PUBLIC SESSION

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 14 March at 10:00am
Clinical Education Centre, South Block Russells Hall Hospital
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	**Chairman's welcome and note of apologies**	Verbal	D Nicholson	For noting	10:00
2	**Declarations of Interest**	Enclosure 1	D Nicholson	For noting	
3	**Minutes of the previous meeting** Thursday 11 January 2024 Action Sheet 11 January 2024	Enclosure 2 Enclosure 2a	D Nicholson	For approval	
4	**Chief Executive's Overview**	Enclosure 3	D Wake	For information & assurance	
5	**Chair's Update**	Verbal	D Nicholson	For information	
6	**Public Questions**	Enclosure 4	D Nicholson	For information	
7	**Staff & Patient Story – Little Voices 15 Steps Challenge** Introduced by H Blanchard, Interim Chief Nurse				10:20
8.	**Drive sustainability financial and environment** Reduce the cost per weighted activity | Reduce carbon emissions				10:40
8.1	Finance & Productivity matters • Committee upward assurance report • Finance report Month 10 (Jan '24)	Enclosure 5 Enclosure 6	L Williams C Walker	For approval	
8.2	Cost Improvement Programme Update	Enclosure 7	K Rose	For discussion	
8.3	Annual Planning update 2024/25	Enclosure 8	K Rose/ C Walker / A Duffell/ K Kelly	For assurance	
9.	**Build Innovative Partnerships in Dudley & beyond** Increase the proportion of local people employed | Increase the number of services jointly across the Black Country				11:10
9.1	Review of Winter Plan 2023/2024 *slide deck in further reading pack*	Presentation	K Kelly	For discussion	
9.2	Integrated Performance Dashboard	Enclosure 9	K Kelly	For assurance	

Comfort break (5 mins)

10.	**Deliver right care every time** CQC rating good or outstanding | Improve the patient experience survey results				11:35
10.1	Quality Committee upward assurance report	Enclosure 10	E Hughes	For approval	
10.2	Chief Nurse reports • Maternity & neonatal dashboard • Nursing, midwifery & Allied Health Professionals Strategy	Enclosure 11 Enclosure 11a	H Blanchard	For assurance	
10.3	Quality Account Priorities & Quality Metrics	Enclosure 12	H Blanchard / J Hobbs/ J Wakeman	For approval	
11.	**To be a brilliant place to work and thrive** Reduce the vacancy rate | Improve the staff survey results				12:05
11.1	People Committee - upward assurance report - Workforce key performance indicators	Enclosure 13 Enclosure 14	J Atkins A Duffell	For approval	
11.2	National Staff Survey 2023	Enclosure 15	A Duffell	For information	
11.3	Guardian of Safe Working	Enclosure 16	F Chaudhry	For assurance	
11.4	2023 Gender Pay Gap report	Enclosure 17	A Duffell	For approval	
12.	**Build Innovative Partnerships in Dudley & beyond** Increase the proportion of local people employed | Increase the number of services jointly across the Black Country				12:35
12.1	Integration Committee upward assurance report	Enclosure 18	V Randeniya	For approval	
12.2	Joint Provider Committee upward assurance report	Enclosure 19	G Crowe	For approval	
13.	**GOVERNANCE**				12:55
13.1	Trust Strategy Update Q3	Enclosure 20	K Rose	For approval	
13.2	Digital Committee upward assurance report	Enclosure 21	C Holland	For approval	
13.4	Board Assurance Framework	Enclosure 22	H Board	For approval	
14.	**Any Other Business**	Verbal	All	For noting	
15.	**Date of next Board of Directors meeting** (public session) Thursday 9 May 2024				
16.	**Meeting close**				13:10

Quorum: One Third of Total Board Members to include One Executive Director and One Non-executive Director

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

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

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage of Shareholding
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day per week as Strategic Communications Advisor			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services			
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work			
Thuvarahan Amuthalingam	Associate Non-Executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy services			100
Julian Atkins	Non-Executive Director	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training			
Julian Atkins	Non-Executive Director	01/09/2021	Non-Executive Director of an organisation called ENTRUST			
Gurjit Bhogal	Non-Executive Director	01/10/2015 19/10/23	Aston Villa Football Club, Doctor providing medical care for Aston Villa			
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK work			
Gurjit Bhogal	Non-Executive Director	01/12/2022	Independent Non-Executive Director of Great Britain Table Tennis			
Gurjit Bhogal	Non-Executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board			
Gurjit Bhogal	Non-Executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS substantive consultant job			
Gurjit Bhogal	Non-Executive Director	24/07/2023	Trustee - Royal Osteoporosis Society			
Helen Blanchard	Interim Chief Nurse	23/10/2023	Nil			
Karen Brogan	Director of Operational HR	30/06/2023	Nil			
Helen Board	Board Secretary	01/11/2022	Nil			
Gary Crowe	Deputy Chair	01/09/2019	Independent Member, The Human Tissue Authority			
Gary Crowe	Deputy Chair	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust			
Gary Crowe	Deputy Chair	01/09/2019	Occasional lecturer, Keele University			
Alan Duffell	Chief People Officer	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS Trust			
Alan Duffell	Chief People Officer	20/06/2022	CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust			
Alan Duffell	Chief People Officer	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-remunerated position.			
Alan Duffell	Chief People Officer	01/07/2023	Workforce/HR SRO for the Black Country Provider Collaborative			
Joanne Hanley	Non-Executive Director	01/01/2004	Executive employment with Lloyds Banking Group			
Anthony Hilton	Non-Executive Director	01/03/2020	Aston University - Pro-vice Chancellor and Executive Dean			
Anthony Hilton	Non-Executive Director	01/01/2010	Director, Microbiology Consulting Limited			
William Hobbs	Medical Director - Operations	26/06/2023	Nil			
Catherine Holland	Senior Independent Director	26/06/2023	Nil			
Elizabeth Hughes	Non-Executive Director	03/09/2021	Medical Director NHS England from 010/4/23 (formerly Health Education England)			
Elizabeth Hughes	Non-Executive Director	02/08/2021	Appointed Honorary Professor at Warwick Medical School			
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust			
Elizabeth Hughes	Non-Executive Director	20/06/2021	Development of educational material for Novartis			
Elizabeth Hughes	Non-Executive Director	01/04/2018	Director Dinwoodie Charitable Company			
Elizabeth Hughes	Non-Executive Director	26/11/2021	Educational Speaker for Amgen			
Elizabeth Hughes	Non-Executive Director	08/05/2021	Educational Speaker for Sobi educational material preparation			
Elizabeth Hughes	Non-Executive Director	06/10/2020	Educational Speakers Bureau Daiichyi 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

The Dudley Group
NHS Foundation Trust

UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session) held on Thursday 11th January 2024 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 (HBl)
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)
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)
Adam Thomas, Chief Information Officer (AT)
Diane Wake, Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)
Chris Walker, Interim Director of Finance (CW)

In Attendance:
Simon Ashby, Communications, [patient story]
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]
Cory Hickinbottom, Alcohol Care Team [patient story]
Luke Lewis, Head of Corporate Resilience [EPRR Report]
Clare MacDiarmid, Head of Midwifery (CM) [for CNST Report]
Debbie Pook, Deputy Chief Operating Officer (DP) [for Winter Plan]
Ruth Tighe & Samantha Morgan, Alcohol Care Team & Dr Harborne, Consultant [patient story]
Helen Turbutt, EA [attending as part of development]

Apologies
Anthony Hilton, Associate Non-executive Director (AH)
Liz Hughes, Non-executive Director (LH)

Governors and Members of the Public and External attendees
Ian Frankcom, Chuqni Pharma Health Solutions Partner UK
Alex Giles, public elected Governor, Stourbridge, Lead Governor
Clare Inglis, staff elected Governor, AHP & HCS
Maria Lodge-Smith, public elected Governor, Stourbridge
Craig Nevin, public elected Governor, Tipton & Rowley
Yvonne Peers, public elected Governor, North Dudley
Cllr Alan Taylor, appointed Governor, Dudley MBC
Khadeejat Ogunwolu, staff elected Governor, Nursing & Midwifery
Karen Wilshaw, aspirant NED
Jade Hill [Patient Story]

24/01 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 Chris Walker, Interim Director of Finance to the Board meeting.

24/02 Declarations of Interest

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

24/03 Minutes of the previous meeting held on 9 November 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 9 November 2023

All actions were noted to be closed.

24/04 Chief Executive's Overview and Operational Update

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

The main area of focus remained ensuring that the Trust delivered safe care during the winter period. During December the Trust performed very well overall. The Trust had experienced a huge increase in activity in January and it had been a challenging month to date. Mitigations to provide additional capacity had involved providing safe corridor care in order to offload ambulances in a timely manner.

The Trust had delivered effective operational planning with good performance during the most recent industrial action by junior doctors and awaited news on potential future industrial action. DW thanked all staff at the hospital who have provided exceptional care to cover the periods of the industrial action.

The Trust continued to perform well against the Cancer metrics and in managing long waiters; there would be no patients waiting over 78 weeks by the end of January 2024.

DW was very proud of the Trust and its staff during a very challenging time.

A Black Country Provider Collaborative joint Board workshop was held on 15th December and attended by system partners. The focus was on reducing the system financial deficit and producing a system recovery plan.

The Trust had achieved JAG accreditation for the Endoscopy Unit and an award for a long distance robotic procedure; the Board noted the technological advances within the hospital. The organisation had recently taken delivery of a MAKO robot to undertake orthopaedic procedures and this will be the focus of a future patient story.

In response to GB's query in relation to the Trust's adoption of the North Bristol Model to support continuous patient flow, DW confirmed that the Trust was using a modified version of this model with the use of the Rainbow Unit with good result. Additional beds had also been opened above and beyond those included in the Winter Plan. KK confirmed that additional beds were also opened in clinical areas (SDEC).

CH commented on the technical challenges associated with discharge planning.

Action future staff/patient story to feature orthopaedic procedures undertaken by MAKO robot **Chief Nurse**

It was **RESOLVED**

- That the report be noted and taken for assurance

23/05 Chair's Update

The Chair raised the recent coverage of the situation in relation to the Post Office and the importance of how Board's take assurance. DW commented that R Lilley had interesting reflections on the matter and commented on the strength and diversity of the Executive team who were not afraid to challenge each other. JHo concurred adding that there was a national issue around transparency and openness and we needed to consider how bad news was received and dealing with data in a robust way in order to support and foster a culture of openness.

It was **RESOLVED**

- That the report be noted

24/06 Public Questions

No public questions received in advance.

In response to a question received from governor C Nevin, DW confirmed that the one per cent take up of the PIDMAS initiative by patients of the Dudley Group was more than any other organisation in the Black Country. In order to promote the initiative, individual conversations were held with patients adding that it was down to patient choice.

24/07 Annual Planning Update 2024/25

KR presented the Annual Planning updated given as enclosure five.

The paper summarised the position regarding the production of the Trust's Annual Business Plan for 2024/25 as at the beginning of January 2024.

The Board noted that planning guidance from NHS England had not been received at the time of writing and noted that a letter issued to the NHS on 22nd December confirmed that planning should continue using the information currently available.

This was 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 had commenced in September 2023. Directorates had identified priorities and these were being used to inform Divisional priorities.

Activity planning had started, making it explicit what activity could be delivered within core scheduled sessions and that which would need to be delivered via Waiting List Initiatives. The expectation was that the Trust would need to produce an elective plan at least as high as the original plan for 2023/24; to be confirmed once the planning guidance was published.

Additional allocations of central funding were 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 was an expectation of no workforce growth unless associated with specific additional income such as the Community Diagnostic Centre. One notable exception was the planned investment for the Dudley Clinical Hub and transformation of community services which was likely to require additional workforce. The anticipated transfer of services and staff from Dudley Integrated Health and Care would not impact on overall workforce numbers across the system.

Trusts within the Provider Collaborative had been working on a common approach to planning and this had led to the development of a draft strategic planning framework for each organisation. The aim was to create a common template for the narrative document that would accompany the planning templates that would be submitted to ICB and NHS England. A detailed timeline of activities to support the planning process had been produced.

It was **RESOLVED**

- To note the progress to date in preparing the Trust's Annual Business Plan

24/08 Staff/Patient Story – Alcohol Care Team

Ruth Tighe and Samantha Morgan, Alcohol Clinical Nurse specialists in the Alcohol Care Team and Gastro Consultant Dr Matthew Harborne and Jade Hill, patient, joined the meeting.

HBl introduced the Alcohol Care Team staff and the patient story to the Board. The story related to a patient who had been an alcoholic for 5 years. In December 2022, the patient began to notice extreme symptoms including sickness, a severely swollen stomach and an inability to walk due to severe discomfort.

The patient was seen quickly by a doctor and was soon diagnosed with liver cirrhosis and ascites in February 2023, which led to seven litres of fluid being drained immediately. She was told she had a 50% chance of making it to her 30th birthday in April.

The patient was referred to Dr Harborne who then referred to the Alcohol Care Team (ACT). The patient recounted that the ACT had been amazing over the past 10 months and have helped to completely transform her life. The patient shared the positive impact made by the ACT and would recommend to anyone who needed their help.

In response to the Chair's question, Jade explained how she had accessed the service noting she had had a long journey and initially accessed her GP but predominately the help came via attendance at the Trust's ED.

GB thanked Jade for sharing her story. He commented that substance misuse cases could be complex and asked about her care pathway and access to support. RT confirmed that patients were screened and risk assessments undertaken, particularly when children were involved. SM commented that she was a Mental Health Nurse and the Board noted how an organic service was provided by the Team and how they linked with other stakeholders.

AD asked about the increase in demand since Covid-19. RT confirmed that the service had been impacted and the team needed to make a swift impact on the increasing numbers.

MH confirmed that the team formed in May 2021 and commented on the 80% increase in 18 year olds that were drinking and the importance of the team and ensuring there was sustained funding to provide the essential service.

VR confirmed that the Team had previously presented to the Integration Committee and funding was very important and confirmed that funding would be available post April. The Team would continue to monitor the funding arrangements and services provided by the Team.

JA thanked Jade for her story and the Team for their work. He asked how many people were being helped at any one time and how the right level of care versus demand was managed. RT confirmed that there have been over 1,000 referrals to the service since it started.

C Nevin asked whether Jade had used any other Community Services. Jade confirmed that she was offered Atlantic House but was not “in the right place” to use the service fully at that time.

LW asked about Jade’s attempt to contact her GP. She added that GPs were hard to contact and did not necessarily have the experience to deal with her situation. RT confirmed that SDEC had referred Jade to the ACT.

The Chair thanked the Team for their fantastic work and commended Jade for having the courage to join the meeting and share her story and turning her life round with the support of the team and added that it was an inspirational story.

It was **RESOLVED**

- That the story be noted

24/09 Drive Sustainability Financial and Environmental

24/09.1 Finance and Productivity Matters

24/09.1.1 Committee Upward Assurance Report

LW summarised the reports from previous Committee meetings held on 20th and 30th November and 21st December 2023, given as enclosure six, and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

There was a growing and strong level of assurance around the Trust’s grip and control processes. The Committee was assured by the position given the pressures faced by the Trust.

The System was working collaboratively and with PA Consulting producing a financial plan to recover the System wide financial position that would require sign off by all Boards and noted that work was ongoing.

There was ongoing concern within the Committee by the extended periods of industrial action and significant pressure at the front door and flow through the hospital and queried if the risk was reflected in BF risk 7.

The Committee made a number of decisions as detailed in the paper including making it clear that the Board needed time to consider the long term financial strategy.

In response to a question from Governor C Nevin about patients' right to reside and packages of care funding support from Dudley Council, DW confirmed that the Trust worked in close partnership with the Council and noted that there were some restrictions around the number of packages of care provided on a daily basis. The Integrated Care Board (ICB) were being supportive and all partners within the System were reviewing solutions.

It was **RESOLVED**

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

24/09.1.2 Finance Report Month 8 (November 2023)

CW presented the Month 8 (November 2023) Finance Report given as enclosure seven.

The Trust had a deficit of just under £12m at the end of November which was ahead of plan.

Good performance was noted around elective recovery and that the Trust was ahead of plan on CIP delivery.

The Trust remained on track to achieve its planned £19.2m deficit at the end of the financial year.

The Board noted the Black Country System financial position as of November 2023, and the year-end deficit forecast of £90m.

