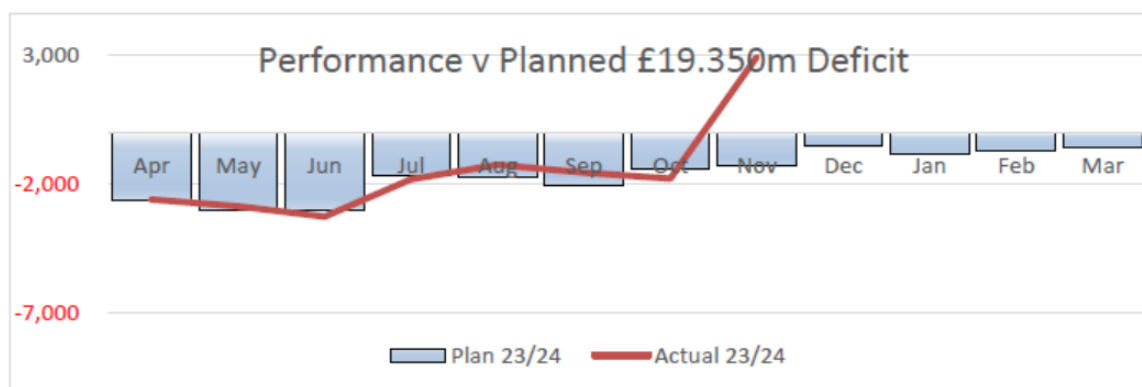
#### 1. EXECUTIVE SUMMARY

- 1.1 The **November cumulative position is a £11.963m deficit**. This position is £4.688m better than the phased plan submitted to NHSE.
- 1.2 This is an improvement from the variance from plan in October meaning November 2023 has seen a surplus in-month position. This was because of the additional funding the Trust received relating to industrial action and capital charges as well as the impact of the further reduction in the ERF target.
- 1.3 Following a further 2% reduction to the ERF target, the November position now includes an over-achievement of £1.775m. Elective/Day Case activity performance was significant in November, representing the highest figures achieved this financial year.
- 1.4 Pay costs remain within plan with November pay costs lower than average. Bank costs reduced in November by £0.4m in comparison to the average spend for the year. This was largely attributable to medical staff where November represented the lowest spend this financial year although there was no industrial action during the month. Agency costs continue to remain comparatively low at 0.9% of pay costs (versus cap of 3.7%).
- 1.5 Non pay spend increased in November. An element of this relates to the costs relating to the delivery of additional elective activity.
- 1.6 Following receipt of the additional funding for industrial action, the most likely forecast remains that the Trust will achieve the original financial plan. **The year end forecast continues to show a deficit of £19.2 in line with the submitted plan after technical adjustments have been considered.** The forecast does not include the impact of industrial action in December and January.
- 1.7 The Integrated Care System reported an actual aggregate £77.9m deficit for November which was £18.5m adverse to plan.
- 1.8 The System submitted a revised forecast position to NHSE in early December of a £90m deficit (£21m adverse to planned deficit). To date no formal response has been received from NHSE confirming if they accept the revised forecast. The System forecast does not include the impact of industrial action in December and January.
- 1.9 Work continues in early January on the final System Financial Recovery Plan. Work to validate the identified financial solutions and update the underlying financial positions of each organisation will be completed to allow the plan to be presented to each organisations Boards in January.



## 2. INCOME AND EXPENDITURE (APPENDIX 1)

- 2.1 The **November cumulative position is a deficit of a £11.963m**. This position is £4.688m better than the phased plan submitted to NHSE.
- 2.2 As previously described, it is important to note that the deficit plan reduces as we progress through the year (see below). This reflects the original high level of unidentified CIP where delivery is expected later in the year (reductions in spend required from July onwards).



- 2.3 November shows a surplus position as this includes 8/12 of the new funding received in connection with Industrial Action (total of £4.276m) and revenue funding for capital projects (total of £1.060m).
- 2.4 Following a further reduction to the ERF target, the November position now includes an over-achievement of £1.775m (shortfall of £151k reported at M7). Elective/Day Case activity performance was significant in November, representing the highest figures achieved this financial year by some margin. The ERF performance against the revised targets is summarised below.

Note the target across December to March is much lower than November.

	Apr-Oct	Nov	Dec	Jan	Feb	Mar	Total
Target	57,612	9,223	7,691	8,846	8,556	8,207	100,135
Actual	58,891	9,719					
Variance	1,279	496					1,775

- 2.5 Pay costs remain within plan with the November pay costs lower than average. There was a small net increase of 4 WTE but employed costs were lower as several IT staff were capitalised linked to the approved Cloud business case.
- 2.6 Bank costs reduced in November by £0.4m in comparison to the average spend for the year. This was largely attributable to medical staff where November represented the lowest spend this financial year although it should be noted that there was no industrial action during the month. WLI costs increased during the month although this has facilitated the improved elective activity performance.
- 2.7 Agency costs continue to remain comparatively low at 0.9% of pay costs (versus cap of 3.7%). In November, the spend reduced further with medical staff responsible for 78% of the spend and registered nurses 18%. Cardiac Technician agency re-occurred in November (4% of

expenditure) but it has been confirmed that this will cease at the end of November aligned with the CDC opening for this specialty.

- 2.8 Non pay spend increased in November. An element of this will relate to the costs commensurate with the delivery of additional activity. There remains a cost pressure relating to ICB passthrough drugs and infuser pumps equating to £2.007m. This reflects an adverse budgetary variance where no additional funding will be received as it is within the block element of the contract. Whilst the majority has now been identified, a significant element is linked to income.
- 2.9 Following receipt of the additional funding for industrial action, the most likely forecast remains that the Trust will achieve the agreed financial plan. The best-case scenario assumes an improvement against the plan of £1.374m predicated on a reduced level of spend for Winter Pressures. The worst-case scenario shows a deterioration of £5.047m linked to ERF delivery over the Winter months and a new risk that has emerged regarding the Maternity Incentive Scheme award received in 21/22 and potentially 20/21.

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

- 3.1 The cash position at the end of November was £1.203m lower than the previous month's forecast. The cash balance includes £20m on account from Black Country ICB. Receipts were as per forecast with a movement of only £33k. Payments were £1.686m higher than the forecast in November. Salary payments were only £132k lower than forecast. Payments to suppliers were £1.779m higher than forecast. This was a general increase in supplier payments alongside several one-off annual invoices. The supplier forecast has been updated for later months in the year to take account of this.
- 3.2 The cash forecast has remained the same as the previous month and includes the additional industrial action funding and current expenditure forecasts. Original plan assumed £20m of PDC cash support transfers in March to ensure the Trust remains liquid. Following review PDC cash support is now £15m leaving the Trust above its minimum cash balance as set by NHSE (£1.726m). The Trust submitted its application to NHSE in November to request £15m of cash support in March. Current risks to delivery of financial plan, namely delivery of financial forecast and ERF delivery are driving the downside cash forecast. 12 months forward look on cash based on current system financial framework would see the Trust requiring further cash support in April and on a monthly basis.
- 3.3 Compliance with the Better Practice Payment Code was 93.4% in terms of number of invoices paid to non-NHS suppliers and 95.2% for NHS suppliers as at 30th November 2023.
- 3.4 The capital programme expenditure as at 30<sup>th</sup> November 2023 was £4.264m. This was £5.290m lower than the original plan. The capital forecast has been reduced by £2.706m compared to the original plan. This followed a full review of all schemes with scheme managers which resulted in a revised forecast for several schemes. Notably the frontline digital PDC backed capital allocation has been reduced to £1.990m following an internal review. The Trust now has approval from NHSE for the PDC backed ED scheme of which the 2023/24 element of this scheme has now been included in the forecast.

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

- 4.1 The Integrated Care System reported an actual aggregate £77.9m deficit for November which was £18.5m adverse to plan.
- 4.2 The System submitted a revised forecast position to NHSE in early December of a £90m deficit (£21m adverse to planned deficit). To date no formal response has been received from NHSE confirming if they accept the revised forecast. The System forecast does not include the impact of industrial action in December and January.

#### **5. RECOMMENDATIONS**

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

Chris Walker  
Interim Director of Finance  
28<sup>th</sup> December 2023

## TRUST I&amp;E PERFORMANCE as at NOVEMBER 2023

	CURRENT			CUMULATIVE YTD		
	PLAN	ACTUAL	VAR	PLAN	ACTUAL	VAR
Pat Care	£42,261	£47,100	£4,839	£341,068	£338,685	-£2,383
Other	£2,134	£2,756	£622	£17,297	£18,521	£1,223
<b>INCOME</b>	<b>£44,395</b>	<b>£49,856</b>	<b>£5,461</b>	<b>£358,365</b>	<b>£357,206</b>	<b>-£1,159</b>
Pay	-£28,656	-£28,427	£229	-£230,583	-£228,783	£1,800
Non-Pay	-£14,346	-£15,719	-£1,373	-£122,238	-£118,339	£3,899
Other	-£2,646	-£2,767	-£121	-£22,315	-£22,097	£218
<b>SPEND</b>	<b>-£45,648</b>	<b>-£46,913</b>	<b>-£1,265</b>	<b>-£375,136</b>	<b>-£369,219</b>	<b>£5,917</b>
<b>TRUST</b>	<b>-£1,253</b>	<b>£2,944</b>	<b>£4,197</b>	<b>-£16,771</b>	<b>-£12,014</b>	<b>£4,757</b>

## Commentary:

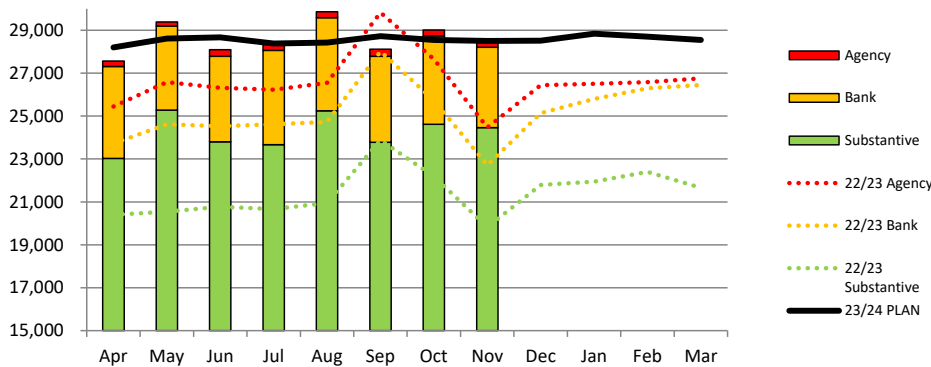
Consolidated deficit to November of £12.014m (£4.757m ahead of plan).  
Technical changes of £51k reduce deficit to £11.963m. This is £4.688m ahead of the phased NHSI plan.

Additional income for industrial action factored in pro rata.

Plans adjusted for new income and delivery of unidentified CIP.

Forecast after technical changes as per plan.

## PAY ANALYSIS



## Commentary:

Spend remains within plan.

November paybill lower than average.

Includes capitalisation of some IT staff linked to Cloud business case.

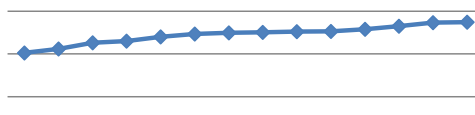
Bank spend reduced in-month, notably Medics. Spend represents lowest month this year.

WLI costs remain high but high in-month elective/ day case performance.

Overtime £100k Apr/May, £60k thereafter.

## WHOLE TIME EQUIVALENT YEAR ON YEAR COMPARISON

	22/23	Plan	Current
Nursing	2,694.66	2,995.49	2,807.07
Doctors	763.35	828.71	859.59
AHPs	871.55	1,013.15	957.30
A&C/Other	1,080.53	1,189.04	1,098.20
<b>Total</b>	<b>5,410.09</b>	<b>6,026.39</b>	<b>5,722.16</b>



## Commentary:

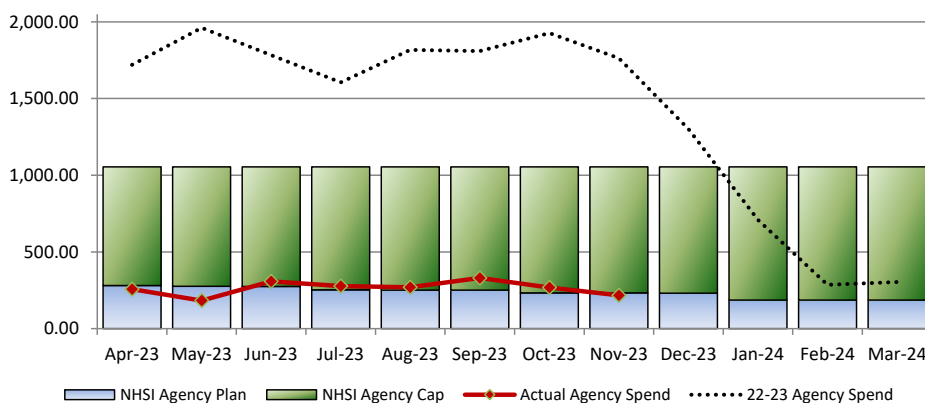
4 WTE increase in Nov (Medics, Registered Nurses negated by CSW and Admin reductions).

312 WTE increase on last year.

Vacancies c304 WTE.

Establishment refined to posts that can be recruited (reworked in November).

## AGENCY PERFORMANCE 2023/24



## Commentary:

System cap of £68m for 23/24.

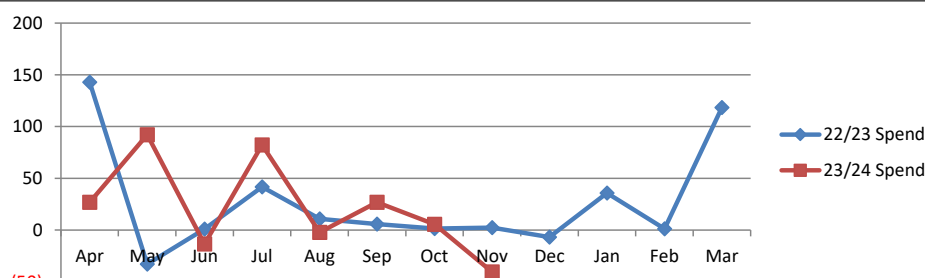
Cap based on limiting agency to 3.7% of paybill.

Trust significantly below cap (0.9% of paybill).

Nov agency reduced, split 78% medics and 18% registered nurses. Cardiac technician agency restarted (4% of spend). Nursing generally as per agreed exceptions; recovery plans requested for medical agency.

Additional dashboard attached to provide greater transparency of reporting. Main concern is breach of price caps.

## CONSULTANCY



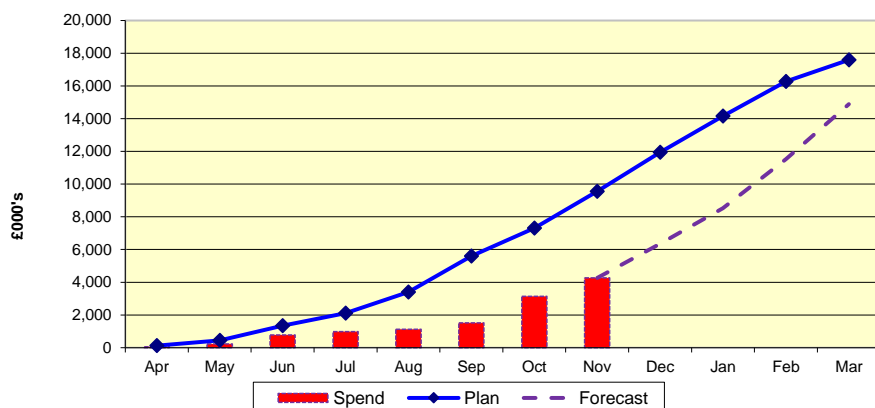
## Commentary:

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

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

IT spend of £45.5k on Master Data Mgmt capitalised in November.

### CAPITAL EXPENDITURE 2023/24



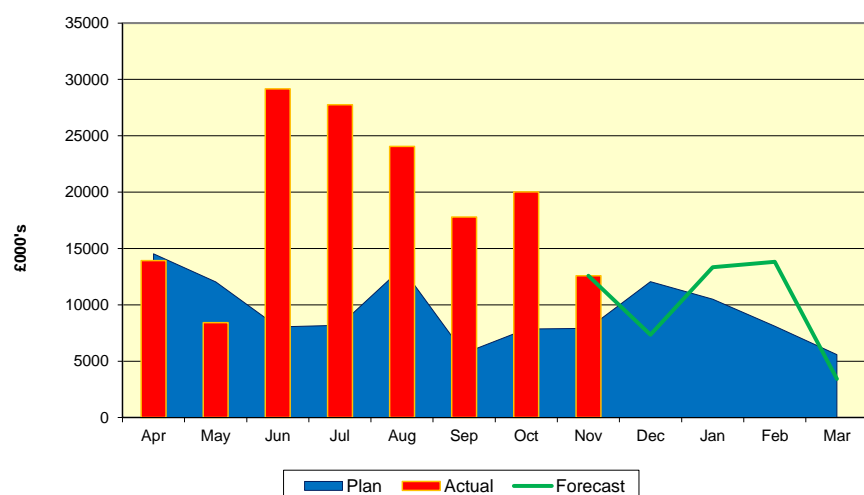
#### Commentary:

Expenditure of £4.264m against the original plan of £9.554m.

Capital forecast has reduced by £2.706m compared to the original plan. Directors have agreed a new forecast following a review. Of the self funded capital the main slippage relates to the North Block Fire scheme which is currently under review and will be subject to a revised business case. All other schemes are reduced as a result of expenditure being lower than plan or expenditure was brought forward into 2022/23. Front line digital PDC funded capital has been reduced to £1.990m.

At this stage of the year the Trust is forecasting a capital spend of £14.886m. This includes the PDC funded ED scheme expenditure for 2023/24.

### CASH FLOW 2023/24



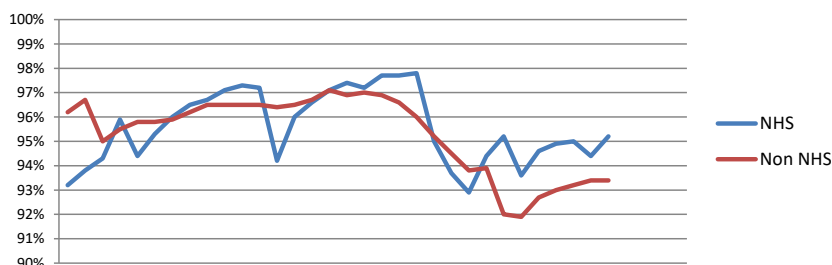
#### Commentary:

Actual position at the end of November was £1.203m lower than the forecast.

Payments to suppliers were the main contributor being £1.779m higher than forecast. This was a general increase in supplier payments alongside a number of one off annual invoices.

Cash forecast has remained the same as the previous month taking into account additional funding and current expenditure forecasts. Original plan assumed £20m of PDC cash support transfers in March to ensure the Trust remains liquid. Following review PDC cash support is now £15m which the Trust applied for in November for support in March. £20m on account paid by ICB in June to assist with cash flow for pay award payments to be repaid in March. Current risks to delivery of financial plan, namely delivery of financial forecast and ERF delivery are driving the downside cash forecast.

### BETTER PAYMENT PRACTICE CODE (APRIL 2021 TO DATE)

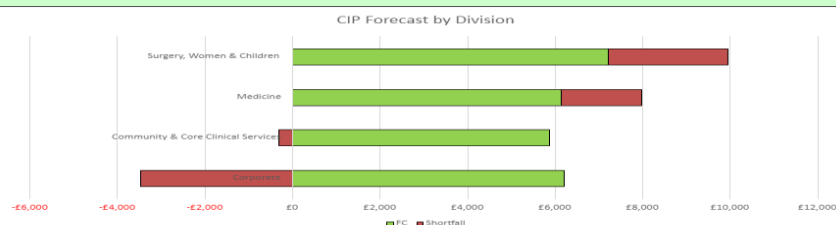


#### Commentary:

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

The better payment practice code was achieved for NHS suppliers year to date in November for number of invoices paid. The target of 95% was achieved for all suppliers in terms of the value of invoices paid.

### EFFICIENCY PROGRAMME



#### Commentary:

Total efficiency target of £26.233m

£2.666m better than plan at M8.

Corporate exceeded plan due to 1-off technical items.

C&CCS forecast to better plan linked to income.

Overall forecast now £196k above plan.

ERF potential opportunities included within forecast.

However 49.8% of forecast is non recurrent.

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

### SYSTEM

	YTD	Var
ICB	£2,000	£-917
BCH	£-991	£-3,266
DIHC	£587	£37
SWB	£-23,043	£-9,727
DGFT	£-14,922	£490
RWT	£-33,779	£-7,614
WHT	£-23,923	£-14,950
WMAS	£5,385	£4,111
TOTAL	£-88,686	£-31,836

### DGFT FORECAST

Most Likely	£-22,692
DGFT/Technical	£326
Most Likely Adjusted	£-22,366
Further Changes	£3,192
Revised Forecast	£-19,174
Agreed Plan	£-19,174
Breakeven to Plan	£0

#### Commentary:

Following confirmation of additional funding for industrial action/Winter Pressures, the Trust has re-assessed the forecast which was presented/approved by an emergency F&P meeting in November. The revised forecast is now breakeven to plan.

No update yet received from System.

Figures shown are still as at October.

Advised that extra funding has resulted in no further deterioration at M8.

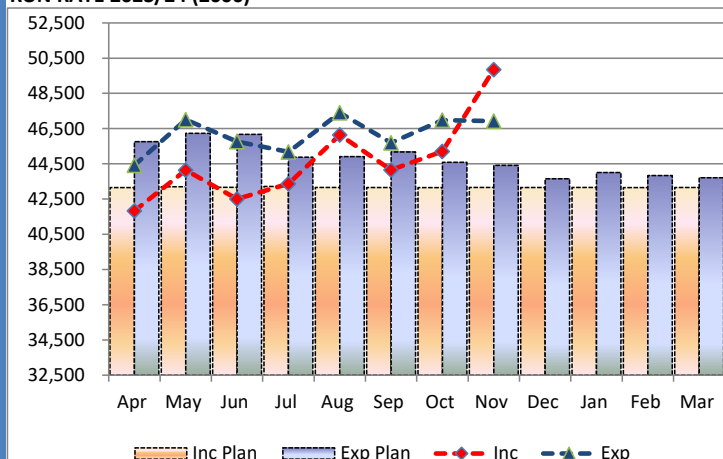
## CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

	CURRENT		
	PLAN	ACTUAL	VAR
PATIENT CARE INCOME	£42,261	£47,100	£4,839
OTHER INCOME	£2,134	£2,756	£622
PAY EXPENDITURE	-£28,656	-£28,427	£229
NON PAY EXPENDITURE	-£14,346	-£15,719	-£1,373
OTHER EXPENDITURE	-£2,646	-£2,780	-£134
<b>PRE CONSOLIDATION</b>	<b>-£1,253</b>	<b>£2,931</b>	<b>£4,184</b>
DUDLEY CLINICAL SERVICES LTD		£13	£13
<b>FINAL POSITION</b>	<b>-£1,253</b>	<b>£2,944</b>	<b>£4,197</b>

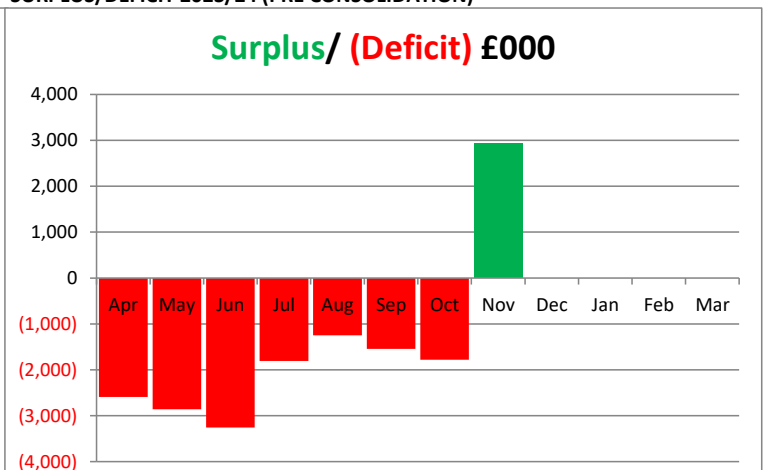
CUMULATIVE YTD		
PLAN	ACTUAL	VAR
£341,068	£338,685	-£2,383
£17,297	£18,521	£1,223
-£230,583	-£228,783	£1,800
-£122,238	-£118,339	£3,899
-£22,315	-£22,244	£71
<b>-£16,771</b>	<b>-£12,161</b>	<b>£4,610</b>
	£147	£147
<b>-£16,771</b>	<b>-£12,014</b>	<b>£4,757</b>

FORECAST		
PLAN	ACTUAL	VAR
£511,604	£511,474	-£131
£25,896	£26,141	£245
-£346,441	-£346,721	-£280
-£176,735	-£176,785	-£50
-£33,674	-£33,612	£62
<b>-£19,350</b>	<b>-£19,504</b>	<b>-£154</b>
	£230	£230
<b>-£19,350</b>	<b>-£19,274</b>	<b>£76</b>

## RUN RATE 2023/24 (£000)



## SURPLUS/DEFICIT 2023/24 (PRE CONSOLIDATION)



## CIP Performance 23/24



Pre consolidation surplus of £2.931m in November resulting in cumulative deficit of £12.161m.

Post consolidation deficit of £2.944m in November resulting in cumulative deficit of £12.014m.

Adjustments for technical items equating to £0.051m resulting in a **reported M8 deficit of £11.963m**. This is £4.688m **better** than plan.

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

The improvement relates to additional funding received in lieu of industrial action (8/12 of the extra income incorporated into the November position) coupled with the further reduction to the ERF target.

The position includes all costs of pay awards and the associated funding. ERF has been estimated at a surplus of £1.755m to November (was a £0.151m loss reported in October). Forecast of £19.274m deficit adjusted to £19.174m after technical changes is in line with plan.

CIP target of £26.233m. Current performance £2.666m better than plan. Latest year end forecast of £26.428m (£196k above plan) split 50.2% recurrent and 49.8% non recurrent. Position bolstered by one-off technical items and assumed additional ERF and other variable contract income. It remains essential to continue to identify and deliver additional recurrent schemes to address non recurrent impact.

## INCOME PERFORMANCE

	£000
NOVEMBER 2023 PLAN	£44,395
NOVEMBER 2023 ACTUAL	£49,856
NOVEMBER 2023 VARIANCE	<b>£5,461</b>

	£000
CUMULATIVE PLAN	£358,365
CUMULATIVE ACTUAL	£357,206
CUMULATIVE VARIANCE	<b>-£1,159</b>

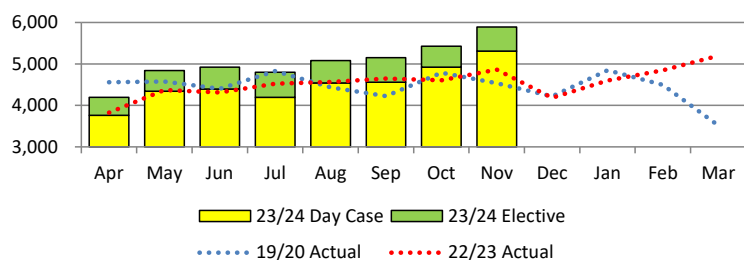
## INCOME BREAKDOWN

	NOVEMBER 2023		
	PLAN	ACTUAL	VARIANCE
Patient Care Income	£42,261	£47,100	£4,839
Education	£1,378	£1,698	£320
Research & Development	£92	£118	£26
Non Patient Services	£101	£230	£129
Staff Recharges	£349	£539	£190
Other Income	£215	£172	<b>-£43</b>
Outside Envelope Funding	£0	£0	£0
<b>GRAND TOTAL INCOME</b>	<b>£44,395</b>	<b>£49,856</b>	<b>£5,461</b>

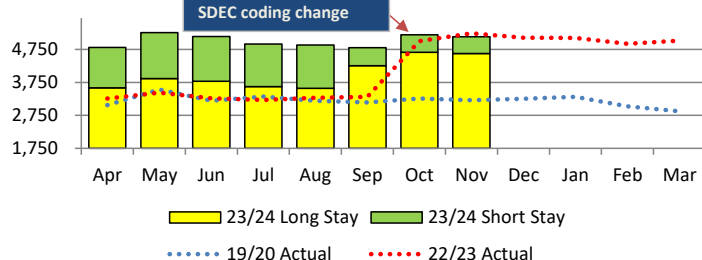
## YEAR TO DATE (£000)

PLAN	ACTUAL	VARIANCE
£341,068	£338,685	<b>-£2,383</b>
£11,384	£11,664	£279
£732	£666	<b>-£67</b>
£1,246	£1,339	£93
£2,729	£3,229	£501
£1,206	£1,623	£417
£0	£0	£0
<b>£358,365</b>	<b>£357,206</b>	<b>-£1,159</b>

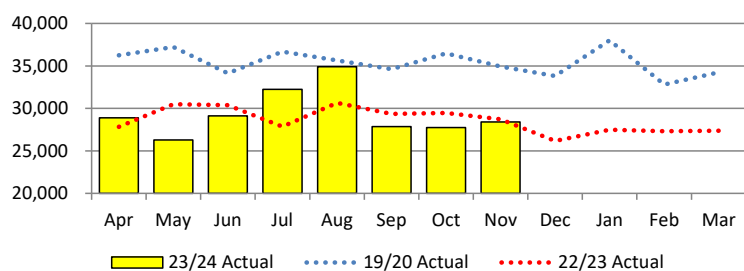
## Elective/Day Case



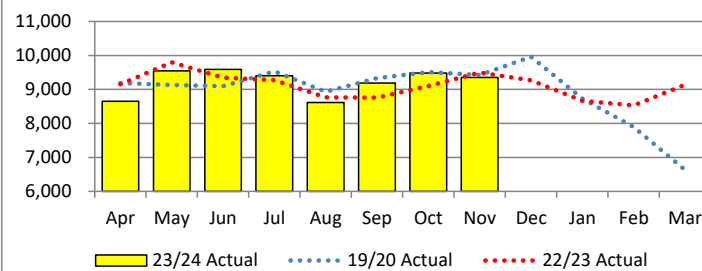
## Non Elective



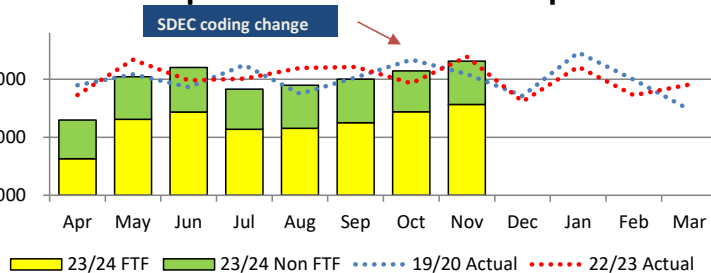
## Community Attendances



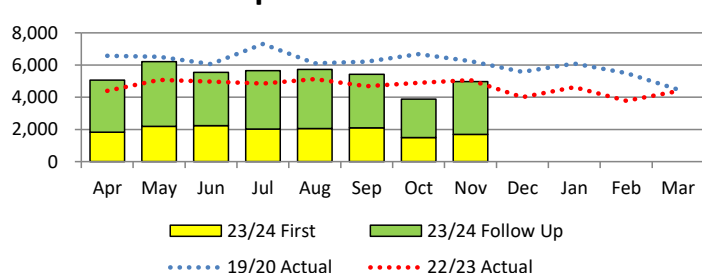
## A&amp;E



## Outpatient New &amp; Follow Up



## Outpatient Procedure



Income performance to October shows an improved performance against plan.

Plans have been amended to incorporate the additional funding for industrial action and the CIP schemes linked to ERF and Diagnostic income. YTD shortfall relates in part due to timing plus risk re diagnostic income and loss of sexual health contract from 1st November.

The original ERF baseline was calculated using 19/20 performance, inflated to 23/24 prices as a startpoint. This equated to c£98m. This was then uplifted to a target of £104m. Performance above or below the target will be funded or removed at 100% of tariff. In recognition of the impact of industrial action, the target was reduced to £102m for April and then £100m for June-October (both adjustments equate to a 2% reduction to target).

Activity performance in November shows a significant increase for elective/day cases. The November ERF target equated to the highest month but the Trust bettered the value resulting in a cumulative over-achievement of £1.775m which has been incorporated into the figures.

The forecast ERF performance estimates an outturn of £105.3m. This equates to a need to deliver £9.173m per month on average across December to March. The estimated November performance equates to £9.719m but this level is unlikely to be maintained over the seasonal Winter period.

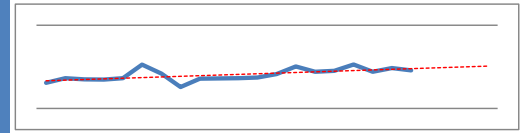
A&E attendances in November were higher than average by 11 per day.

Emergency admissions in November also higher than average by 137.

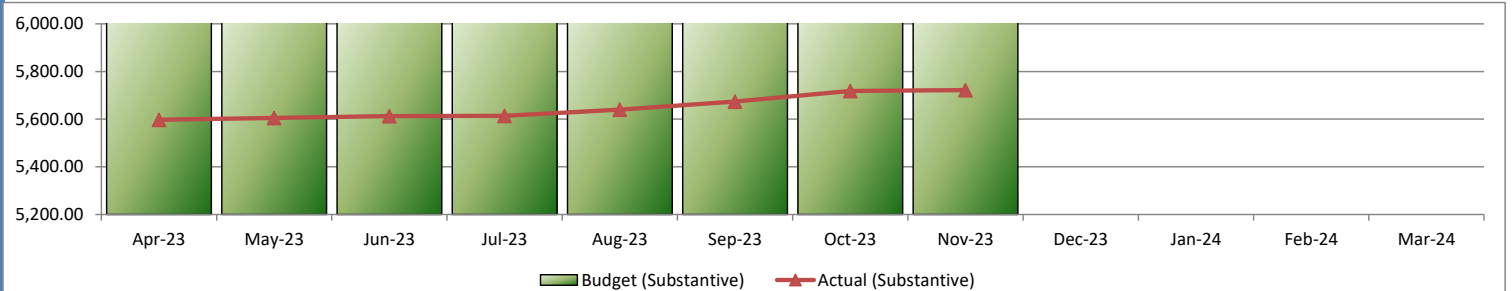
## CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

	£000		£000
NOVEMBER 2023 PLAN	-£28,656	CUMULATIVE PLAN	-£230,583
NOVEMBER 2023 ACTUAL	-£28,427	CUMULATIVE ACTUAL	-£228,783
NOVEMBER 2023 VARIANCE	£229	CUMULATIVE VARIANCE	£1,800

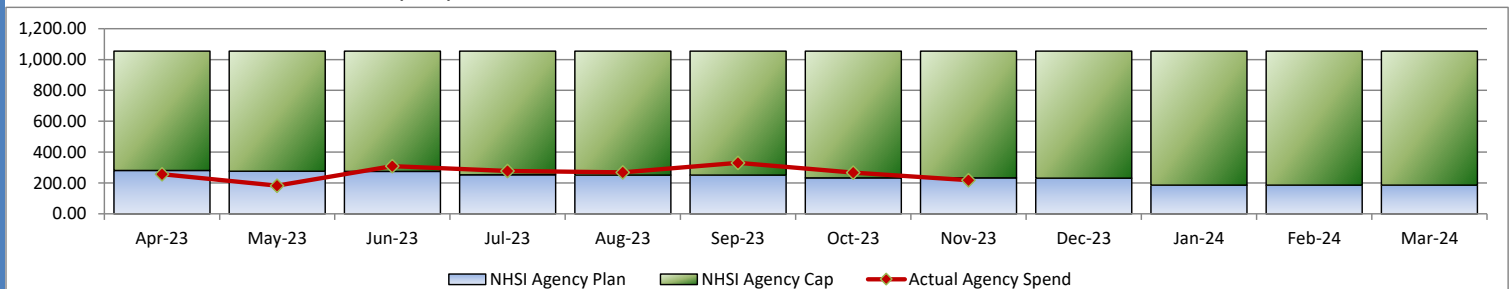
## PAY TREND



## CONTRACTED WTE IN COMPARISON TO SUBSTANTIVE BUDGET PLAN



## AGENCY PERFORMANCE AGAINST NHSI CAP (£000)



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

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
NURSING QUALIFIED	£1,059	£62	£40	●
NURSING UNQUALIFIED	-£1	£0	£0	●
MEDICAL & DENTAL	£207	£189	£169	●
SCIENTIFIC/THERAPEUT	£63	£10	£8	●
ADMIN/MGR/OTHER	£87	£3	£0	●
<b>TOTAL</b>	<b>£1,416</b>	<b>£264</b>	<b>£217</b>	●

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

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
NURSING QUALIFIED	£1,128	£1,156	£1,108	●
NURSING UNQUALIFIED	£674	£606	£598	●
MEDICAL & DENTAL	£1,007	£1,146	£795	●
SCIENTIFIC/THERAPEUT	£281	£383	£392	●
ADMIN/MGR/OTHER	£185	£213	£212	●
<b>TOTAL</b>	<b>£3,274</b>	<b>£3,505</b>	<b>£3,105</b>	●

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

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
CLINICAL SUPPORT	£12	£14	£16	●
MEDICINE	£51	£52	£50	●
SURGERY	£325	£460	£515	●
CORPORATE	£18	£3	£0	●
<b>TOTAL</b>	<b>£407</b>	<b>£529</b>	<b>£582</b>	●

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

	AVERAGE 22/23	AVERAGE 23/24	ACTUAL CURRENT	
CLINICAL SUPPORT	£54	£17	£10	●
MEDICINE	£28	£37	£40	●
SURGERY	£5	£8	£8	●
CORPORATE	£9	£6	-£1	●
<b>TOTAL</b>	<b>£97</b>	<b>£67</b>	<b>£58</b>	●

Average M1-7	£000
	<b>£28,622</b>
In-month	<b>£28,427</b> Small increase of substantive staff (+4) and higher WLI costs but reduced agency and bank
Average M1-8	<b>£28,598</b> Impact of all pay awards now in cumulative position

## PAYBILL £000

	NOVEMBER			
	19/20	22/23	23/24	
Employed	16,871	19,825	24,465	23.4% increase on 22/23
Agency	1,143	1,764	217	87.7% decrease on 22/23
Bank	1,964	2,764	3,105	12.3% increase on 22/23
WLI/OT	249	121	640	430.4% increase on 22/23
			<b>28,427</b>	

	APRIL TO NOVEMBER			
	19/20	22/23	23/24	
Employed	132,438	169,235	193,867	14.6% increase on 22/23
Agency	8,631	14,389	2,110	85.3% decrease on 22/23
Bank	14,097	25,255	28,038	11.0% increase on 22/23
WLI/OT	2,353	4,193	4,769	13.7% increase on 22/23
			<b>228,783</b>	

## WTE

	NOVEMBER			
	19/20	22/23	23/24	
RNs	1,518	1,661	1,889	
CSWs	811	1,034	918	
Medics	605	763	860	
AHP/Sci	713	872	957	
Other	914	1,081	1,098	
	<b>4,561</b>	<b>5,311</b>	<b>5,722</b>	8.8% increase on 22/23

	Average APRIL TO NOVEMBER			
	19/20	22/23	23/24	
RNs	1,489	1,608	1,847	
CSWs	793	970	963	
Medics	588	726	813	
AHP/Sci	703	856	920	
Other	910	1,061	1,105	
	<b>4,483</b>	<b>5,221</b>	<b>5,648</b>	8.2% increase on 22/23

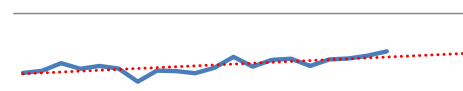


## CURRENT MONTH/CUMULATIVE FINANCIAL PERFORMANCE

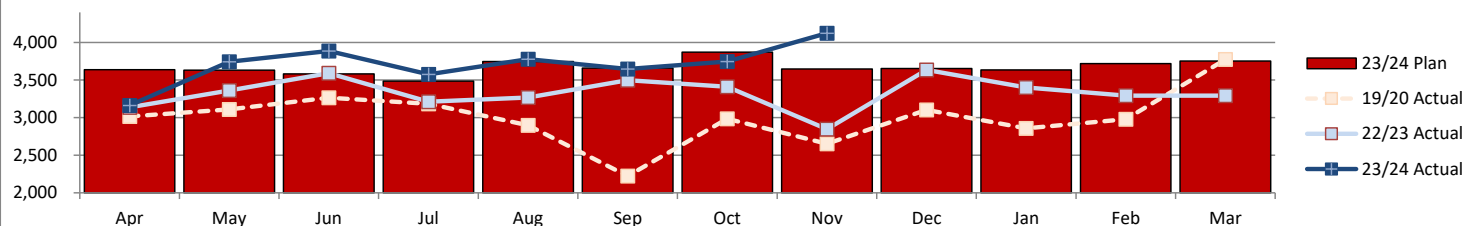
	£000
NOVEMBER 2023 PLAN	-£14,346
NOVEMBER 2023 ACTUAL	-£15,719
NOVEMBER 2023 VARIANCE	-£1,373

	£000
CUMULATIVE PLAN	-£122,238
CUMULATIVE ACTUAL	-£118,339
CUMULATIVE VARIANCE	£3,899

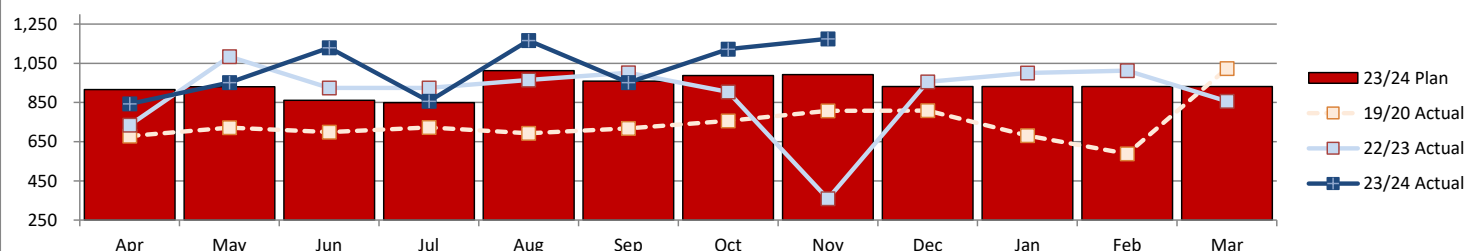
## NON PAY TREND FROM APRIL 2022



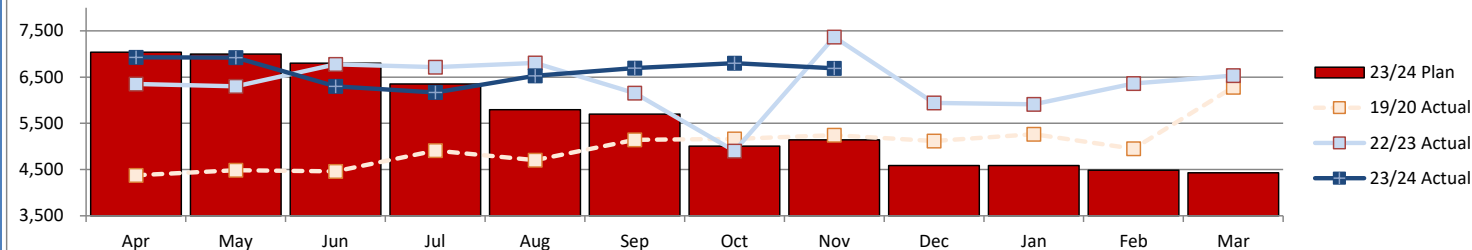
## CLINICAL NON PAY



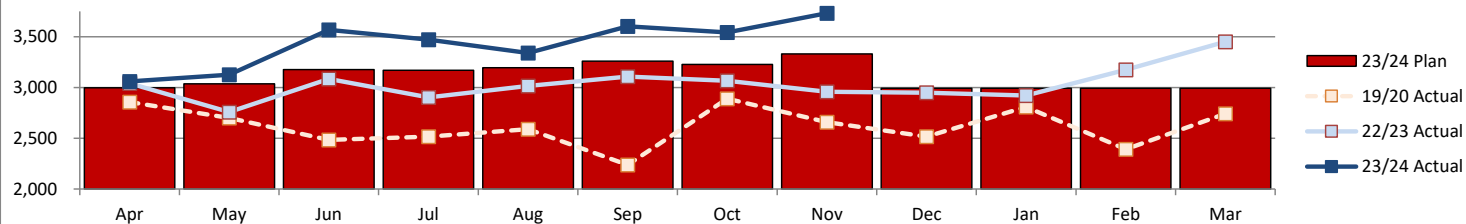
## DRUGS



## NON CLINICAL NON PAY



## PASS THROUGH COSTS



Average M1-7	£000
In-month	£14,660
Average M1-8	£14,792

Higher than average: October clinical supplies £475k passthrough costs £345k, Drugs £172k

	NOVEMBER					
	19/20	22/23	23/24	PLAN	VARIANCE	
Clinical	2,654	2,847	4,124	3,646	-477	commensurate with increased levels of activity delivered in November.
Drugs	807	359	1,175	992	-183	commensurate with increased levels of activity delivered in November.
Non Clinical	5,244	7,366	6,688	5,142	-1,546	mainly links to Miscellaneous (CIP adjustments)
Passthrough	2,658	2,959	3,732	3,330	-402	ICB Drugs £388k, Infusor Pumps £46k (within block funding)
Adj: NHSE Plan				1,236	1,236	Adjustment to balance back to revised NHSE Plan (to be amended in M9)
			15,719	14,346	-1,373	

	APRIL TO NOVEMBER					
	19/20	22/23	23/24	PLAN	VARIANCE	
Clinical	23,335	26,327	29,668	29,262	-406	increased activity in November
Drugs	5,796	6,895	8,194	7,506	-688	AMU, Anaesthetics, Chemical Pathology, Obstetrics, OP Trust Wide, Radiology
Non Clinical	38,488	51,369	53,033	48,831	-4,202	Miscellaneous (CIP), Recruitment, Consultancy part negated by PFI and Training
Passthrough	20,934	23,933	27,444	25,390	-2,054	ICB drugs £1.644m and Infusor Pumps £363k (within block funding)
Adj: NHSE Plan				11,249	11,249	Adjustment to balance back to revised NHSE Plan (to be amended in M9)
			118,339	122,238	3,899	

**Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024.**

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

**1. Suggested discussion points**

The Board is asked to note the status of the Cost Improvement Programme since our last report in November when we reported an unidentified CIP gap of £794k.

We are happy to report that the unidentified CIP gap has now been closed and we are now forecasting an over performance to year end of £194,766.






The additional identified CIP has come from overperformance across ERF for Medicine Division, budget review within Community and Core Clinical Services and asset depreciation within Information Technology Department.

Just 50% of the programme continues to be Recurrent in nature (50.2% non-recurrent and 49.8% Recurrent).

Programme over performance of £4.06m across Corporate has supported the continued divisional shortfall within Medicine and Surgery in reaching their CIP targets. Medicine now has £1.44m of unidentified CIP to find and Surgery has £2.95m.

Even though the Trust CIP target has technically been met, work continues within both divisions to reduce their unidentified CIP figures. Any surplus identified will support the overall Black Country System target.

**2. Alignment to our Vision**

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

The report content will not have been discussed elsewhere to date.

**4. Recommendation(s)**

The Public Trust Board is asked to:

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

**5. Impact**

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

**Report Title: Cost Improvement Programme Update**

**Report to: Board of Directors**

**Report Date: 11<sup>th</sup> January 2024.**

**1. EXECUTIVE SUMMARY**

- 1.1 The Board is asked to note the status of the Cost Improvement Programme since our last report in November when we reported an unidentified CIP gap of £794k.
- 1.2 We are happy to report that the unidentified CIP gap has now been closed and we are now forecasting an over performance to year end of £194,766.
- 1.3 The additional identified CIP has come from overperformance across ERF for Medicine Division, budget review within Community and Core Clinical Services and asset depreciation within Information Technology Department.
- 1.4 Just 50% of the programme continues to be Recurrent in nature (50.2% non-recurrent and 49.8% Recurrent).
- 1.5 Programme over performance of £4.06m across Corporate has supported the continued divisional shortfall within Medicine and Surgery in reaching their CIP targets. Medicine now has £1.43m of unidentified CIP to find and Surgery has £2.95m.
- 1.6 Even though the Trust CIP target has technically been met, work continues within both divisions to reduce their unidentified CIP figures. Any surplus identified will support the overall Black Country System target.
- 1.7 A large of proportion of the programme is non-recurrent in nature. Further work needs to be undertaken to identify additional recurrent schemes moving forward, particularly as we look to reduce the unidentified CIP within Medicine and Surgery further. To date we have identified £13.65m of Non-recurrent CIP (51% of the programme) but only £12.97m in Recurrent CIP (49%). The recurrent value equates to c.2.4% of our Turnover.

**2. CURRENT CIP PROGRAMME POSITION**

- 2.1 The year-to-date Plan Vs Actual has over delivered by £2.67m having delivered £16.22m against a plan of £13.55m. This is largely down to increased performance of several schemes since April 2023.
- 2.2 Due to the underperformance of some schemes, the year-end forecast has been adjusted for both Surgery, Women and Childrens division as well as Medicine and

Integrated Care. The amended divisional breakdown of our year-end Target plan Vs forecast delivery is shown in the following table 1:

Table 1

DIVISIONAL PERFORMANCE v TARGET			
	Plan	Forecast	Shortfall
Corporate	£2,742	£7,020	£4,278
Community & Core Clinical Services	£5,574	£5,880	£306
Medicine	£7,971	£6,533	-£1,439
Surgery, Women & Children	£9,945	£6,995	-£2,950
<b>TOTAL</b>	<b>£26,233</b>	<b>£26,428</b>	<b>£195</b>

- 2.3 The fully developed Cost-Out schemes forecast for delivery are worth £15.74m split into Pay £10.37m of which £5.65m is non – recurrent and £4.7m is recurrent and non-pay worth £5.44 of which £1.5m is non – recurrent and £3.9m is recurrent.
- 2.4 In addition, we have £10.86m worth of Income generating schemes identified.

### 3 IDENTIFIED CIP and RISK RATINGS

- 3.1 The table below shows the overall improved status of the programme since last month's report.

Table 4

	Fully Developed	In progress to go live	Divisional Average Delivery Risk Rating	Divisional Target	Forecast Delivery at Year End	Potential Gap at year end.
Corporate Services	32	1	Low	£2.74m	£7.020m	+£4.278m
Community And Core Clinical Services	14	4	Low	£5.57m	£5.880m	+£306k
Medicine and Integrated Care	16	4	Low	£7.97m	£6.533m	-£1.439m
Surgery, Women and Childrens	13	2	Low	£9.95m	£6.995m	-£2.950m
Total	75	11	LOW	£26.23m	£26.428m	+£195m

- 3.2 Across the Programme this month, we have 11 schemes classed as “medium risk” in terms of financial delivery. These are schemes where there are factors that could affect delivery, e.g. unforeseen staffing impact such as vacancies and sickness, waiting lists increasing etc.
- 3.3 Community and Core Clinical Services continues to have 1 high risk scheme worth £1,362,289 – Diagnostics Variable Elective Recover Fund Income. The classification of high risk has been applied as the rules for payment are not clear so far from commissioners.

#### **4. LONGER TERM VIEW**

- 4.1 Continued effort to be made at divisional level within Surgery, Women and Children and Medicine and Integrated Care to reduce their existing unidentified CIP gap further through recurrent CIP where possible
- 4.2 Divisional confirm & challenge meetings continue to monitor progress against recovery plans.
- 4.3 The Further Faster outpatient checklist has now been rolled out across all divisions to ensure that baseline elements like Validation, Did not Attends, Rapid Access Services and Advice and Guidance are being addressed effectively.
- 4.4 Recommendations from the PA Consulting report and their proposed workstreams will be implemented in due course once further detail is shared and resources agreed to lead the various elements.

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

- 5.1 Recognising that the gap between the year-end Plan and Forecast has been removed and an overperformance of £195k has been estimated.

#### **6. RECOMMENDATION(s)**

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

## Paper for submission to the Public Board on 11<sup>th</sup> January 2024

<b>Report title</b>	Emergency Preparedness, Resilience and Response (EPRR) Strategy Annual Review
<b>Sponsoring executive/presenter</b>	Karen Kelly – Chief Operating Officer
<b>Report author</b>	Luke Lewis – Head of Corporate Resilience Adam Woodhall – EPRR and Business Continuity Advisor Liam Askins – Corporate Resilience Project Support Officer

### 1. Suggested discussion points






The annual review of the Emergency Preparedness, Resilience and Response (EPRR) Strategy is due by 31<sup>st</sup> December 2023. The strategy has been reviewed and updated by the Corporate Resilience Team and presented to the EPRR Assurance Group on 9<sup>th</sup> November 2023, who have provided comments and ratified this document. The document has also been presented and ratified at the Finance and Productivity Committee on the 30<sup>th</sup> November 2023. *See further reading pack for Strategy document.*

The National Risk Register was updated in 2023, and the strategy continues to reflect the current likely risks affecting the Trust, such as emerging pandemics, terrorism, and serious flooding incidents. The West Midlands Local Resilience Forum (LRF) Local Risk Register has also been updated and received by the Trust. This local risk register has been added to the strategy as Annex D.

The Corporate Resilience Team has also thoroughly reviewed the punctuation throughout the strategy to increase the credibility of the document. The Dudley Group continually monitors national risks and sets plans in place to ensure the continuity of services provided to our patients.

There have been no further updates to the EPRR Framework released in 2022. The Board of Directors is asked to approve the strategy.

### 2. Alignment to our Vision

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

EPRR Assurance Group (09/11/2023) to Finance and Productivity Committee (30/11/2023)

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a.** To **approve** and ratify the annual review of the Trust's EPRR Strategy.






### 5. Impact

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

**Paper for submission to the Board of Directors on Thursday 11<sup>th</sup> January 2024**

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

<b>1. Suggested discussion points</b>
<ul style="list-style-type: none"> <li>Throughout the December 2023 junior doctor strike, safe staffing levels were maintained across the Trust, with senior cover in place into evenings to effectively hand over to night staff and to identify cover for any staffing gaps.</li> <li>All areas maintained good communication throughout the planning process and during the strike period to escalate and resolve any identified issues.</li> <li>A significant level of elective activity was rescheduled as a result of the December strike, although all cancer, long-waiter, and the majority of diagnostic activity was maintained.</li> <li>The pressure to meet waiting list targets for elective activity increases further with each strike period, with further junior doctor industrial action planned for January 2024.</li> <li>The Finance and Productivity Committee continue to monitor the cost impact of industrial action.</li> <li>During the strike period, 11 MET calls and 0 cardiac arrest calls were logged. However, across the four-day weekend following the strike, 15 MET calls and 2 cardiac arrest calls were logged.</li> <li>12 deaths were reported during the strike period, compared to 16 deaths during the same period in 2022.</li> <li>The disruption caused by industrial action continues to have a negative impact on staff morale, with no current resolution for junior doctors, and new offers to consultant and SAS doctors prompting unrest amongst nursing staff. The Trust awaits the result of the national staff survey and continues to support staff with a wide range of health and wellbeing initiatives.</li> <li>A number of areas for improvement have been highlighted ahead of future strikes, notably:             <ul style="list-style-type: none"> <li>The potential use of locum anaesthetists to increase cover for elective surgery.</li> <li>The need for improved discharge planning and more timely decision-making regarding discharges to improve patient flow.</li> <li>The need to ensure senior medical and nursing cover on site leading into the evenings of strike days to ensure effective handovers to night staff.</li> </ul> </li> </ul>

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

<b>3. Report journey</b>
Industrial Action Debrief Meeting (27/12/2023) to Public Trust Board (11/01/2024).

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

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



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

## **Background**

This paper provides a review of the contingencies implemented by the Trust in response to the industrial action taken by junior doctors from 7am on Wednesday 20<sup>th</sup> December to 7am on Saturday 23<sup>rd</sup> December 2023.

## **Key contingencies and additional resources deployed**

- **Medicine and Integrated Care:** Consultants acted down where necessary to cover junior doctor tasks. The division also utilised Advanced Clinical Practitioners (ACPs), Physician Associates (PAs), and International Fellows to cover any gaps in rotas. Medical staff were redeployed across areas where required and possible to cover any gaps that arose due to sickness, maintaining minimum safe staffing levels.
- **Surgery, Women and Children:** Consultants acted down where necessary and the division utilised additional ACPs to ensure 24-hour coverage across priority areas. Additional Advanced Critical Care Practitioners (ACCPs) worked across Critical Care.
- **Pharmacy:** Bank staff were utilised where necessary to ensure full coverage across emergency and ward areas.
- **Site Operations:** Additional, third-party ambulance crews were procured during the strike period to support discharges.
- **Deteriorating Patient Team:** Staff worked extended shifts to ensure 12-hour coverage across day shifts. Further support was provided by the Critical Care Outreach and Hospital At Night teams to ensure 24-hour coverage.
- **EPRR Team:** Incident Room was open from 8am to 8pm on each day of strike action as a single point of contact for the escalation of any strike-related issues.