It was **RESOLVED** to

- approve the financial performance for Month 8 (November 23) and note the potential risks associated with the achieving the 2023/24 financial plan

24/09.2 Cost Improvement Programme (CIP) Update

KR presented the CIP Update Report given as enclosure eight.

The Board noted that the unidentified CIP gap had now been closed and the Trust was forecasting an over performance to year end of £194,766.

Additional identified CIP had come from overperformance across ERF for the Medicine Division, budget review within Community and Core Clinical Services and asset depreciation within the Information Technology Department. Just 50% of the programme continues to be recurrent in nature (50.2% non-recurrent and 49.8% recurrent).

JA congratulated KR and her team for the CIP performance.

It was **RESOLVED** to

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

24/09.3 Emergency Planning Resilience & Response (EPRR) Strategy

[LL joined the meeting]

KK presented the EPRR Strategy given as enclosure nine.

The Board noted that the annual review of the Emergency Preparedness, Resilience and Response (EPRR) Strategy was due by 31st December 2023. The Strategy had been reviewed and updated by the Corporate Resilience Team and presented to the EPRR Assurance Group on 9th November 2023, who have provided comments and ratified the document. LW confirmed that the Strategy had been supported by the Finance and Productivity Committee at its meeting on 30th November 2023. The Board noted that the Strategy document was included in the further reading pack.

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 had also been updated and received by the Trust. This local risk register had been added to the Strategy as Annex D. The Trust continually monitored national risks and put plans in place to ensure the continuity of services provided to our patients. It was confirmed that the Local Risk Register had now been updated and was included at Appendix D and work continued with partners to identify risks in Community settings.

There had been no further updates to the EPRR Framework released in 2022. The Board of Directors was asked to approve the Strategy.

The Chair thanked LL for his work on the Strategy.

It was **RESOLVED** to

- approve and ratify the annual review of the Trust's EPRR Strategy

24/09.4 Industrial Action Update

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

The Board noted that throughout the December 2023 junior doctor strike, safe staffing levels were maintained across the Trust, with senior cover in place into the evenings to effectively hand over to night staff and to identify cover for any staffing gaps.

All areas maintained good communication throughout the planning process and during the strike period to escalate and resolve any identified issues. A significant level of elective activity was rescheduled as a result of the December strike, although all cancer, long waits and the majority of diagnostic activity was maintained.

The pressure to meet waiting list targets for elective activity increased with each strike period, with further junior doctor industrial action planned for January 2024. The Finance and Productivity Committee continued to monitor the cost impact of industrial action.

During the strike period there were 11 MET calls and no cardiac arrest calls were logged, however, across the four-day weekend following the strike there were 15 MET calls and two cardiac arrest calls logged. Twelve deaths were reported during the strike period, compared to 16 deaths during the same period in 2022.

The disruption caused by industrial action continued to have a negative impact on staff morale, with no current resolution for junior doctors, and new offers to consultants and SAS doctors prompting unrest amongst nursing staff. The Trust awaited the result of the national staff survey and continued to support staff with a wide range of health and wellbeing initiatives.

A number of areas for improvement have been highlighted ahead of future strikes, notably the potential use of locum anaesthetists to increase cover for elective surgery, the need for improved discharge planning and more timely decision-making regarding discharges to improve patient flow and 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.

JHo confirmed that the metrics around mortality and deteriorating patients were expressed well in the paper and the graphics in the appendix were impactful and provided strong assurance.

JHa asked about the learning from the approach that would be useful to apply in a business as usual situation. KK confirmed that this happened on a daily basis to meet service demand.

In response to a question from the Chair, JHo confirmed that accessibility for senior decision makers was reinforced by getting someone senior to the bedside as soon as possible noting that available data is more granular and could be used in real time to provide immediate intervention.

It was **RESOLVED** to

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

24/10 Build Innovative Partnerships in Dudley and Beyond

24/10.1 Winter Plan 2023/2024

[D Pook joined the meeting]

KK provided a verbal progress update on the Dudley PLACE Winter Plan 2023/24. The Board noted that the current winter period was the most challenging to date in relation to pressures at the front door. The Trust continued to work with health and social care partners to ensure patients safety.

D Pook shared the live Winter Plan Dashboard showing that the Trust was within our set criteria and that patients with no "right to reside" numbers had dropped below the average level in December 2023.

Ambulance performance peeked at similar times and demonstrated issues with patient flow adding that the Trust was reverse boarding patients to offload them safely and effectively. SDEC and virtual ward capacity has decreased as the SDEC space was used for additional winter beds.

Pathways performance indicated that work with external partners had not had any significant effect and bed modelling illustrated that mitigations put in place by partners was not working sufficiently well. The Trust was taking all appropriate internal actions to keep patients safe.

KK clarified that the 37 ‘right to reside’ numbers related to Dudley patients and there was a lag in the data that was being reviewed nationally. There was a much larger number of patients in beds that are medically fit for discharge.

HBl commented on bed occupancy and the number of beds open noting that the occupancy rate did not reflect the numbers of patients through the same bed and highlighted the pressure on staff and resources as the hospital expands to accommodate demand. DP agreed that the Trust had been running between 30 and 60 excess beds over the past week and was working with informatics colleagues to ensure that this was reflected and reported accurately. DW agreed with HBl that the occupancy does not reflect the additional number of beds open. The national guidance that the Trust followed did not reflect the pressure it was under.

In response to a question from the Chair regarding visibility of Operational Pressures Escalation Levels. (OPEL) national data, DP commented that the data was weighted on numbers at the front door and that the Finance and Productivity Committee received a paper on the new OPEL indicators.

The Chair asked if the System Winter Plan was delivering effectively. DP confirmed that the Plan was not working as there was still a need to open a number of super-surge beds. KK commented that the system did not predict the number and acuity of patients being seen. SDN confirmed that the Board was correct in being sceptical about the system place.

The Chair added that we need to consider the Plan for next year very carefully to avoid the same situation. The Chair merited everyone for their efforts during the winter to keep all patients safe.

It was **RESOLVED** to

- note the Winter Plan update

24/10.2 Integrated Performance Dashboard

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

Delivering safe care for patients remained the priority and the Trust would continue to work with our emergency teams to ensure that patients are off loaded from ambulances in a safe and timely manner.

A good position was noted around performance overall. There were no 104 week waits and the Trust was on track to meet the 65 week target. The Trust was part of the Getting It Right First Time (GIRFT) programme and were performing well for Patient Initiated Follow Up (PIFU) and had the opportunity to move into the upper quartile of performance. Professor Tim Briggs, the Chair of the GIRFT programme had praised the performance of the organisation and had invited the Trust to be used as a pilot site.

Cancer Services were on track to deliver against key targets noting that Cancer patients were given priority despite capacity demands. Diagnostics was also on track to deliver agreed performance targets.

The Board noted that the Trust continued to provide mutual aid to its partners.

DW congratulated the Teams for their incredible efforts in meeting its performance targets.

JA thanked KK for the positive report and asked about the new national performance standards. KK confirmed that some standards had been combined to make reporting easier adding that the critical standards remained the same.

SDN noted the strong performance and thanked the team for their efforts noting that this was the best performance in the Black Country whilst continuing to provide mutual aid and encouraged sharing the learning across the Black Country.

It was **RESOLVED** to

- note the Trust's performance against national standards and local recovery plans for the month of November 2023

[short comfort break]

24/11 Deliver Right Care Every Time

24/11.1 Quality Committee Upward Assurance Report

GB summarised the upward report from the Committee meeting held on 19th December 2023, given as enclosure 12.

The Board noted the positive mortality metrics where Dudley's performance was amongst the best in the region and GB merited the team involved.

GB updated the Board on the issues in relation to the Trust's Complaints process where response times had seen some improvement adding that the workstream overseen by the Interim Chief Nurse and Divisional Chief Nurses would continue. There had also been an overall improvement in the number of overdue procedural documents, there were some areas where the numbers of overdue documents are increasing. The Committee received assurance regarding the work underway to help address these challenges.

The Board noted that the assurance level for BAF Risk 1.1 remained 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.

GB commented on the year five Maternity Incentive Scheme and the strong full compliance against the 10 action areas.

The Committee received a divisional update from Surgery, Womens and Childrens who had shared good positive performance.

It was **RESOLVED** to

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

24/11.2 Chief Nurse Report

HBl presented the Chief Nurse Report given as enclosure twelve (a).

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

Early Neonatal mortality rates remained above the national average and a thematic review was underway and due for completion February 2024.

January 2024 marked 12 months of operation of the complex nutritional virtual ward, providing acute specialist care in the patient's own home.

Focused work was underway to refine the process for dealing with complaints. There had been a limited impact and anticipated improvements in the performance indicators over the coming months. Eighty four per cent of patients providing FFT feedback in November 2023 had rated their experience of the Trust as good/very good. This represented a 2% increase from previous month.

The challenges facing the Trust around demand and availability/capacity was expected to have a negative impact on the ratings/scores given for those who attend our Emergency Department.

Work was underway to align approaches to safer staffing, policies and processes with the aim of ensuring effective and efficient use of resources across the System.

HBl confirmed that work was underway in relation to the Nursing, AHP and Midwifery Strategy and that a six monthly update be presented to Board and asked that the Board provide support to the Quality Committee in respect of providing Quality Indicators detail to Board.

JA congratulated HBl on the safer staffing performance and noted it reflected the excellent work being undertaken within Nursing. He asked about recruitment to unqualified positions particularly in Midwifery. HBl referenced the registered nursing workforce and that the international recruitment process had now ceased and the focus was on retention, education and training.

The Board noted that the new Chief Nurse would commence in post in March 2024.

It was **RESOLVED** to

- Acknowledge the work undertaken by the Chief Nurse's Office and the examples of collaborative work underway

- Approve that an end of year report comes to the March Board, sharing progress and improvements from the various work programmes and activities linked to the Nursing, AHP and Midwifery Strategy. Information to be shared in the same report about the ambitions for 2024/25, reporting to Quality Committee and Board 6 monthly.

Action Nursing, AHP and Midwifery Strategy end of year report to be submitted to the March meeting. Information to be shared in the same report about the ambitions for 2024/25, reporting to Quality Committee and Board six monthly thereafter **Chief Nurse**.

Next agenda item taken out of sequence

24/11.3 Maternity incentive Scheme Year 3: Re Compliance with Maternity Incentive Scheme Year 3 (2020-2021)

[CM joined the meeting]

HBl presented the Maternity Incentive Scheme (CNST) update for Year 3 given as enclosure fourteen. The Board noted that during October the Trust had been contacted by NHS Resolution and asked to resubmit 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 full 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 12th 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 its position against MIS year two of the scheme and declare the position to NHSR by 8th February 2024.

In response to the Chairs query about lessons that should be learnt from the situation, HBl confirmed that the next paper relating to the year five year submission would demonstrate the current robustness of our reporting. To provide additional assurance for the Board, the chief nurse will present a report to a public session of board describing governance arrangements including Board oversight requirements once details for year six are issued by NHS Resolution.

It was **RESOLVED** that the Board:

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

Action the chief nurse will present a report to a public session of board describing governance arrangements including Board oversight requirements once details for year six 2024/25 are issued by NHS Resolution. **Chief Nurse**

24/11.4 Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme - Year 5 Final Position

CM presented the Maternity Incentive Scheme (CNST) Year 5 update given as enclosure thirteen.

The Board was asked to note the final position against the 10 safety actions of the Maternity Incentive Scheme (MIS) Year 5 where the Maternity and Neonatal teams were declaring full compliance against all 10 of the safety actions. The Board noted the significant process and advancements made within Maternity in relation to CNST compliance.

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

VR asked if the Trust was an outlier and the current compliance with the recommendations within the Ockenden Report. CM confirmed that the Ockenden Report was at the top of the Trust's agenda and continued to work through compliance. CM confirmed that three out of the four organisations within the Black Country had declared compliance. HBl confirmed that for Year 2 and 3 a number of other Trust's had been asked to demonstrate further compliance and the majority had been asked to pay back monies.

The Chair merited the huge amount of work undertaken and asked that his thanks be passed on to colleagues.

It was **RESOLVED** that the Board:

- accepted the assurance provided in the report as final position with Maternity incentive scheme year 5 and current progress against Saving babies Lives Version three
- approve the Trust Self-certification of Year 5 of the Incentive scheme that prior to submission would be countersigned by the ICB using the Board declaration form.
- noted progress made

24/11.5 Learning from Deaths

JHo presented the Learning from Deaths Report given as enclosure fifteen and shared a short presentation with the Board.

The paper provided an update on Summary Hospital-level Mortality Indicator (SHMI) 104 and the Hospital Standardised Mortality Ratio (HSMR) 90.59 which had both continued to fall as predicted.

Following a change in coding in October 2022, SHMI had fallen within the expected range and HSMR performance were amongst the lowest in the region. There would be further impact over the next four months as reports occurred three months in arrears. Work between the Coding and Informatics teams and Division of Medicine was 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) were all areas of significant improvement where specific quality improvement projects to optimise care had been undertaken. There remained a focus on Stroke SHMI which was increased at 139 and sepsis at 114. There was a multidisciplinary team to address the increased SHMI for fractured neck of femur.

The Medical Examiner Service continued to be the largest source of referrals for Structured Judgement Reviews (SJRs) noting that completed SJRs show a high quality of care and low level of avoidability.

LW asked if the Trust should place more reliance on the SHMI or HSMR data. JHo confirmed that this was difficult as data showed different things, particularly against the national picture but taking both sets of data together should provide assurance.

DW thanked JHo and his Team for their hard work.

It was **RESOLVED** that the Board:

- note the assurance of decreased SHMI and HSMR over the last 12 months and the assurance of the ongoing work to further improve condition specific alerts and depth of coding

24/12 To be a Brilliant Place to Work and Thrive

24/12.1 People Committee Upward Assurance Report

JA summarised the report given as enclosure sixteen relating to the Committee meeting held on 28th November 2023.

The following key issues were noted:
Matters of concern/key risks to escalate - the Board noted the 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 Board noted that 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 - the Board noted that 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 and 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 - The Board noted that the Committee assurance levels in respect of BAF Risks 2 and 3 remained unchanged as positive assurance.

It was **RESOLVED** to

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

24/12.2 Workforce KPIs

AD summarised the report given as enclosure sixteen (a) and highlighted the following key areas for noting:

The Board noted that the full data set was included in the further reading pack associated with the meeting.

The Board noted the key highlights in the report relating to Mandatory Training, Leadership and Culture, Vacancies/Turnover and performance against plan and Industrial Action. A stable vacancy and retention rate were noted.

The staff survey was now closed with a strong 45% response rate noted.

The Trust was continuing to track the workforce against plan and noted that this has not differed more that 1% away from plan which was excellent performance.

The Chair noted the positive report.

It was **RESOLVED** to

- note the report for assurance

24/12.3 Freedom to Speak Up Update

AB joined the meeting.

AB presented the Freedom to Speak Up report given as enclosure seventeen.

The Board noted that there were presently 18 trained multi professional and diverse FTSU champions providing a network of support across our acute and community sites providing greater accessibility to the service.

The Board was asked to note that 25,382 cases were raised nationally though FTSU services from 1st April 2022 to 31st March 2023. The report provides information on the 33 cases handled by the Trust's FTSU Guardian in the last three months. Cases were classified by theme with attitudes and behaviours, including perceived bullying equating to 36.6 % of cases and was the highest reoccurring theme followed by professional behaviour with 9% of cases.

Further breakdown was provided by locality, where community has a noticeably higher number, and professionals where 16 concerns raised related to lead or manager.

The Board noted that there was a backlog in Greatix notifications and that actions were underway to address by the end of the financial year.

The report also provided an update on recently issued national guidance/recent publications.

AD thanked AB for her work and for including the "don't know" response to the reflection and planning tool Board survey.

JHo confirmed that Greatix reports were shared at Departmental reviews and a generalised view would also be shared with improvement partners and ensure that sharing the great work more widely across the organisation.

JA confirmed that he and DW had visited Community Services in November and were planning a further visit.

TA had also visited staff in the Community recently and noted that the mood and morale was good amongst staff.

The Chair commented that it was important to use the vast amount of data available to triangulate and identify issues.