## **What went well**

- Across both Medicine and Surgery, a senior on-site presence was maintained into the evening of each strike day to ensure effective handovers and to identify any gaps across rotas for night shifts. Medical staff across the Trust remained flexible to cover any staffing gaps that arose.
- All divisions reported good communication across all areas during both the planning process and the strike period itself.
- **Community with Core Clinical Services:** Only minimal impacts were seen across Radiology, with only 1 Interventional Radiology (IR) case being rescheduled as a result of the strike. No impacts were seen across Pharmacy, Pathology, Therapy, Complex Discharge, and Community Services.
- **Site Operations:** Fluent communication was maintained with all areas throughout the strike period to escalate and resolve any issues.
- **Deteriorating Patient Team:** Good decisions were made by senior clinicians in the days prior to the strike period, which reduced unnecessary Medical Emergency Team (MET) calls.
- **Clinical Education Team:** Educators received no requests for support from clinical areas during the strike period.
- **Communications:** The team continued to follow the national communications toolkit issued by NHS England, and all scheduled social media content was posted as planned.



- **EPRR Team:** All divisions reported junior doctor absences to Medical Workforce in a timely manner on each day of strike action, enabling the EPRR Team to efficiently report this information to the Integrated Care Board and NHS England.

### **Rescheduled activity**

- **Appendix 1** demonstrates the elective activity rescheduled due to the December strike. These figures have been taken from the official submission made to NHS England.
- In summary, the December strike had a significant impact on elective inpatient surgery, day case surgery, and outpatient activity, with minimal impacts to Interventional Radiology activity. However, there were no impacts to MRI, CT or Ultrasound diagnostic activity, and no impacts to cancer and long-waiter activity.
- A lack of anaesthetic cover for elective surgery contributed significantly to the cancellations made in this area.
- All divisions aim to reschedule any elective activity affected by industrial action within a short timeframe either side of the strike period or within the appropriate timeframes.
- However, it should be noted that the pressure to meet all waiting list targets increases with every strike period, with further junior doctor industrial action planned for January 2024.
- The Finance and Productivity (F&P) Committee continue to monitor the cost impact of industrial action, including the impact of rescheduled activity.

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

- Despite good clinical decisions prior to the strike period reducing the number of MET calls during the strike period, multiple MET calls were logged for end-of-life patients during the four-day weekend following the strike period.
- During the strike period (between 07:00 on 20<sup>th</sup> December and 07:00 on 23<sup>rd</sup> December), a total of **11 MET calls** and **0 cardiac arrest calls** were logged, consisting of:
  - 1 patient who was transferred to level 3 care.
  - 7 patients who stayed within their ward area.
  - 3 people who were transferred to ED from public/outpatient areas.
- Following the strike period (between 07:00 on 23<sup>rd</sup> December and 07:00 on 27<sup>th</sup> December), a total of **15 MET calls** were logged, including 1 patient who was transferred to level 3 care, plus **2 cardiac arrest calls**.
- A detailed review of every MET call logged during the December strike will be presented to the Deteriorating Patient Group, including how these totals compare to the average daily number of MET calls logged at the Trust.

### **Impact on mortality**

- **Appendix 2** details the mortality rates at the Trust during each strike period in 2023. The data included shows that **12 deaths** were reported during the December junior doctor strike period (20<sup>th</sup> to 23<sup>rd</sup> December 2023). For comparison, 16 deaths were reported during the same period last year (20<sup>th</sup> to 23<sup>rd</sup> December 2022). This suggests that there was no deterioration in patient safety during the December strike period.

### **Impact on patient flow**

- **Appendices 3 to 6** detail the Trust's daily general and acute (G&A) admissions, G&A discharges, and ED attendances from Monday 18th December to Tuesday 26th December 2023.

- Significant delays to patient discharges were experienced during the strike period. Factors that contributed to this were late decision-making and the delayed writing of 'To Take Out' (TTO) medication forms. This resulted in a number of failed discharges and missed patient transport bookings, thus leading to the procurement of third-party ambulance crews to aid discharges later in the day.

### **Impact on staff morale**

- We are experiencing continued industrial action with Junior Doctors, with currently no resolution in place. This continues to place additional pressure on service delivery, in what is already a difficult time with increased demand on our services. This subsequently will impact on our staff and although they continue to cope with the disruption caused by the industrial action, it is continuing to have a negative impact on the morale of our staff, which will likely increase as the industrial action continues.
- Progress has been made in recent negotiations with both consultant and SAS doctors, offers have now been made to both consultants and SAS doctors, it is crucial to note that the removal of industrial action risks is contingent upon a positive vote by the separate BMA memberships to accept these offers. However, it should be noted that this has prompted some unrest with the RCN (Royal College of Nursing) who have stated that their pay dispute with the government remains unresolved, and the RCN is already consulting our members working in the NHS in England about what they may be prepared to do in the new year. This will inevitably impact on our staff and their morale.
- Combined with the above, we are continuing to hear from staff regarding the impact of the overall economic pressure nationally. As such, Dudley, like many NHS Trusts, will be expecting this to feed through to our national staff survey, where we will see the results in early 2024. Regardless of whether staff take industrial action or not, the Trust continues to support all staff with a wide range of health and wellbeing initiatives during this challenging period, as well as a range of options for staff to just talk and raise any concerns they may have.

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

- **Medicine and Integrated Care:** The divisions experienced some unexpected sickness amongst medical staff during the strike period, although all gaps were swiftly covered.
- **Radiology:** Some consultants reported delays with porters transferring patients into the department during the strike period.
- **Deteriorating Patient Team:** Extended shifts during the December strike period plus anticipation of extended shifts during the upcoming January strike period resulted in reduced cover during the week commencing 25<sup>th</sup> December.
- **Clinical Education Team:** 'Skills Refresher for Doctors' training course was rescheduled to ensure the attendance of doctors at an alternative time.

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

- The Trust continues to operate a robust response to periods of industrial action which maintains safety across all areas. Most areas would follow a similar approach to future junior doctor strikes.
- **Surgery, Women and Children** will consider the use of locum anaesthetists during future strike periods to increase cover for elective surgery and reduce cancellations.
- Improved discharge planning, particularly from social care partners, is required ahead of future strike periods to improve patient flow through the Trust.

- All areas must have teams in place to ensure timely decision-making and TTO writing to minimise discharge delays where possible. This will help to maintain patient flow and minimise failed discharges during future strike periods.
- All areas should again consider requesting extended evening cover from senior teams during the January 2024 junior doctor strike to provide additional support to on-call teams.
- Corporate Nursing will also be asked to ensure that there is a senior nursing presence on site into the evening on each strike day in January.
- Ahead of the January strike, the **Radiology** department are in conversation with both the Trust and Mitie Estates teams to resolve the portering issues reported during the December strike.
- **Communications:** Additional sources of health advice would be useful, plus additional on-site materials to inform both staff and the public of issues such as long waits in the Emergency Department.

### **Summary**

The Trust continues to respond effectively to industrial action to maintain safety on site, despite the significant operational and financial impacts associated with rescheduled activity, plus continued impacts to staff morale. A number of areas for improvement have been highlighted ahead of future strikes, particularly in relation to improved discharge planning and increased senior cover on site into evenings.

*Note: Appendices referenced in this report are contained within the further reading pack associated with this meeting.*

### **December 2023**

## Paper for submission to Board of Directors 11<sup>th</sup> January 2023

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

### 1. Suggested discussion points

#### Summary: Key Areas of Success

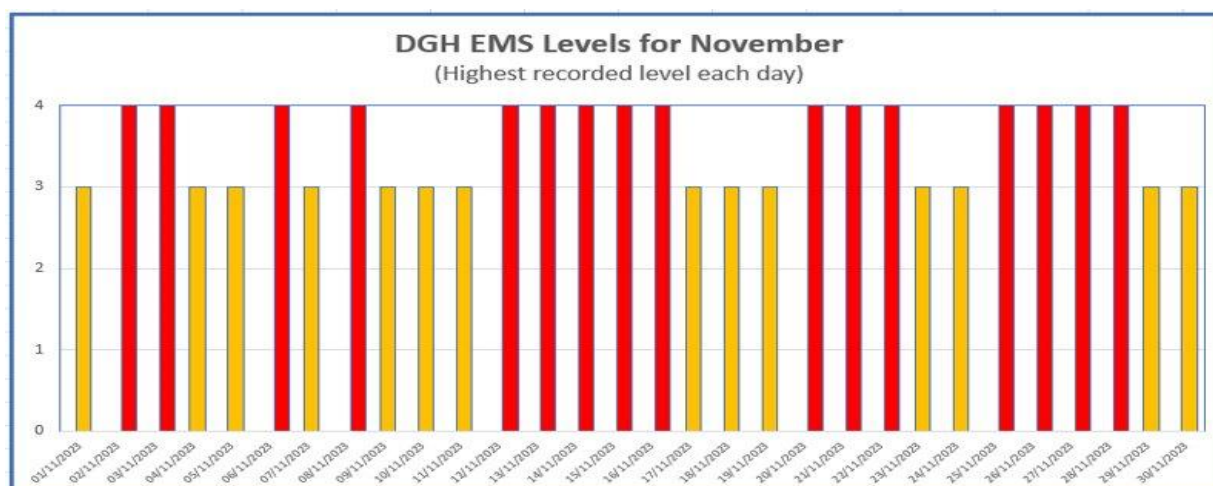
Performance against national elective recovery targets remains in a positive position. The number of patients waiting in excess of 65 weeks to commence routine treatment remains stable and the Trust continues to support neighbouring organisations through treating patients in their 78 week cohorts.

#### Summary: Key Areas of Concern

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4 hour performance showed a marginal improvement in November's position at 72.9% vs 72.5% in October. Overall Triage performance equally remains a challenge with November's position deteriorated at 80.6% vs 84.3% in October, despite the hard work which the Dudley Improvement Practice team have put in during a focused six week stint aimed at improving the triage process, however, this is still an upward improvement since June 2023.

Ambulance handover delays of over 60 minutes increased markedly during the month of November; a function of higher demand and a higher level of medically optimised for discharge patients within the trust, as occupancy is the key contributory factor to ambulance delays. However, again, the position across the Black Country deteriorated, with DGH reporting the smallest deterioration of all.

#### Emergency Access Standards



During November 2023 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.

### **Cancer (Data to October)**

From October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31 day combined decision to treat, and 62 days combined referral to treatment.

The 28 day Faster Diagnostic Standards (FDS) achieved 81.9% (October validated) against the constitutional standard of 75%.

31 day combined decision to treat target is 96%, October's performance reported at 86.9%. This is driven by workforce capacity challenges in breast, high demand for urology and skin over the last few months.

Performance against the 62 Day combined target achieved 67.1% in October against a national target of 85%. NHSE have revised this target to 70% by March 2024 pending further review. However, the total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory that has been submitted earlier this year; there are total of 96 patients in the backlog currently.

There is also robust monitoring of patients over 104 days, reported externally for any potential harm reviews. The total number of patients over 104 remain in the region of 29, of these 12 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.

### **DM01**

DM01 achieved 70.31% against a system trajectory of 70.40% with November performance showing improvement compared to October. Non-Obstetric Ultrasound (NOUS) showed further improvement. Cardiology and Endoscopy face continued pressure, with Cardiac MRI seeing an increase in patients waiting over 6 weeks, this can be attributed to capacity constraint.

Patients waiting over 6 weeks for NOUS has reduced during November as planned and will continue to be sustained during December as staffing has improved. Mutual aid still provided to SWBH since November. Endoscopy performance is showing improvements with the expansion works expected to further support this. Cardiology is still the most challenged area. CDC Echo activity has commenced on the 11/12/2023 and Cardiac MRI recovery plan is in development to help address backlog.

13-week diagnostic breaches are now monitored weekly by NHSE and recovery plans are in progress to reduce to 0 by March 2024; all modalities with the exception of ECHO and Cardiac MRI. ECHO will start recovering against trajectory from December due to additional capacity via CDC. Cardiac MRI remains challenged due to overall capacity available, but there is a desktop review of the list ongoing, and additional scanning occurring in the evenings to support recovery.






### **Elective Restoration & Recovery**

National focus remains on reducing long waits to routine treatment. The Trust continues to provide mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog, with particular focus on assisting partner Trusts with treating patients at 78+ weeks wait. The Trust is focusing on the next national requirement of reducing waits beyond 65 weeks. The impact of Patient Initiated Requests To Move Provider (PIDMAS) has been higher than expected and this is currently being addressed within the Surgical Women's & Childrens (SWC) team.

The Trust is participating in the national, GIRFT-led 'Further Faster' project aimed at increasing the number of first new outpatient appointments delivered in order to reduce the risk to the 65 week target. Central to this is improving the number of patients on Patient Initiated Follow Up pathways, reducing the Did Not Attend (Missed Appointments) rate and improving clinic throughput and productivity. Through the Outpatient Improvement Group, clinic throughput has significantly improved in Gynaecology, Pain and Gastroenterology through the introduction of virtual sessions aimed at reducing long waits to first outpatient appointment. We are holding over the course of October and November a number of 'new patient super weeks' focused on the reduction of the Appointment Slot Issue (ASI). The Outpatient Department 642 Scheduling meetings are now held weekly across all Specialty areas to support clinic utilisation and productivity.

In order to address the backlog of paediatric patients that are currently awaiting surgery the SWC team are planning a super Saturday focusing on Paediatric surgery. The main areas of focus will be Ophthalmology and ENT. This was planned to take place on 6<sup>th</sup> January but will now unfortunately need to be postponed due to industrial action.

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

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

2. Report journey
Finance and Productivity Committee on the 21 December 2023.

3. Recommendation(s)
The Public Trust Board is asked to:
a. Note and discuss the Trust's performance against national standards and local recovery plans for the month of November 2023 (October 2023 for Cancer and VTE).

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

**Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024**






<b>Report title</b>	Quality Committee 19 <sup>th</sup> December 2023: Chair's Report
<b>Sponsoring non-executive / presenter</b>	Gurjit Bhogal, non-executive director,
<b>Report author</b>	Dr Amanda Last, Deputy Director of Governance

**1. Suggested discussion points**

The paper outlines the key points of assurance and escalation at the Quality Committee meeting that took place on 19<sup>th</sup> December 2023. The report details work commissioned as result of discussions held and any decisions made.

The assurance level for BAF Risk 1.1 remains as inconclusive. The Committee noted improvements in the assurance level regarding BAF Risk 1.2 Compliance and Regulation and agreed the proposed reduction in current risk score from 12 to 9. The Committee also amended the assurance level rating from inconclusive to positive.

**2. Alignment to our Vision**

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

Quality Committee 26/09/2023

**3. Recommendation(s)**

The Public Trust Board is asked to:

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

**4. Impact**

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

## UPWARD REPORT FROM QUALITY COMMITTEE 19<sup>th</sup> December 2023

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee received positive assurance from the Maternity Service regarding progress made against the ten safety actions of the Maternity Incentive Scheme (MIS) year 5 and current position. The department shared data to demonstrate and declare full compliance against all ten safety actions. The Committee supported this decision.</li> <li>• The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Womens and Children's division, of note there have been improvements in venous thromboembolism (VTE) assessment compliance and mandatory training completion. The Surgical Hub have received excellent feedback following a GIRFT accreditation visit for elective orthopaedic. The Committee also commended the improved CQC rating to Good in Children and Young People services and the positive assurance following an Integrated Care Board visit to Gynaecology Services.</li> <li>• The Committee received positive assurance through a Learning from Deaths up-date, namely the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) have both continued to fall. The SHMI was reported as 103.6 (above average) and HSMR was reported as 89 (a positive outlier).</li> <li>• The Committee received substantial positive assurance from the Imaging Department reporting sustained improvement in the 18 areas of concern reported by CQC following their inspection 2019. The Committee were informed of the ongoing engagement with the CQC, during which reinspection of the service will be encouraged.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee ratified the updated Incident Reporting and Management Policy.</li> <li>• The assurance level for BAF Risk 1.1 remains as inconclusive.</li> <li>• The assurance level for BAF Risk 1.2 remains as positive.</li> </ul>



## UPWARD REPORT FROM QUALITY COMMITTEE 28<sup>th</sup> November 2023

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The Committee raised concern regarding the continued lack of improvement/ worsening performance in complaint response times however noted the improvement workstream recently commenced to help streamline the process. This work is being led by the Interim Chief Nurse with the Divisional Chief Nurses. The Committee will continue to monitor through agreed reporting schedules.</li> <li>• Although the Committee note an overall improvement in the number of overdue procedural documents, there are areas where the numbers of overdue documents are increasing. The Committee received assurance regarding the work underway to help address these challenges.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Although the Committee noted the sustained improvement in assessment metrics for venous thromboembolism (VTE), queries were raised regarding the implementation of the required interventions and the impact these are having on patient outcomes. The Committee commissioned a deep dive review into this area and requested that the Integrated Performance Report metrics are strengthened to include this following this work.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee received good levels of assurance regarding the quality and safety of services provided by the Medicine and Integrated Care Division. Of particular note, the Committee heard that the Trust was rated first in the UK for Internal Medicine Training (IMT) on the National GMC Survey. Furthermore, feedback from Foundation 1 and 2 trainees has improved.</li> <li>• The Committee received positive assurance through a Learning from Deaths up-date, namely the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) have both continued to fall (SHMI reported as 106, compared to 117 in August 2022 and HSMR reported as 89.6 compared to 108 in August 2022). Trust performance is now amongst the best in the region.</li> <li>• The Committee received positive assurance regarding the oversight and improvement plan for the neonatal service with work focusing on care bundle delivery, equipment and leadership making good progress.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee noted improvements in the assurance level regarding BAF Risk 1.2 Compliance and Regulation and agreed the proposed reduction in current risk score from 12 to 9. The Committee also increased the assurance level rating from inconclusive to positive.</li> <li>• The assurance level for BAF Risk 1.1 remains as inconclusive.</li> </ul>

## Paper for submission to the Public Trust Board on Thursday 11<sup>th</sup> January 2024

<b>Report title</b>	Chief Nurse Report
<b>Sponsoring executive</b>	Helen Blanchard Interim Chief Nurse
<b>Report author</b>	Helen Bromage Deputy Chief Nurse Jo Wakeman Deputy chief Nurse

### 1. Suggested discussion points

Deteriorating Patient Pathway work in conjunction with the Medical Director's office is moving from strength to strength. Further collaborative working is planned with the implementation of 'call for concern' over the coming months.

Early Neonatal mortality rates remain above the national average- a thematic review is underway and due for completion February 2024.






January marks 12 months of operation of the complex nutritional virtual ward, providing acute specialist care in the patient's own home.

Focused work is underway to refine the process for dealing with complaints. Limited effect currently for impact but improvements in the performance indicators is anticipated over the coming months.

84% of patients providing FFT feedback in November rated their experience of the Trust as good/very good. This is a 2% increase from previous month. The challenges facing the trust around demand and availability/capacity is expected to have a negative impact on the ratings/scores given for those who attend our emergency department.

Work is underway aligning approaches to safer staffing, policies and processes with the aim of ensuring effective and efficient use of resources across the system.

### 2. Alignment to our Vision

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

None

### 3. Recommendations

The Public Trust Board is asked to:

- a.** Acknowledge the work undertaken by the Chief Nurse's Office and the examples of collaborative work underway.
- b. Approve**
  - a. that an end of year report comes to the March Board, sharing progress and improvements from the various work programmes and activities.

	b. information to be shared in the same report about the ambitions for 2024/25, reporting to Quality Committee and Board 6 monthly.
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<b>4. Impact</b>							
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Corporate Risk Register		Various					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

## Chief Nurse Report

Report to Board of Directors (Public) on Thursday 11<sup>th</sup> January 2024

### 1. EXECUTIVE SUMMARY

- 1.1 In May 2023 the Nursing, Midwifery and AHP strategy was launched. The strategy is ambitious in its nature with a 3-year plan to deliver. The strategy was developed by clinical leaders across the trust with significant input from staff.
- 1.2 Throughout the development it was clear that a combined Nursing, Midwifery and AHP strategy was wanted and not individual profession specific. The different professional teams had a shared vision with the patient at the centre and a new challenge for senior leaders to keep so many professional groups together and motivated by the content and the ask.

### 2. THE STRATEGY



### 3. FUTURE REPORTING

3.1 As the first year of the Nursing, Midwifery and AHP strategy comes to an end, it is suggested that an end of year report comes to the March Board, sharing progress and improvements from the various work programmes and activities.

Information will be shared in the same report about the ambitions for 2024/25, with a suggestion of reporting to Quality Committee and Board six monthly.

## OBJECTIVE 1 – COMPASSIONATE AND STRONG LEADERSHIP

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

Deteriorating Patient Pathway work in conjunction with the Medical Director's office is moving from strength to strength. Further collaborative working planned with the implementation of call for concern over the coming months.

Third cohort of RCN cadet students are being prepared to start in June. We are one of 2 Trusts in the Black Country supporting this programme.

Advancing Clinical Practice governance is being further defined due to the leadership of the Trust corporate lead.

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

There is a competent, knowledgeable workforce of nurses, midwives and AHPs to deliver care reflecting best practice which meets the needs of the local population.

### Non-Medical Professional Development

Table below shows CSW achieve the national Care certificate in the first 12 weeks of joining the trust and Clinical support workers recruited from April 23- December 23

CSW Cohort	Starters	Retained	Retained %	Care Certificate achieved in the first 12 weeks	%	Care Certificate achieved in the past 12 weeks	%
April 2023.	22	20	90%	0	0%	14	70%
June 2023.	17	17	100%	0	0%	3	17%
Sept 2023 Novice	8	5	62.5%	0	0%	0	0%
Sept 2023 CSW	12	10	83%	0	0%	0	0%
Totals	59	52	88%	0	0%	17	32%

All September Graduate registrants have commenced in role and developing through preceptorship.

New cohort of registered nurses, who converted from Nursing Associates, graduated in December.

### OBJECTIVE 3 – DELIVERING THE FUNDAMENTALS OF CARE EVERY TIME

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

#### **Deteriorating Patient** Pathway work continues.

Senior clinical reviews completed per week in Q3 the current median is 61.52% which has improved from 60.36% in Q2 (target >90%). Due to the variable number of hospital admissions the medical emergency team calls are viewed per 1000. Since the introduction of the DPP (Nov 22) there has been a consistent improvement with reductions throughout the year 2023 in comparison to 2021 & 2022. Survival to discharge at Q1 (23-24) = 10.5% which is comparable to other similar hospitals that do not have primary PCI on site. The survival to discharge rate nationally is 22%, but this will include cardiac arrests from centres with specialist cardiac services which may have a high proportion of patients with a shockable presenting rhythm secondary to procedures performed, in comparison to DGFT where 75% of the cardiac arrests have a non-shockable presenting rhythm in Q1. An increase in appropriate conversations and decisions on treatment, escalation and resuscitation plans (TERPS) may reduce the volume of 2222 calls and increase survival to discharge, this work continues.

#### **Section 42 Enquiries (Safeguarding)**

There have been 2 Section 42 Enquiries against the Trust during December, both for neglect and acts of omission. The one enquiry has been completed, with no learning or actions identified for the Trust. The second is in the process of completion and is relating to concerns from a care home regarding lack of information on discharge and undocumented bruising to the patient.

#### **Deprivation of Liberty Standards**

Number of applications = 47. This is in line with current monthly average for the Trust. No patients subject to a DOLS have been assessed by a Best Interest Assessor. This is a nationwide challenge.

## Safer staffing

Safer Staffing Summary **Nov**

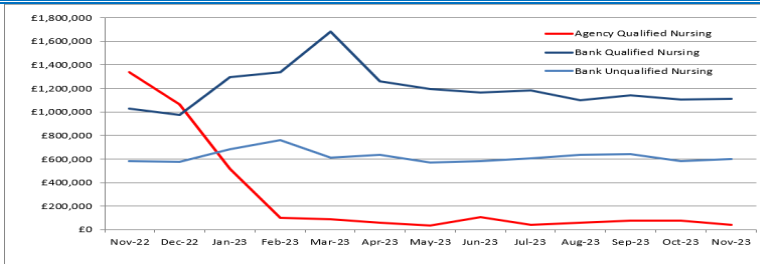
Days in Month 30

Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day %	UnQual Day %	Qual N %	UnQual N %	Sum 24:00 Actual CHPPD Occ			
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered	Care staff	Total	
A2 /A4	94	86	60	59	60	59	60	60	91%	98%	98%	100%	358	4.73	3.98	8.72
B1	134	122	65	60	63	59	62	55	91%	91%	94%	89%	534	3.85	2.47	6.32
B2(H)	121	104	190	183	90	82	168	166	86%	96%	91%	99%	715	3.12	5.73	8.85
B2(T)	120	105	157	131	90	88	132	122	88%	84%	98%	92%	712	3.26	4.27	7.52
B3	223	199	169	144	211	192	145	144	89%	85%	91%	99%	1,106	4.15	3.12	7.27
B4	222	173	242	232	152	147	198	186	78%	96%	97%	94%	1,260	2.98	3.98	6.96
B5	240	211	157	133	260	219	95	96	88%	85%	84%	101%	873	6.03	3.08	9.11
C1	245	243	249	234	180	173	190	179	99%	94%	96%	94%	1,434	3.39	3.45	6.85
C2	279	244	74	70	270	224	76	81	87%	95%	83%	107%	724	7.58	2.45	10.03
C3	210	206	372	363	180	161	360	359	98%	98%	89%	100%	1,561	2.82	5.43	8.25
C4	202	166	65	65	120	104	60	70	82%	99%	87%	117%	647	4.88	2.40	7.29
C5	261	226	244	230	241	239	183	174	87%	94%	99%	95%	1,422	3.97	3.41	7.38
C6	94	91	94	90	90	84	73	71	96%	95%	93%	97%	546	3.75	3.53	7.29
C7	210	189	187	170	150	149	188	172	90%	91%	99%	91%	1,064	3.72	3.86	7.58
C8	250	223	210	162	210	198	182	157	89%	77%	94%	86%	1,285	3.85	2.98	6.83
CCU_PCCU	238	220	61	60	210	208	33	32	93%	98%	99%	97%	760	6.62	1.46	8.08
Critical Care	507	412	121	90	508	423			81%	74%	83%		430	23.30	2.51	25.81
EAU AMU 1	521	493	420	391	480	463	429	401	95%	93%	96%	94%	2,224	5.05	4.28	9.33
Maternity	866	796	358	209	512	493	210	160	92%	58%	96%	76%	1,381	8.90	3.13	12.03
MECU	91	89	35	33	91	91			98%	94%	100%		222	9.73	1.62	11.35
NNU	287	207			235	201			72%		86%		392	12.48	0.00	12.48
<b>TOTAL</b>	<b>5,418</b>	<b>4,804</b>	<b>3,532</b>	<b>3,110</b>	<b>4,404</b>	<b>4,056</b>	<b>2,844</b>	<b>2,685</b>	<b>89%</b>	<b>88%</b>	<b>92%</b>	<b>94%</b>	<b>19,650</b>	<b>5.19</b>	<b>3.51</b>	<b>8.70</b>

Nurse staffing has seen an improving picture with all areas now in the amber area and two areas within the green in terms of the number of staff planned to be on duty compared with the number actually on duty.

Work continues to retain staff with a variety of development and retention programmes on offer.





The overall spend profile has plateaued due to the consolidation of the workforce and the recent recruits becoming established in their roles. There is collaborative work being undertaken with the wider Black Country Provider Collaborative to align workforce standards, policies, and processes with regards to safer staffing and staffing levels.

#### OBJECTIVE 4 – LISTENING AND LEARNING FOR IMPROVEMENT

We will listen to what the workforce tells us about their concerns or what would help them improve. We will learn from when things that go wrong, embedding new practice and shared learning to improve our services and patient outcomes.

##### Complaints

KPI complaint response rate of 90% not being achieved. As of 30 November 2023, the complaint response rate is 50%.

Slight decrease in the number of new complaints received for November 2023 (82) compared to October 2023 (90) and the previous year, November 2022 (102). Current average number of complaints for 2023/24 is 85 per month.

Number of complaints in backlog for November 2023 is 41 = 35.3% (this does not include reopened complaints and Ombudsman cases).

Focused work underway to refine the process for dealing with complaints. Improvement in performance metrics anticipated in the coming months.

Six complaints were received and triaged for the early resolution process.

17 complaints in November were appropriately converted to PALS for prompt resolution.

108 complaints were closed for November 2023 which is the highest number of closed complaints for one month for this financial year (average closed per month is 91 complaints).

### **Patient Experience**

A total of **4846** Friends and Family responses were received in November 2023 in comparison to 5174 in October 2023. Overall, 84% of respondents have rated their experience of Trust services as 'very good/good' in November 2023, an increase since October 2023 (82%). A total of 5% of patients rated their experience of Trust services as 'very poor/poor' in November 2023. The Emergency Department received the highest percentage negative score with 14% of patients rating their overall experience as very poor/poor in November 2023, an improvement of 2% since November 2023. The Community Services received the highest percentage score for patients rating their overall experience as very good/good at 91%.

### **Adult Inpatient Survey 2022**

The Overall Patient Experience Score (OPES) for the Trust for 2022 is 7.8 in comparison to 8.0 in 2021 and is performing 'about the same' when compared to all other trusts. The Trust is in the bottom five of trusts with the lowest score in comparison to other trusts within the region.

The Executive team led by the Chief Nurse has agreed to four main themes to focus on to improve next year's patient survey results: discharge, pain, nutrition with communication as a common theme across all work streams. There are already established groups in place to deliver and improve our Patient experience, each of these groups have been allocated a senior nurse to support the progression against the four themes. Updates will be provided through the patient experience Group.

## **OBJECTIVE 5 – PATIENT SAFETY AND IMPROVED QUALITY AND CARE OUTCOMES**

We will through quality improvement and governance frameworks have a programme of continual quality improvement. This will maintain patient safety, improve care outcomes, and achieve maintenance of national policy and standards.

### **Infection Prevention and Control**

A case of MRSA bacteraemia was reviewed externally in December 2023 and was deemed uncertain. Lessons learned for the 2 MRSA bacteraemias have been shared across the organisation.

*Clostridioides difficile* (CDI) cases to the end of November 2023 are above trajectory. The review has not identified any themes or trends which may have led to the increase which has seen the Trust over the annual trajectory in November. The Trust is not an outlier with system partners reporting similar increases. NHSE is undertaking a national review of CDI including the food chain and sewerage release.

The ICB undertook a CDI review visit to the Trust on the 21<sup>st</sup> November. All recommendations have been added to the Trusts CDI improvement plan which will be reviewed at IPCG in January 2024.

**Table 1:**  
Table showing the number of HOHA and COHA infections by month.

**KEY:**  
Green – meeting threshold  
Red – failing to meet threshold

2023/2024													
MRSA Bacteraemia													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	0	0	0	0	1	0	0	1					2
COHA	0	0	0	0	0	0	0	0					0
Total													
Year End Threshold													
													2
Clostridioides difficile													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	2	8	5	5	3	1	5	3					32
COHA	4	1	5	5	4	3	1	3					26
Total													
Year End Threshold													
													38
No more than 42													
E.coli Bacteraemia													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	3	2	2	2	3	0	2	5					19
COHA	4	2	8	6	4	5	2	2					33
Total													
Year End Threshold													
													52
No more than 79													
Pseudomonas Aeruginosa Bacteraemia													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	0	0	1	0	1	1	0	1					4
COHA	0	0	2	0	0	1	0	1					4
Total													
Year End Threshold													
													8
No more than 16													
Klebsiella spp. Bacteraemia													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	1	0	0	0	1	1	0	1					4
COHA	1	0	1	0	2	3	1	2					10
Total													
Year End Threshold													
													14
No more than 24													
MSSA Bacteraemia													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	YTD
HOHA	1	3	0	1	0	3	3						16
COHA	2	0	0	3	3	1	3						13
Total													
Year End Threshold													
													23
N/A													

## Maternity and Neonatal Safety and Quality Dashboard

MIS year 5 is concluding on the 1<sup>st</sup> February 2024 and the Trust is declaring themselves compliant with 10/10 of the safety actions.

### Mortality:

Perinatal Mortality is being monitored via Mortality Surveillance Group and Quality committee. Quarterly reports come to trust board for consideration. Learning from each PMRT review is featured within this report.

Stillbirth rate for Dudley is 2.92, below the national average of 3.33. Early Neonatal death rate is 2.93, above the national rate of 0.98. (New national data/rates will be available from February 2024)

Late Neonatal death rates remain at 0 (National rate 0.55).

### Incidents:

4 new Maternity/Neonatal incidents reported as PSII during October and November 2023

## OBJECTIVE 6 – SUSTAINABILITY AND GROWTH

We will support and actively participate in sustainability and growth to ensure we have the right workforce now and for the future and invest in our local community.

### **Complex Nutrition**

The service has expanded across 3 different services: acute inpatients and community patients requiring parenteral and long-term enteral feeding or malabsorption syndromes, nursing support for oral nutrition and hydration across inpatient organisation and the complex nutrition virtual ward. Virtual ward complex nutrition service is 1 year old in January 2024, we are expanding admission criteria to further increase opportunities to treat patients virtually rather than admitting them to hospital.

### **Nutrition specialist support in organisation**

Due to recent changes in nasogastric tube practice the audit frequency has been increased from quarterly to monthly.

Audit completed in December to look at the evidence of Registered Nurse competency-based training for insertion; 73.3% had evidence of competency (11/15)

Only 2/15 tubes required x-ray confirmation which indicates the tubes are being safely inserted and confirmed.

### **Food standards**

Working collaboratively to support the implementation of the new food standards guidelines from a specialist nursing perspective.

**Helen Bromage and Jo Wakeman**  
**Deputy Chief Nurses**  
**January 2024**

**Paper for submission to Public Board of Directors 11 January 2024**






<b>Report title</b>	Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme- Year 5- Final Position
<b>Sponsoring executive</b>	Helen Blanchard – Interim Chief Nurse
<b>Report author / presenter</b>	Claire Macdiarmid- Head of Midwifery

**1. Suggested discussion points**

The Board is asked to note the final position against the ten safety actions of the maternity incentive scheme (MIS) year 5. **The Maternity and Neonatal teams are declaring full compliance against all 10 of the safety actions.**

The Board is asked to approve the Trust Self-certification of Year 5 of the Incentive scheme, via the attached Board declaration form.

**2. Alignment to our**

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

Public Board

**4. Recommendation(s)**

The Public Trust Board is asked to:

- a. Approval** The Board is invited to accept the assurance provided in this report as final position with Maternity incentive scheme year 5 and current progress against Saving babies Lives Version three

**5 Impact**

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

**REPORT FOR ASSURANCE**
**Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme Year 5 – Final Position**
**Report to Public Board of Directors 11<sup>th</sup> January 2024**

## 1 EXECUTIVE SUMMARY

1.1 The Maternity incentive Scheme (MIS) supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST. MIS rewards trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

In the fifth year, the MIS will continue to incentivise the 10 maternity safety actions from the previous year with some further refinement.

## 2. BACKGROUND INFORMATION

2.1 NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions as referenced in previous years' schemes. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

### 2.2 The Dudley Group position with Maternity Incentive Scheme (CNST) Year 5

A gap analysis of compliance was completed and presented to relevant groups and committees. Since this time there has been two amendments to the details of the scheme. The most recent update was communicated to trust on the 24<sup>th</sup> October and affect safety action 1 and safety action 8 as outlined below.

[MISyear5-update-July-2023.pdf \(resolution.nhs.uk\)](#)

Table 1:

	Final RAG rating
Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	
Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	
Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	
Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	
Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	
Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme?	

A deep dive of compliance against all 10 of the safety actions was presented to the Quality Committee on the 21<sup>st</sup> December 2023. A paper was also presented to the Private Board of Directors on the 14<sup>th</sup> December 2023. This paper will discuss only the elements of some safety action, that has not been discussed in previous papers.

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

**Compliant**

- a) Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.*
- b) A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director, or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.*
- c) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.*

A revised Transitional Care Standard operating procedure (SOP) has been developed to include the development of flexi beds for maternal/neonatal readmissions and home-phototherapy provision. This has been ratified at GAME in November 2023.

Avoiding term admissions into Neonatal units (ATAIN) Action plan for Q1 was presented to Public board in November having been discussed at all required governance forums both within trust and the Local Maternity and Neonatal System as well as the Best starts workstream. Quarter 2 ATAIN report was reported through Best starts at the LMNS and within trust via the Quality Committee in December 2023. The paper can be found as Appendix A.:

**ATAIN Q2**

The review of findings in the period July 2023 to September 2023 (Q2 of 2023) has shown there is a reduction in term admissions when considering the higher number of births. There has been a gradual step down in term admissions to the NNU from 6.7% at beginning of the year to 4.3% of the total number of births by the end of Q2. Changes in TC criteria have aimed for this change and the figures in this report are starting to reflect the impact.

A steering group is currently in progress to ensure the current service provision is compliant with all recommendations of transitional care BAPM criteria. Changes to TC provision will include:

- Step-down babies from NNU from 33 weeks gestation on 3 hourly NG tube feeds
- All 34- and 35-week babies greater than 1.6kg and under 2kg being admitted to TC.

**Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard?

**Compliant**

Detail of position this safety action were reported via the December meeting of the maternity safety champions and Quality committee December 2023.

Please see Appendix B. This paper demonstrates an overview of the compliance with the safety action, as well as action plans for the Boards attention and acceptance.

Neonatal unit meets BAPM National standards of medical staffing following a successful business case and recruitment campaign. Previously the trust were non-compliant and significant progress has been made to reach compliance. The case was discussed at Board on the 8<sup>th</sup> June 2023 and business case was approved.

**SA4A relating to obstetric locum induction, is compliant with an action plan in place.**  
**SA4D Neonatal nurse staffing is compliant with an action plan in place**

**Safety Action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard?

**Compliant**

The biannual Maternity and obstetric workforce plan was presented to the December Quality Committee, and can be found in Appendix D

- All required training for all staff groups for MIS year 5 is at 90% or above as required by the scheme. Plan is in place to maintain these rates over the coming year.
- 1:1 care in labour has been achieved 100% of the time
- Supernumerary Midwifery shift leader status has been achieved 100% of the time.
- There is no Midwifery vacancy at the current time.
- Some Specialist midwifery vacancies are on non-recurrent funding and require a business case to ensure safety is maintained within the service.
- Maternity leave has stabilised to 6.5%
- Obstetric consultant workforce is fully staffed however gaps in the rota have become evident due to ill health amended duties
- Health Education England visit 23.11.23, Immediate safety concerns raised regarding 24/7 separate Obstetrics and Gynaecology tier 2 provision. Increase in tier 1 workforce required to support this out of hours. Paper to be presented to support increase in workforce.
- College tutor has contacted deanery to see if they can increase provision. Obstetric training was praised and encouraging verbal feedback has been received from outgoing GP trainees.

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

**Compliant**

*a) All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded.*

*b) Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of Board, LMNS/ICS/ Local & Regional Learning System meetings.*

*c) Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.*

A Speak up session was held on the 21<sup>st</sup> December 2023 by Professor Liz Hughes as Non-Executive for Maternity and Neonates, and Safety champion. Highlights of this feedback are as follows

- Support workers were very happy to work in maternity. However, they would like enhanced opportunities for career advancement-they are band 2 and would like carer development to band 3.
- Clinical Skill facilitator role was commended, and Safety champions felt this temporary role should be extended as it supports faster and more complete development of competences.
- There was praise for the maternity services leadership
- An internationally educated midwife said she felt valued and part of the team, valued her CTG training and aspired to be a practice development midwife. She commented that it was very inclusive in Dudley and that their induction had been very supportive.
- The Mitie housekeeping team felt very much part of the team and said they would not like to work anywhere else
- Concerns were raised about Obstetricians' concerns regarding the competency of some junior doctors



- Sometimes obstetricians didn't work as a team
- One experienced doctor was very concerned about the changes to the rota at night leaving only one allocated registrar and one VTS SHO for obstetrics- this concern was immediately escalated to the medical director as a potential patient safety issue.
- Some staff found all of the improvement changes hard in the beginning, but they felt this had made a positive impact now they were embedded and were very supportive of the maternity leadership across the board.

These issues will be raised at Maternity Safety Champions' meeting, and an action plan created on how to rectify the issues raised. Sessions are held quarterly but staff are aware how to contact the Board level champions at any time to discuss anything relating to safety. The FTSU Champions have also been invited to the next Maternity Safety champion meeting to discuss a joined-up approach to hearing staff concerns. The previous session held in the Summer of 2023, had no attendees= therefore this feedback has been invaluable and the staff are thanked for their honesty and openness.

### **Perinatal Culture and leadership**

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

\*The perinatal quad consists of the Clinical directors for both obstetric and neonates, the Head of Midwifery and the directorate manager.

Quarterly engagement sessions between Board level Maternity safety champions and the quadrumvirate have been held. Last meeting was held 18/12/23. Next Meeting is Scheduled for February 2024.

## **3 RISKS AND MITIGATIONS**

The Maternity incentive scheme year 5 concludes on the 1<sup>st</sup> February 2024 and requires sign off from the Board prior to this date.

## **4. RECOMMENDATION**

**4.1** The Board is invited to accept the assurance provided in this report as final position with Maternity incentive scheme year 5 and Saving babies Lives Version three.

Name of author: Claire Macdiarmid, Head of Midwifery  
3<sup>rd</sup> January 2024

# Reducing Term Admissions to the Neonatal Unit

## Reducing Term Admissions to the Neonatal Unit

Russells Hall Neonatal Unit  
July 2023 to September 2023

Author: Advanced Neonatal Nurse Practitioner Claire Cockburn

# A Retrospective Report of Findings from the Maternity and Neonatal Weekly Incident Review Meetings

## Introduction

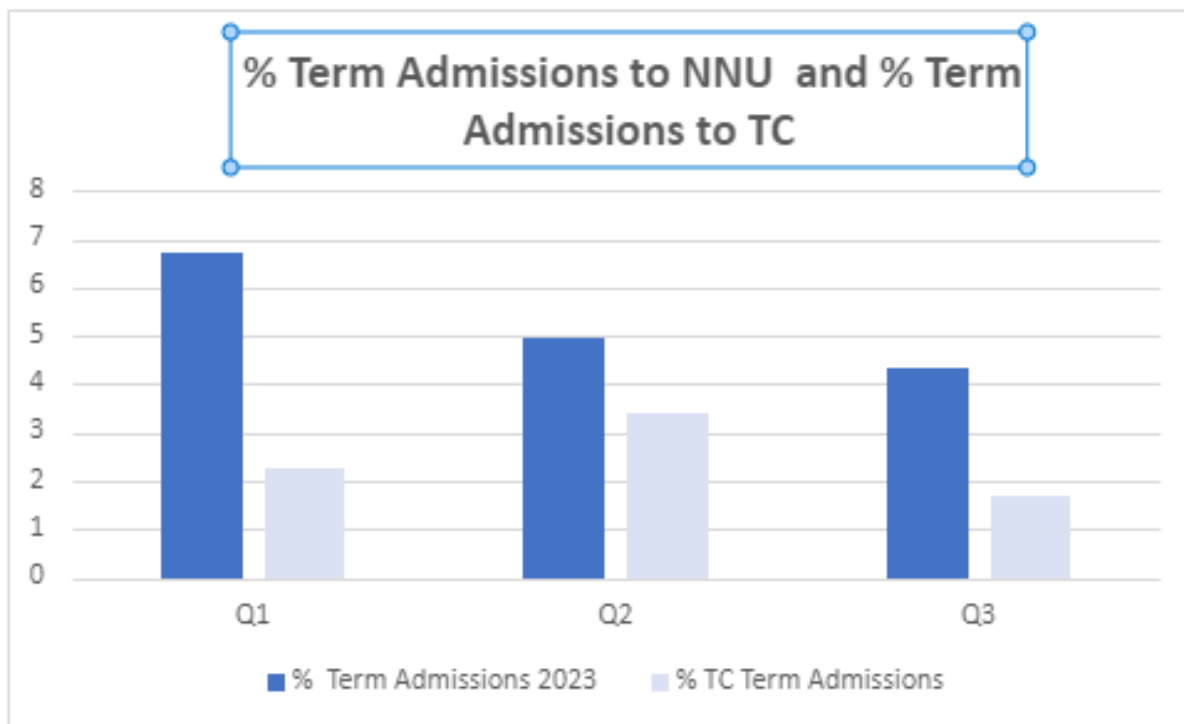
In 2017 NHS England identified that over 20% of term admissions to the Neonatal unit could be avoided. ATAIN (Avoiding Term Admissions into Neonatal units) is a national programme of work to reduce the harm caused by separation of mother and baby. The aim of this report is to discuss the themes identified from the weekly maternity and neonatal review of term admissions admitted to the Neonatal Unit to promote understanding and development of services which keeps mothers and babies together when it is safe to do so.

The Maternity Incentive scheme (NHS Resolution) requires an action plan to have been agreed at Trust Board level and with the Local Maternity System (LMS) and Operational Delivery Network (ODN) to address local findings from the review of term admissions. The National ATAIN scheme requires all Trusts to have admission rates of term infants below 5% by March 202. With an aspirational target of 3%.

## Term Admissions

The table below demonstrates the percentage of term babies admitted to the Neonatal unit over the last four quarters. The data from Badgernet is for babies >37 weeks' gestation who stayed in the NNU for at least one day and where the first admission was within the period. To compare is also the number of term baby admissions to transitional care. Ideally term babies who need extra support would benefit from transitional care as this avoids separating mother and child.

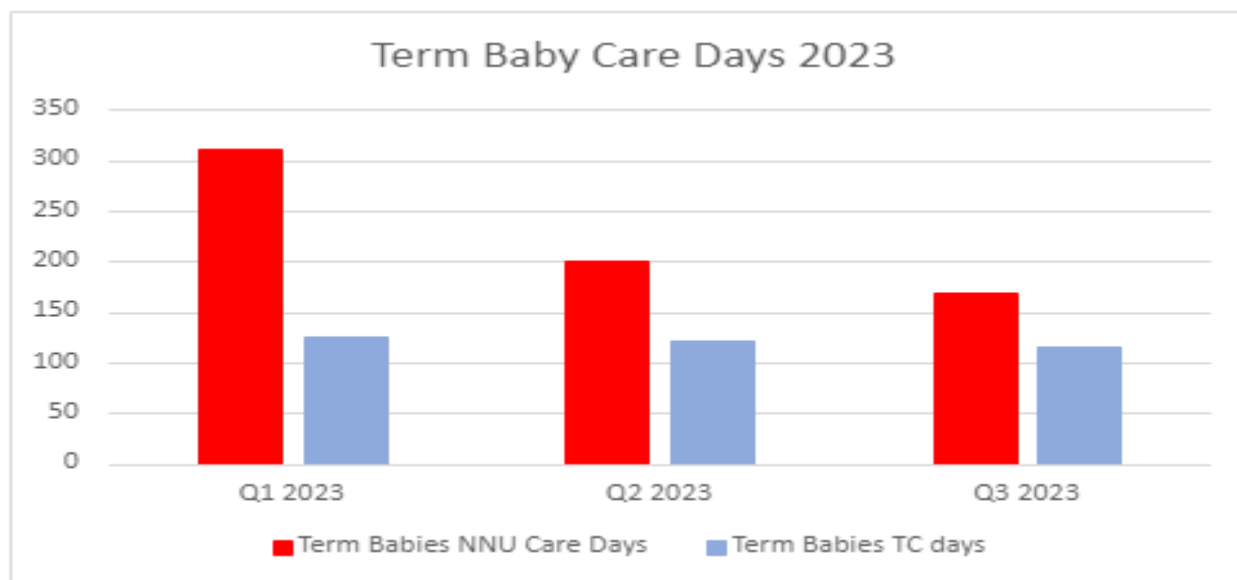
Year	No of Live Births	NNU	%NNU	TC	%TC	Total term admissions (NNU & TC)	%Total term admissions (NNU &TC)
July 23- Sept 23	1057	46	4.3%	18	2.3%	64	6.6%
Apr 23- Jun 23	975	48	4.9%	33	3.4%	74	7.5%
Jan 23- March 23	1015	68	6.7%	23	2.2%	91	8.9%
Oct 22- Dec 22	1030	42	4.0%	19	1.8%	61	5.9%



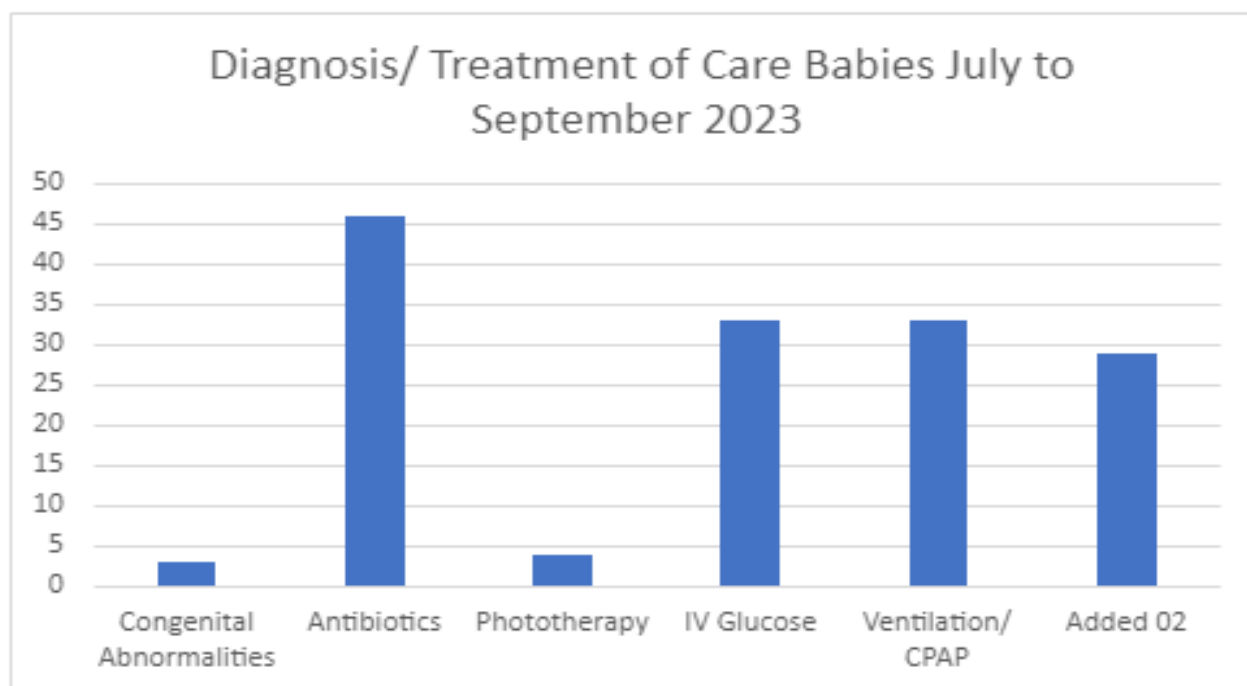
Only admission numbers are not beneficial as some babies have short stay and some longer depending on the care they require. Ideally the length of care on neonatal unit should be as short as possible to avoid more unnecessary separation from parents. The below table shows how many hours care the term babies on the NNU required.

July 23 – September 23				Gestation		
Length of stay (hours)	37	38	39	40	41+	Total
No. of babies	15	4	18	9	7	53
< 12	2	1	0	0	1	5
12-24	3	0	1	1	1	5
24 - 48	1	2	4	1	0	8
48-72	4	0	5	2	1	12
>72	5	1	8	5	4	23

The next graph compares the term care days on neonatal unit to term care days on TC. These numbers decreasing between Q1 and Q2 could be due to the lower total number of births (1015 in Q1, 954 in Q2) however despite the total births in Q3 being 1057 there has still been a reduction in term baby care days.



The percentage of term babies admitted to the Neonatal unit in 2022/2023 has increased to 7.4% and has risen since 2019/20 after a drop. Whilst the number of term babies admitted to the Neonatal unit has increased, the percentage of babies admitted to Transitional care has remained static.



## Weekly Incident Review Meeting (WIRMS)

All term admissions except babies with an underlying congenital abnormality and those requiring a place of safety are reported as 'unexpected term admissions to the Neonatal unit'. Babies who are admitted in accordance with Network and Trust pathways are also excluded. This includes bilious vomiting and failed pulse oximetry. Each admission is reviewed at a weekly meeting between the obstetric and neonatal team and findings from the review are documented. The WIRMS meetings are held every Wednesday. There were **39** babies reviewed between July 2023 and September 2023. The remaining reasons for admission are shown below.

### Reasons for admission were:

Respiratory Distress/ suspected sepsis	32
Jaundice	2
Poor Condition at Birth	1
Jittery	2
Jaundice	2
SVT	1
NAS	1
Bradycardia	1

Of these babies **4** were deemed avoidable as they could have met criteria for transitional care which would have avoided separating mother and baby. There were also some babies who could have been transferred to TC quicker than they were. Actions were logged to alert the medical/ nursing/ midwifery teams to the criteria for TC.

### Incidental learning was also identified.

#### Midwifery

- Baby's condition not escalated to medical team in a timely manner
- Safeguarding not clear so not communicated effectively
- No cord bloods or justification why
- Terminology used to document the condition of a baby

#### Neonatal

- Ensuring oxygen saturations are done in a timely manner
- Newborn record sheet and APGARS not completed
- Abnormal Temperature not repeated within first hour
- No APGARS from Paediatrician
- Hypothermic baby not dressed appropriately
- Problems contacting SHO Bleep (numbers were not showing on bleep)
- Delay in starting antibiotics
- Delay in review when there were failed pre/post ductal Saturations
- Reducing high flow sooner therefore allowing baby quicker transfer to TC

### Good Practice

- A baby was admitted to TC first before escalating the care to NNU
- Greatix x 2 for excellent documentation
- Good resuscitation documentation by midwife

### Conclusion

The review of findings in the period July 2023 to September 2023 (Q2 of 2023) has shown there is a reduction in term admissions when considering the higher number of births. There has been a gradual step down in term admissions to the NNU from 6.7% at

beginning of the year to 4.3% of the total number of births. Changes in TC criteria have aimed for this change and the figures in this report are starting to reflect this.

## Action Plan to Reduce Term Admissions

Problem	Action	Lead	Timescale for Completion	Evidence	Progress
Lack of staff awareness about reducing term admissions	Maternity staff to undertake the ATAIN e learning package. Aim for 80% compliance	Practice Educator Maternity	Dec 2023	Training database	78% compliance achieved
	Neonatal staff to undertake the ATAIN e learning package. Aim for 80% compliance	Clinical Educator Victoria Boswell	Dec 2023	Training database	72% compliance achieved- Diluted due to significant amount of new starters deadline given to staff for completion.
	Nurses in-service teaching on reducing term admissions.	ANNP team	Jan-July 2024	Training log	Session for reducing term admissions booked onto nurses in-service study day Jan – July 2024
	Medical teaching on reducing term admissions	ANNP team	Jan 2024	Training Log	Session booked on medical neonatal training in Jan 24
No easily accessible database of findings at WIRMS to collate figures for presentation	Excel Database recording number of cases reviewed and findings Review existing data base and fully populate to date Audit on Amat system of WIRMS findings	ANNP team Maternity governance team  C Cockburn (ANNP)	30/9/2023	Database	01/09/23 No previous database to review WIRMS reviews 01/09/23 ANNP team identified to lead WIRMS so no single point of failure. Non clinical time allocated to ANNP team to lead. 25/10/23 New MDT database commenced which is easier to complete, with shared leaning from maternity and NNU. Completed at WIRMS.
Care days from term admissions to the neonatal unit have increased during financial year 2022/23 to the highest since 2018/19. Remain under the 5% required by ATAIN	Flexible beds on TC Promotion of flexi beds so all staff are aware of process Update TC SOP to reflect this	ANNP Team K Penn	31/10/23	Change in TC SOP	30/08/23 A TC QI event took place which included this initiative. Change has already been implemented. TC SOP to be changed to reflect flexi beds/maternal readmissions. Awaiting introduction of home phototherapy Lisa Gough/K Penn 04/12/23 TC steering group devised
	Readmission of mothers and babies to TC Update TC SOP to reflect this	ANNP Team K Penn (Deputy Matron Maternity)	30/11/23	Change in TC SOP	30/08/23 A TC QI event took place which included this initiative. This change has already been implemented. Awaiting implementation of home phototherapy to update and review TC SOP. Home phototherapy to be managed by NNU and follow TC pathway for any readmissions.
	Introduce TTN pathway for term babies	Dr Khurshid ANNP Lisa Gough	30/11/23		Nov TTN pathway obtained from another NNU to be adapted to meet our service needs – ongoing.
	Education of TTN pathway to medics and Clinical band 7 leads	Dr Khurshid ANNP Gough	30/11/23		Teaching by ANNP team once pathway has been agreed by NN team.
	Trial of 'Think 30' 30 Mins of PEEP on delivery for babies needing	ANNP Team N Ruth Consultant	06/11/23	Reduction in term admissions	Currently being trailed by ANNP team & N Ruth. This prevented x2 admissions in first week.

	respiratory support before admission to NNU				
	Review of peer NICU practices	N Thompson	December 2023		Visit to Bristol NICU to be scheduled
	Introduction of home phototherapy incorporating TC pathway	Dr Iyer NCOT team ANNP Lisa Gough	30/11/23		24/10/23 Pathway (to incorporate TC flexibeds) discussed between neonatal/maternity/paediatric teams 19/10/23 waiting for introduction of home phototherapy so this can also be included in SOP. 10/11/23 MDT meeting across paediatric/NNU/Maternity to agree SOP for home phototherapy. TC pathway to utilised so initiative will be fully under neonatal team. SOP be ratified at GAME meeting Dec
	Education on home phototherapy to MDT team	NCOT team			
	Regular communication between neonatal and midwifery teams	ANNP Team/Maternity	Ongoing	Meeting minutes	TC QI meeting every 4 weeks between maternity and NNU. 06/10/23 K Penn/L Gough meeting to agree actions from action plan devised at event 06/11/23 Meeting to discuss update – most actions are now complete from TC QI event. <ol style="list-style-type: none"> <li>1. Padlet introduced for TC parents – awaiting ratification from communication team.</li> <li>2. Daily TC/maternity huddle commenced to discuss TC patients progress, plan of care and joint introductions to family from maternity and TC care provider.</li> <li>3. Teaching package to be delivered to TC staff from NCOT on discharges.</li> <li>4. TC education folder developed and is in place.</li> <li>5. Flexibeds now embedded in practice.</li> <li>6. BadgerNet discharge letters now being uploaded onto sunrise for TC babies.</li> <li>7. TC steering group set up 04/12/23</li> </ol>
	Present 3 monthly audit findings at Maternity/Childrens Clinical Governance Agenda item on QPD to discuss compliance to reviews and outcome ATAIN data presented quarterly at LNMS best start	ANNP team	3 Monthly	Minutes of meetings	28/09/23 L Gough Presented initial data to best start 17/10/23 Initial data presented at Childrens governance by L Gough Dec updated quarterly report be presented at Dec governance meetings 14/12/23 Updated data to be presented at LMNS Best start by L Gough
Delay in delivery and correct interpretation and categorisation of	Weekly obstetric training to include interpretation of CTG's One to one feedback and supervision	Clinical Governance Lead Maternity	Embedded in practice	Review of notes at WIRMs review	06/10/23 Embedded in practice



caesarean section	Appropriate escalation in accordance with guidelines				
Low temperature on admission to TC/Postnatal ward	Ongoing admission to TC temp audit sheet if any babies admitted out of temp range, to identify any common themes. Temp rec-check with 1 hour of admission to TC if out of range. Datix to be completed for any baby with temp below 36 degrees. Heated Mattresses to be used for hypothermic babies ATAIN training for all staff	Lisa Gough (ANNP) Victoria Boswell		Ongoing temp on admission audit	06/10/23 - embedded in practice 01/10/23 Compliance for October is 100% for all babies admitted under 34/40. 01/11/23 ATAIN training is ongoing for all staff including all new team members, our compliance is increasing currently 72%

## APPENDIX B

### Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme Year 5- Safety Action 4: Report to Quality Committee 19th December 2023

Can you demonstrate an effective system of clinical workforce planning to the required standard?