It was **RESOLVED** to

- to note the NGO Freedom to Speak Up: a reflection and planning tool and the work underway to address the Greatix backlog

24/13 Build Innovative Partnerships in Dudley and Beyond

24/13.1 Integration Committee Upward Assurance Report

VR summarised the report given as enclosure eighteen relating to the Committee meetings held on 30th November and 21st December 2023. The Board noted the following key highlights:

At the November and December meetings, the Committee had received positive assurance on the work of the Dudley Health and Care Partnerships. An update was given from on the admission prevention working that the Trust was undertaking.

The Committee approved the Health Inequalities Working Group Terms of Reference and the updated workplan for the Committee.
Deep dives were received from the Breast Screening Service and AAA Screening Service.

The first update on the DIHC Transaction process was received by the Committee with further updates provided at the December meeting.

Two deep dives were received: the Alcohol and Tobacco Prevention Programmes within the Trust where positive assurance were received and the Local Employment Deep Dive shared positive assurance regarding the next steps for the ICan project.

It was **RESOLVED** to

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

24/13.2 Joint Provider Committee Upward Report

GC summarised the report given as enclosure nineteen relating to the Joint Provider Committee meeting held on 7th November 2023.

Key discussion points included an update from the Black country Provider Collaborative (BCPC) Chief Executive Lead on progress against the range of activities being progressed in delivering the agreed work plan. A brief update on progress being made to agree the need for additional 'cold site' elective care capacity. A discussion on the possible future arrangements for Royal Wolverhampton Trust and Walsall Healthcare Trust and an update on the process underway as part of refreshing the Collaborative Executive membership.

It was **RESOLVED** to

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

23/14 GOVERNANCE

23/14.1 Audit Committee Upward Assurance Report

JHa presented the Audit Committee Upward Assurance Report on behalf of GC, Committee Chair, given as enclosure twenty.

The Board noted the summary of key issues discussed and approved by the Audit Committee on 11th December 2023, including:

There were no matters of concern identified.

Good progress was noted in respect of audit action closure and delivery of the audit plan.

Two changes were approved by the Committee to the work underway by internal auditors 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.

The internal audit review of the BAF gave good positive assurance and noted that further work was required to embed risk management across the organisation.
It was **RESOLVED** to

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

24/14.2 Digital Committee Upward Assurance Report

CH presented the upward report from the Committee meeting held on 22nd November 2023, given as enclosure twenty one, including the following key highlights:

There was 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 would be reported when known.

There was also negative assurance in relation to medical devices that was being addressed by a task and finish group. This would be raised as a new corporate risk.

The Committee noted the preliminary report on Nursing / AHP benefits cost avoidance and 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 would need to be defined. The Board would need to consider the matter at a later date.

The Chair had met with PA Consulting and discussed investment in digital. AT added that he had not seen any detail in relation to funding at that point.

It was **RESOLVED** to

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

24/14.3 Charity Committee Summary Report

JA presented the Charity Committee Report given as enclosure twenty two from the Committee meeting held on 21st December 2023. The Board noted the following key highlights:

There were no matters of escalation.

Positive assurances were noted in respect of funds raised at the Glitter Ball and at a local M&S store. There was income received of £346k since April 2023, and expenditure of £430k. A healthy total fund balance of £2.5m was noted.

Work underway included the 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.

It was **RESOLVED** to

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

24/14.4 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) given as enclosure twenty three. The Board noted the following key highlights:

RSM had 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 had issued their report and identified a number of management actions that would be the focus for further BAF refinement. Their full report was considered at a meeting of the Audit Committee on Monday 11th December 2023; a summary was included as appendix 2.

The Trusts Risk Management Strategy has been reviewed and reissued to reflect the audit findings.

It was **RESOLVED** to

- approve the BAF summary report and movement of risk scores and the work underway to reflect the recommendations of the RSM audit

24/25 Any other Business

There was none raised.

24/26 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 14th March 2024.

The Board Annual Work Plan was included at enclosure twenty four for information.

24/27 Meeting Close

The Chair declared the meeting closed at 13:04 hr.

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Sir David Nicholson **Chair** Date:

Enclosure 2a

The Dudley Group
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 12th January 2024

Item No	Subject	Action	Responsible	Due Date	Comments
24/04	**Chief Executive's Overview and Operational Update**	Future staff/ patient story to feature orthopaedic procedures undertaken by MAKO robot	Chief Nurse	March24	Review of patient stories topics underway
24/11.2	**Chief Nurse Report**	AHP and Midwifery Strategy end of year report to be submitted to the March meeting. Information to be shared in the same report about the ambitions for 2024/25, reporting to Quality Committee and Board six monthly thereafter	Chief Nurse	March 2024	**Complete** – agenda item
24/11.3	**Maternity incentive Scheme**	chief nurse will present a report to a public session of board describing governance arrangements including Board oversight requirements once details for year six 2024/25 are issued by NHS Resolution	Chief Nurse	tbc	Dates awaited for publication of Year 6

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 14 March 2024

Report Title	Public Chief Executive Report
Sponsoring Executive & Presenter	Diane Wake, Chief Executive
Report Author	Alison Fisher, Executive Officer

1.	**Suggested discussion points**

- Operational Performance
- 76% ED standard
- Martha's Rule
- Industrial Action in March
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

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

2.	**Report journey**
Board of Directors	

3.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	**Note** 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 – 14 MARCH 2024

Operational Performance

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 backlogs, 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, this is challenging with the impact of industrial action being felt significantly in this cohort.

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.

Ambulance Handover Delays

Winter pressures reflect January's Emergency Medical Service (EMS) Levels. This coincides with the number of intelligent conveyancing 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 Integrated Care Board and it is currently adding 9% of ambulance conveyancing and 12% increase in walk-ins, 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.

Martha's Rule

NHSE have announced that the first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

Martha's Rule will build on the evaluation of NHS England's Worry and Concern Improvement Collaborative which involves seven regional pilots and began in 2023. They have been testing and implementing methods for patients, families and carers to escalate their concerns about deterioration and to input their views about their illness into the health record.

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability.

The 3 proposed components of Martha's Rule are:

- All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, which they can contact should they have concerns about a patient.

- All patients, their families, carers and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital and more widely if they are worried about the patient's condition. This is Martha's Rule.

- The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

The introduction of Martha's Rule comes alongside other measures to improve the identification of deterioration, including the rollout last November of a new early warning system for staff treating children, built on similar systems already in place for adult, newborn and maternity services.

To ensure that Martha's Rule is as effective as it can be, it will be implemented as part of an integrated programme to improve the management of deterioration using the 'PIER' framework, which helps systems to prevent, identify, escalate and respond to physical deterioration. This work will improve how the NHS supports staff to manage deterioration and encourage greater involvement from patients, families and carers.

Industrial Action in March

During March, industrial action was taken by Junior Doctors and Mitie staff. Due to robust planning no critical services were affected. On conclusion of debriefing activity, a full report will be provided to the April meeting.

Charity Update

Charity Rebrand and New Mascot

The Dudley Group NHS Charity are utilising a £30,000 development grant from NHS Charities Together to rebrand the charity, create a new charity website and a children's mascot to be launched this year the charities internal and external stakeholders.

The charity ran a mascot competition which was open to children aged 7-11 from 27th November 2023 to 8th January 2024, it involved children designing a character which best represents the Dudley Group NHS Charity and the work it does.

Twinkl an educational resource company created resources for the charity to help inspire children and classrooms across Dudley and the Black Country. Schools, teachers, and parents were encouraged to get their children and classes involved.

The charity received over 50 entries for the competition, the entries came from children of Trust staff members and others from school children across Dudley. The charity team reviewed and shortlisted all the amazing entries down to 10 and were really impressed by the creativity of the children.

The judging panel which consisted of key individuals across the Trust reviewed all the shortlisted entries and choose a deserving winner - Laila Adams-Flash aged 11 from Q3 Academy Langley in Oldbury. Laila visited the Trust on the 5th of March to meet the charity team and Diane Wake, Trust chief executive to celebrate her success. Laila will now get a special session with an illustrator to bring the design to life!

The final mascot will be officially unveiled to Laila and the public in the upcoming months.

Tesla Cars Donation

Staff at the Theatres department were excited to receive a donation of two mini sized Telsa electric cars for their young patients, the cars are a great distraction tool to help alleviate young patients' anxieties waiting for surgery. They will be able to enjoy ample time driving around the corridors of the theatres department, with their parents/care givers in tow making sure they don't get a ticket from security!

The Dudley Group NHS charity has been working with Tesla Owners Group UK to organise the cars from their charity initiative for the department which will also enhance patient experience.

Easter Egg Appeal

Dudley Group NHS Charity is running an easter egg appeal asking local business and individuals to donate an easter egg for our patients at the Trust. The donated easter eggs will distributed by the charity team to areas and departments across the Trust where patients don't always benefit from charitable donations.

The Trust Charity is on the lookout for sponsorship again for this years Committed to Excellence Staff Awards in June 2024. We are still on the lookout for businesses who can sponsor the event or provide a raffle or auction prize for the night. Our sponsorship brochure will be shared with everyone via email

Superhero fun run and family fun day

The 5k Superhero fun run and family fun day is back again this year on **Sunday 9th June at Himley Hall and Park.**

The fun filled event is organised by the Trust charity alongside children's services raising funds on the day for our children's appeal, last year the event raised an incredible £5,000, this year we would like the event to be bigger and better and are asking as many people to attend as possible!

Registration is from 10.30am and the race will commence at 11am. Like last year the event is being supported by Puregym, DK running club and Black Country Radio. There will be children's activities including a fun fair, a variety of stalls and vendors all available until 3pm further details will be released closer to the time.

It is completely free to attend the family fun day. To participate in the fun run tickets are £10 for an adult and £5 for children under 12. Please visit 5K Superhero Fun Run and Fun Day! - The Dudley Group NHS Foundation Trust (dgft.nhs.uk) then sign up here: Superhero 5k Fun Run and Family Fun Day | Dudley Group NHS Charity (enthuse.com)

Healthcare Heroes

December

George Adetunji received the individual after a colleague described him as an asset to the Dudley Group, respected by colleagues and patients. Always giving one hundred percent to everything you do. George's remarkable journey involved leaving his family in Nigeria where he held a diploma as an Orthopaedic Practitioner, to work in the UK. From then he spent 6 weeks at the Royal National Orthopaedic Hospital where he successfully passed the course and the required exams. He was praised for your outstanding knowledge of anatomy and your skills in casting.

Our team award went to the **Stourbridge District Nursing Team** and our **Coseley, Sedgley and Gornal District Nursing Team** who were nominated for working extremely hard in very challenging times and remaining positive throughout. The teams support each other through hard times by showing kindness, compassion and respect to all. Always remaining positive and amazing advocates. They were praised for ensuring medical needs are met, patients details and folders are up to date and referrals made where necessary.

January

Our **Maternity Bereavement & Rainbow Team** won the team award after the team provided palliative care to a six-week-old baby and further support to the baby's family during this tragic time. The service provided to this baby is not a service currently available in Dudley out in the community setting, so as a team they went above and beyond in not only the care you gave this family and their baby; but also highlighting the value this service could offer.

Patient Feedback

Day Surgery Unit - All staff were kind, considerate and caring with a positive manner towards attention to detail.

Community Heart Failure - Appointment was on time and staff very pleasant. Information that was given was very positive and to the point. All in all a very satisfactory meeting.

Ward B6 - I was very grateful of the nurses and care staff they were so kind and caring.

Physiotherapy - Treated with respect by all staff who dealt with me in a professional manner.

SDEC - All staff were wonderful & went above and beyond. I felt I had been thoroughly investigated.

Respiratory Assessment Unit - All the staff treated patients with kindness and dignity. Everyone gave excellent service.

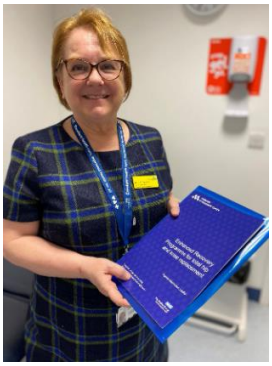
Neonatal - Staff were really helpful and all very good at their jobs, really felt like staff loved their jobs.

Community Nursing IV/OPAT Team - Everyone was lovely, friendly and supportive while being very calm & professional at the same time.

Rheumatology - Excellent consultation, all my questions answered, friendly, professional and empathetic. Follow up investigation organised promptly.

Awards

- Dr Gail Parsons, nurse consultant in trauma and orthopaedics for the Trust, has been appointed Honorary Associate Professor at Aston University. The university grants honorary professorships to people of "significant renown within their own discipline". Dr Parsons, was appointed the Trust's first nurse consultant in 2006 and said "I believe it is important to remain up to date with current research opportunities and evidence-based practices and to publish and share our work with the overall focus of making a difference to the patient journey,".



- Aqeela Hamilton received the Black Country Midwife of the Year award at the Black Country Local Maternity and Neonatal System Awards. Lisa Gough also received the Advanced Neonatal Nurse Practitioner of the Year award.

- Dr Ahmad Elsharkawy has been accepted onto the specialist register, having gained his Certificate of Completion of Training (CCT) in Acute Medicine. This is the culmination of many years of hard work and is a wonderful accomplishment. Dr Elsharkawy has been instrumental in leading and developing our new Acute Medicine Virtual Ward, working with colleague in the acute Trust and community to provide a consultant-led alternative to hospital admission, which has now treated over 100 patients.

Visits and Events

4 January	Integrated Care Board Development Session
11 January	Dudley Group Public and Private Board meetings
11 January	Dudley Group Board Workshop – Annual Planning 2024/25
12 January	Joint Provider Committee
15 January	Integrated Care System Cancer Board
16 January	Midlands Outpatients Board

17 January	Black Country Quarterly System Review
17 January	Dudley Integrated Healthcare Project Board
22 January	Black Country Provider Collaborate Executive
24 January	West Midlands Cancer Alliance Board
24 January	Black Country & West Birmingham Diagnostic Strategic Board
25 January	Finance and Performance Committee
25 January	Integration Committee
25 January	Integrated Care Board Public and Private Board
1 February	Integrated Care Board Development Session
8 February	Dudley Group Board of Directors
13 February	West Midlands Imaging Network Executive Board
13 February	NHSE Dudley Group Oversight and Assurance quarterly meeting
19 February	Integrated Care System Cancer Board
21 February	Staff Network Sponsors Information and Coaching Session
23 February	Joint Provider Committee
27 February	Extraordinary West Midlands Imaging Network Executive Board
28 February	Black Country & West Birmingham Elective Diagnostic Strategic Board
29 February	Finance and Performance Committee
29 February	Integration Committee

Enclosure 4

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on Thursday 14th March 2024

Report title	Public Questions
Sponsoring executive / presenter	Sir David Nicholson, Chair
Report author	Helen Board, Board Secretary

1.	**Suggested discussion points**

The Board is asked to note the questions raised by the Council of Governors and the public where indicated.

In the coming year, the Board of Directors (public session) will move to holding a proportion of its meetings in a face-to-face format. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been provided to our five local MPs and foundation trust members.

We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. We ask that questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net

Question received:

TL, Trust Volunteer, enquiry received via email
Q. I am a volunteer at the hospital and would like to ask if would be possible to have an increase in the number of wheelchairs we have available. It is becoming a big problem for us.frustrating and embarrassing when we have patients who urgently need a wheelchair but we have none available. I am aware that these are not cheap to purchase but wondered if it would be possible to approach local companies if they would be interested in sponsoring a chair or two and in return they could display the company name on the chair.

A: Thank you for the time you give as a volunteer and for bringing the matter to the attention of the Board. We have confirmed that a number of wheelchairs are awaiting repair and have escalated this via our Director of Estates to ensure they are back in circulation as soon as possible. We know from our volunteers that wheelchairs are often not returned from car parks and other locations around the site that can contribute to availability issues. A stock take of the number of wheelchairs in circulation is underway. In the event that more are needed, the Trust will make arrangements to purchase more and certainly consider your suggestion to seek sponsorship.

OH, Regional Organiser, UNISON West Midlands Region, enquiry received via email
Q. UNISON has over 300 Dudley Group members employed by Mitie FM Ltd, delivering NHS services in Dudley who are currently in dispute with Mitie due to workers not receiving the NHS Agenda for Change non-consolidated 'lump sum' element of the pay deal agreed in 2023. For a full-time domestic or porter, for example, the lump sum is £1,655.

UNISON members have taken three days of strike action so far, on 23 February, 29 February and 8 March in this dispute. On these strike days, it appears that Mitie has transported and accommodated Mitie employed workers from all over the country to cover the Dudley striking workers.