#### a) Obstetric Medical workforce

1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:

a. currently work in their unit on the tier 2 or 3 rota

or

b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP)

or

c. hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.

Evidence required:

*Trusts/organisations should audit their compliance via Medical Human Resources and if there are occasions where these standards have not been met, report to Trust Board Trust Board level safety champions and LMNS meetings that they have put in place processes and actions to address any deviation. Compliance is demonstrated by completion of the audit and action plan to address any lapses. Information on the certificate of eligibility (CEL) for short term locums is available here:  
[www.rcog.org.uk/cel](http://www.rcog.org.uk/cel)*

*This page contains all the information about the CEL including a link to the guidance document: Guidance on the engagement of short-term locums in maternity care ([rcog.org.uk](http://rcog.org.uk))  
A publicly available list of those doctors who hold a certificate of eligibility of available at <https://cel.rcog.org.uk>*

#### **SA4 a)1. Compliant**

Audit undertaken of all short term locums and certificate of eligibility (CEL) available and retained for all locums in the period from Feb 23 to August 23. Audit data submitted for assurance.

*2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.*

[rcog-guidance-on-the-engagement-of-long-term-locums-in-mate.pdf](#)

*Evidence: Trusts/organisations should use the monitoring/effectiveness tool contained within the guidance (p8) to audit their compliance and have a plan to address any shortfalls in compliance. Their action plan to address any shortfalls should be signed off by the Trust Board, Trust Board level safety champions and LMNS.*

#### **SA4.a)2 Complaint- with action plan in place**

Locum Induction pack and starter checklist has been updated to reflect the RCOG guidance. The locum starter checklists have been audited and an action plan put in place to address the needs for a named consultant, MDT feedback on performance and feedback to agencies. This will be reaudited in Dec 23.  
See Appendix 4 for action plan.

*3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.*

[rcog-guidance-on-compensatory-rest.pdf](#)

*Evidence required:*

*Trusts/organisations should provide evidence of standard operating procedures and their implementation to assure Boards that consultants/senior SAS doctors working as non-resident on-call out of hours are not undertaking clinical duties following busy night on-calls disrupting sleep, without adequate rest. This is to ensure patient safety as fatigue and tiredness following a busy night on-call can affect performance and decision-making.*

*Evidence of compliance could also be demonstrated by obtaining feedback from consultants and SAS doctors about their ability to take appropriate compensatory rest in such situations.*

**NB.** All 3 of the documents referenced are all hosted on the RCOG Safe Staffing Hub  
[Safe staffing | RCOG](#)

#### **SA4.a)3. Compliant**

The Trust does not currently have an acting down policy; the draft document currently sitting with the JLNC covers compensatory rest and monitoring. Compensatory rest is applicable to

all staff in line with the Working Time Regulations Policy [Procedural Document Development Management Policy Template v7](#)

The department does ensure that all consultants undertaking non resident on call are not rostered for any activity the following day. Rotas have been submitted for assurance.

*4. Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service*

*<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/> when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.*

*Trusts' positions with the requirement should be shared with the Trust Board, the Board-level safety champions as well as LMNS.*

#### **SA4. a) 4. Compliant**

The Leadership on the Maternity Unit Guideline has been amended to reflect CNST requirements and has been circulated for comments; ratification will be undertaken at Divisional Governance Meeting in January 2024,

An audit was undertaken in January 2023 to ensure the out of hours attendances by consultants were in line with RCOG escalation guidance. Audit showed 100% compliance at this time.

Staff are asked to report via the Datix Risk Management System any episodes where attendances were not possible, or in breach of guidance. A review of the system confirms there have been no incidences of a consultant not attending when required reported between November 2022-October 2023. All staff members are able to report these incidences.

Any reported incidents will be escalated and managed by the Maternity governance team to the Clinical Service Lead or Clinical Director for review and learning.

#### **b) Anaesthetic medical workforce**

*A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.*

*(Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)*

*The rota should be used to evidence compliance with ACSA standard 1.7.2.1.*

*Trusts to evidence position by 7 December 2023 at 12 noon*

#### **SA 4 b) Compliant**

A resident duty anaesthetist sole responsibility is obstetric anaesthesia with no other responsibilities. A consultant anaesthetist is accessible 24 hours a day; clear lines of communication are in place. The anaesthetic rota has been submitted for assurance.

#### **c) Neonatal medical workforce**

*The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing.*

*If the requirements **have not been met** in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies.*

*If the requirements **had been met** previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies.*

*Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).*

*The Trust is required to formally record in Trust Board minutes whether it meets the relevant BAPM recommendations of the neonatal medical workforce. If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies. A copy of the action plan, outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).*

*A review has been undertaken of any 6 month period between **30 May 2023 – 7 December 2023***

#### **SA4 c) Compliant**

The business case approved for acute paediatric and neonatal care has allowed us to increase the tier 2 medical cover to 16. This allows for entirely separate Tier 2 cover on Neonates however due to vacancies there is a gap 1700-2100 . As an interim measure one of the C2 registrars assumes responsibility for the NNU for these 4 hours and the C2 consultant remains resident during this time allowing a registrar to take responsibility for the NNU 24/7. This means that Medical Neonatal staffing meets the BAPM standards.

The Paediatric and Neonatal medirota has been submitted for assurance.

#### **d) Neonatal nursing workforce**

*The neonatal unit meets the BAPM neonatal nursing standards.*

*If the requirements **have not been met** in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies.*

*If the requirements **had been met** previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies.*

*Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).*

*The Trust is required to formally record to the Trust Board minutes compliance to BAPM Nurse staffing standards annually using the Neonatal Nursing Workforce Calculator (2020). For units that do not meet the standard, the Trust Board should agree an action plan and evidence progress*

*against any action plan previously developed to address deficiencies.*

*A copy of the action plan, outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).*

*Self-certification by the Trust Board and submitted to NHS Resolution using the Board declaration form.*

*Nursing workforce review has been undertaken at least once during year 5 reporting period **30 May 2023 – 7 December 2023***

#### **SA 4 d) Compliant- with action plan in place**

The unit is currently 90% BAPM compliant; a business plan has been completed to support a funded establishment based on BAPM nurse staffing ratios. An action plan has been shared with the ODN, LMNS, Public Health and NHSE; all actions to be completed by December 24. Please see appendix 3 for current action plan. The committee is asked to accept this action plan.

## Action Plan for Achieving Compliance to BAPM Nurse Staffing Standards

<b>Manager/Lead</b>	Nic Thompson/Simon Gregory		
<b>Associated Staff</b>			
<b>Actions Identified</b>	Review of Currently Funded Establishment to achieve BAPM standards for nurse staffing		
<b>Date Action Plan agreed</b>	02.10.23	<b>Deadline for all actions</b>	

Action not started	Action underway	Action completed and full assurance received
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No	Date Action Agreed	Recommendation	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
1.	July 23	Funded establishment should meet the recommended ratios as per BAPM	Currently funded establishment does not meet BAPM standards based on commissioned cots-establishment review undertaken	S.Gregory/ N.Thompson	Business case in progress to support correctly funded establishment based on BAPM nurse staffing ratios	Jan 24	
2.	July 23	Ongoing recruitment & retention strategies to address staffing shortfalls as per BAPM	Agency usage paper submitted to support staffing shortfalls due to deficit between funded establishment & commissioned cots	S.Gregory/ N.Thompson	12 week agency use authorised-extension requested whilst recruitment undertaken	Nov 23	
3.	July 23		Clinical Band 7 lead nurse role implemented	S.Gregory/ N.Thompson	Successfully appointed 6.16WTE Clinical B7s. 1.76WTE external awaiting start date	Complete	
1.			Rotational opportunities between adult critical care/theatres and neonates created	S.Gregory/N Thompson	3 staff now completed supernumerary period and in numbers- 1 undertaking foundation course, 1 completed NLS so far	Ongoing	
4.	July 23	Recruitment of Band 5 & Band 6 posts as per BAPM staffing calculator	Based on commissioned capacity WTE should =50WTE RNs Previously at 36WTE	S.Gregory/ N.Thompson	Recruited to 45.9WTE- 7.2 awaiting start dates		
		Aim 70% staff to have completed neonatal QIS course	Continue to invest in staff undertaking QIS course	S.Gregory/ N.Thompson	7 staff to undertake QIS in 3 cohorts between now and March 24. QIS trajectory undertaken- 66% QIS achieved by June 24	Dec 24	
					before further recruitment.  Recent recruitment of staff with QIS qualification		

**THE DUDLEY GROUP NHS FOUNDATION TRUST  
O&G Locum Doctors ACTION PLAN**

<b>Source of Action Plan</b>	CNST-audit of locum induction compliance	<b>Oversight Committee</b>	Trust Board LMNS Trust Board safety champions
<b>Action plan prepared and lead by</b>	Jo Malpass	<b>Action plan signed off by</b>	
<b>Date presented to Div Gov Meeting</b>		<b>Anticipated date for completion</b>	Dec 23

<b>KEY</b>	Completed and Assurance Received	Action commenced but not yet completed	Action Overdue not completed in agreed time scales or at significant risk of not achieving time scales	Assurance recieved
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Action Number	Recommendation / Area for Action Identified	Action Agreed	Lead	Date for Completion	Progress / Assurance	Key
1	CD/CSL to discuss locum capabilities with the locum prior to starting	Add to New starter checklist Rota coordinator to ensure compliance	Jo Malpass/ Adam Worrall	Dec 23	Added to New starter checklist Re audit 6 months	
2	Locum should be allocated a named consultant	Add to New starter checklist Rota coordinator to ensure compliance	Jo Malpass/ Adam Worrall	Dec 23	Added to New starter checklist Re audit 6 months	
3	Locum should undertake a period of work and be shadowed by consultant and assessed for competency	Add to New starter checklist Rota coordinator to ensure compliance	Jo Malpass/ Adam Worrall	Dec 23	Added to New starter checklist Re audit 6 months	
4						

## REPORT FOR ASSURANCE

### Maternity and Obstetric Workforce paper to comply with Maternity incentive scheme year 5

Report to Quality Committee 19th December 2023

## 1 EXECUTIVE SUMMARY

1.1 This report outlines current position with Maternity department staffing, to include Midwives, Obstetricians and support staff. In line with the recommendations published in the Ockenden report (2020 and 2022). Elements of Neonatal and anaesthetic staffing are included within this report in order to comply with the requirements of the Maternity incentive scheme year 5. The aim of the report is to provide assurance of an effective system of workforce planning.

## 2. BACKGROUND INFORMATION

The aim of this report is to provide assurance to the Trust Board that there is an effective system of midwifery and obstetric workforce planning and monitoring of safe staffing levels. This is a requirement of the Maternity Incentive Scheme Year 5- safety action 6. The report provides an accurate account of the current workforce status.

### Delivery suite acuity

Table one:

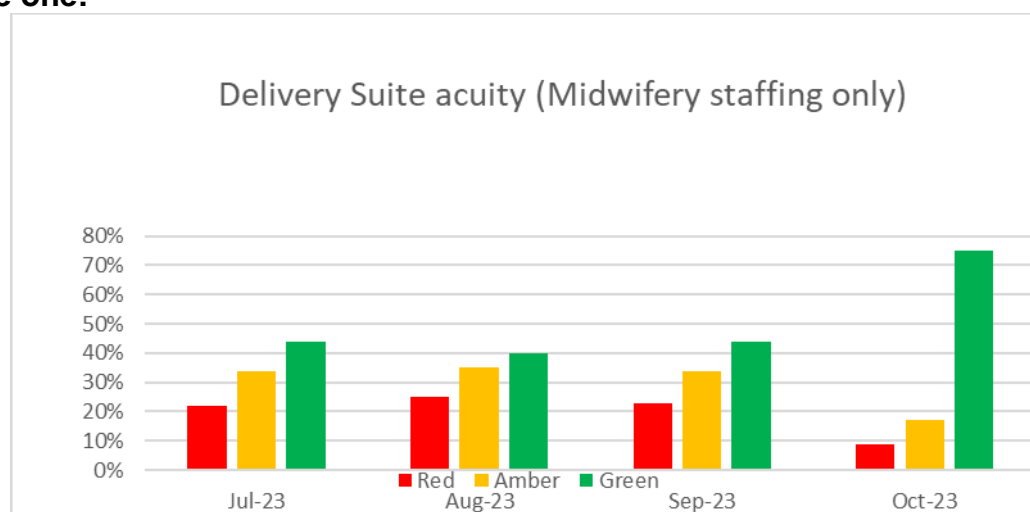


Table 1 evidences the staffing position on the high risk delivery suite over the last 4 months. The green bar demonstrates the number of times the maternity unit has had the correct number of staff for the number of patients and the complexity of their health needs. The amber bar evidences the percentage of shifts that are short staffed by up to 2 midwives, with the red bar evidencing the percentage of shifts that are over 2 midwives short. The graph shows the number of occasions red acuity occurs has decreased in line with our decrease in Midwifery vacancy. Our level of green acuity has increased month on month. Variations in the acuity tool are expected based upon predicted fluctuations

### Red Flags (Table 2)

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing. If a midwifery red flag event occurs, the midwife in charge of the service should be



notified. The midwife in charge should determine whether midwifery staffing is the cause, and the action that is needed.

- Delayed or cancelled time-critical activity.
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing (due to lack of midwifery staffing).
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication).
- Delay of more than 30 minutes in providing pain relief.
- Delay of 30 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of 2 hours or more between admission for induction and beginning of process.
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output).
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.
- Other midwifery red flags may be agreed locally.

Table 2:

Month (2023)	Total number of Red flags	1:1 care in labour not met	Coordinator not supernumerary
July	11	0	0
August	10	0	0
September	17	0	0
October	10	0	0
November	24	0	0

**There have been no occasions during the last 5 months where 1:1 care in labour has not been achieved and the shift coordinator has been supernumerary 100% of the time.**

### Midwifery Recruitment

We have 24 international midwives now in post and 23 are now working independently within the establishment.- One is still awaiting confirmation of their exam results due to a test centre discrepancy.

We have had 2.6 WTE join community midwifery teams and 12.2 WTE newly qualified Midwives join the inpatient team.

1.6 WTE Band 6 midwives due to commence in post to join the community midwifery teams in January 2024. This will fill all community midwifery vacancy.

1.8 WTE Leavers (working notice period) all for relocation purposes. Current 3<sup>rd</sup> year students are due to qualify in February 2024 so this vacancy will be advertised early 2024.

2.8 WTE Midwives retiring March 2024.

Table 3:

	Funded Establishment	In Post	Vacant
<b>Total Midwives Band 5-8</b>	168.6 WTE	178.2 WTE	No vacancy in inpatient/community clinical teams, however maternity leave remains 6.5% Posts below are funded from LMNS funding received in 2022 and



			require alternative funding arrangements from 2024.
<b>MSW band 2 and 3</b>	47.7	44.18	3.52 WTE
<b>Specialist Midwives 6-8</b>	18.8	16.4 WTE	2.4 WTE (additional roles from Ockenden funding 2021)

	<b>WTE</b>	<b>Funded until date</b>
Consultant Midwife	1.0	September 2024
Maternity Governance Lead	1.0	July 2024
Maternity Patients Safety Specialist	1.0	June 2025
EDI Lead	1.0	February 2025 (LMNS funded)
Digital Midwife	1.0	February 2024
MIS Project Midwife	1.0	-
Transformation Midwife	1.0	February 2024
Clinical Skills facilitators	1.6	June 2024

To note, these roles form part of compliance with the RCM Leadership manifesto, and Ockenden recommendations.

<b>Fill rates for maternity inpatients.</b>	<b>July 2023</b>	<b>August 2023</b>	<b>September 2023</b>	<b>October 2023</b>	<b>November 2023</b>
<b>Day</b>	96%	96%	97%	97%	100%
<b>Night</b>	89%	93%	92%	100%	98%

Birth Rate plus calculations.:

	<b>BR plus on 22% uplift</b>	<b>BR plus on 26% uplift</b>
Total Midwives required	178.97	186.65

Turnover by staff group:

Table 4:

<b>Staff group</b>	<b>Percentage leavers rolling 12 months</b>	<b>WTE</b>
Midwifery	2.2% (reduced from 3.2%)	3 WTE
Additional clinical services	10%	4.8 WTE

Unavailability

Table 5:

	<b>Q4 22/23</b>	<b>Q1 23/24</b>	<b>Q2 23/24</b>
Maternity leave*	12%	13%	6.5%
Sickness absence- Midwifery and support team.	6.52%	4.2%	5.6%
Obstetric Team Sickness absence	1.14%	0.71%	0.6%

\*Midwives only

Line managers have been working with HR to support staff following sickness absence to return to work in a supportive way. This has resulted in a significant decrease in sickness absence rates across Midwifery and support staff. Maternity leave has returned to a lower rate after an elevated 2 years of maternity leave absence.

### Obstetric staffing

- Consultant workforce has been fully established this year though there are 2 gaps in the out of hours rota due to ill health amendments; 1 gap is recruited to be filled from January 2024 onwards. Working with finance to look to fill with a locum post.

Lead Role	PA requirement	
Obstetric Governance Lead	1.5 PA	Mr A Mohamed
Obstetric Guideline Lead	1 PA	Vacant
Obstetric Audit Lead	1 PA	Mr A Smirnov
Obstetric Fetal monitoring Lead	1PA	Ms N Syeeda
Obstetric PMRT Lead	1 PA	Ms V More

- Awaiting confirmation of recruitment to Obstetric CSL posts as dependant on changes in individuals job plan.
- We have successfully established the tier 2 (registrar) workforce new recruits working supernumerary at present so have not realised improvements as yet. 2.0 WTE clinical fellow recruited to fill upcoming vacancies due to SAS doctor handing in notice. Gaps have been filled by bank staff, agency are only used where we are unable to fill internally. We have built up our own bank of medical staff to reduce variance. The locums used meet [RCOG locums](#) guidance.
- Deanery gaps from December 2023 onwards.  
SHO posts advertised and maintaining the 1:10 rota. 2.0 WTE MTIs recruited to replace those leaving in March.
- Health Education England visit 23.11.23, Immediate safety concerns raised regarding 24/7 separate Obstetrics and Gynaecology tier 2 provision.  
Increase in tier 1 workforce required to support this out of hours. Paper to be presented to support increase in workforce;
- College tutor has contacted deanery to see if they can increase provision. Obstetric training was praised and encouraging verbal feedback has been received from outgoing GP trainees.

#### Summary:

Tier 3-over established by 0.8 WTE.

Tier 2 15.8WTEs 1:14 Plan to go to 1:16 by February 2024.

Tier 1 1:10 from Dec additional 3 vacancies from deanery. 1.0 WTE had requested no on calls, awaiting information from lead employer to support. SHO posts to be advertised

Table 6:

### 2.8.3 Mandatory and Maternity specific training

The maternity, obstetric, and neonatal teams are above 90% compliance for all training required under the Core competency framework V2 published May 2023. The Training needs analysis has been presented to Private Board December 2023 for sign off and agreement. This forms the training plan for the departments over the next 3 years.

**Table 7:**

	Consultant obstetricians current	ST1-7 current
PROMPT	94%	94%
Fetal monitoring	94%	95%
Neonatal resuscitation	94%	94%
Adult resuscitation	94%	90%
Saving babies Lives	93%	94%

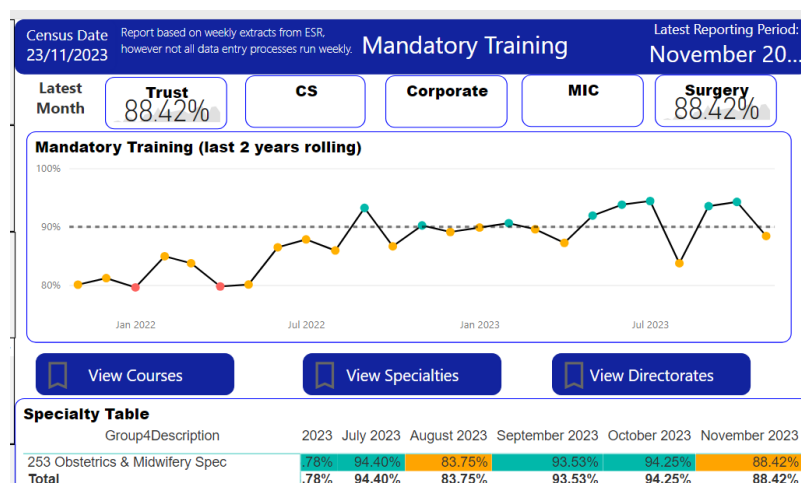
	Anaesthetic consultants current	Anaesthetic registrar (that cover obs) current
PROMPT	100%	93%

	Neonatal consultants	Junior neonatal doctors	Neonatal nurses (all bands)	ANNP
Neonatal Resuscitation	100%	100%	90%	100%

PROMPT is **PR**actical **O**bstetric **M**ulti-**P**rofessional **T**raining

	Midwives current		MSW current
PROMPT	99%		90%
Fetal monitoring	99%		
Neonatal resuscitation	92%		
Adult resuscitation	90%		96%
Saving babies Lives	99%		

**Maternity Trust mandatory training: Table 8**



There has been a sustained improvement across the Maternity Midwifery workforce since May 2023.

## Obstetric Mandatory training: Table 9

There has been fluctuation in the obstetric training figures, which is part is caused by the turnover of rotational staff.



### Element 5 SBLV3

In order to fulfil complicate with Saving babies lives version 3, the trust must have leads for preterm birth covering obstetric, neonates (nursing and medical) and midwifery. The departments confirm that these posts are in place and have staff in each post We also have fetal Monitoring leads in obstetrics and midwifery.

## 3.0 RISKS AND MITIGATIONS

3.1 The requirements for evidence for Ockenden, Maternity incentive scheme and the perinatal quality surveillance model for assurance are very specific, and significant in its amount. The Board is required to receive and minute detailed information particularly in relation to Maternity workforce current position and plans to mitigate risks.

## 4. RECOMMENDATION

4.1 The Board is invited to accept the assurance provided in this report as current position with maternity and Obstetric staffing,

Name of Author: Claire Macdiarmid  
 Title of Author Head of Midwifery  
 January 2024

**Paper for submission to the Public Board of Directors 11<sup>th</sup> January 2024**

<b>Report Title</b>	<b>Maternity incentive Scheme Year 3: Re Compliance with Maternity Incentive Scheme Year 3 (2020-2021)</b>
<b>Sponsoring Executive / presenter</b>	Helen Blanchard, Interim Chief Nurse
<b>Report Author / presenter</b>	Claire Macdiarmid, Head of Midwifery

**1. Suggested discussion points**






During October 2022 the Trust was contacted by NHS Resolution and asked to submit evidence relating to compliance with Maternity incentive scheme (MIS) year 3 (2020-2021). This was prompted by concerns raised by postgraduate doctors in training within the paediatric department via the freedom to speak up guardian.

Despite a large submission of evidence, the Trust has been unable to provide all evidence to show compliance with Year 3 of the scheme. Due to no longer being compliant with all 10 of the safety actions as per the terms and conditions of the scheme, NHS Resolution wrote to the Trust on the 12<sup>th</sup> December 2023 informing them of the requirement to repay the incentive payment made, which was £1,060,223.

The Trust has submitted a request for a funded action plan to be considered which would reduce the amount owed by the trust to £489,367.

The Trust has also been requested to reconfirm position against MIS year 2 of the scheme and declare position to NHR by the 8<sup>th</sup> February 2024.

**2. Alignment to our Vision**

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

Public Board

**4. Recommendation(s)**

The Public Trust Board is asked to:

- Note the request by NHS Resolution for repayment of the incentive fund and subsequent action plan submitted for discretionary funding.
- Note the request for resubmission of MIS Year 2 evidence

**5. Impact**

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

# Maternity incentive Scheme Year 3: Re Compliance with Maternity Incentive Scheme Year 3 (2020-2021)

## Report to Public Board of Directors 11<sup>th</sup> January 2024

### 1 EXECUTIVE SUMMARY

On 7 October 2022, the Trust was contacted by NHS Resolution (NHSR) and asked to re-confirm their compliance with Maternity Incentive Scheme (MIS) year three following concerns raised by postgraduate doctors in training within the paediatric department via the freedom to speak up guardian. The Trust reconfirmed full compliance with MIS year three and the evidence was sent in for an internal review by the MIS team on 3 November 2022. Further evidence was requested and received on 13 May 2023.

Following a full review, the Trust was contacted and informed the evidence submitted was insufficient to demonstrate compliance. Further evidence was submitted on 26 September 2023 which remained insufficient following a review by the MIS team. A letter was then received from NHSR on the 12<sup>th</sup> December 2023, informing the Trust of the requirement to repay the incentive payment received as part of compliance with MIS year 3.

### 2. BACKGROUND INFORMATION

Evidence provided by the Trust comprised of evidence saved within an MIS year 3 file as well as papers presented to Quality Committee and Trust Board.

Locating some of the evidence has been challenging, given there has been a change in the whole of the senior maternity leadership team. Previous leaders were contacted for advice around locating the required papers.

Reviews of the evidence were conducted by two members of the MIS clinical team using the following documents to benchmark compliance:

- Maternity Incentive Scheme year 3
- Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality

On completion of the review, NHS Resolution found that there was insufficient evidence to support the following safety actions:

**Safety action 3:** Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?

**Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard?

**Safety action 8:** Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

**Safety action 9:** Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bimonthly with Board level champions to escalate locally identified issues?

Omissions in evidence made available to NHSR included:

- Lack of evidence of transitional care criteria shared with ODN/ Commissions/ LMS
- ATAIN action plan not shared with safety champions
- Progress with Covid-19 related requirements in neonatal care not shared with Maternity safety champions
- Neonatal nursing workforce action plan not available.

- Maternity support worker training figures not shared in Board paper
- Requirements of escalation via safety champions not available
- Safety dashboard not visible to staff- evidence not available
- UKOSS report on characteristics and outcomes of pregnant women admitted with SARS-CoV-2 infection, no evidence of analysis or sharing with safety champions

Despite there being gaps within the evidence available to send to NHS Resolution, the maternity and Neonatal team do not believe there has been any short fall in care as a consequence, and the trust remains compliant with the overall requirements of the incentive scheme. In summary it is the missed opportunities to ensure the required evidence progressed through the necessary governance routes and was retained which has led to this outcome.

Safety Action 1, 2, 5, 6, 7 and 10 were verified as complete with the associated evidence accepted by the MIS team.

As the Trust has not met 10/10 of safety actions for year three of the maternity incentive scheme, NHSR require the funds received to be repaid. Based on the original declaration, the Trust was paid a total of £1,060,223.

In accordance with the scheme rules, the Trust has been given an opportunity to submit a request for discretionary funding. An action plan was submitted to a value of £570,856. This was submitted by Deputy Chief Executive Karen Kelly along with covering letter on the 20<sup>th</sup> December 2023. The funding for the action plan is subject to an unknown cap, to ensure all bids are treated fairly and to incentivise improvements.

If the bid for discretionary funding is successful, this amount will be deducted from the outstanding amount is to be repaid to NHS Resolution.

In light of an incorrect declaration made in year three and as per MIS conditions, the Trust is now required to undertake a full review of MIS year two evidence that was submitted to the Board. If the Trust feels that they remain compliant with 10/10 of the safety actions of MIS, the evidence which was submitted to the Board prior to sign off in year two will be required to be submitted, for an internal NHS Resolution clinical review.

In recognition that the Trust is currently preparing to submit for MIS year five, additional time has been allowed to review MIS year two evidence. The declaration is required to be submitted by **8 February 2024**.

## **Future learning**

The process for submission of Evidence for MIS year 5 (current year) has changed significantly compared with that of year 3. With the temporary recruitment of an MIS lead Midwife in September 2023, to have oversight of the evidence and timescales has ensured there is a robust oversight from the Perinatal team, the division and the Board. This will be further strengthened into year 6 as the MIS Lead role will be in place before the scheme commences, and this allows us to be in a strong position from the start. This role has become intrinsic across most Maternity units as the scheme becomes more complex. The evidence from MIS year 5 will be stored centrally within Trust Governance to ensure it is full and available should reverification be requested at any time.

## **3 RISKS AND MITIGATIONS**

**3.1** The total financial risk to the organisation is £1,060,223. If the action plan is accepted in its entirety, the cost will reduce to £489,367.

## **4. RECOMMENDATION**

The Board of Directors is invited to note the correspondence to NHS Resolution and current actions taken to date.

## Paper for submission to Trust Board 11<sup>th</sup> January 2024

<b>Report Title</b>	Learning from Deaths
<b>Sponsoring Executive/ presenter</b>	Dr Julian Hobbs, Medical Director
<b>Report Author</b>	Dr Philip Brammer, Deputy Medical Director

### 1. Suggested discussion points






This paper provides an update on Summary Hospital-level Mortality Indicator (SHMI) 104 and the Hospital Standardised Mortality Ratio (HSMR) 90.59 which have both continued to fall.

Following a change in coding in October 2022, SHMI has fallen within the expected range and HSMR performance is amongst the lowest in the region. This will have further impact over the next 4 months as reports occur 3 months in arrears. Work between the Coding and Informatics teams and Division of Medicine is ongoing to address depth of coding.

In addition, significant emphasis has been placed on quality improvement work within pathways. Pneumonia, DLD (Decompensated Liver Disease), AKI (Acute Kidney Injury) are all areas of significant improvement where specific quality improvement projects to optimise care have been undertaken. There remains focus on Stroke SHMI which is increased at 139 and sepsis at 114. There is a multidisciplinary team to address the increased SHMI for fractured neck of femur.

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a high quality of care and low level of avoidability.

### 2. Alignment to our Vision

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

Executive Committee, Quality Committee

### 4. Recommendations

The Public Board of Directors is asked to:

- Note** the assurance of decreased SHMI and HSMR over the last 12 months.
- Note** the assurance of the ongoing work to further improve condition specific alerts and depth of coding.

### 5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Corporate Risk Register		[Give risk Nos]
Equality Impact Assessment	Is this required?	
Quality Impact Assessment	Is this required?	



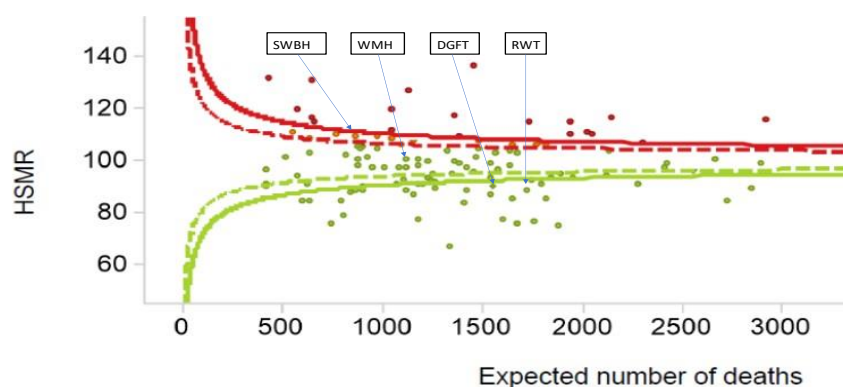
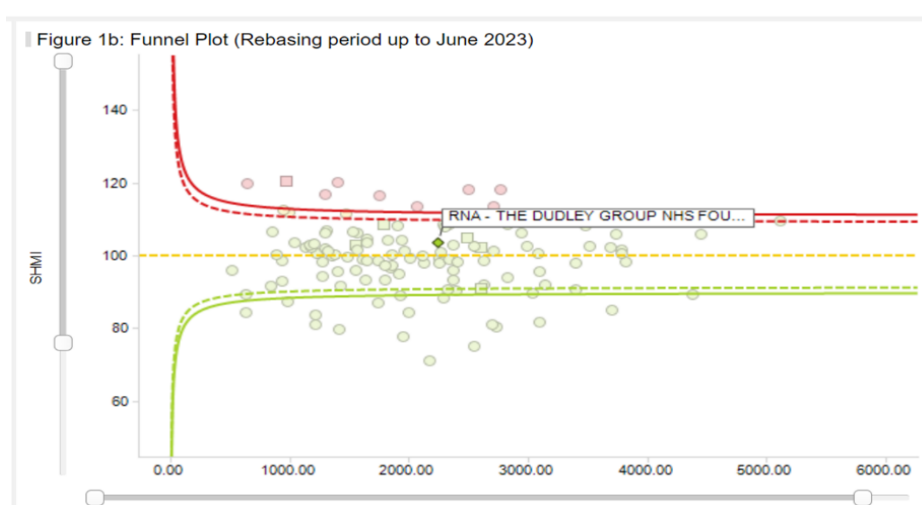
## REPORTS FOR ASSURANCE

### Learning from Deaths Report to Trust Board

#### 1. EXECUTIVE SUMMARY

Absolute numbers of in-patient deaths, medical emergency calls, and cardiac arrests have all fallen. Crude mortality is at a 4-year low.

The results for the Trust are showing a decreased SHMI and HSMR. SHMI is currently 104 and HSMR is currently 90.56. Both are now within the expected range, with HSMR as a national positive outlier. SHMI has fallen from 122 to 104 and HSMR from 121 to 90 over the year. The funnel plots below show the Trust's position nationally and regionally.



The coding change relating to the Same Day Emergency Care patient cohort has positively impacted SHMI performance. There is another quarter of reporting before this effect is maximal. Future improvements in SHMI are also likely with the improvement in depth of coding. HSMR, which relates specifically to in-patient deaths, has seen a continual reduction and can be attributed to a suite of improvement initiatives over the last 12 months.

Significant quality improvement work has also taken place in pneumonia, deteriorating liver disease and AKI. Neonatal teams have undertaken detailed analysis of their data and have already embarked on improvement pathways. They are fully compliant with the PeriPrem targets (a suite of evidence based interventions with improve neonatal outcomes).

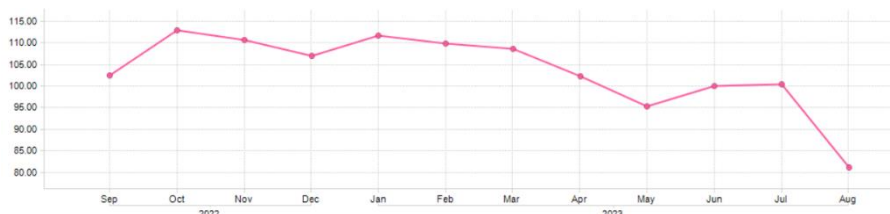
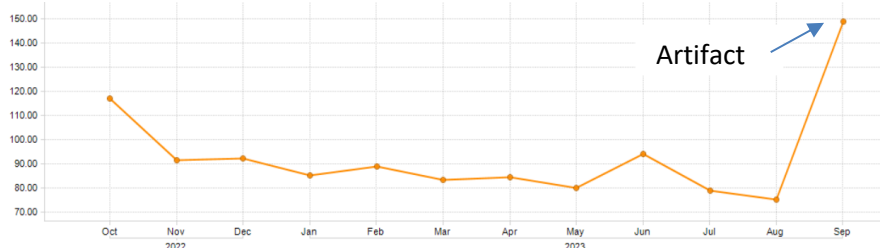
There remain two areas requiring attention in the medical division, Stroke and Sepsis, where ongoing improvement work has commenced. One area within the surgical division related to fractured neck of femur is similarly underway.

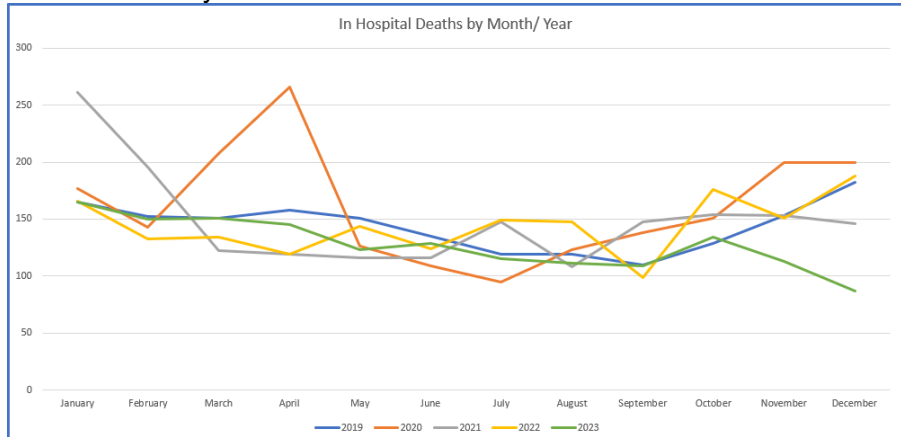
The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a good quality of care and low level of avoidability.

## 2. BACKGROUND INFORMATION

### 2.1 Overall Standardised Mortality indices

The Trust monitors standardised mortality indices and a summary of these can be found at [https://www.chks.co.uk/userfiles/files/CHKS\\_Mortality%20measures%20compared\\_Dec2018.pdf](https://www.chks.co.uk/userfiles/files/CHKS_Mortality%20measures%20compared_Dec2018.pdf)

Indicator	Current	Trend
SHMI (Summary Hospital-level Mortality Indicator)	1.04 (Source NHS Digital Sep 2022 - Aug 2023)	 <p>The Trust SHMI is 104 for the last reporting period (Sep 22- Aug 23). This is a decrease in previous periods and is within the 'Expected Range' (previous Trust Level SHMI 108). Local Trusts are reporting a similar SHMI with the exception of Wolverhampton which is lower. Dudley LfD team have met with RWT to understand their process around coding and assurance related to quality of care.</p>
HSMR (Hospital Standardised Mortality Ratio) Aug 2022 to Jul 2023	90.59 (HES inpatient data)	 <p>HSMR (in hospital deaths) continues to show a downward trend over the last 12 months. The Trust compares favourably to peers in the West Midlands with only Wolverhampton and Northampton showing a lower HSMR. <i>The current month is showing an increase in HSMR but this is due to the way HED have reported data prior to cleansing and should show a further decrease when adjusted.</i></p>
<b>Saving Babies Lives (SBL) summary</b>		

Neonatal/Perinatal	<p>Of the 10 components, 7 are at target or have improved to towards target levels (4 at 100%). Notably, administration of <math>MgSO_4</math> has dropped from 100% to 50% but <math>n=2</math> and one of the included cases was an emergency section and there was not time to administer <math>Mg^{2+}</math>.</p> <p><b>PeriPrem summary</b></p> <p>There is a huge overlap between SBL and PeriPrem (please note that some of the targets do differ). Progress is excellent with the majority of the components at 100%.</p> <p><b>ATAIN summary</b></p> <p>The review of findings in the period July 2023 to September 2023 (Q2 of 2023) has shown there is a reduction in term admissions when considering the higher number of births. There has been a gradual step down in term admissions to the NNU from 6.7% at beginning of the year to 4.3% of the total number of births.</p> <p><b>Thematic review of neonatal deaths summary</b></p> <p>The joint neonatal and maternity review of perinatal deaths is approaching completion. Early findings suggest the following themes:</p> <ul style="list-style-type: none"><li>• We are seeing a pattern for both stillbirths and in the thematic review that patients from more deprived backgrounds do appear to have poorer outcomes.</li><li>• There is also a signal emerging that families initially booked at Sandwell, and care is then transferred, have a less favourable outcome. This is being investigated further.</li><li>• There has been significant investment and reorganisation of neonatal leadership with reduced span of control and enhanced multiprofessional working.</li><li>• The vast majority of newborn deaths reviewed could have been predicted if we had had all the information available antenatally, the extreme preterms would likely have the same outcome wherever they were born.</li></ul>																																																																														
<p><b>Crude Mortality</b></p> <p>Crude Mortality is the number of deaths per year, per 1000 population.</p>	<p>Crude Mortality rates have consistently fallen year on year from 4.38% in 2019/20 to 3.06% in 2022/23 with a continuing trend in the 2023 calendar year.</p>  <table><caption>Estimated data for In Hospital Deaths by Month/ Year</caption><thead><tr><th>Month</th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th></tr></thead><tbody><tr><td>January</td><td>170</td><td>175</td><td>260</td><td>165</td><td>165</td></tr><tr><td>February</td><td>145</td><td>145</td><td>145</td><td>135</td><td>145</td></tr><tr><td>March</td><td>150</td><td>150</td><td>125</td><td>150</td><td>150</td></tr><tr><td>April</td><td>155</td><td>265</td><td>155</td><td>125</td><td>145</td></tr><tr><td>May</td><td>145</td><td>125</td><td>145</td><td>145</td><td>135</td></tr><tr><td>June</td><td>135</td><td>115</td><td>135</td><td>135</td><td>125</td></tr><tr><td>July</td><td>125</td><td>95</td><td>125</td><td>145</td><td>115</td></tr><tr><td>August</td><td>115</td><td>115</td><td>115</td><td>145</td><td>115</td></tr><tr><td>September</td><td>145</td><td>145</td><td>145</td><td>105</td><td>115</td></tr><tr><td>October</td><td>145</td><td>155</td><td>145</td><td>175</td><td>135</td></tr><tr><td>November</td><td>155</td><td>200</td><td>145</td><td>155</td><td>115</td></tr><tr><td>December</td><td>185</td><td>200</td><td>145</td><td>185</td><td>85</td></tr></tbody></table>	Month	2019	2020	2021	2022	2023	January	170	175	260	165	165	February	145	145	145	135	145	March	150	150	125	150	150	April	155	265	155	125	145	May	145	125	145	145	135	June	135	115	135	135	125	July	125	95	125	145	115	August	115	115	115	145	115	September	145	145	145	105	115	October	145	155	145	175	135	November	155	200	145	155	115	December	185	200	145	185	85
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## 2.3 Key quality improvement interventions

Whilst the impact of a coding change is evident in the SHMI, HSMR relating only to in hospital deaths has seen a continual decline over 12 months and can be attributed to a number of key interventions including the management of the deteriorating patient pathway compliance, Gold Standards Framework and the Saving Babies Lives campaign. Detailed analysis of these interventions and their impact is contained in Appendix 1.

The Trust has a small number of areas with an increased SHMI, specifically Stroke and Sepsis. Sepsis AQ analysis has identified areas where performance is below expected levels including ED, patients waiting on ambulances and AMU. All alerts have action plans in place to address the need for improvement.

Divisional led action plans have been requested and are being implemented with working groups for Chest Pain, Sepsis and fractured neck of femur.

## 2.4 Depth of coding

A reduction in depth of coding (number of illnesses or comorbidities recoded with predicted outcome) has become more apparent, particularly in relation to SDEC areas. A risk has been added to the Risk Register regarding this. Work is ongoing via the Coding team and Informatics team to address this by the introduction of a Sunrise form solution. Acute medical teams have increased their activity in documenting comorbidities.

### General Medicine Depth of Coding

Elective Dudley	Elective Peers	Elective National
5.6	6.0	5.5
Non-Elective Dudley	Non-Elective Peers	Non-Elective National
7.6	9.4	9.6

The previously agreed change to the denominator seems to be impactful and there are 3-4 months of continued fall in SHMI anticipated for a full year effect. Similarly, there is a further 2-3 month fall in HSMR anticipated. Further improvements in detailed coding should provide greater accuracy in SHMI and HSMR.

## 2.5 Assurance

### Primary Review

Within the 12 month rolling period, 74% of Primary Reviews have been completed by specialties. A full break down is provided as Appendix 2.

### Secondary Review/SJR

Since January 2023, 112 SJRs have been requested with an 81% completion rate.

	In Patient	Emergency Department	Learning Disability	Total
Jan - Dec 2023	137	29	15	181
	ME Office	Incident	ED/primary review	LD
% referrals	61%	12%	19%	8%

Completed cases show a good quality of care. 2 cases were potentially avoidable, one of which was due to a complex mental health admission and one case was due to a medication error that is part of an investigation.

### Specific themes Arising from Structured Judgement Reviews

- 9 cases were related to delays in medication/treatment/interventions.
- 5 cases were related to poor/unsafe discharge decisions.
- 16 cases were identified as having issues relating to DNA CPR/TERP/ReSPECT.
- 15 cases were related to patients with severe mental health issues.

There were no cases where any harm was identified in any of these reviews. A further review of all the mental health cases is being undertaken to identify any specific learning.

### Learning Identified from Structured Judgement Reviews

- Improved discharge documentation and discussions around end of life with palliative patients and relatives could prevent inappropriate readmission.
- The use of both paper and electronic records can lead to delays in appropriate escalation, in particular fluid balance and DNA CPR.
- Poor documentation of the deteriorating patient.
- Results of investigations need to be reviewed in a timelier manner and acknowledged.
- Excellent clinical practice in identifying and acting upon drug reactions.
- Large percentage of ED deaths are referred for review as they have been flagged as a 4-hour breach - it has been found that the predominate factor is due to Trust capacity and patient flow.

### Medical Examiner Service

	Total In Patient Reviews	% of inpatient deaths receiving a ME Review	Community Reviews
August 2023	121	100	95
September 2023	127	100	77
October 2023	159	100	90
November 2023	132	100	6

### Community Deaths

The roll-out of the current Medical Examiner Service out into the community is progressing on target. The statutory date has been postponed to April 2024. There are currently 40 out of 42 GP surgeries forwarding deaths for scrutiny. The service is working with the 6 PCNs and have contacted all 42 surgeries. Work is ongoing to bring the remaining 2 practices on board before April 2024.

### Coroners Inquests

The Trust has noted reducing numbers of Coroner's inquests. There have been no Regulation 28 notices issued by the HM Coroner since 2018.

## 3. RISKS AND MITIGATIONS

3.1 The following associated risks are live on the Risk Register:

Risk	Current Rating	Latest Update
ASM2221 - awaiting review	15	Current depth of coding is below national average and the reintroduction of SDEC coding has compounded the issue due to the short clinical spell and increase in patient's numbers requiring coding.

#### 4. RECOMMENDATIONS

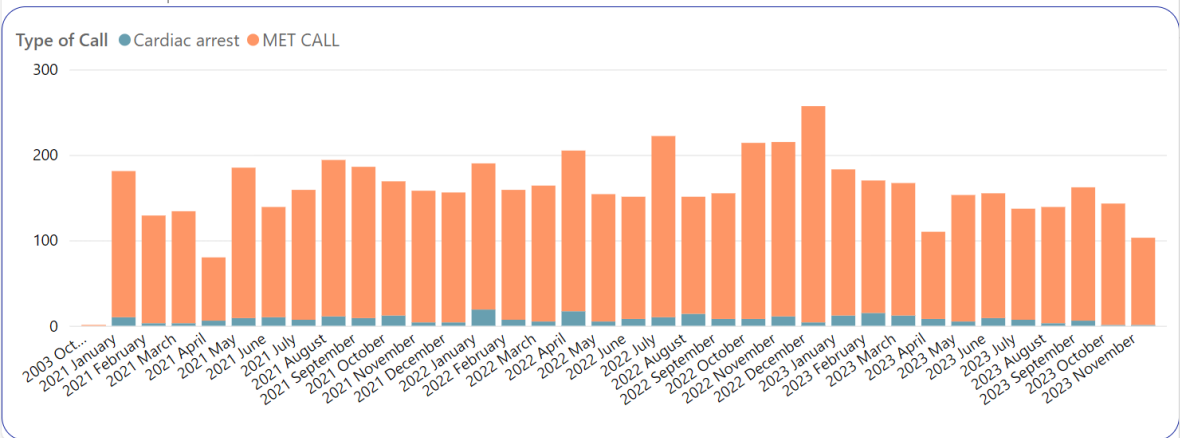
4.1 The Board is asked to note the decreasing trend in SHMI and HSMR. It is likely that the improvement in HSMR / SHMI reflect an improvement in the denominator as well as quality of care and provides assurance in relation to previous alerts. Further improvement in these indices is likely over the next quarter.

Positive assurance related to quality of care includes SJRs output, falling HSMR with no weekend effect and no Regulation 28 notices in 5 years.

The progress against mortality related actions is reported via Quarterly Learning from Deaths reports submitted to Quality Committee and Trust Board.

**Dr Philip Brammer, Deputy Medical Director**  
**28/12/2023**

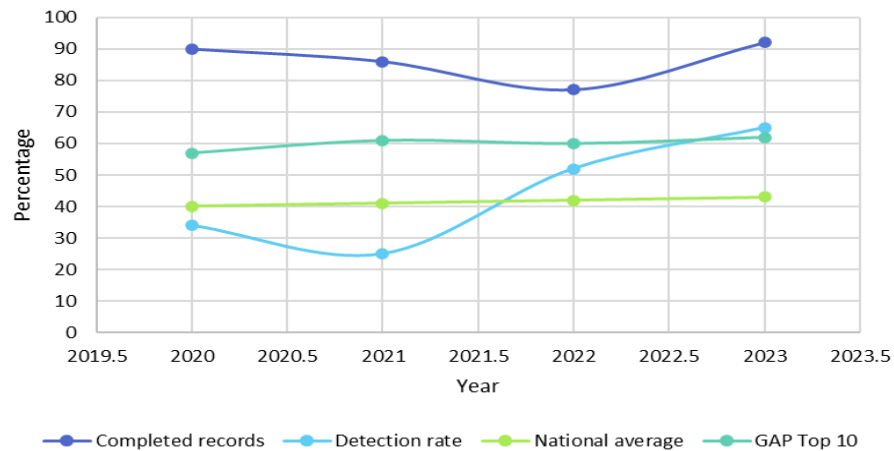
## Appendix 1 - Improvement Initiatives

Intervention	Impact	Planned Work
<b>Management of the deteriorating patient</b>	<p>There has been a significant effort to improve the management of the deteriorating patient with the introduction of a deteriorating patient pathway and associated dashboard (<a href="#">Resuscitation, Deterioration &amp; Sepsis - Deteriorating Patient Pathway</a>) to improve oversight. This work is supported by an education programme accessible to all staff (<a href="#">Deteriorating Patient Education Program - Home</a>).</p> <p>There has been a noted decrease in the number of MET calls and cardiac arrests as highlighted below with the significant decline in the most recent months compared to previous years. November 2023 saw 102 MET calls made compared to 204 in November 2022.</p>  <p>Type of Call ● Cardiac arrest ● MET CALL</p>	<p>Some ward areas (e.g. ward C5 and C7) have engaged with the DPP with considerable effort and have noted tangible improvements in time to escalation and reduction in both cardiac arrests and MET calls. AMU and maternity are also engaged with the process but with a recognition of the need for ongoing work. Further focus on other ward areas is ongoing with plans for specific quality improvement projects to escalate the process more rapidly.</p>
<b>Pathway specific work</b>	<p>The Trust has focused on pathway compliance with the support of AQuA and has seen a correlation between bundle compliance and a reduction of SHMI. This is particularly prominent for Decompensated Liver Disease and Pneumonia pathways.</p>	<p>A working group for the Fractured Neck of Femur has commenced with input from orthopaedic and anaesthetic colleagues.</p> <p>Sepsis AQ analysis has identified areas where performance is below expected levels including ED, Resus and patients waiting on ambulances and AMU. All</p>

	<div><div><p><b>DLD: CPS</b></p><table border="1"><caption>DLD: CPS Data</caption><thead><tr><th>Discharge month</th><th>SH/M</th><th>AQ performance (%)</th></tr></thead><tbody><tr><td>Jul 22</td><td>100</td><td>275</td></tr><tr><td>Sep 22</td><td>75</td><td>175</td></tr><tr><td>Nov 22</td><td>125</td><td>190</td></tr><tr><td>Jan 23</td><td>125</td><td>165</td></tr><tr><td>Mar 23</td><td>125</td><td>140</td></tr><tr><td>May 23</td><td>180</td><td>215</td></tr><tr><td>Jul 23</td><td>30</td><td>225</td></tr></tbody></table></div><div><p><b>Pneumonia: CPS</b></p><table border="1"><caption>Pneumonia: CPS Data</caption><thead><tr><th>Discharge month</th><th>SH/M</th><th>AQ performance (%)</th></tr></thead><tbody><tr><td>Jul 22</td><td>90</td><td>130</td></tr><tr><td>Sep 22</td><td>100</td><td>135</td></tr><tr><td>Nov 22</td><td>120</td><td>140</td></tr><tr><td>Jan 23</td><td>120</td><td>125</td></tr><tr><td>Mar 23</td><td>80</td><td>145</td></tr><tr><td>May 23</td><td>90</td><td>115</td></tr><tr><td>Jul 23</td><td>80</td><td>135</td></tr></tbody></table></div></div> <p>Engagement in AKI improvement has previously been sporadic, but AMU colleagues have increased their activity. Hospital at Night have now joined the working group and are working in conjunction with nurse leads to improve bundle compliance across the Trust. Recent AQ data shows improvement but ongoing work still needed to ensure consistency.</p>	Discharge month	SH/M	AQ performance (%)	Jul 22	100	275	Sep 22	75	175	Nov 22	125	190	Jan 23	125	165	Mar 23	125	140	May 23	180	215	Jul 23	30	225	Discharge month	SH/M	AQ performance (%)	Jul 22	90	130	Sep 22	100	135	Nov 22	120	140	Jan 23	120	125	Mar 23	80	145	May 23	90	115	Jul 23	80	135	alerts have action plans in place to address the need for improvement.
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<b>Gold Standard Framework</b>	<p>Gold Standards Framework (GSF) is a systematic, evidence based approach to optimise care for all patients approaching the end of life, delivered by generalist frontline care providers. Individual clinical area can work towards accreditation with 10 areas accredited to date. 7 key metrics are measured as outlined below.</p> <table><tr><th>Metric</th><th>Target</th><th>% Achieved</th><th>% Achieved</th><th>% Achieved</th></tr><tr><td></td><td></td><th>August 23</th><th>September 23</th><th>October 23</th></tr><tr><td>% GSF identified</td><td>30%</td><td>15.3% ↑</td><td>14.8% ↓</td><td>15.6% ↑</td></tr><tr><td>% GSF amber and green with ACP offered</td><td>75%</td><td>31% ↓</td><td>25% ↓</td><td>31% ↑</td></tr><tr><td>% Hospital deaths with GSF Amber or red</td><td>60%</td><td>65% ↓</td><td>61% ↓</td><td>62% ↑</td></tr></table>	Metric	Target	% Achieved	% Achieved	% Achieved			August 23	September 23	October 23	% GSF identified	30%	15.3% ↑	14.8% ↓	15.6% ↑	% GSF amber and green with ACP offered	75%	31% ↓	25% ↓	31% ↑	% Hospital deaths with GSF Amber or red	60%	65% ↓	61% ↓	62% ↑																								
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	% GSF red and amber with DNACPR	80%	99% ↑	100% ↑	98% ↓		
	% GSF red with priorities for care	70%	59.6% ↑	59% ↓	45% ↓		
	% GSF red, amber and green with preferred place of care documented	70%	72.6% ↓	70% ↓	71% ↑		
	% GSF red or amber achieve preferred place of care on discharge/death	60%	57%	61% ↑	59% ↑		
<b>Saving Babies Lives Campaign implementation</b>	The Trust has an appointed Saving Babies Lives midwife and has noted a bundle compliance increase from 47% - 80%. There has been a noted improvement in SGA (Small for Gestational Age) detection to above the national average.					Analysis from thematic review related to late bookings expected in January 2024 when a full month's data available.	