It appears some workers have been called in from non-health settings. For example, a 'Declaration of Interest' was sent to Manston Care and Custody workers in Kent. UNISON is

seeking clarity that all workers delivering NHS services in Dudley are trained and safe to work in a patient facing, health setting and that patient care is not compromised.

Can the Board please:
a) list all the names of the workplaces where Mitie has called in workers from on the 23 Feb, 29 Feb and 8 March?
b) outline the measures put in place to ensure that patient safety is not compromised when a large number of workers, potentially without experience of working in the NHS services, are working in Dudley for a very limited time to cover strike action?
c) give its full trust and confidence that patient care is not impacted when faced with a reality of a large number of workers temporarily working in Dudley for one shift at a time, on a site or in a job which they may not have experience and training in?

A: The PFI Contract that the Trust has with Summit Healthcare (Dudley) Limited requires the delivery of a suite of Facilities Management Services. Summit sub-contract this element of the contract to Mitie. This is an output based contract and therefore the Trust does not have access to named individuals who Mitie employ, this information would need to be requested from Mitie. The contract requires Summit to ensure that all staff receive training and supervision as necessary to ensure the proper performance of the contract and compliance with all health and safety rules, procedures and requirements. This includes all specific service-related mandatory training and DBS checks. As part of the Emergency planning meetings held on the run up to and during the recent strike action Summit have continually assured the Trust that they will and are complying with their contractual requirements in relation to this issue. If there is any incident that occurs at any time (outside of strike action as well as during) that is linked to Summit not having the above in place, then the Trust uses the contractual terms available to it to take the appropriate action against Summit.

The Trust is closely monitoring the situation on each strike event to ensure our high standards are met and have worked with Mitie to ensure that there is no compromise on our patient safety and quality and standards. Additional steps have been put into place to ensure any identified risks are managed and mitigated and the service provision and patient safety is always maintained, these include:

- Trust incident command room in operation
- Trust industrial action task and finish group
- Mitie's Incident Command Room staffed by senior Healthcare Operational leadership team
- Mitie have provided enhanced levels of Healthcare Operational leadership on site
- Mitie provided Healthcare service matter experts on site
- Multiple Joint planning sessions have taken place with the Trust to agree Operational plans which are detailed in the BCP
- Regular situation report meetings and immediate update are in place between Mitie and the Trust throughout the period of industrial actions

During each strike occasion there have been no reported incidents relating to the delivery of services by Mitie either reported through our incident management system or through our established task and finish group and we have not received any patient complaints.

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		

3.	Report journey
Board of Directors meeting 14/03/24	

4.	Recommendation(s)
The Public Trust Board is asked to:	
a.	**Note** the questions received and response provided.

5.	Impact							
Board Assurance Framework Risk 1.1		X	Deliver high quality, safe person-centred care, and treatment					
Corporate Risk Register		N						
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	

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th March 2024

Report title	Upward Report from the Finance and Productivity Committee Chair
Sponsoring executive	Lowell Williams, Non-executive Director
Report author	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 25th January and 29th February 2024.

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	

3. Report journey

Board of Directors – 14th March 2024

4. Recommendation(s)

The Public Trust Board is asked to:

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

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 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	

The Dudley Group
NHS Foundation Trust

EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 25th January 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There was an ongoing concern regarding the System deficit of £112m. • There were concerns around potential clawback for year 2 of the maternity incentive scheme • The ongoing industrial action provided financial impact concerns. • Excessive emergency demand at the front door was creating extreme pressures within the Trust. • The Trust was marginally behind on the CO2 emissions target (relating to plant operation). • The provision of sufficient resources for decarbonisation was a concern.	• The committee would like to look into Patient Initiated Follow Up (PIFU) in more detail at an appropriate time.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The month 9 position was £4m better than the phased plan. • Further evidence of excellent grip and control on agency pay was seen. • There had been an over performance on CIP targets of £195k year to date. • The trust continues to provide mutual aid to other trusts in areas including non obstetric ultrasound and elective backlogs. • A beneficial impact was being seen from the implementation of the Rapid Assessment and Treatment (RAT) pilot. • A comprehensive and reassuring deep dive into Community with Core Clinical Services (CCCS) was given. • Positive assurance was given around the effectiveness of the reporting, this supports the boards well led capacity.	• There were no approvals made.
Chair's comments on the effectiveness of the meeting:	

The Dudley Group
NHS Foundation Trust

EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 29th February 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The committee had a concern relating to the level of nurse absence, recognising that support arrangements were in place. • The Trust and the System remains challenged to deliver an acceptable deficit budget for 2024/25 and a long term break even plan. • Urgent and emergent care continues to be a challenging area of focus.	• The committee asked for a report to return at an appropriate time detailing the performance of the Black Country Pathology Service. • An action was commissioned to review reporting for overall staffing levels in the Trust incorporating the nurse and medical staffing reports. • It was asked for a deep dive into PFI at a future meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There was a strong performance against budget at month 10 with a £3.7m positive variance. • The Trust was forecasting an overperformance in 2023/24 for Cost Improvement Programmes (CIP) of £548k, with an increasing amount of recurrent CIP. • A strong performance was seen against diagnostic and elective restoration and recovery where the Trust was providing support into the System.	• It was agreed to recommend the extension of the two year contract for Healthcare Communications to Board. • The committee approved the extension of the CT and MRI contract to May 2024.
Chair's comments on the effectiveness of the meeting: Great discussions were held on complex and important issues.	

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th March 2024

Report title	Month 10 (January 2024) Financial Position
Sponsoring executive	Chris Walker, Interim Director of Finance
Report author	Chris Walker, Interim Director of Finance

1. Suggested discussion points

The Month 10 (January 2024) Trust financial position and forecast year end position.

The Black Country System January 2024 financial position and year end deficit forecast of £101m.

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	

3. Report journey

Month 10 (January 2024) detailed finance report presented to the Finance and Productivity Committee on the 29th February 2024.

Summary Month 10 financial report presented to Executive Directors on 13th February 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

a.	Note the financial performance for the month of January 2024.
b.	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 TO BOARD OF DIRECTORS (public session)

1. EXECUTIVE SUMMARY

1.1 After technical changes the **January cumulative position is a £14.204m deficit.** This position is £3.762m better than the phased plan submitted to NHSE.

1.2 This maintains a similar variance from plan to that reported in December. The main reasons for the positive variance from plan are the additional funding the Trust received relating to industrial action (the January position includes the total £4.276m the Trust received covering the period April to October), the impact of the further reduction in the ERF target and one-off cost improvement savings achieved earlier in the financial year.

1.3 Following the further 2% reduction to the ERF target, the January position now includes an over-achievement of £3.128m.

1.4 The January pay costs showed an increased level of expenditure in comparison to December, exceeding the in-month plan. For the year-to-date position, pay costs remain within the cumulative plan. The increased costs relate to bank and Waiting List Initiative pressures to cover the 6 days of junior doctor industrial action, the staffing of additional beds that were opened linked to winter pressures and the continued drive to improve planned activity performance associated with ERF. Agency costs continue to remain comparatively low at 0.9% of pay costs (versus cap of 3.7%).

1.5 Non pay spend for drugs and passthrough costs were higher than average in January. This was offset by a reduction in spend against dialysis, prosthesis and PFI leading to an overall non-pay reduction in January compared to previous months.

1.6 The Trust had forecast a deficit of £20.354m last month which included the actual costs of industrial action for December and an estimate for January. Taking into consideration the actual industrial action costs for January and a small amount of additional income received from the ICB the most likely forecast has improved by £0.365m compared to the previously reported position. **The year end forecast now shows a deficit of £19.989m compared to the deficit of £20.354m reported to Board in February**.

1.7 The integrated Care System reported an actual aggregate £94.5m deficit for January which was £27.6m 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). This has been revised to a deficit of £101.0m to take into consideration the actual costs incurred in December and January for Industrial Action and a small allocation relating to IFRS16. The System has been advised of a non-recurrent cash funding allocation from NHSE equal to the original deficit plan of £68.8m. This would be a technical adjustment and would not improve the financial deficit for which the System is managed against. It would however avoid the need for providers with cash pressures to apply for cash funding in 2023/24.

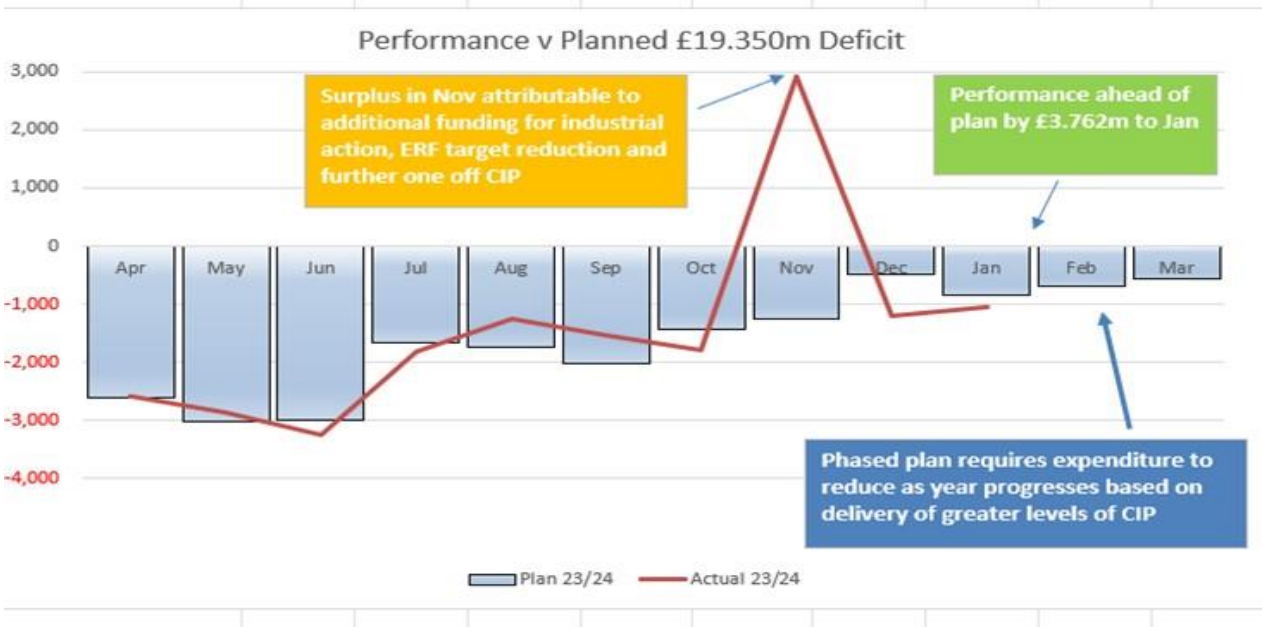
1.9 The System continues to work through the planning process for 2024/25. The System Financial Recovery Plan continues to be refined with financial solutions to contribute to the cost

improvement requirements being finalised.

2. INCOME AND EXPENDITURE (APPENDIX 1)

2.1 After technical changes the **January cumulative position is a £14.204m deficit.** This position is £3.762m 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 Cumulatively to January the Trust is £3.762m ahead of plan. The main reasons for the positive variance from plan are the additional funding the Trust received relating to industrial action (the January position includes the total £4.276m the Trust received covering the period April to October), the impact of the further reduction in the ERF target and one-off cost improvement savings achieved earlier in the financial year.

2.4 Following a further reduction to the ERF target, the January position now includes an over-achievement of £3.128m (excess of £2.208m reported at M9). Information for December and January remains estimated whilst coding is completed.

The ERF performance against the revised targets is summarised below.

	Apr-Oct	Nov	Dec	Jan	Feb	Mar	Total
Target	57,612	9,223	7,708	8,829	8,556	8,207	100,135
Actual	59,166	10,125	8,052	9,157			
Variance	1,554	902	344	328			3,128
NHSE	59,242						

2.5 The January pay costs showed an increased level of expenditure in comparison to December, exceeding the in-month plan. For the year-to-date position, pay costs remain within the cumulative

plan.

2.6 The increased costs are linked to bank and Waiting List Initiative pressures. They relate to covering the 6 days of junior doctor industrial action, the staffing of additional beds that were opened linked to winter pressures and the continued drive to improve planned activity performance associated with ERF.

2.7 Agency costs continue to remain comparatively low at 0.9% of pay costs (versus cap of 3.7%). In January, the spend was lower than average with medical staff responsible for 92% of the spend, registered nurses 7% and mortuary 1%.

2.8 Non pay spend for drugs and passthrough costs were higher than average in January. This was offset by a reduction in spend against dialysis, prosthesis and PFI leading to an overall non-pay reduction in January compared to previous months.

2.9 The Trust had forecast a deficit of £20.354m last month which included the actual costs of industrial action for December and an estimate for January. Taking into consideration the actual industrial action costs for January and a small amount of additional income received from the ICB the most likely forecast has improved by £0.365m compared to the previously reported position. **The year end forecast now shows a deficit of £19.989m compared to the deficit of £20.354m reported to Board in February**.

3. CAPITAL AND CASH

3.1 The cash position at the end of January was £1.623m higher than the previous month's forecast. The cash balance includes £20m on account from Black Country ICB. Receipts were only £0.441m above the forecast position in January. Income from Black Country ICB was £0.766m above forecast. This related to ERF cash payments received which were not forecast until February. Non-patient income receipts were £0.612m below forecast. This related to provider-to-provider income forecast but not received. This will now be paid in February/March. Payments were £0.871m lower than the forecast in January. Payments to suppliers were £0.732m lower than forecast. This was a timing difference.

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). £20m on account paid by ICB in June to assist with cash flow for pay award payments to be repaid in March. 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 month 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. Further refinement of the forecast from April is required and will be updated once the 24/25 income position is agreed with the ICB.

3.3 Compliance with the Better Practice Payment Code improved to 93.9% in terms of number of invoices paid to non-NHS suppliers and 93.5% for NHS suppliers as at 31st January 2024.

3.4 The capital programme expenditure as at 31st January 2024 was £6.831m. This was £7.329m lower than the original plan. The capital forecast has been reduced by £2.520m 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 has now called down all PDC

for the financial year and is confident in achieving the current capital forecast of £15.072m.

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

4.1 The integrated Care System reported an actual aggregate £94.5m deficit for January which was £27.6m 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). This has been revised to a deficit of £101.0m to take into consideration the actual costs incurred in December and January for Industrial Action and a small allocation relating to IFRS16.

5. RECOMMENDATIONS

5.1 The Trust Board is asked to note the financial performance for the month of January 2024.

Chris Walker
Interim Director of Finance
4th March 2024

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to The Public Board on 14th March 2024

Report title	CIP Update on both 2023/24 and 2024/25 Programmes
Sponsoring executive	Kat Rose – Director of Strategy and Integration
Report author	Dara Bradbury – Senior Transformation Programme Lead

1. Suggested discussion points

The Board is asked to note the status of both the 2023/24 and 2024/25 Cost Improvement Programmes.

On 28th February at the Finance and Productivity Committee, we reported a year end overperformance forecast of £375,900. In January this overperformance was £579,000 and the difference is due to underperformance of the ERF scheme within Surgery Women and Children. It is forecast to underdeliver by an additional £171,000, delivering only £343,600 against a plan of £859,000.

In January, only 50% of the programme was Recurrent in nature (50.3% Recurrent and 49.7% Non-Recurrent). An exercise to convert non-recurrent CIP to recurrent CIP was undertaken and reported at FIG on 9th February 2024. £4.344m worth of the non-recurrent CIP value has now been converted to recurrent, therefore reducing the non-recurrent value still to be found to £8.96m. The recurrent sum has increased to £17.643m or 67% of the programme (33% non-recurrent).

Programme over performance of £4.808m 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's unidentified balance has increased to £3.29m due to the decrease in ERF income mentioned above. Surgery's unidentified CIP in January was £3.15m.

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.

Work is already underway to meet the 2024/25 CIP Programme targets. The Trust is currently working towards a 4% expectation in line with the Financial Recovery Programme (FRP). To date we have identified c.£8.07m in estimated CIP with £6.43m of this being recurrent in nature. It is noted that this figure is yet to be financially validated and must also pass through our Quality Improvement Assessment process. The schemes identified here have been aligned with the PA Consultancy report recommended opportunities as part of the FRP.