A face to face clinic has been established in Sandwell to address late bookings and a revision of the booking process with the patient access team commenced.

## Appendix 2 - Primary Review Completion

Division	Total deaths (rolling 12 months)	Completed Reviews (rolling 12 months)	Incomplete primary reviews (>30 days from death) 01/11/22 – 30/09/23
Medicine & Integrated Care	1420	1092 (77%)	284 (21%)
Surgery Women & Children	339	191 (56%)	129 (46%)

Directorate	Total deaths (rolling 12 months)	Completed Reviews (rolling 12 months)	Incomplete Primary reviews (>30 days from death) 01/11/22 – 30/09/23
Orthopaedic Surgery	68	38 (56%)	26 (41%)
Surgery, Urology & Vascular	124	48 (39%)	66 (58%)
Theatres, Anaesthetics, Critical Care & Pain	125	193 (74%)	30 (26%)
Women & Children	22	12 (55%)	7 (36%)
Medicine A (CORRE)	344	236 (69%)	96 (29%)
Medicine B (G-HOPE)	171	115 (67%)	50 (33%)
Medicine C (GEMS)	316	208 (66%)	86 (29%)
Urgent & Acute Care	581	526 (91%)	52 (10%)

Specialty	Total deaths (rolling 12 months)	Completed Reviews (rolling 12 months)	Incomplete Primary reviews (>30 days from death) 01/11/22 – 30/09/23
Baby	13	8 (62%)	3 (27%)
Critical Care	125	93 (74%)	30 (26%)
General Surgery	68	4 (6%)	59 (94%)
Gynaecology	5	1 (20%)	4 (80%)
Paediatrics	3	3 (100%)	0
T&O	68	38 (56%)	26 (41%)
Urology	11	9 (81%)	0
Vascular Surgery	45	35 (77%)	7 (17%)
ED	294	244 (83%)	47 (17%)
Cardiology	43	17 (40%)	24 (59%)
Clinical Oncology	2	1 (50%)	1 (50%)
Diabetes	58	53 (91%)	3 (4%)
Endocrinology	8	7 (88%)	0
Gastroenterology	96	90 (94%)	6 (7%)
Geriatric Medicine	218	144 (66%)	58 (29%)
Haematology	24	24 (100%)	0
Medical Assessment	287	282 (98%)	5 (2%)
Nephrology	48	0 (0%)	42 (100%)
Renal	32	17 (53%)	14 (45%)
Respiratory	205	149 (73%)	50 (26%)
Respiratory Medicine	6	0 (0%)	6 (100%)
Stroke Medicine	46	36 (78%)	8 (18%)
Rehabilitation	52	28 (54%)	20 (43%)

**Paper for submission to the Board of Directors  
on Thursday 11<sup>th</sup> January 2024**

<b>Report title</b>	Upward assurance report from the People Committee Meeting held on 28 <sup>th</sup> November 2023
<b>Sponsoring executive</b>	Alan Duffell - Chief People Officer
<b>Report author</b>	Karen Brogan - Director of Operational HR
<b>Report presenter</b>	Julian Atkins - Non-executive Director

### 1. Suggested discussion points






#### November 2023

**Matters of concern/key risks to escalate** - a slight increase in in-month sickness absence to 5.06% in October. Turnover (all terminations) had decreased minimally to 8.57% and remained above Trust target.

**Positive assurances** - the vacancy rate remained at 5%, the overall workforce growth year to date (from April-October 2023) inclusive of bank and agency staffing was 1.37% (specifically for substantive staff it was 2.21%) and the KPI report had developed with the inclusion of bank and rostering data.

**Major actions commissioned/underway** – an action plan for the Employee Staff Record (ESR) was underway which would significantly improve the accuracy and utilisation of the Trust's ESR system, the ICan project was presented (programme of work in partnership with Dudley Council to address local employment needs), the Organisational Development Journey, Recruitment & Retention Journey and Wellbeing Journey were discussed with the comments/feedback incorporated into a final version for submission to People Committee in February 2024 and an update on NHS Impact was given regarding the further development of an improvement culture. Decisions made - BAF Risks 2 and 3 remained unchanged as positive assurance.

### 2. Alignment to our Vision

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

The Board of Directors.

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a.** Approve and accept the upward report for assurance

### 5. Impact

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






**CHAIR'S LOG AND UPWARD REPORT FROM PEOPLE COMMITTEE**    Date Committee last met: 28<sup>th</sup> November 2023

<p><b>Matters of Concern or Key Risks to Escalate</b></p> <ul style="list-style-type: none"> <li>• In-month sickness absence had slightly increased from 5.02% in September to 5.06% in October, which is just above the Trust target of 5%, however the rolling twelve-month absence rate had slightly decreased and showed an improving trajectory. It was noted that we are approaching a period where historically there is an increasing trend.</li> <li>• Turnover (all terminations) had decreased minimally from 8.58% in September to 8.57% in October but remained above Trust Target.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Ryan Carroll (ESR &amp; Workforce Information Manager) provided the Committee with assurance that an action plan was in progress to significantly improve the Trust's utilisation of ESR, including data quality and accuracy to bring it in line with other Trusts in the system.</li> <li>• Rachel Andrew presented the ICan Project, a programme of work in partnership with Dudley Council, which would address local employment needs and support streams of work around barriers to recruitment, changing recruitment practices, pre-employment support, careers advice and guidance, work placements and employment opportunities. Dudley Council were funding a 'Widening Participation' Business Partner post.</li> <li>• The Organisational Development Journey, the Recruitment &amp; Retention Journey and the Wellbeing Journey were discussed, and feedback provided which would be incorporated into a final version to be brought back to the Committee in February. The journeys demonstrate the operationalisation of the People Plan.</li> <li>• Peter Lowe updated the Committee on NHS Impact which will develop an improvement culture through establishing a community of Improvement Champions.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee were pleased to hear of the positive position regarding Job Planning.</li> <li>• The KPI's overall remained positive and had developed further with the inclusion of bank and rostering data.</li> <li>• The vacancy rate remained at 5%.</li> <li>• Overall workforce growth year to date (April 23 to October 23, inclusive of bank and agency staffing) was 1.37%, whilst specifically for substantive staff it was 2.21% (123.52 WTE). Recruitment to substantive posts was lower than anticipated in plan, resulting in higher than expected bank/agency costs.</li> <li>• For 2023/24 performance at month 7 (October) overall workforce is on plan (0% variance – 20.32 WTE over plan) with less substantive staff but more bank usage than planned.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that Risk 2 (If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy and to deliver safe and effective care) and Risk 3 (If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction and consequently could impact turnover, retention and absence) would remain unchanged as positive assurance.</li> </ul>
<p><b>Chair's comments on the meeting</b></p> <p>It was good to see drafts of the journeys and they were developing. There had been great progress, particularly around the recruitment and retention of AHP's, which clearly demonstrated very successful collaborative working across the Trust. The meeting ran to time.</p>	

**Paper for submission to Trust Board on  
Thursday 11<sup>th</sup> January 2024**

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

<b>1. Suggested discussion points</b>
<p>The Committee is invited to note and discuss the key areas highlighted and the mitigating actions presented. The four key areas highlighted are:</p> <ul style="list-style-type: none"> <li>• Mandatory Training</li> <li>• Leadership and Culture</li> <li>• Vacancies/ Turnover and performance against plan</li> <li>• Industrial Action</li> </ul>

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

<b>3. Report journey</b>
People Committee

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

5.	Impact						
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care, and treatment					
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond					
Corporate Risk Register	Y	COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff wellbeing. COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff wellbeing. COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance. COR1303 - There is a risk of low Staff engagement and Morale impacting on Absence, Turnover and Retention. COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services.					
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	



# Workforce KPI Report



The Dudley Group  
NHS Foundation Trust



# Summary

Metric	Rate	Target	Trend	
Absence – In Month	4.92%	<=5%	↓	<u><b>Sickness Absence</b></u>  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%	↓	<u><b>Turnover</b></u>  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.  <small>* 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.</small>
Retention (12 month)	90.9%	>=80%	=	<u><b>Retention</b></u>  The 12-month retention rate has remained at 90.9% in in November.
Vacancy Rate	5%	<=7%	=	<u><b>Vacancy Rate</b></u>  The vacancy rate remains at 5% in October 2023 with total vacancies of 301.04 WTE.
Mandatory Training	93.38%	>=90%	↑	<u><b>Mandatory Training</b></u> <ul style="list-style-type: none"> <li>Statutory Training has seen a monthly increase – and overall has remained above 90% target for a sustained period.</li> </ul>



# Exceptions/Improvement/Actions



**The Dudley Group**  
NHS Foundation Trust

METRIC	<u>SUMMARY</u>
<b>Mandatory Training</b>	<p>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.</p> <p>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.</p> <p>Work continues to support ongoing compliance for Resus and Safeguarding, including targeted follow-up at both individual and department level.</p>
<b>Leadership and Culture</b>	<p>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.</p> <p>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.</p> <p>Being a Brilliant Place to work</p> <p>Culture Statement and revised Behaviour Framework were reviewed at the Board workshop on 14th December and are undergoing final reviews of content and design. This will then be embedded within existing workstreams (Recruitment, Induction and Leadership Training)</p> <p>The national Staff Survey fieldwork closed on 24<sup>th</sup> 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.</p> <p>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.</p>

METRIC	SUMMARY																																																												
Vacancies/ Turnover and performance against plan	<p>It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce. Turnover (all terminations) and Normalised Turnover have 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.</p> <p>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%.</p> <table><tr><td></td><td>Apr-23</td><td>Nov-23</td><td>Difference</td><td>Variance</td></tr><tr><td>Total Workforce (WTE)</td><td>6271.1</td><td>6344.71</td><td>73.61</td><td>1.17%</td></tr><tr><td>Total Substantive</td><td>5595.15</td><td>5723.79</td><td>128.64</td><td>2.30%</td></tr><tr><td>Total Bank</td><td>656.21</td><td>596.94</td><td>-59.27</td><td>-9.03%</td></tr><tr><td>Total Agency</td><td>19.74</td><td>23.98</td><td>4.24</td><td>21.48%</td></tr></table> <p>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%).</p> <table><tr><td></td><td>Apr-23</td><td>Nov-23</td><td>Difference</td><td>Variance</td></tr><tr><td>Registered Nursing, Midwifery and Health Visiting Staff (substantive total)</td><td>1799.52</td><td>1894.74</td><td>95.22</td><td>5%</td></tr><tr><td>Registered Scientific, therapeutic and technical staff (substantive total)</td><td>628.72</td><td>679.82</td><td>51.1</td><td>8%</td></tr><tr><td>Support to Clinical Staff (substantive total)</td><td>1,370.22</td><td>1282.61</td><td>-87.61</td><td>-6%</td></tr><tr><td>Total NHS Infrastructure support (substantive total)</td><td>1006.38</td><td>1010.19</td><td>3.81</td><td>0%</td></tr><tr><td>Medical and Dental (substantive total)</td><td>790.31</td><td>856.43</td><td>66.12</td><td>8%</td></tr><tr><td></td><td>5595.15</td><td>5723.79</td><td>128.64</td><td>2.3%</td></tr></table>		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%		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%
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The Dudley Group NHS Foundation Trust Board of Directors (public session) 138 of 166																																																													

# Exceptions/Improvement/Actions



The Dudley Group

## METRIC

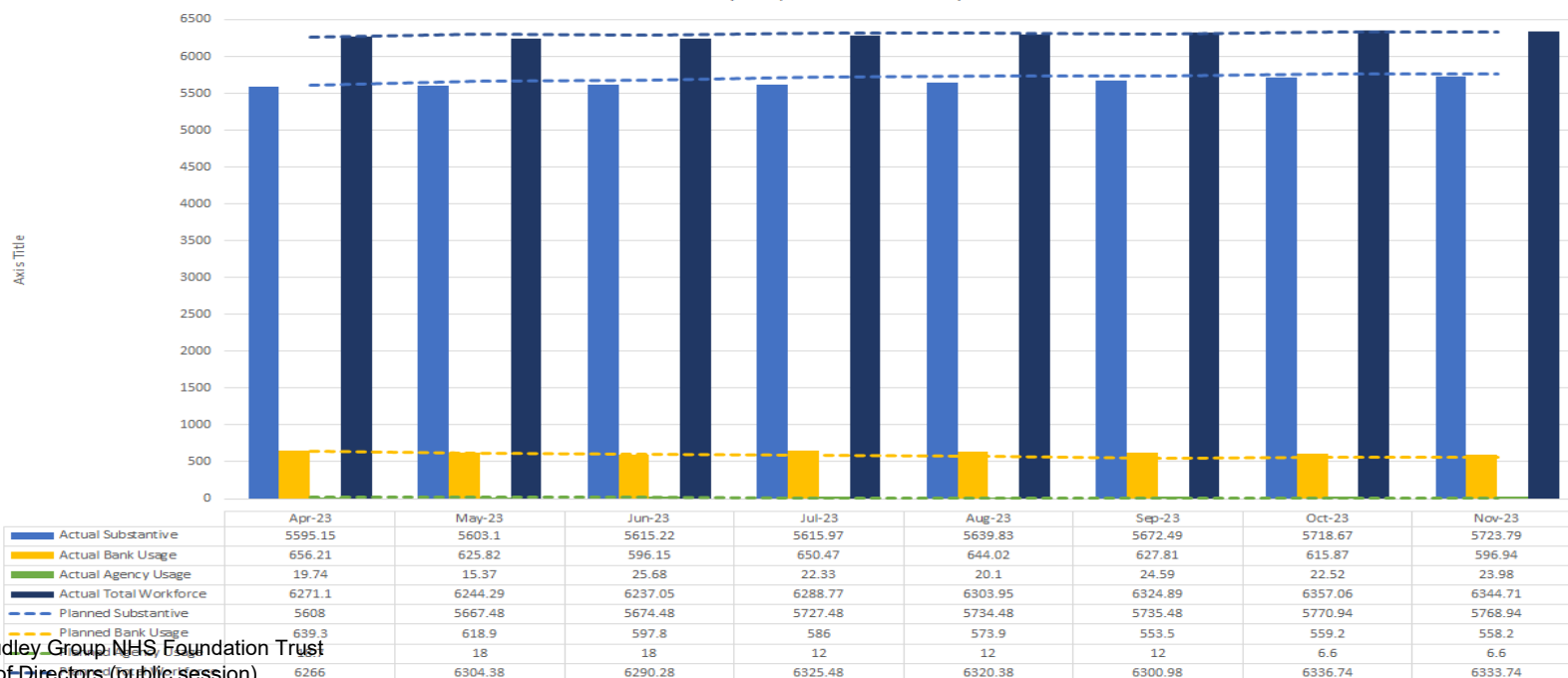
Vacancies/  
Turnover and  
performance  
against plan

## SUMMARY

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	0%
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%

Workforce plan (Actual vs Planned)



# Exceptions/Improvement/Actions



The Dudley Group  
NHS Foundation Trust

METRIC	SUMMARY
Industrial Action	<p><b><u>BMA (British Medical Association)</u></b></p> <p>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</p> <p>DGFT have established an Industrial Action task group, established regular contact with Trade Union colleagues, completed Business Continuity Plans and rated services in terms of priority – this will be reviewed against the national derogation guidance and have considered alternative workforce options (including skills audit, redeployment, and temporary staffing).</p>



## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024

<b>Report title</b>	Freedom to Speak Up
<b>Sponsoring executive</b>	Diane Wake, chief executive
<b>Report author /presenter</b>	April Burrows, Freedom to Speak Up Guardian

### 1. Suggested discussion points






This report has been prepared by the Trust's Freedom to Speak Up Guardian and provides an update on the FTSU activity.

There are presently 18 trained multi professional and diverse FTSU champions provide a network of support across our acute and community sites which provides greater accessibility to the service. The service is supported by named Executive and Non-Executive Directors.

The Board is asked to note that 25,382 cases were raised nationally though FTSU services from 1st April 2022 to 31<sup>st</sup> March 2023. The report provides information on the 33 cases handled by the Trust's FTSU Guardian in the last three months, cases by theme with attitudes and behaviours, including perceived bullying equates to 36.6 % and is the highest reoccurring theme followed by professional behaviour with 9%. Further breakdown is provided by locality, where community has a noticeable higher number, and profession where 16 concerns raised related to lead or manager. Greatix

The report provides an update on recently issued national guidance/recent publications.

### 2. Alignment to our Vision

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

People Committee, Trust Board, FTSU Steering group

### 4. Recommendations

The Public Trust Board is asked to:

**a. Note** the NGO 'Freedom to Speak Up: a reflection and planning tool'.

**b. Note** the Greatix backlog and action being taken to address

### 5 Impact

Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Corporate Risk Register							
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	

## Freedom to Speak Up

### 1. Executive Summary

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

25,382 cases were raised nationally through FTSU services from 1st April 2022 to 31<sup>st</sup> March 2023.

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

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

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

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

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

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

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

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

- 'Speak up' (for all staff) can be accessed via trust intranet.
- 'Listen up' (for managers) is promoted via the trust internal training programme 'Manager's essentials'.

- Follow up (for senior leaders) is available to all Executive and Non-executive directors via our Executive Lead for FTSU and bespoke face-to-face training is also provided for our governors.

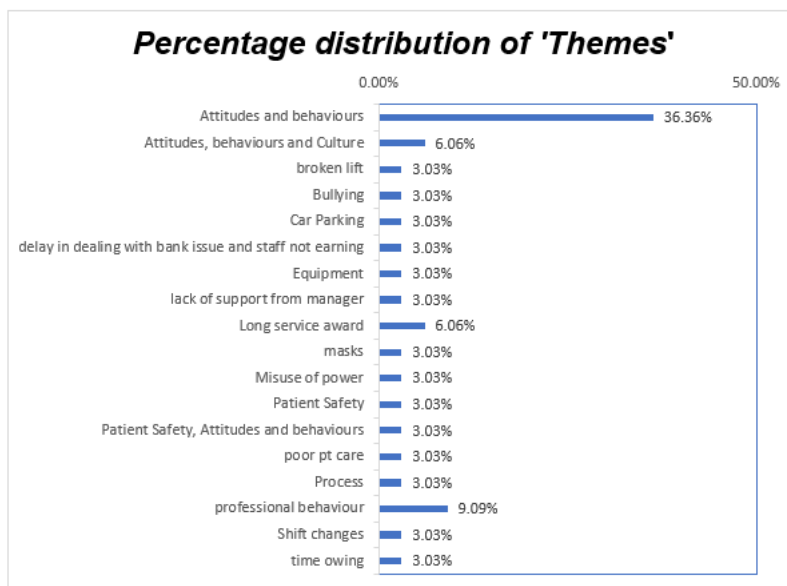
The Trust FTSU strategy has been approved by the Trust's People Committee.

## 2. Update on national guidance/recent publications

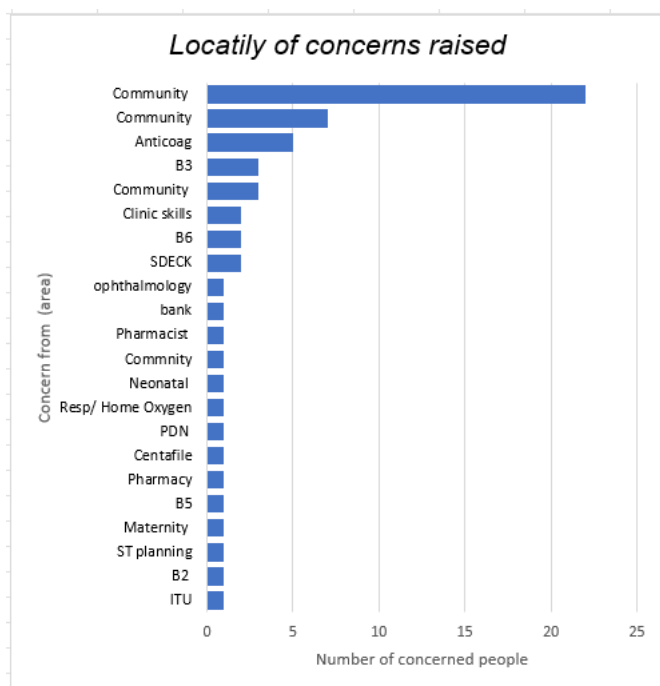
- The NGO have published a standard policy for organisations to adapt to their own requirements. DGFT implemented the NHS Freedom to Speak up (WHISTLEBLOWING) policy September 2023, which is within the deadline set by the NGO of 2024.
- DGFT FTSU strategy has been updated using the NGO national strategy as a guide and this document has been approved and implemented in July 2023
- The 2023 NHS staff survey results are due to be shared January 2024 and will be included in the next Trust board meeting.
- The reflective survey has been sent to all senior leaders following guidance from the NGO 'Freedom to Speak Up: a reflection and planning tool'. The survey has been completed by the executive and non-executive. Once all responses have been collected the data will be analysed and shared with the steering group, the trust board and workforce committee.

## 3. Numbers and Themes of concerns raised.

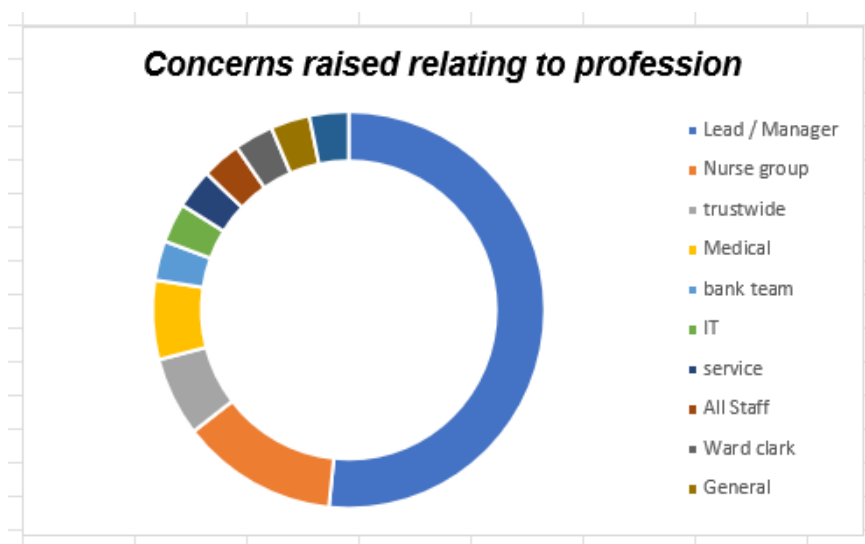
In the past three months the DGFT FTSU service handled 33 concerns brought by 60 members of staff (some people prefer to raise concerns in small groups).



Attitudes and behaviors including perceived bullying equates to 36.6 % and is the highest reoccurring theme followed by professional behaviour with 9%.



Community has had a noticeable higher number of concerns raised compared with other areas.



16 concerns were raised relating to Lead / Managers out of a total 33.

#### 4. GREATix

There is a backlog of 398 Greatix to action due to the transitional period between the FTSU Guardian and Patient safety lead. All Greatix moving forward will be actioned and the backlog will be completed by the end of the current financial year.

The aim of the GREATix system is to identify, appreciate, study and learn from episodes of excellence. This has the dual benefit of improving patient care and boosting staff morale by recognising when people have given that bit extra to ensure our patients are receiving the best care we can provide in The Dudley Group NHS Foundation Trust.



## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024

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






### 1. Suggested discussion points

Two formal Integration Committee meetings took place on the 30<sup>th</sup> November and 21<sup>st</sup> December 2023.

In the meeting in November, we received positive assurance on the work of the Dudley Health and Care Partnerships. An update was given from on the prevention working that the Trust is undertaking. The committee approved the health inequalities, working group terms of reference and the updated workplan for the Committee. Deep dives were received from Breast Screening Service and AAA Screening Service. The first update on the DIHC Transaction process was received by the Committee.

In the meeting in December, we received positive assurance on the work ongoing within Dudley Health and Care Partnerships. A brief update on DIHC Transaction Update was presented to the committee. Two deep dives were given on the Alcohol and Tobacco Prevention Programmes within the Trust where positive assurance was received. The Local Employment Deep Dive shared positive assurance sharing the next steps for the ICan project.

### 2. Alignment to our Vision

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

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

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a. To approve** the upward report from the first two Integration Committee meetings.

### 5. Impact

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

## UPWARD REPORT FROM INTEGRATION COMMITTEE

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p><b>30<sup>th</sup> November 2023</b></p> <ul style="list-style-type: none"> <li>Concerns were raised with regards to the delays in the DIHC transaction process.</li> </ul> <p><b>21<sup>st</sup> December 2023</b></p> <ul style="list-style-type: none"> <li>Concerns were raised with regards to the continuation of funding for the Alcohol Prevention team.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <p><b>30<sup>th</sup> November 2023</b></p> <ul style="list-style-type: none"> <li>Following the report of prevention within Health Inequalities, looking to tie in prevention work with Primary Care.</li> </ul> <p><b>21<sup>st</sup> December 2023</b></p> <ul style="list-style-type: none"> <li>No major actions commissioned.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p><b>30<sup>th</sup> November 2023</b></p> <ul style="list-style-type: none"> <li>Received positive report on the progress and work the Trust is undertaking on prevention.</li> <li>Noted that Dudley Health and Care Partnership had approved the Trust to be the host of the partnership and that there is support in principle for the Trust to become the lead provider in line with the ICS future operating model.</li> <li>BAF risk remains steady, this will change as work packages bed in and the workplan develops.</li> </ul> <p><b>21<sup>st</sup> December 2023</b></p> <ul style="list-style-type: none"> <li>Received positive assurance on the work ongoing within the Alcohol Prevention Team</li> <li>Positive Assurance received from the Tobacco Service Team and progress since the service started in July 2023.</li> <li>Positive assurance received on the work ongoing with partners in respect of the ICan project.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <p><b>30<sup>th</sup> November 2023</b></p> <ul style="list-style-type: none"> <li>Review Breast Screening Service in 6 months to see if it has returned to green rating from amber.</li> <li>Agreement of Health Inequalities Core Group Terms of Reference.</li> <li>The Committee's work plan was updated and approved. Agree that the work plan would be reviewed again as the committee is evolving and the role of the Trust in the place partnership evolves.</li> </ul> <p><b>21<sup>st</sup> December 2023</b></p> <ul style="list-style-type: none"> <li>Tobacco Service to return in 6 months when the service has run for longer to provide more data and patient outputs.</li> <li>The Committee agreed that a positive assurance level rating be retained for BAF risk 6</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Good, detailed discussions within the committee meeting, with actions to report back on at future meetings.</p>	

# Joint Provider Committee – Report to Trust Boards

Date: November 2023

Agenda item: 13.2 January 2024, The Dudley Group public board

<b>TITLE OF REPORT:</b>	Report to Trust Boards from the 7 <sup>th</sup> November 2023 meeting.
<b>PURPOSE OF REPORT:</b>	To provide all partner Trust Boards with a summary of key messages from the 7 <sup>th</sup> November 2023 Joint Provider Committee.
<b>AUTHOR(S) OF REPORT:</b>	Sohaib Khalid, BCPC Managing Director
<b>MANAGEMENT LEAD/SIGNED OFF BY:</b>	Sir David Nicholson, Chair of BC JPC & Joint Chair of DGFT, SWBH, RWT, & WHT Diane Wake, CEO Lead of the BCPC
<b>KEY POINTS:</b>	<p>The second meeting of the Joint Provider Committee (JPC) was held. The JPC was quorate with attendance by the Chair, all four Deputy Chairs, and the three CEO's</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> <li>An update for the BCPC CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan.</li> <li>A brief update on progress being made to agree the need for additional 'cold site' elective care capacity</li> <li>A discussion on the possible future arrangements for RWT and WHT; and</li> <li>An update on the Collaborative Executive Refresh</li> </ol>
<b>RECOMMENDATION(S):</b>	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> <li><b>RECEIVE</b> this report as a summary update of key discussions at the 7<sup>th</sup> November JPC meeting.</li> <li><b>NOTE</b> the key messages, agreements, and actions in section 2 of the report.</li> </ol>
<b>CONFLICTS OF INTEREST:</b>	All CEO's declared an interest for the 'Elective Hub' discussion.
<b>DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:</b>	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
<b>Possible implications identified in the paper:</b>	
<b>Financial</b>	<p>The following agenda items have a potential financial implication:</p> <ul style="list-style-type: none"> <li>Renal Surgery (nephrectomy &amp; partial nephrectomies) Centre of Excellence</li> <li>Additional 'cold site' Elective Hub capacity</li> </ul>
<b>Risk Assurance Framework</b>	<p>The following agenda items have a potential risk implication:</p> <ul style="list-style-type: none"> <li>Renal Surgery (nephrectomy &amp; partial nephrectomies) Centre of Excellence</li> <li>Additional 'cold site' Elective Hub capacity</li> </ul>
<b>Policy and Legal Obligations</b>	N/A
<b>Health Inequalities</b>	N/A
<b>Workforce Inequalities</b>	N/A
<b>Governance</b>	<p>The following agenda items have a potential governance implication:</p> <ul style="list-style-type: none"> <li>Collaborative Executive Refresh</li> <li>Future arrangements for RWT &amp; WHT</li> </ul>
<b>Other Implications (e.g. HR, Estates, IT, Quality)</b>	N/A

## 1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 7<sup>th</sup> November 2023 Joint Provider Committee.

## 2. SUMMARY

- 2.1 The second Joint Provider Committee was held on the 7<sup>th</sup> November 2023. The meeting was quorate with attendance by the Chair, all three CEO's and all four Deputy Chairs.

- 2.2 The following is a summary of discussions with agreements noted:

a) **CEO Leads update report**

Positive progress was noted in key clinical service areas which included

- **Vascular services** - the pursuit of a Black Country solution which would see the repatriation of patients currently receiving their care from UHB.
- **ENT** – the pursuit of a new model of care between WHT and SWBH which would mirror arrangements currently in place between DGFT and RWT, and provide much needed resilience to the system
- **Renal Surgery** – and the pursuit of a centre of excellence approach for nephrectomies and partial nephrectomies at DGFT for surgical robotic surgery, the first step in a wider range of elective and cancer transformation activities.

Further discussions reflected on the recent BCPC Clinical Summit and the need to forge closer working relationships with Primary Care, in addition to preparing for the output of the PA Consulting work and align / connect this better to the Annual and Financial Planning processes of the BC system enabling delivery of both improved services delivery and the system Financial Recovery Plan (FRP).

b) **Elective Hub – update from EC&DB engagement**

The JPC were updated on the 'twin-track' approach being progressed to secure additional elective capacity for the BC ICS. Efforts are continuing to secure national capital resources to enable the progression of the 'North Hub' proposal, whilst a 'needs analysis' exploring demand by specialty and locality basis has been requested, against which options will be aligned in an 'Cold site' elective hub Options Appraisal paper requested by the EC&DB before xmas.

c) **Possible future arrangements – Wolverhampton / Walsall**

The JPC briefly discussed the opportunity to consider options for future arrangements between RWT / WHT and are currently engaging widely with a view to bringing a business case containing an options appraisal to be presented to future Board meetings at both organisations.

d) **Collaborative Executive Refresh**

The JPC was provided on an update from the BCPC CEO Lead on the process for refreshing the Collaborative Executive membership. Expressions of Interest are due by the 15<sup>th</sup> November following which a selection process will ensue.

## 3. REQUIRED ACTIONS

- 3.1 The partner Trust Boards are asked to:

- a. **RECEIVE** this report as a summary update of key discussions at the 7<sup>th</sup> November JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.






## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024

<b>Report title</b>	Upward assurance report from Audit Committee
<b>Sponsoring executive / presenter</b>	Gary Crowe, Audit Committee Chair
<b>Report author</b>	Zoe Harris, Executive Assistant to Director of Finance

### 1. Suggested discussion points

Summary of key issues discussed and approved by the Audit Committee on 11<sup>th</sup> December 2023

### 2. Alignment to our Vision

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

Board of Directors – 11<sup>th</sup> January 2024

### 4. Recommendation(s)

The Public Trust Board is asked to:

**a.** Approve and note the contents of the report.

### 5. Impact

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

## UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee met: 11<sup>th</sup> December 2023

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>• There were no matters of concern to escalate.</li></ul>	<b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b> <ul style="list-style-type: none"><li>• The timing of the BAF report submission coincided with actioning recommendations arising from the recently completed internal audit report. Work was ongoing to reflect the recommendations for improvements.</li><li>• RSM were carrying out fieldwork for their key financial controls and charitable funds audits. The discharge management audit was progressing well.</li></ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"><li>• There was ownership of each BAF risk by committees and the executive team with positive work ongoing.</li><li>• The Trust had decided to maintain a 95% threshold to maintain good information governance and practice for Information Governance training.</li><li>• Very good progress had been made towards closing internal audit actions, these were taken to executive directors' meetings and challenged appropriately.</li><li>• RSM auditors were on track with their 2023/2024 Internal Audit Plan.</li><li>• The RSM Local Counter Fraud Specialist (LCFS) had issued a number of alerts with the Trust receiving no positive hits.</li><li>• Good fraud awareness and engagement was seen across the Trust.</li></ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>• Two changes were approved by the committee to the work underway by RSM. A more focused piece of work on occupational health referrals and the assessments for new members of staff would replace the retention review. The second update was the Ockenden review, recognising the change in key personnel.</li></ul>
<b>Chair's comments on the effectiveness of the meeting:</b> This was a positive assurance meeting for the organisation. It was important to embed BAF going into the final quarter of the year.	






**Paper for submission to the Board of Directors on  
Thursday 11<sup>th</sup> January 2024**

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

### 1. Suggested discussion points

- Positive assurance related to the ongoing cloud migration activities and the associated learning/cultural changes for both the Digital Teams and wider organisation
- Negative assurance in terms of the amount of national capital funding in 2023/24 and 2024/25 as well as the national commitment to the programme, the full impact will be reported when known
- The Black Country Provider Collaborative Deep Dive was well received by the Committee
- A new corporate risk related to Medical Devices will be documented and raised by EBME
- Positive assurance in terms of the Trust's Data Quality Standards statutory position
- Positive assurance on the root cause analysis which took place following a recent Sunrise outage. The issue was resolved and lessons learned completed
- Note the preliminary report on Nursing / AHP benefits cost avoidance.
- It was agreed that the BAF assurance should move from inconclusive to positive however there is a cautionary note in terms of longer term risks which will need to be defined.

### 2. Alignment to our Vision

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

*Board of Directors*

### 4. Recommendation(s)

The Private Trust Board is asked to:

**a.** Approve the report

### 5 Impact

Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		COR1083, COR1540, COR1843					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## UPWARD REPORT FROM THE DIGITAL COMMITTEE

Date Committee last met: 22<sup>nd</sup> November 2023

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>• New Trust Corporate Risk to be documented and raised by the EBME team in terms of Medical Devices</li><li>• Indications are that the amount of national Frontline Digitisation Funding available will be reduced due to other funding pressures. This has impacted future planning due to this uncertainty and the full impact will be reported when known</li></ul>	<b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b> <ul style="list-style-type: none"><li>• Preliminary report demonstrating the benefits and cost avoidance of electronic documentation for nursing and AHPs deployed earlier in the year was noted – further detail analysis and report to be completed and validated by finance.</li><li>• A meeting has taken place as part of the Black Country Collaborative to discuss aligning digital and governance for digital across the four providers. Further meetings to be arranged</li></ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"><li>• Excellent work related to the ongoing cloud migration activities and the associated learning/cultural changes for the Digital teams and wider Trust</li><li>• Positive assurance in terms of the Trust's Data Quality Standards statutory position</li><li>• Following a recent Sunrise outage, a comprehensive root cause analysis was completed providing lessons learned outcomes</li><li>• Positive assurance provided by the ongoing CareCERT management process – report has already been presented to Board</li><li>• The Black Country Provider Collaborative Deep Dive was well received by the Committee</li></ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>• BAF assurance will move from inconclusive to positive however there is a cautionary note in terms of longer term risks which will need to be defined</li></ul>
<b>Chair's comments on the effectiveness of the meeting:</b> <p>Good meeting with good supporting reports. Helpful deep dive presentation, needs to be share more widely within the Trust</p>	



## Paper for submission to the Board of Directors on 11<sup>th</sup> January 2024






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

### 1. Suggested discussion points

Summary of key issues discussed and approved by the Charity Committee on 21<sup>st</sup> December 2023 noting positive assurances in respect of funds raised at the Glitter Ball, local M&S store. Income received of £346k since April 2023 and expenditure on £430k. Healthy total fund balance of £2.5m.

Work underway includes rebranding of the Trust Charity and expansion of the Charity team. The Committee agreed to a proposal that a grant received from NHS CT, which was originally intended to fund a new staff wellbeing hub, should be used instead to refurbish existing staff rooms.

### 2. Alignment to our Vision

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

Board of Directors – 11<sup>th</sup> January 2024

### 4. Recommendation(s)

The Public Trust Board is asked to:

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

### 5. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Corporate Risk Register		none					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

## UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 21<sup>st</sup> December 2023

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>There were no matters of concern to escalate.</li></ul>	<b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b> <ul style="list-style-type: none"><li>Mrs Abbiss explained that NHS Charities Together (NHS CT) funding was being used to rebrand the Trust Charity and that a creative company had been engaged to assist with this.</li><li>Mrs Abbiss discussed plans to expand the Charity team. A detailed proposal will be brought to the next meeting.</li><li>The fund managers of the St Agatha Breast Care Fund and the Elderly Care Fund attended to explain their respective spending plans.</li></ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"><li>It was noted that the Glitter Ball had raised £16.5k and the local M&amp;S stores £17k.</li><li>Mrs Taylor reported that since the beginning of April 2023 the Charity had received income of £346k while expenditure had been £430k. Total fund balances remained at circa £2.5m.</li></ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>The Committee gave approval for the Trust Charity to remain a member of NHS Charities Together (annual fee £2.5k).</li><li>The Committee agreed to a proposal that a grant received from NHS CT, which was originally intended to fund a new staff wellbeing hub, should be used instead to refurbish existing staff rooms.</li></ul>
<b>Chair's comments on the effectiveness of the meeting:</b> The meeting was quorate and effective.	

**Paper for submission to the Board of Directors 11<sup>th</sup> January 2024**

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

**1. Suggested discussion points**

**Background**

The Board Assurance Framework (BAF) provides a structure and process to enable the Board to focus on the key risks that might compromise the achievement of the Trust's strategic goals.

Each BAF risk clearly sets out the inherent risk score, residual risk score and the target risk score. Also key controls, the gaps in those key controls and the mitigating actions for those gaps are clearly articulated in each BAF risk. Each committee receives their individual BAF risks scheduled throughout the year tabled by the Executive lead for that risk; the date of most recent meeting is indicated. The Board of Directors receive a one page summary of the BAF at its public meetings, given in appendix 1.

RSM have completed an annual audit that considered the design (issued with a substantial assurance opinion) and the application of the control framework (issued with a partial assurance opinion). They have issued their report and identified a number of management actions that will be the focus for further BAF refinement. Their full report was considered at a meeting of the Audit Committee on Monday 11<sup>th</sup> December 2022; a summary is included as appendix 2. The Trusts Risk Management Strategy has been reviewed and reissued to reflect the audit findings.

**Summary of changes since the last report – November 2023**

Each of the Committees articulate their assurance levels for each BAF risk for which they have oversight. This approach informs the agenda and regular management information received by the lead committee.

Of the nine risks listed, committee assurance ratings have remained unchanged from the previous summary report:

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

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

**BAF Risk 1.1: Quality: Safe, High-Quality Care**

Failure to deliver high quality, safe, person centred care and treatment.

*Descriptor updated to read:*

There is a risk that the Trust fails to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes

Overseen by Quality Committee, last reviewed 19/12/2023.

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

The current risk score 16 (4x4) as there is a variation in ownership and embedding of key actions and learning

The target score is 12 (3x4). The target is to reduce the likelihood score to 'possible' whilst the impact remains major. The plan for next year is to reduce the residual risk to 16 in 2023/24. The detailed strategic plan to achieve target risk score of 8 in 2026.

#### Items completed

Patient Safety Incident Response Framework (PSIRF) implemented from 1<sup>st</sup> November 2023 supporting a new approach to incidents and patient safety management.

GIRFT Data shared via departmental meetings

All associated Corporate and Red risks (score of 20 or above) have been listed with summary of risk given.

#### Dates extended

Development of a framework that provides assurance of learning and embedding of actions and changes in practice in response to patient feedback complaints/PALs extended from December 2023 to March 2024.

#### **BAF Risk 1.2: Compliance and Regulatory:** Failure to achieve Outstanding CQC rating.

Comply with Internal and external reviews, reports, and inspections.

*Descriptor updated to read:*

Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action.

Overseen by Quality Committee, last reviewed 19/12/2023.

The risk score has reduced to 9 (3x3) following receipt of the CQC report (published 22/11/23) which includes a 'good' rating for children and young people and ED whilst has improved in two domains stays a 'requires improvement' overall.

Patient Safety Incident Response Framework (PSIRF) implemented from 1<sup>st</sup> November supporting a new approach to incidents and patient safety management.

All associated Corporate and Red risks (score of 20 or above) have been listed with summary of risk given.

#### New actions added:

CQC 2023/24 Core Service Self Assessments. Each Core service to self-assess against the new single assessment framework which includes 34 Quality Statements  
External reviews and inspections, visits and peer reviews by regulators, ICB and clinical networks partners. The volume and mixed and ad hoc nature of visits from ICB, NHSE, CQC and peer networks. Gap in bring the learning together and actions and themes being drawn out needs to mature

Assurances section updated to reflect more detail on scope of activities, dates with associated assurance levels.

#### **BAF Risk 2 – Failure to increase workforce capacity**

*Descriptor updated to:*

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

Overseen by People Committee, last reviewed 28/11/2023.

Current risk score is unchanged at 9 (3x3) (Moderate x Possible). This is because the Trust requires sufficient workforce capacity to deliver safe services. This score has been reviewed in

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

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

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

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

#### **Actions completed**

Review of workforce KPI metrics for 2023/2024.

Develop an Anti-Racism Statement.

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

Engage and educate around restorative just and learning culture.

Deliver an Annual Prospectus of Learning and a Learning festival.

Complete a Gap Analysis on the NHS equality, diversity, and inclusion (EDI) improvement plan.

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

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

Overseen by People Committee, last reviewed 28/11/2023.

The current risk score is 12 (3x4). Given the improvements in key indicators of staff satisfaction the likelihood is deemed to be 'Possible' The impact of this risk, should it be realised, would be 'Major.' There are a range of mitigating actions in place, which will reduce the risk score (Post Mitigation Risk Score) to 8 (Major/Unlikely) during 2022/23.

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

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

#### **Actions completed**

Review and re-launch Staff Engagement model using Quarterly and National Staff Surveys as measures - date reviewed and aligned to People Plan/Culture development work.

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

Re-establish MDT Recruitment & Retention Group (Nursing/Medics/OPs & Workforce) - Activity ongoing with action plan in place and target dates.

2023 Development of Pan organisational actions, focusing on common themes/issues from the Staff Survey that apply to the whole Trust.

Divisional actions, specific for that division, led and owned by the division with HR support.  
Intensive service/ directorate actions focusing on those services with the most significant issues.

#### Action where date extended

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

### BAF Risk 4 – Financial Sustainability

Overseen by Finance & Productivity Committee, last reviewed 21/12/2023.

The current risk score is 20 (5x4) based on an almost certain and major impact assessment. The Trust has set a deficit plan of £19.2m which is extremely challenging. Additional funding to cover the impact of industrial action has been confirmed to the Trust and now forecasting to achieve our deficit plan. The medium-term financial plan currently shows a deficit of £77.1m for 2024/25 with further work taking place at a system level with 3rd party assistance.

#### Key Points

The System is working with PA Consulting who have prepared their initial Financial Recovery Plan findings showing the underlying financial position and savings opportunities for the medium term; further validation is required.

Further confirm and challenge sessions have been held with divisions in October 2023 to monitor recovery plans.

Further work required on CIP to fully identify £26.2m plan and to make progress on turning this into recurrent savings.

The target risk score is 16 (4x4) This is based on a reduction in likelihood (from 5 to 4) but unchanged impact. This reflects the Trust having a clear recovery plan in place during the year and a clear medium-term plan showing financial sustainability.

### BAF Risk 5 – Carbon Emissions Reduction

#### *Descriptor revised to*

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

Overseen by Finance & Productivity Committee, last reviewed 30/11/2023.

In reviewing other examples of BAFs from a range of other Trusts and enquiring to see how they use BAF for environmental sustainability, the responses supported that the BAF is submitted to Committee every 6 months or once a year.

The Committee was asked to consider and agree frequency of reporting and endorsed six monthly reporting in April and October.

### BAF Risk 6 – Build Partnerships

Overseen by Integration Committee, last reviewed 21/12/2023.

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



The target score is 8 (2x4). The Trust should be making appropriate plans to ensure that this is 'unlikely', whilst the impact would remain 'major'.

The BAF has been updated to reflect recommendations arising from the RSM audit and shown using tracked changes.

#### **Actions completed**

Dudley Integrated Health Care (DIHC) where decisions sit outside of the Trust - ICB have decided that DIHC cannot continue as a standalone NHS Trust

DIHC Transaction Project team established to oversee the transfer of DIHC services to the Trust as the 'host' of Dudley Place Partnership. Which will report to Integration Committee and Trust Board.

#### **BAF Risk 7 – Achieve Operational Performance/Strategic goals**

##### *Descriptor revised to*

Failure to achieve operational performance requirements and deliver strategic goals and potential to be subject to regulatory action.

Overseen by Finance & Productivity Committee, last reviewed 21/12/2023.

The current risk score remains at 20 (5x4). This is on the basis that the current likelihood is "almost certain". The impact of this risk, should it be realised, for the Trust's services, is 'major'. Ongoing Industrial Action is adding to backlog and impeding clearance.

The target score is 12 (3x4). The aim is to reduce the likelihood to "possible", whilst the impact would remain 'major'.

The Committee is asked to note that further refinement to reflect RSM audit findings is required and scheduled to complete during December 2023.

#### **BAF Risk 8 – IT & Digital infrastructure**

If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack

Overseen by Finance & Productivity Committee, last reviewed 22/11/2023.






The Committee was asked to review and endorsed the following proposals:

- Delayed action - Clinical Safety Officer (CSO) role had been approved through vacancy grip and control measures (in budget) although the post is not yet filled - now due January 2023
- Delayed action - protected time for clinical job plans, expected completion now March 2024
- Delayed action – establish Digital Leaders Network, expected completion now March 2024
- Overdue action. None
- Actions to replace the electronic patient record infrastructure and software before end-of-extended support are at risk.

#### **Next Steps**

Executive leads are undergoing a review and update of their assigned BAF risks reflecting the management actions identified by RSM as part of their annual BAF audit. Further Board development workshop activity being scheduled for 2024/2025.

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

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

3. Report journey
Audit Committee – December 2023

4. Recommendations
The Public Trust Board is asked to:
<b>a. Approve</b> the updates made since the last meeting and the ongoing work to review and reflect the annual audit findings
<b>b. Note</b> ongoing work embed effective risk management with actions arising from the audit activity.

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



## Appendix 1

### Summary Board Assurance Framework (BAF): December 2023

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – Inherent, current (residual), and target levels (Consequence x Likelihood)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board

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

ID	Area	Risk Description	Lead Exec	Lead Committee	Inherent Risk score	Current Residual Risk score	Target Risk Score	Risk Appetite	Committee Assurance Rating/ last reviewed
1.1	Quality: Safe, High-Quality Care	Failure to deliver high quality, safe, person centred care and treatment.	Medical Director Chief Operating Officer Chief Nurse	Quality	20 (4x5)	16 (4x4)	12 (3x4)	Cautious	Inconclusive 19/12/23
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating. Comply with external reviews, reports, and inspections.	Director of Governance	Quality	20 (4x5)	9 (3x3) <i>Reduced from 12 (3x3)</i>	6 (2x3)	Open	Positive 19/12/23
2	Workforce	Failure to address critical shortage of workforce capacity and capability priorities	Chief People Officer	People	20 (4x5)	12 (4x3)	10 (2x5)	Seek	Positive 28/11/23
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	People	15 (3x5)	12 (3x4)	8 (2x4)	Open	Positive 28/11/23
4	Finance	Failure to remain financially sustainable in 2023/24 and beyond	Director of Finance	Finance and Productivity	20 (4x5)	20 (5x4)	16 (4x4)	Open	Inconclusive 21/12/23
5	Environmental	Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets	Director of Finance	Finance and Productivity	16 (4x4)	12 (3x4)	8 (4x2)	Open	Positive 26/10/23
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Integration Committee <i>(from June '23)</i>	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive 21/12/23
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	20 (4x5)	16 (4x4)	12 (3x4)	Open	Inconclusive 21/12/23
8	IT and Digital Infrastructure	Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation	Chief Information Officer (CIO)	Digital	25 (5x5)	20 (4x5)	16 (4x4)	Open	Inconclusive 22/11/23

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

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

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

Risk Scoring =Consequence x Likelihood (C x L)

Committee Assurance Level <i>descriptors updated March '23</i>	
Positive	The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.
Inconclusive	Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.
Negative	There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision
This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.	

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

# 1. EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, 100 per cent of our audit has been conducted remotely. Remote working has meant that we have been able to complete our audit and provide you with the assurances you require. Based on the information provided by you, we have been able to sample test to complete the work in line with the agreed scope.

## Why we completed this audit

Over a number of years, the Trust’s Board Assurance Framework (BAF) has been in development and there have been various iterations of the ‘live document’. Our review has considered both the design and the application of the control framework and has included the views of a number of Executive Directors and Non-Executive Directors. Whilst we have reviewed the BAF as a collective document our testing has focused largely on risks 1.1. 1.2 and 7. It should be noted that risks 1.1 and 1.2 are still being populated as they have recently been split to focus more specifically on the two separate areas.

## Conclusion

### Design of the Control Framework

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

### Internal audit opinion:

Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage the identified area are suitably designed.

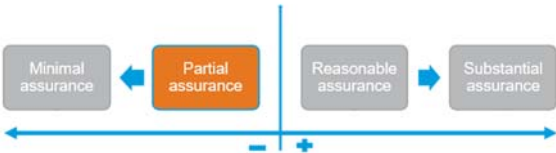


### Application of the Control Framework

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

### Internal audit opinion:

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied or effective.



Action is needed to strengthen the control framework to manage the identified area(s).

## Key findings

### We identified the following:



The current Risk Appetite statement is not fully reflected in the Risk Management Strategy which poses a risk of ambiguity and uncertainty around the Trust's approach to risk. The Risk Appetite was approved by the Trust Board in January 2023 for use. Moving forward a definitive version of the Risk Appetite statement will be included on the Hub and referenced in the Risk Management Strategy. (MA1)



The BAF Risk descriptions are not currently adequately defined, documenting both the issue and the risk in which it poses. Further work is required to ensure these are clear, particularly in respect of risk 1.1 and 1.2 which are newly defined and work in progress. (MA2)



The controls documented within the BAF are not consistently defined to demonstrate how that control relates to the overall risk. (MA3)



The assurances within the BAF are not always specific enough to allow readers to identify what information they are expecting, and how this provides assurance against an individual objective. The colour coding in place is not clear and used consistently.



In addition, our testing to validate a sample of assurances identified issues in respect of timeliness, the accuracy of the extent of the assurance recorded and the clear referencing of what evidence was expected. (MA4 and MA5)

The gaps in control and assurance are not consistently clearly defined to allow the reader to understand the core issues. In addition, the set actions are not SMART to clearly demonstrate how they will be managed and measured. (MA6 and MA7)



There are not consistently clear linkages between the BAF and both the Corporate and Divisional Risk Registers for all risks included within the BAF. (MA8)



The BAF summary presented to the Trust Board does not accurately mirror the scorings and the risk appetite ratings presented to the Committees. Where incorrect terminology is being used for the Risk Appetite, such as 'moderate' this should be rectified. (MA9)



Our review included issuing a questionnaire to the Non-Executive Directors to gauge an understanding of their views on the BAF. Key themes arising have been detailed within our report but include:

- Enhancements to coversheets;
- Confidence in assurances;
- Challenge of scoring and overdue actions;
- Presentation of the full BAF; and
- Continued thoughts for improvement. (MA10)



Through discussion with the Executive Leads for risk 1.1 (Chief Operating Officer and Medical Director, please note we did not meet with the Chief Nurse) there was a view that the risk required a rework as it was not accurate in terms of the description, action to be taken and the assurances. This will be taken forward by the Trust and a separate action has not been raised but this issue is noted.

# Board of Directors - annual planner 2023/2024 Public session

Strategic Goal	Executive lead	May 11	July 13	September 14	November 8	January 11	March 14	Notes
Chairs update	Chair							
Chief Executives Update	Chief Executive							CQC action plan /matters reported



## Deliver right care every time

Chief Nurse Report	Chief Nurse					Report to March		
Patient story	Chief Nurse/Medical Director	Own bed instead	Community nursing	Family Hubs	Discharge pathway	Alcohol Care Team		to illustrate an innovation/improvement journey
Quality Committee Assurance report	NED committee chair							
7 Day Service Board Assurance report	Chief Operating Officer							at least annually
Quality Account	Chief Nurse							Considered at June Private Board and received at June Full Council of Governors
NHS Resolution Maternity Incentive Scheme	Chief Nurse			update	update	board sign off		
Quality Strategy	Chief Nurse							submission date tbc
Clinical Strategy	Chief Nurse/Medical Director							submission date tbc
Maternity & Neonatal dashboard	Chief Nurse/ Head of Midwifery							
Infection Prevention Control BAF	Chief Nurse							report June & December
Nurse staffing	Chief Nurse							via board committees and onc in chief nurse report
PLACE inspection findings and action plan	Director of Estates & Facilities							timing tbc owing to relaunch of national audit activity
Learning from Deaths	Medical Director				to go Jan'24			
Patient Safety Incident Framework (PSIRF)	Director of Governance							PSIRF Policy and Plan documents reviewed/ approved at Private Board in October



## Be a brilliant place to work and thrive

Staff Voice	Chief People Officer	AHP	Heart failure team	Inc in patient story	Inc in patient story	Inc in patient story		September staff voice to be taken at Full Council meeting 5/10
People Committee assurance report	NED committee chair							
Dudley People Plan	Chief People Officer			For approval				
Workforce KPIs	Chief People Officer							
Freedom to Speak Up report	FTSU Guardian							
Guardian of Safe Working report	Guardian							quarterly
Gender pay gap report	Chief People Officer							
Annual Medical Revalidation Report	Medical Director							to meet submission requirements signed off at Private board October
Staff survey Report	Chief People Officer							
Annual EDI Public Sector Equality Duty report								to meet submission requirements signed off at June Private board
Workforce Race Equality Standards Report	Chief People Officer							to meet submission requirements signed off at Private board August
Workforce Disability Equality Report	Chief People Officer							to meet submission requirements signed off at Private board August



## Drive sustainability (financial and environmental)

Finance & Productivity Committee assurance report	NED committee chair							matters raised in respect of assurance, concern, decisions made and projects commissioned
Finance report	Director of Finance	Month 12	Month 2	Month 4	Month 6	Month 8	Month 10	
Annual Plan & Business plan	Director of Strategy							workforce, activity, finance - narrative. Jan'24 Board Workshop held
Board approval of Financial Plan	Director of Finance							Approval date tbc
EPRR assurance statement and annual report	Chief Operating Officer					Strategy		Emergency Preparedness Resilience and Responsiveness
Revenue business cases / capital investment								as set out in Schedule of Authorised Limits
Capital Programme	Director of Finance							taken to Finance & Productivity Committee
Estates Strategy 2022 - 2027								Updates to Finance & Productivity
Going Concern, auditor annual report								

Strategic Goal	Executive lead	May 11	July 13	September 14	November 8	January 11	March 14	Notes
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## Build innovative partnerships in Dudley and beyond

Integration Committee assurance report	NED committee chair							Established July 2023
Joint Provider Committee assurance report	Deputy Chair							established August 2023
Research & Development Report	Medical Director							updates to Quality Committee
Digital Committee assurance report	NED committee chair							
Community Operational Plan 2023-2025	Chief Operating Officer							considered at meeting of June private board



Board of Directors - annual planner 2023/2024 Public session								
Strategic Goal	Executive lead	May 11	July 13	September 14	November 8	January 11	March 14	Notes
Integrated Performance Report - operational	Chief Operating Officer							
Winter Plan	Chief Operating Officer	Debrief		Draft plan	update	update		
Governance								
Annual Board/ Committee effectiveness report								
Audit Committee assurance report								
Audit Committee Annual Report	NED committee chair							
NHS Provider Licence self certification	Board Secretary							endorsed at June meeting of Full Council of Governors
Board Assurance Framework	Board Secretary							