At the time when this paper was being written, the estimated financial value of the proposed CIP programme as shown in Section 4, table 9 was £20.4m and the Divisions were initially working towards this figure. However, the final sum has since been recalculated as part of the System discussions and now stands at £22.1m.

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	

2.	Report journey
The report content was discussed at Finance and Productivity Committee on 29th February 2024.	

3.	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.

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

The Dudley Group
NHS Foundation Trust

Report Title: Cost Improvement Programme Update

Report to: Public Board

Report Date: 14th March 2024

1. EXECUTIVE SUMMARY

1.1 The Board is asked to note the status of both the 2023/24 and 2024/25 Cost Improvement Programmes.

1.2 On 28th February at the Finance and Performance Committee, we reported a year end overperformance forecast of £375,900. In January this overperformance was £579,000 and the difference is due to underperformance of the ERF scheme within Surgery Women and Children. It is forecast to under deliver by an additional £171,000, delivering only £343,600 against a plan of £859,000.

1.3 In January, only 50% of the programme was Recurrent in nature (50.3% Recurrent and 49.7% Non-Recurrent). An exercise to convert non-recurrent CIP to recurrent CIP was undertaken and reported at FIG on 9th February 2024. £4.344m worth of the non-recurrent CIP value has now been converted to recurrent, therefore reducing the non-recurrent value still to be found to £8.96m. The recurrent sum has increased to £17.643m or 67% of the programme (33% non-recurrent).

1.4 Programme over performance of £4.808m 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's unidentified balance has increased to £3.29m due to the decrease in ERF income mentioned above. Surgery's unidentified CIP in January was £3.15m.

1.5 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.

1.6 Work is already underway to meet the 2024/25 CIP Programme targets. The Trust is currently working towards a 4% expectation in line with the Financial Recovery Programme (FRP). To date we have identified c.£8.07m in estimated CIP with £6.43m of this being recurrent in nature. It is noted that this figure is yet to be financially validated and must also pass through our Quality Improvement Assessment process. The schemes identified here have been aligned with the PA Consultancy report recommended opportunities as part of the FRP.

1.7 At the time when this paper was being written, the estimated financial value of the proposed CIP programme as shown in Section 4, table 4 was £20.4m and the Divisions were initially working towards this figure. However, the final sum has since been recalculated as part of the System discussions and now stands at £22.1m.

CURRENT CIP PROGRAMME POSITION 2023/24

2.1 The year-to-date Plan Vs Actual has over delivered by £1.69m having delivered £21.59m against a plan of £19.90m. This is down to increased performance of several schemes since April 2023.

2.2 Table 1 below shows the divisional movement in the year end forecast from December 2023 (Month 9 to January 2024 (Month 10).

Table 1

DIVISIONAL PERFORMANCE v TARGET	£££	£££	£££	£££
	Target	Forecast at M9	Forecast at M10	Gap to Find M10
Corporate	£2,742	£7,459	£7,550	£4,807
Community & Core Clinical Services	£5,574	£5,880	£5,880	£306
Medicine	£7,971	£6,527	£6,528	-£1,444
Surgery, Women & Children	£9,945	£6,822	£6,650	-£3,294
	£26.233m	£26,780m	£26,607m	£376k

3 Recurrent CIP Vs Non-Recurrent CIP 2023/24

3.1 As we work towards converting more of our non-recurrent CIP to be recurrent, table 2 below shows the starting position at Month 9 when we had £12.93m of a Recurrent gap left to find.

Table 2

	CIP Plan/Target	Recurrent Delivered to date	Recurrent Gap to be found
Corporate	£2,742	£1,557	£1,185
Community & Core Clinical Services	£5,574	£1,250	£4,324
Medicine	£7,971	£6,354	£1,617
Surgery, Women & Children	£9,945	£4,138	£5,807
TOTAL	£26,233	£13,299	£12,933

3.2 During Month10, additional work has been undertaken increase our recurrent value where possible. Table 3 show the new gap.

Table 3

	CIP Plan/Target	Recurrent Delivered to date	Non-Recurrent to Recurrent Identified	Recurrent Gap to be found
Corporate	£2.742m	£1.557m	£0.500m	£0.685m
Community & Core Clinical Services	£5.574m	£1.250m	£0.732m	£3.592m
Medicine	£7.971m	£6.354m	£0.321m	£1.296m
Surgery, Women & Children	£9.945m	£4.138m	£1.69m	£4.117m
Income			£1.10m	
TOTAL	**£26.233**m	**£13.299**	£4.344m	£8.955m

4 PROGRESS OF 2024/25 CIP PROGRAMME

4.1 An assumed 4% CIP target is expected for 2024/25. A lot of work has been done to date to form the new programme along with alignment of those ideas against the PA Consulting report recommendations. Table 4 below provides the summary of information presented at FIG on both the 1st and 9th of February 2024. Circa £8.07m worth of CIP has been identified, subject to financial confirmation, and of this, £6.43m is expected to be recurrent. It is noted that the schemes which contribute to the values below must still be progressed through the Trust's Quality Impact Assessment (QIA) process to ensure all clinical impact is reviewed and signed off.

Table 4

Division	Assumed Target at 4%	Identified to date	Recurrent Value	Non-Recurrent	GAP
CCCS	£3.6m	£1.4m	£1.31m	£50k	£2.2m
CORP	£4.4m	£993m	£0.87m	£115k	£3.4m
MIC	£6.4m	£1.55m	£1.25	£300k	£4.9m
SWC	£6.2m	£4.13m	£3m	£1.13m	£2.07
TOTALS	**£20.6m**	**£8.07m**	**£6.43m**	**£1.59m**	**£12.57**

Appendix 1 details the categories within the PA Consulting Report that have been reviewed so far and schemes identified to meet them.

5. RISKS TO THE 2023/24 CIP PROGRAMME

5.1 It is recognised that the gap between the year-end Plan and Forecast has been removed with an overperformance of £376k estimated.

6. NEXT STEPS for 2024/25 CIP PROGRAMME

6.1 Continued effort to be made across all divisions to reduce their existing unidentified CIP gap further through recurrent CIP where possible. Human Resources, Informatics, Dudley Improvement Practice and Strategy and Transformation will support divisions to meet their objectives.

6.2 Work to align all additional new schemes against the recommendations from PA Consulting continues.

6.3 Scoping exercises are underway to ensure all project documentation, financial profiling and quality impact assessments are done for all identified schemes as soon as possible.

6.4 Budget Setting and Sign Off meetings for Corporate Departments are now in the diary with a view to signing off their individual pay and non-pay budgets for 2024/25 and identifying any potential CIP at the same time. This process is also underway for clinical divisions and departments across the Trust.

6.5 Working with peer organisations to share ideas to ensure that the system Financial Recovery Plan is met.

6.6 A reset of the current Workforce Workstream is being planned to ensure that all aspects of recruitment, retention, pay and conditions etc are reviewed and savings identified where appropriate. Reduction in Agency and Bank use will continue to be a high priority under our grip and control mechanisms to ensure the “1 in/1out” approach is supported successfully.

7. RECOMMENDATION(s)

7.1 The Committee is asked to note progress to date of both CIP programmes and to review any risks identified.

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors on 14th March 2024

Report title	Annual Planning update 2024/25
Sponsoring executive / presenter	Kat Rose, Director of Strategy & Integration Chris Walker, Director of Finance Alan Duffell, Chief People Officer Karen Kelly, Chief Operating Officer
Report author /presenter	Ian Chadwell, Deputy Director of Strategy Richard Price, Deputy Director of Finance Karen Brogan, Director of Operational HR Deborah Pook, Deputy Chief Operating Officer

1. Suggested discussion points

This paper summarises the position regarding operational planning 2024/25 as of 6th March. Despite the delay in releasing published planning guidance, which is now not expected until the budget speech of 6th March, work has continued based on the information available.

Outputs from the planning process for 2024/25 will be:

- An agreed set of in-year objectives on which the Trust will focus its efforts;
- An accompanying narrative document providing context and how this will be achieved;
- A set of technical planning returns for activity and performance, workforce and finance, the latter which defines the financial plan for the Trust;
- Triangulation of plans using a tool made available nationally;
- Contribution to system-wide narratives. To date, there is no requirement for the trust to submit a narrative in it's own right.

The draft strategic planning framework has been in development for some weeks and was shared with Board of Directors at the development session in January and has been refined subsequently. The framework summarises our objectives for 2024/25 in the context of our strategic plan. A similar framework is intended to be used by the other providers in Black Country Provider Collaborative, aligned to their respective strategies. Appendix 1 contains the draft strategic planning framework with the draft of the narrative plan in the reading pack. This will be for internal use only – although a designed version will be made available for wider circulation once finalised.

In the absence of published planning guidance, NHSE has circulated interim draft planning assumptions for 2024/25 and these have been used when constructing planning trajectories. These are also in the reading pack although by the time of the Board meeting, the planning guidance is expected to have been published.

The ICB has established a weekly Planning Oversight and Coordination Group. This is assisting in a common approach to issues such as the impact of opening MMUH, the treatment of the dissolution of DIHC in plans and improving lines of communication between organisations.

<u>Activity and performance</u>
Key draft activity and performance trajectories have been developed with the input of the operational divisions. Appendix 2 contains a summary of these trajectories.
A series of check and challenge sessions have been scheduled with each Division for 7th, 8th and 12th March to ensure alignment of the trajectories with the proposed financial position. This especially affects the proposed elective activity trajectory with its related income target against the elective recovery fund.

The performance metric causing most cause for concern is bed availability and occupancy. Whilst surge beds have routinely been used during this year, they are not funded to be open overnight and when they are, result in overspends in budgets. They are not therefore being counted in our planned bed availability, which will lead to the trust declaring bed occupancy at well over the expected 92%.

The annual plan for 2024/25 needs to factor in the impact of the opening of Midland Metropolitan University Hospital (MMUH) which is scheduled for 'autumn' 2024 with a date expected to be announced soon. This will replace A&E departments at Sandwell General and City Hospitals. At the trust's request, the ICB have undertaken an analysis of the impact of the opening of MMUH on urgent and emergency care flows across the system. Urgent further work is underway to agree a set of assumptions that can be planned for, but the expected resultant impact will be an increase in urgent and emergency care at Russells Hall Hospital.

Workforce

A draft workforce plan has been submitted aligned to current budgets for 2024/25. Whilst showing a small increase in substantive staff this is offset by a larger planned reduction in bank use resulting in an overall anticipated reduction in workforce use. The only development that includes additional staff that has been built into the plan is the Community Diagnostic Centre. 2024/25 is year 3 of the previously approved 5-year business case. Initial feedback from the ICB suggests that this workforce plan meets the expectations from the system of a 'no growth' scenario. Appendix 3 contains a summary of the trajectory submitted.

Finance

The ICB has currently indicated a deficit plan of c£184m to NHSE. This is based on the medium risk plan put forward via the work undertaken in conjunction with PA Consulting. The share for The Dudley Group equates to a deficit of £43.8m. Further work is ongoing to develop plans to deliver this position. This will include a review of efficiency opportunities and identification of associated risks. A full budget setting package will be presented to Finance & Productivity Committee and Board at the end of March for sign off.

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 – 20th February 2024
Finance and Productivity Committee – 29th February 2024
Board of Directors – 14th March 2024

4. Recommendation(s)

The Board of Directors is asked to:

a.	Note the progress in developing the strategic planning framework and the identification of a smaller number of in-year objectives;
b.	Note the draft planning trajectories (activity and performance and workforce) that have been submitted to ICB on 21st February;
c.	Note the ongoing work on the financial 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 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Corporate Risk Register		*[Give risk Nos]*

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

Appendix 1 – Strategic planning framework 2024/25 (draft)

	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 cost per weighted activity to better than average			Increase the number of services delivered jointly across the Black Country		Increase planned care and screening from disadvantaged groups	Reduce vacancy rates
	Reduce Carbon Emissions					Increase proportion of local people employed	
In year objectives	Deliver financial plan (deficit of £xxm)	Reduce complaints by 15% compared to 2023/24	Reduction in incidents resulting in significant harm (moderate, severe, death)	Eliminate 65 week waits by June 24 and reduce 52 week waits		Achieve acceptable coverage for breast screening (70%) and work towards achievable coverage (80%)	Improve retention rates for Nursing, Midwifery and AHP groups in particular retain 80% of our internationally recruited workforce
	Deliver recurrent cost improvement programme of £21m	90% of complaints to be responded to in 30 days	Standardised Hospital Mortality Index (SHMI) (quarterly) better than England average	Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation at 85%)		ICAN metrics tbc (Rachel A)	Bullying and harassment - experience of bullying from managers - staff survey results better than England average experience of bullying from colleagues: staff survey results better than England average
	Reduction in use of bank by 25%	Increase responses to pulse patient experience survey by 20%	Re-admission within 28 days better than England average	Improve discharge processes (30 discharges per day from MOFD list, 90% of patients to be discharged within 24 hours once known to system partners, reduce number of incomplete discharges on the complex list – no more than 5% failed per day, 30% of In-patient's discharges are home for lunch for each RHH ward			Raising concerns - I feel safe to speak up staff survey results better than England average
							Recommend trust as a place to work staff survey results better than England average
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 and associated journeys (Recruitment and Retention, EDI, Wellbeing, OD and leadership)						
	Delivery and Implementation of Community Diagnostic Centre						
	Implement Delivery plan for maternity and neonatal services						
	Shared across Dudley Health & Care Partnership						
	Implement Targeted Lung Health Check Programme						
	Working towards university hospital status (DGFT, SWBH and Aston University)						
Task and finish	Consolidate payroll function across provider collaborative	Redevelopment of resuscitation area in ED	Embedding of Patient Safety Incident Response Framework (PSIRF)	Transfer services from DIHC into DGFT		ICAN (pre-employment programme)	Establishment and embedding of the Brilliant Place to Work group to deliver actions associated with the Culture and Learning journey.
	Corporate improvement programme	Discharge, Nutrition, hydration and pain quality improvement programmes established	Provision of more services in the Family Hubs to provide better services to families	Establish structures to support DGFT becoming Lead Provider for Dudley Health and Care Partnership by March 2026		Develop policies and procedures around patient equality	An improvement project to be included in each staff appraisal as part of embedding the Dudley Improvement Practice
		Development and implementation of dementia and delirium and autism and learning disability strategies				Contribute to design of Health Innovation Dudley and the range of courses offered	Establishment and embedding of the recruitment and retention group to deliver actions associated with the journey.
		Shared across Joint Provider Committee (Black Country)			Shared across Dudley Health & Care Partnership		

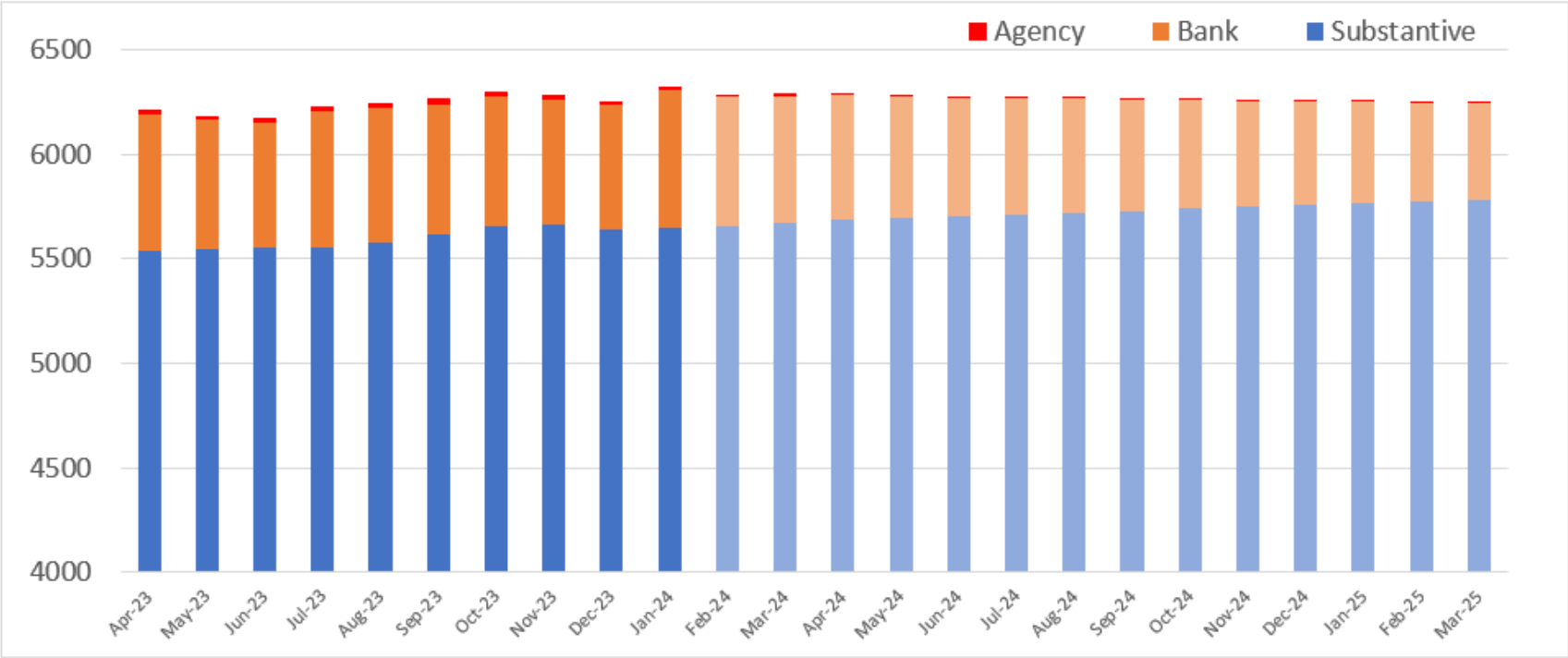
Appendix 2 – summary of draft planning trajectories submitted to ICB

Planning indicator	Period	Target	Trust value	Comment
Urgent and emergency care				
A&E 4 hour	Mar-25	>=77%	77%	Trajectory assumes compliance by Mar-25
General & Acute beds capacity		Maintain increase in 2023/24	585 beds throughout year	Surge beds not counted in available bed base as not funded overnight
Virtual ward beds		Maintain		Trajectory reduced to 56 based on available budget, lower than original 23/24 plan
G&A bed occupancy		92% this year		Unlikely to meet expected target – recent experience is at least 95% and sometimes in excess of 100%. Will not count surge beds as being available as not funded to open overnight
Beds occupied by patients with no criteria to reside		Unknown		Current trajectory shows a reduction throughout year
Elective care				
RTT 65+ weeks	Sep-24	0	0	Trajectory shows elimination by September
RTT 52+ weeks	Mar-25			Trajectory shows reduction based on current clearance rates pending confirmation of expectation
Elective activity targets	Full year	Same as original 2023/24		Calculated value of current activity plan meets original 2023/24 plan
Patient Initiated Follow-up (PIFU)	Full year	5%	5%	Trajectory assumes compliance with 5% PIFU utilisation in alignment with assumptions in Financial Recovery Plan
Cancer				
62-day standard	Mar-25	70%	70%	Achieves compliance
Cancer Faster Diagnosis Standard	Mar-25	>=77%	77%	Achieves compliance
Diagnostics				
Diagnostic waiting list over 6 weeks	Mar-25	Increase from 2023/24		Trajectories show an increase in percentage waiting less than 6 weeks

Note: RAG assessment based on latest information available concerning expectations. Subject to change depending on published planning guidance.

Appendix 3 – Workforce numerical plan 2024/25

2024/25 Workforce Plan	Jan-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	24/25 Rec Budget	24/25 Establishment
Total	**6,322**	**6,290**	**6,291**	**6,283**	**6,278**	**6,273**	**6,269**	**6,265**	**6,262**	**6,259**	**6,256**	**6,253**	**6,251**	**6,249**	**6,153**	**6,090**
Substantive	**5,648**	**5,668**	**5,686**	**5,694**	**5,703**	**5,712**	**5,721**	**5,730**	**5,739**	**5,748**	**5,757**	**5,766**	**5,775**	**5,784**	**5,815**	**6,090**
Bank	**661**	**612**	**597**	**582**	**569**	**556**	**544**	**532**	**520**	**508**	**496**	**484**	**473**	**462**	**332**	**-**
Agency	**13**	**10**	**8**	**7**	**6**	**5**	**4**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**6**	**-**
Substantive																
Registered Nursing, Midwifery and Health Visiting Staff	1,885	1,896	1,899	1,902	1,905	1,908	1,911	1,914	1,917	1,920	1,923	1,926	1,929	1,932	1,896	2,034
Registered/ Qualified Scientific, Therapeutic and Technical staff	691	687	689	690	691	692	693	694	695	696	697	698	699	700	695	760
Support to Clinical Staff	1,280	1,278	1,281	1,284	1,287	1,290	1,293	1,296	1,299	1,302	1,305	1,308	1,311	1,314	1,354	1,406
Total NHS Infrastructure support	1,026	1,020	1,029	1,030	1,031	1,032	1,033	1,034	1,035	1,036	1,037	1,038	1,039	1,040	1,114	1,088
Medical and Dental	766	787	788	788	789	790	791	792	793	794	795	796	797	798	756	802
Bank																
Registered Nursing, Midwifery and Health Visiting Staff	231	207	201	195	189	183	178	173	168	163	158	153	149	145	167	
Registered/ Qualified Scientific, Therapeutic and Technical staff	57	53	51	49	48	47	46	45	44	43	42	41	40	39	4	
Support to Clinical Staff	210	207	203	199	195	191	187	183	179	175	171	167	163	159	100	
Total NHS Infrastructure support	53	52	50	48	47	46	45	44	43	42	41	40	39	38	20	
Medical and Dental	110	93	92	91	90	89	88	87	86	85	84	83	82	81	41	
Agency																
Registered Nursing, Midwifery and Health Visiting Staff	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Registered/ Qualified Scientific, Therapeutic and Technical staff	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Support to Clinical Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total NHS Infrastructure support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Medical and Dental	11	9	7	6	5	4	3	2	2	2	2	2	2	2	5	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Appendix 4 – detailed timeline for delivery of the annual plan

Workstream	Action	Date
National and ICS requirement	High-level submission from ICB to NHS E	29-Feb-24
Finance	Budgets signed off by all budget managers	29-Feb-24
Governance	Briefing to F&P on draft submission of plans	29-Feb-24
National and ICS requirement	Planning guidance published by NHSE (ASSUMED)	6-Mar-24
National and ICS requirement	Draft submission of returns to ICB (activity, workforce and finance)	8-Mar-24
Governance	Briefing to Trust Board on draft submission of plans	14-Mar-24
National and ICS requirement	Draft full submission of returns from ICB to NHS E (activity, workforce and finance)	21-Mar-24
Governance	Final Trust Annual Plan (narrative and templates) to Execs	16-Apr-24
Governance	Final Trust Annual Plan (narrative and templates) to F&P	25-Apr-24
Governance	Final Trust Annual Plan (narrative and templates) to extraordinary Trust Board ASSUMED	25-Apr-24
National and ICS requirement	Final submission of returns from ICB to NHS E (activity, workforce and finance) ASSUMED	2-May-24
Governance	Communicate agreed plan across the organisation	31-May-24

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors 14 March 2024

Report title	Integrated Performance Report for January 2024
Sponsoring executive/ presenter	Karen Kelly, Chief Operating Officer
Report authors	Jack Richards, Director of Operations Amandeep Tung-Nahal, Director of Operations Rory McMahon, Director of Operations

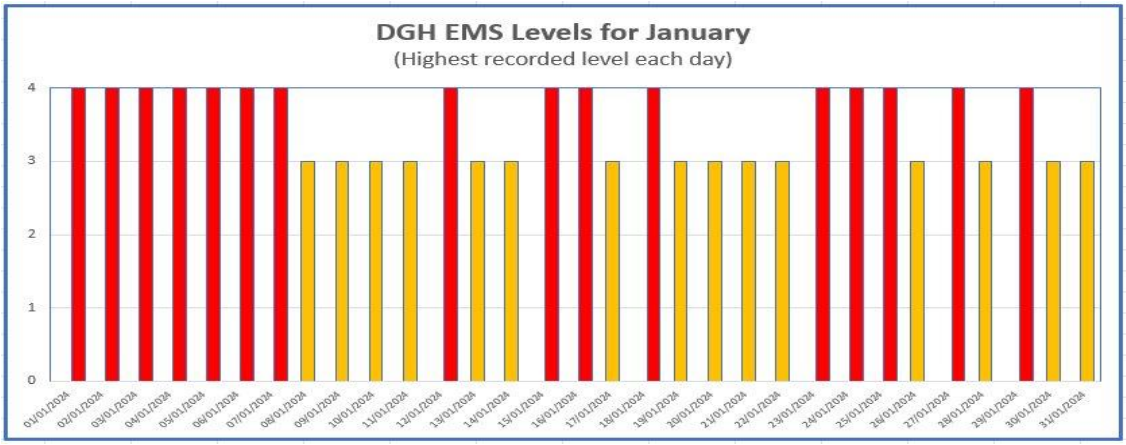
1. Suggested discussion points

Summary: Key Areas of Concern

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4-hour performance for January was 71.9% vs 76% national target. Delays occurring with patients waiting an extended period in ED after referral and post-take by specialty waiting for bed capacity. In January 1,369 patients were delayed in ED over 12hours, 1,253 (**91%**) of these patients were either waiting for a bed to be made available to them on a ward or were treated and discharged from ED by their speciality team before a bed became available.

January's Overall Triage position was 80.6% vs 95% national target. High number of patient arrivals at the front door have contributed to the lower performance. January saw our highest attendance of 401 patients in a single day. The wider ICS have seen a similar drop, and we remain best in the region for our Triage performance.

Emergency Access Standards



Winter pressures reflect January EMS levels. 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 9% of ambulance conveyancing and 12% increase in walk-ins, 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 December)

Since 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 82.4% (December validated) against the constitutional standard of 75%.

31-day combined decision to treat performance achieved 87.6% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 68% in December 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 98 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 days remain in the region of 25, of these 15 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.

DM01

January's DM01 performance showed an overachievement at 79.69% against a system trajectory of 76.34%. Non-Obstetric Ultrasound (NOUS) achieved 95.54%. Cardiology has started to show improvements however Cardiac MRI is seeing an increase in patients waiting over 6 weeks, this can be attributed to capacity constraints. Options to address challenge include mutual aid and SW allies.

The number of patients waiting over 6 weeks for NOUS has increased during January to 118. This was due to challenges with resources for ENT, paediatric and specialist consultant scans. Additional lists put in place to address backlog.

Overall Endoscopy continues to show further improvement from 73.35% in December to 76.25% in January. Cardiology performance shows improvement from 31.27% in December to 46.68% in January. This is mainly due to increased capacity from CDC ECHO activity which commenced in December and the DM01 recovery trajectory is still on track to achieve NHSE target of 85% or above by March 2024.

13-week diagnostic breaches are monitored weekly by NHSE, and recovery plans are in progress to reduce to 0 by March 2024; with the exception of Cardiac MRI, which remains challenged due to overall capacity available.

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 mainly in Urology and ENT, 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, this is challenging with the impact of industrial action being felt significantly in this cohort.

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. Over the course of October and November we held a number of 'new patient super weeks' focused on the reduction of the ASI. The OPD 642 Scheduling meetings are now held weekly across all Specialty areas to support clinic utilisation and productivity.

The Paediatric and Surgical teams held a Paediatric Surgery 'Super Saturday' event on the 10th which was hugely successful. Another is now being planned with a view to holding in April.

Elective Recovery Programme Performance Report – Regional Midlands 09.02.24

Black Country ICB Performance Summary to Weekending 04.02.24: -

Elective Recovery | Performance Summary

NHS England

Waiting List Metrics

Region	104+	78w+	65ww+	>57ww (65w Cohort (March2024)	52w+	Total List	<18ww performance	Cancer 62d
	w-e 4 Feb 24(un-published)							
MIDLANDS	8 ▼	979 ▼	13,649 ▼	32,355 ▼	55,791 ▼	1,270,763 ▼	53.0% ▲	4,255 ▼
BIRMINGHAM AND SOLIHULL ICB	0 ▶	8 ▼	1,303 ▼	3,616 ▼	7,410 ▼	162,376 ▼	48.5% ▲	534 ▼
COVENTRY AND WARWICKSHIRE ICB	0 ▼	21 ▼	1,201 ▼	2,874 ▼	4,837 ▼	118,728 ▼	53.1% ▲	401 ▲
HEREFORDSHIRE AND WORCESTERSHIRE ICB	1 ▶	141 ▼	1,328 ▼	2,694 ▼	4,151 ▼	82,358 ▼	54.1% ▼	526 ▼
DERBY AND DERBYSHIRE ICB	0 ▼	296 ▼	2,173 ▼	4,676 ▼	7,509 ▼	137,875 ▼	50.9% ▲	407 ▼
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1 ▲	67 ▲	787 ▼	2,041 ▼	3,634 ▼	108,733 ▲	55.9% ▲	355 ▲
LINCOLNSHIRE ICB	0 ▼	29 ▼	661 ▼	1,919 ▼	3,374 ▼	72,560 ▼	48.4% ▲	224 ▼
NORTHAMPTONSHIRE ICB	0 ▶	44 ▲	531 ▲	1,193 ▼	1,938 ▼	71,870 ▼	62.0% ▲	231 ▲
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1 ▶	56 ▼	960 ▼	2,768 ▼	4,985 ▲	140,441 ▼	58.0% ▲	483 ▼
SHROPSHIRE, TELFORD AND WREKIN ICB	0 ▶	20 ▼	795 ▲	2,026 ▼	3,488 ▲	50,470 ▼	49.9% ▼	267 ▼
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	3 ▼	148 ▼	1,308 ▼	2,925 ▼	5,216 ▲	81,308 ▲	48.7% ▲	335 ▼
BLACK COUNTRY ICB	2 ▲	147 ▼	2,582 ▼	5,623 ▼	9,249 ▼	246,044 ▲	53.6% ▲	492 ▼

3 | Elective Recovery | Performance and Delivery

Source: Faster SUS / RTT Monthly / WLMDS / Weekly Cancer PTL

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 29 February 2024.	

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 January 2024 (December 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	

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on *day month* 202X

Report title	Quality Committee 23rd January & 27th February 2024: Chair's Report
Sponsoring non-executive	Professor Liz Hughes
Report author	Andy Proctor, Director of Governance 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 meetings that took place on 23rd January and 27th February 2024. The report details work commissioned as result of discussions held and any decisions made.	

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

2.	**Report journey**
Quality Committee 23/01/2024, 27/02/2024	

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

UPWARD REPORT FROM THE QUALITY COMMITTEE **Date Committee last met:** 24th January 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Access to speech and language therapies was identified as a concern; the Committee noted long term issues with recruitment into Trust service vacancies and that this was reflective of a national shortage of specialist staff. The Committee raised an action to explore more innovative approaches to up-skilling staff / band 4 role development to attempt to help address this gap. There is a Divisional level risk documented to articulate risks as a result of the issues raised. • Concerns were raised regarding cleaning effectiveness due to a decline in audit performance in a number of Trust areas; the Committee received assurance that the majority of issues were rectified within 24 hours of identification and close monitoring continues.	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received positive assurance regarding the initial period of the Patient Safety Incident Response Framework (PSIRF) implementation. Of note the cultural impact of prompt face to face response meetings with staff to facilitate collaborative review and improvement planning, alongside direct staff support was commended. Noted the ongoing process developments and work underway to report improvement metrics. • Positive assurance was received regarding the progress made with the Sentinel Stroke National Audit Programme (SSNAP) KPI's and the ongoing improvement plan; acknowledged the ongoing challenges regarding access to specialist stroke unit beds and speech and language therapy (see above escalation). • The Committee received good levels of assurance regarding the quality and safety of services provided by the Community with Core Clinical Services Division. The Committee commended the positive feedback received from the ICB following their Quality Assurance Visit to the Community District Nursing Service. • The Committee received a progress up-date on recommendations following the biannual staffing review completed in October 2023. Good levels of assurance were shared with the Committee on progress made, noting compliance with the national minimum staffing levels, reduced bank and agency usage and developments and skill utilisation of nursing associates.	• The assurance level for BAF Risk 1.1 remains as inconclusive. • The assurance level for BAF Risk 1.2 remains as positive.

UPWARD REPORT FROM THE QUALITY COMMITTEE **Date Committee last met:** 27th February 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Safeguarding training compliance in some areas needs improvement	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Safety and waiting times group referred from Finance and Performance Committee • Received positive assurance from the Maternity CQC patient feedback from visit undertaken before the published CQC report. Seen the action plan and confident on continued improvement. • Significant improvement on complaints performance • Continued high performance of VTE assessment compliance was received • Stroke achievement of level 3 SNAP • Achievement of Jag accreditation • Recognition of the work and progress undertaking by the end-of-life team following a visit from a Singapore delegation	• The assurance level for BAF Risk 1.1 remains as inconclusive. • The assurance level for BAF Risk 1.2 remains as positive.

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 14th March 2024

Report title	**Maternity and Neonatal Safety and Quality Dashboard**
Sponsoring executive	Helen Blanchard Interim Chief Nurse
Report author /presenter	Claire Macdiarmid Head of Midwifery

1. Suggested discussion points

The trust Neonatal death rate remains above the national average. A thematic review of Neonatal deaths is underway and results are due to be published in March 2024. Perinatal mortality review tool (PMRT) reviews are ongoing and learning from deaths is contained with the report. Stillbirth rates remain below the national rate.

* National mortality rates have increased in all areas as of January 2024 as per publication by MBRRACE. This is the recognised national rate to use as a comparison to trust rates.

The Annual CQC Maternity survey results have been published for 2023. The trust has been flagged as an outlier as 'worse than expected' however this is an improvement on last years results and 8 questions showed a statistical improvement compared to the 2022 results. An action plan has been coproduced with the maternity and Neonatal Voices partnership (MNVP) and will be monitored via the Quality committee

Perinatal culture and leadership program (PCLP) remains ongoing, and the Perinatal quad are undertaking a deep dive into 4 areas of concern highlighted by the initial SCORE survey supported by culture coaches from NHSE. Culture conversations occurred on the 1st March 2024 and feedback will occur in April.

The Maternity Regional heatmap for February has been published and the Trust are ranked in the yellow category with 35 points. Targeted improvements have been noted within the report to improve the score.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

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

3. Report journey

Quality Committee
LMNS Quality and Safety
Maternity Governance Group

4. Recommendation(s)

The Public Trust Board is asked to:

a.	Accept the assurance provided in this report as current position with Perinatal culture and leadership program, Regional Maternity heatmap scoring and position and Perinatal mortality associated reviews, and incidents.

5	**Impact**							
Board Assurance Framework Risk 1.1		x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2		x	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 3.0		x	Improve and sustain staff satisfaction and morale					
Corporate Risk Register			*[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

Maternity and Neonatal Safety and Quality Dashboard

Report to Public Board of Directors 14th March 2024

1 EXECUTIVE SUMMARY

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHSEI document "Implementing a revised perinatal quality surveillance model" (December 2020). The purpose of the report is to inform the committee, Trust Board and LMNS board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report will reflect actions in line with Ockendon and progress made in response to any identified concerns at provider level.

1.2 In line with the perinatal surveillance model, we are required to report the information outlined in the data measures proforma monthly to the trust board. Data contained within this report is for **December 2023 and January 2024**, unless otherwise specified throughout.

2. BACKGROUND INFORMATION

2.1 Perinatal Mortality Overview

Crude stillbirth rates: Calculated from the total number of stillbirths for the period divided by number of births within the period multiplied by 1,000.

Crude neonatal death rates – Calculated from the total number of neonatal deaths divided by number of live births multiplied by 1,000.

*Please note that MBRRACE have changed the way they report Neonatal deaths to total number of deaths, compared to their previously split between early and late neonatal deaths (As of January 2024).

Table 1: Perinatal mortality data and number of serious incidents/PSII 2023/24.

	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024
Number of stillbirths	0	0	2	1	2	0	2	2	1	0	0	0
Trust Stillbirth rate	2.15	2.15	2.16	2.43	2.67	2.67	2.69	2.68	2.95	2.92	2.67	2.44
National crude SB rate	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.33**	**3.54**
Number of neonatal deaths	1	0	1	2	0	0	1	1	2	0	1	1
Trust Combined Neonatal death rate	2.39	2.39	2.65	2.92	2.92	2.43	2.69	2.68	3.2	2.93	2.92	2.44
National Combined Neonatal death rate	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.53**	**1.65**

Newly reported PSII/Serious incidents	1	2	1 (+1 NNU)	1	1	0	1	1	2	2	1	0
INC reference numbers	INC116047	INC123352 INC122908	INC125855 INC121413	INC129430	INC129662	-	INC 135190	INC136941	INC139300 INC138573	INC139879 INC139689	INC 143232	-

2.2 Perinatal Mortality overview

Table 1 outlines Perinatal mortality data and serious incidents reported as of January 2024.

The Women and Children's service continues to report perinatal mortality rates through Divisional Governance each month and into the Trusts Mortality Surveillance Group
A thematic review has been undertaken into Neonatal deaths due to the rate being persistently above the National average rate (note the change in rate as per MBRRACE January 2024). MBRAACE now report neonatal deaths as one figure, compared to the early and late death rates previously featured.

All stillbirths and neonatal deaths are reviewed using the National Perinatal Mortality Review Tool (NPMRT) which includes parent's perspectives and questions as part of the review. The system allows for a report to be produced covering all aspects required as part of CNST Safety Action 1. Full data has been reported to the Quality committee.

2.3 PMRT Review tool

PMRT reviews undertaken in Quarter 3 2023/2024

A total of 7 cases were reviewed during Quarter 3 2023/2024.

3 cases were reported as Serious incidents. 2 of these cases was graded as a D where the MDT agreed that there were care issues which they considered were likely to have made a difference to the outcome of the baby. 1 case were graded as a C where the MDT agreed that there were care issues which they considered may have made a difference to the outcome for the baby. Learning has been identified from the cases and has been reflected in the PMRT and actions assigned on the incident reporting system.

The remaining cases detail that there was either no improvements identified or there was local learning. All learning/actions are assigned with the Datix incident reporting system, and these are monitored for completion and assurance through the Maternity and Neonatal governance groups.

Learning has been identified (see in point 4) action plans have been developed and all are assigned as actions in the incident reporting system and monitored through maternity and neonatal governance.

The emerging theme in relation to the PMRT reviews was the need to consider raised blood pressure when there is a rise in blood pressure from 'booking' or preconception blood pressure (> 30/15 mmHg). There was also recognition of a theme around women not having the correct information at booking in relation to the signs and symptoms in pregnancy. This has led to identified learning which include:

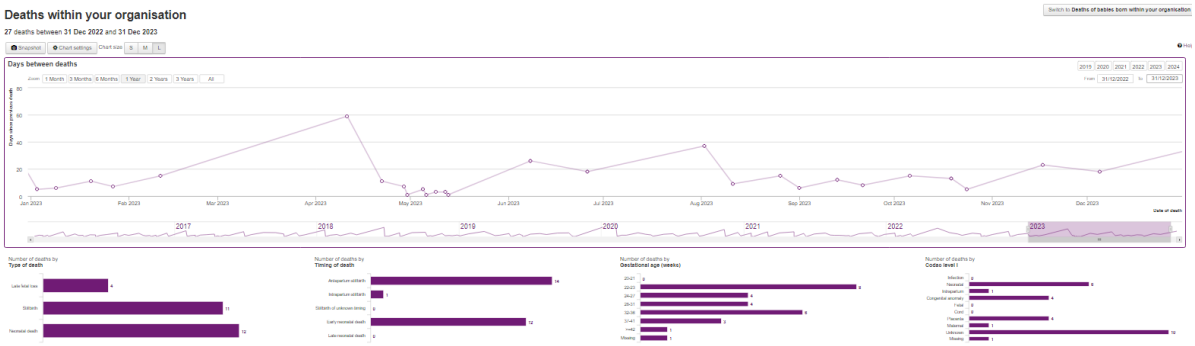
- To review the hypertension (in pregnancy) guideline to include parameters for when consideration needs to be taken for increased observation. To note- in all cases NICE guidance was followed but the review team felt there was more that could have been done to recognise this escalating hypertension. This is being discussed at an LMNS level.

- To give all women the signs and symptoms sheet at booking and access to in a digital format.

- To review the antenatal portal/padlets in relation to the information it provides.

2.4 PMRT real time data monitoring tool

12 months of data showing deaths of babies who were born within our organisation, including babies who died elsewhere but were born at the trust.



The **line chart above**, shows the number of days between consecutive deaths, to help you identify unusual patterns of deaths; the four **bar charts**, plot the number of deaths according to various characteristics.

2.5 Coroner Regulation 28 made directly to the Trust

There were 0 Coroner regulation 28 made directly to the Trust in respect of perinatal or maternal deaths in December 2023 or January 2024

2.6 Maternity action plans

2.6.1 CQC Maternity Survey 2023 (2024 publication)

The CQC Maternity survey was undertaken during February 2023. National results were published on the 9th February 2024.

Although the survey results show areas of poor performance in comparison to the national average of Trusts surveyed there are many improvements in scores in comparison to the previous year's survey results.

The Trust has been flagged as an outlier as 'worse than expected' overall across all scored questions relating to experience of care during labour and birth, and on the ward after the birth however, this is an improvement from the 2022 survey where the Trust performed 'much worse' than expected.

There has been a decrease in the number of questions that are performing 'much worse or worse' than the expected range in 2023 in comparison to the 2022 survey.

Eight questions that have seen a significant improvement from the previous year and no questions that demonstrate a statistically significant decrease since the 2022 survey.

Significant amounts of improvement work has occurred since the survey has been undertaken as demonstrated by the ongoing action plan enclosed. The Maternity team is working with the wider trust to ensure improvement in future survey results. The action plan has been developed alongside the Maternity and Neonatal Voices partnership (MNVP) and will be presented to their meeting on the 6th March 2024. The action plan progress will be overseen by the Quality Committee as part of the Maternity submissions made bi-monthly. Maternity safety champions will also maintain oversight of progress and support with any issues faced.

The action plan also contains actions directly relating to feedback received from the CQC following the inspection undertaken in April 2023. *These topics are highlighted in grey.

2.7 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.

SCORE survey results have been received by the quad, and work is ongoing with Culture coaches to undertake a deep dive with the teams into 3 key areas of concern from the survey to include:

- Team work
- Burnout
- Work life balance
- Safety culture

These were the areas that scored the lowest across each of the questions as an average. Sessions with staff are due to be held on the 1st of March 2024, hosted by Kornferry- a company commissioned to undertake this work by NHSE. Once full results are received, findings will be reported back to this committee for consideration of future actions/plans.

2.8 Maternity Regional Heatmap (Table 2)

Following the publication of The East Kent report in 2022, NHSE have been developing a system of being able to read signals to identify any maternity units that may require support, or have underlying quality and safety issues.

The heatmap is updated monthly and allows monthly oversight of triangulated data. Trusts are measured against 23 indicators, then individual scores are aggregated to give an overall score. The higher the score the greater the quality and safety concerns impacting maternity and neonatal services.

February 2024, The Dudley Group scored 35, yellow category.

Areas for improvement include:

- Senior leadership in post- as per RCM Leadership Manifesto. Director of Midwifery not in post, consultant midwife role is not substantive
- Ethnicity data quality issues are being rectified

*The score may decline following the requirement for the trust to repay MIS year 3 incentive payment.

2.9 Service user feedback- Friends and Family results January 2024

- This was my second stay on the maternity ward my first was absolutely appalling with mistakes from start to finish. However this time round was a much better experience I had to fight for what I needed prior to birth but whilst on the ward I was treated well with dignity and respect and would like to mention a special Thankyou to Aqeela Hamilton (consultant midwife) who was the only person to take my concerns into consideration and went above and beyond to ensure my needs were met. Heather Bowen (HCA) who did my pre-op listed too me and reassured me. Also came to visit me several times throughout my stay too ensure everything was okay. And midwife Michelle who looked after me over night and went above and beyond to help me get an early discharge.

- We didn't have a single issue, we was listened to at every stage. The care was outstanding.
- Good/prompt triage service, Good bedside manner of midwives

- Staying on top of pain management for inpatients (Postnatal Ward)
  Less waiting time for delivery suite

- Seating area, not enough seats if busy, uncomfortable seating.

Next MNVP Meeting 6th March 2024.

Community MNVP meetings being held in April with the EDI lead Midwife to access communities not represented within MNVP. Bereavement session held November 2024 with excellent attendance by Dudley families. Feedback received has been used to mould the bereavement service and training offered.

3. RECOMMENDATION(S)

3.1 The Board is invited to accept the assurance provided in this report as current position with Perinatal culture and leadership program, CQC Maternity survey results, Regional Maternity heatmap scoring and position and Perinatal mortality and associated reviews.

Name of Authors: Claire Macdiarmid, Hesham Ghoneimy, Raj Uppal
Title of Author Head of Midwifery, Clinical director for Obstetrics, Clinical director for Neonatal services.

Date 5th March 2024

Table 2: Regional maternity Heatmap

Regional Maternity Heatmap

Data refreshed: 07/02/2024 17:58:23

Scoring

Region: Midlands

NHS England

Heatmap month: February 2024

Provider	Overall score	CQC Mat overall rating	Reg. bodies concerns	CQC S29a	CQC s31	Ext. ind. review	Letters from coroner	MSSP	MIS Year 4	CNST repayment	Eth. DQ	CQC Mat Survey	CQC Mat Survey COT	SBL	Midwives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	70	5	5	10	5	5	4	5	5	0	0	2	3	5	1	0	0	1	0	0	1	5	5	3
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	58	3	5	0	5	5	0	5	4	0	3	2	0	5	3	3	5	1	0	0	0	1	3	5
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	53	3	5	5	0	0	0	4	5	0	0	2	3	3	1	2	4	1	0	0	0	5	5	5
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	42	3	3	0	0	0	0	5	5	0	0	3	3	3	2	5	0	1	0	0	0	3	3	3
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	40	3	1	0	0	5	0	5	0	3	0	2	3	3	0	0	3	1	0	0	0	5	3	3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	38	5	5	5	0	0	0	5	2	3	0	2	0	3	2	0	0	1	0	0	0	3	1	1
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	37	3	3	5	0	0	0	4	0	0	0	2	0	3	2	0	5	1	0	0	0	5	3	1
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	36	1	3	0	0	0	0	0	2	0	0	3	0	3	3	1	4	1	0	0	0	5	5	5
THE DUDLEY GROUP NHS FOUNDATION TRUST	35	1	2	0	0	0	0	0	3	0	3	3	3	3	0	0		1	5	0	0	5	3	3
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	32	1	0	0	0	0	0	0	0	0	0	4	0	3	2	3	5	1	0	0	0	5	5	3
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	31	1	4	0	0	0	0	0	2	0	0	2	0	5	4	1	2	1	0	0	0	3	3	3
WYE VALLEY NHS TRUST	31	1	1	0	0	0	0	0	0	0	3	2	3	3	0	1	0	1	5	0	0	3	3	5
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	30	1	0	0	0	0	0	0	4	0	3	2	0	3	0	4	0	1	0	0	1	5	3	3
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	30	1	1	0	0	0	0	0	0	0	0	4	3	3	1	2	0	1	5	0	0	3	3	3
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	29	3	1	0	0	0	4	0	4	0	0	1	0	3	0	0	0	1	5	0	0	3	3	1
GEORGE ELIOT HOSPITAL NHS TRUST	29	1	0	0	0	0	0	0	3	0	0	2	0	3	1	2		1	0	0	1	5	5	5
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	27	3	1	0	0	0	0	0	5	0	0	2	0	5	2	3	2	1	0	0	0	1	1	1
WALSALL HEALTHCARE NHS TRUST	26	3	1	0	0	0	0	0	0	0	0	3	0	3	1	5	0	1	0	0	0	3	3	3
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	24	1	0	0	0	0	0	0	0	0	0	2	0	3	2	2	1	1	0	0	1	1	5	5
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	23	1	0	0	0	0	0	0	2	0	0	4	0	3	0	3	0	1	0	0	0	3	3	3
THE ROYAL WOLVERHAMPTON NHS TRUST	20	1	0	0	0	0	0	2	0	0	0	2	0	3	0	0	2	1	0	0	0	5	3	1

Enclosure 11a

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 14th March 2024

Report title	Nursing, Midwifery and AHP Strategy update
Sponsoring executive	Helen Blanchard Interim Chief Nurse
Report authors	Helen Bromage Deputy Chief Nurse Jo Wakeman Deputy chief Nurse Karen Lewis Chief AHP

1. Suggested discussion points

The Nursing Midwifery and AHP strategy is coming to the end of its first year.
This paper looks back at the work already undertaken in the 6 areas to realise the strategy.

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	

2. Report journey

Quality Committee 27th February 2024 and then to Board of Directors 14th March 2024

3. Recommendation

The Public Trust Board is asked to:

a.	Note the report and take assurance that the Strategy is embedded into the Nursing, Midwifery and AHP work programmes.

4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2		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		Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0		Achieve operational performance requirements
Board Assurance Framework Risk 8.0		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	

Nursing, Midwifery and Allied Health Professions Strategy Update

1. **EXECUTIVE SUMMARY**

1.1 In May 2023 the Nursing, Midwifery and Allied Health Professions 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 favoured as opposed to previous individual profession focused strategies. This directly reflects the direction of travel for multi-professional alignment and teamwork. The different professional teams developed a shared vision with the patient at the centre bringing clinicians and support staff together, motivated to deliver a common goal.

1.3 The 6 resultant objectives are purposefully broad to allow relevance and application across all our nursing, midwifery and AHP services.

2. **THE STRATEGY**

2. 1 The following paper details the progress to date in delivery against the strategy

3. **FUTURE REPORTING**

Next month we will produce the plan for the next 12 months. This will be reported through Quality Committee and the Board of Directors on a Quarterly basis.

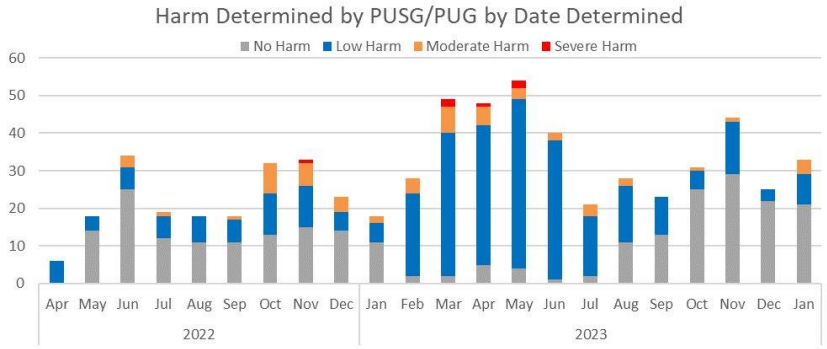
OBJECTIVE 1 – COMPASSIONATE AND STRONG LEADERSHIP

There is strong inclusive and diverse leadership at all levels across the nursing, midwifery and AHP workforce, which is compassionate, open, and transparent.	**To support achieving this aspect of the strategy we have:** Launched cohort 1 of the Chief Nurse Fellowship, a bespoke programme focusing on developing future leaders across the professional groups. 2 participants, both making progress with learning objectives. Opportunity for a further position to start 24/25. Supported a QI project through the Innovation Investors scheme; diabetes masterclass. Collaborative working with the BC Provider Collaborative in relation to aligning key workforce policies and processes. Bespoke support offers for the internationally educated nurses and midwives across the Trust tailoring for their specific needs in adapting to a new country and workplace routines and systems. Priority 1 clinical nursing documents launched on Sunrise (Documents used 80% of the time for 80% of the patients) HSJ Highly Commended Award received for the Deteriorating Patient Pathway. Leading the way at the Black Country LMNS Clinical Summit scooping 3 awards to celebrate leadership and improvement work within the service. Supported 14 secondments and development opportunities across the Black Country ICS via the Black Country AHP Council leading a suite of workstreams. Developed and delivered leadership placements for AHP and nursing students ensuring our learners are exposed to leadership opportunities and skills. Successful completion of the DAL program by Midwife H Salam, sponsored by the chief nurse.

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.	**To support achieving this aspect of the strategy we have**: Tripled the number of Restorative Supervision Sessions facilitated (monthly to weekly) Developed and cemented a new partnership with Birmingham Newman University welcoming our first students (nursing & physiotherapy) for clinical placements in October 2023 Worked with Dudley College and University of Worcester ensuring partnerships are in place for the NMC validation and commencement of nursing undergraduate programme at the college September 2024. Reviewed and improved the governance and practical aspects of Non-Medical Prescribing. Extended a contextualised care certificate to AHP support workers to ensure that everyone delivers on the fundamentals of care regardless of clinical role. Moved to create a multi-professional development team focused on the development of all our learners with an inter-disciplinary focus. Successfully redeveloped a full day CTG training package to all midwives and obstetricians to enhance confidence and competence in CTG interpretation.

OBJECTIVE 3 – DELIVERING THE FUNDAMENTALS OF CARE EVERY TIME

We will care consistently to deliver high quality, safe and compassionate care to patients. All patients and significant others will have their fundamental care needs met and be involved in developing individual care plans that are	**To support achieving this aspect of the strategy we have:** Tissue viability have maintained a constant position against the quality priorities for 2023. All category 3,4 and unstable pressures ulcers acquired whilst in our care are scrutinised through a robust governance and oversight process to access lapses in care and identify lessons learnt. 

tailored to their goals.	Tissue Viability and Falls services have both transitioned to the PSIRF model. Both services have undertaken a thematic review identifying key themes for improvement. Our Complex Nutritional team have developed the first ever Virtual Ward and are supporting other Trusts across the ICB to replicate the model. Ensuring our patients receive the right care at the right time in the right place. Complex Nutrition nominated for a HSJ ward 2024. A quality dashboard and framework put in place to commence February 2024. Aimed at providing an oversight of key quality metrics that can be viewed at all levels within the organisation. This project has reviewed historical practice and standardising audits within the AMaT system. Many of our wards have achieved accreditation for EOL care, this year we celebrated the first accreditation in Critical Care, Cardiology and community. Ten areas were accredited, and two areas were re accredited. A new system has been put in place to manage our complaints in early 2024. The new system has removed unnecessary steps aiming to reduce the overall backlog Consultant midwife now in post, hosting weekly opinion clinics for women requesting any care that does not align with guidance.

OBJECTIVE 4 – LISTENING AND LEARNING FOR IMPROVEMENT

We will learn from when things go wrong, embedding new practice and shared learning to improve our services and patient outcomes. **We will listen to what the workforce tells us about their concerns or what would help them improve.**	To support achieving this aspect of the strategy we have: Development of Pressure Ulcer Group focused on outcomes how we can improve our care whilst promoting an ethos of sharing. Transitioning to PSIRF following a thematic review will provide clear actions for improvement across the Trust. At the time of this report Falls and Tissue viability have undertaken a thematic review. Section 42 shared widely across the organisation. Supported the introduction of PSIRF across the Trust and the embedment of a new way of reviewing incidents. Under the new standards for managing complaints planned local resolution meetings are offered to provide early resolution and an opportunity for face-to-face feedback to the patient and family. Implemented a new pathway for complaints received into the trust and wider work facilitating early resolution. Firmly embedded senior nursing leadership visibility through the evening and into the night. Natural re-invigoration of Freedom to speak up due to a new substantive guardian in post.

	Supported International Recruitment Bring and Share events. Celebrating the diverse culture and facilitating opportunities for pastoral support. Strengthened clinical engagement in teams and services by elevated communication strategies for information and sharing and innovation. Quarterly listening sessions with Board level maternity and neonatal safety champions.

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.	**To support achieving this aspect of the strategy we have:** Single methodology advocated across the Trust KATA - multiple staff and services have undergone this training then implemented follow up QI work at a local level. Successfully hosted two maternity improvement events with targeted improvements in induction of labour, discharge and flow processes/ efficiency of the elective caesarean section pathway and the opening of five locality family hubs with midwifery input. Undertaken deep dive improvements events in our community services supported by DIP ensuring our services are patient focused and efficient. Our audit cycle managed through the AMaT model. Priority 1 audits due to be launched February 2024. The dashboard is a summary of the audits reflecting compliance against national standards and quality KPIs. Tissue Viability Service delivered and sustained actions against quality priorities for 22/23. Having resolved the problem of overdue reviews the team now have a robust process for ensuring all category 3,4 and unstageable pressure ulcers acquired within the Trust are reviewed for learning opportunities within 12 days.

OBJECTIVE 6 – SUSTAINABILITY AND GROWTH

We will support and actively participate in sustaining and retaining the workforce to ensure we have the right people now and for the future and invest in our local community.	**To support achieving this aspect of the strategy we have:** Welcomed the second cohort of RCN cadets into the Trust. Completed the extensive programme of international recruitment of registered nurses and midwives, leading to an improved vacancy rate in this part of the workforce from over 28% to 7%. Driven down AHP vacancy rate from 23% to 11%. Expanded the number of Professional Nurse/ Midwifery Advocates (PNA/PMA) across to the Trust to 1:90 PNA/PMA to registrant. Record number on training programme currently (30) Expanded the transfer window to Clinical Support Workers and Nursing Associates with 80% of the requests facilitated. Expanded the T-Level programme and learning opportunities to additional colleges doubling the number of placement opportunities available. Large scale recruitment event in collaboration with Mitie to encourage local population to join the workforce. Created multi-professional preceptorship programme in Trust and system-wide AHP preceptorship programme via BC AHP and nursing Faculty

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Director 14th March 2024

Report title	Quality Priorities 2024/2025
Sponsoring executive	Helen Blanchard Interim Chief Nurse Julian Hobbs Medical Director
Report author	Jo Wakeman – Deputy Chief Nurse

1. Suggested discussion points

Within our quality account, we will identify key priorities. These are projects which span either one or two years and are aligned to Dudley Group NHSFT strategic goals primarily impacting on delivering right care every time and improving health and wellbeing and reducing inequalities.

The quality account regulations say there must be priorities in the following three areas:

1. **patient safety**
   - Management of diabetes across all services: maternity, community, surgery, and medicine.
2. **Clinical effectiveness**

- To improve flow and process by reducing mortality and improving SHIMI through the following groups of patients.
- Fractured neck of femur patient group
- Those patients who have suffered a stroke.

3.0 Patient experience.

- To ensure our patient experience survey results demonstrate an improvement from 2023 results. In four key themed areas, communication will be congruent to all these themes.
  - Pain
  - Nutrition and hydration
  - Discharge
- Dementia and Delerium
- Learning Disabilities

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

2.	Report journey
These priorities have been consulted widely : Quality and Safety Group, Quality Committee ,Board of Governors , Senior Nurses and Executive team.	

3.	Recommendation(s)
The Executive Directors are asked to:	
a.	Discuss proposals for 2024/ 2025 quality priorities
b.	Approve proposals

4.	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 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			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	

QUALITY PRIORITY PROPOSALS FOR 2024 / 2025

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE
1 Patient Safety **Management of diabetes across all service within DGHFT**	**Where are we now?** A monthly cross-divisional Insulin Safety Group has been established to support insulin safety across the Trust, review incidents and provide a Monthly and bi-annual thematic review. Noted high number of incidents but there is no single repository that shows categories of harm at a glance. Availability of hybrid closed loop systems for managing blood glucose levels insufficient to meet demand as recommended by NICE 2023. **Where do we want to be?** ➢ Development of a power BI report that categorises harm with data collected from Datix. ➢ Shared learning across the organisation with a focus in areas of high numbers of incidents. ➢ Development of a dashboard that captures those patients that a digital solution to the management of their diabetes.	Dr Alex Solomon
2 **Clinical Effectiveness** **Improve outcomes for our patients admitted with a fractured neck of femur.**	**Where are we now?** The current SHMI for Fractured Neck of Femur is 133. This places the trust within the top 10 trusts for poor mortality of this condition. **Where do we want to be?** ➢ The aim is that the trust will be back within the expected range of 100 within 12 months and maintaining this. ➢ Improvement Group set up to include members of MDT	Dr Sohail Quraishi

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE
Improve outcomes for our patients admitted with cerebral vascular accident.	➢ The group will use the KPI's set out by the National Hip Fracture Database to identify areas where improvement could be made as well as data provided by Informatics. ➢ Early priority areas are to ensure that admission to a specialised ward/unit within an appropriate time is critical as per national standards. ➢ Reducing theatre delays. **Where are we now?** Stroke SHMI is elevated at 135 and there is evidence of reduced SSNAP data for recent periods. We have identified lack of access to specialist Stroke beds and delays in CT head acquisition. The latest data shows that we have now achieved SSNAP level C with prioritisation of a thrombolysis bed at all times and rapid vetting of CT head requests has been facilitated. There is still an issue with swallowing assessments being done on time, which is being reviewed by the senior AHP team. **Where do we want to be?** ➢ The key ambition is to reach a SSNAP score of 70 (Level B) by Q3 ➢ Review and implement New Stroke guidelines published April 23. Will require us to provide additional therapy input for all stroke patients. ➢ AI technology will automatically report CT head within minutes of image acquisition to enable early decision for thrombolysis. It will also enable rapid image transfer between secondary and tertiary sites, improving access to mechanical thrombectomy, as well as thrombolysis, for stroke.	Dr Shaid Kauser
3) Patient experience **To improve our patient Survey results in four key areas as identified as main themes**	**Where are we now?** The results of the 2021 Adult Inpatient survey were published on the CQC website on 12 September 2023. Responses were received from 454 patients at The Dudley Group NHS Foundation Trust (38%). This compares with an average response rate of 40%. The Overall Patient Experience Score (OPES) ranged from the lowest score in England of 7.4 to the highest trust score in England of 9.1. The Trust score for 2022 is 7.8 in comparison to 8.0 in	DCN - Jo Wakeman

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE
from 2022 results received by the Trust October 2023.	2021 and is performing 'about the same' when compared to all other trusts. The Trust is in the bottom 5 of trusts with the lowest score in comparison to other trusts within the region. A small number of questions within each section are performing 'somewhat worse than expected/worse than expected' in comparison to the average of Trusts surveyed and these include pain management and hydration & nutrition. **Where do we want to be?** The patient survey results highlight four key themes as detailed below with communication running through each of the themes. The Chief nurse has agreed RSO to support each work stream. To improve our patient experience results in the following areas. ➢ Pain – Sara Davis – Divisional Chief Nurse ➢ nutrition and hydration – Karen Lewis Chief AHP ➢ Discharge – Jenny Bree – Divisional Chief Nurse Data to be captured each month through our volunteers and audits within AMaT . This will allow for triangulation of data with our RSO ensuring the voice of our patients is reflected in future developments. The RSOs will report through patient experience on progress. ➢ The aim is to improve our overall scores through providing a better patient experience.	
Dementia and Delerium	**Where we are now ?** The Dementia and Delirium Team (Formerly Older People's Mental Health Team) are the first point of call for patients with complex vulnerabilities, such as Dementia, Delirium, Korsakoff's and behaviours that challenge and require restrictive interventions, to offer support and advice.	

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE
Learning disabilities	Our Dementia data against find, refer and treat has been inconsistent and below agreed compliance. Chemical restraint needs further education improving accuracy of data within Datix. To understand the high readmission rates for those patients with delirium **Where we want to be:** Appoint two Admiral Nurses to support the Delerium agenda. Monitor datix for high numbers of chemical restraint being used to provide focused training and education. To review high readmission rates and understand the reason for readmission and provide learning for any readmissions for failed discharges. ➢ Aim reduce readmissions. ➢ Evidence of training and education provided to areas with high usage of chemical constraint. ➢ Reduction of datix incidents in Q4 once Admiral nurses embedded. **Where are we now:** The NHS learning disability standards benchmarking exercise has identified gaps in the current Trust wide provision offered to people with a learning disability. **Where we want to be:** ➢ Compliance of 90% for Oliver McGowan training ➢ Develop champions in every area to support learning disability agenda ➢ Embedded learning disability steering group with divisional representation. ➢ Scope and establish mobile resources 'bag of calms' that can be made available for those patients that require them. The Learning Disability Standards action plan will be monitored through Internal Safeguarding Board (ISB) and report into Patient Experience committee.	DCN – Jo Wakeman

Enclosure 13

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday 14th March 2024

Report title	Upward Report from the People Committee Meetings held on 30th January and 27th February 2024
Sponsoring executive	Alan Duffell - Chief People Officer
Report author **Report presenter**	Karen Brogan - Director of Operational HR Julian Atkins - Non-executive Director

1. Suggested discussion points

January 2024

Matters of concern/key risks to escalate - in-month sickness absence had slightly increased to 5.18% in December. Turnover (all terminations) had increased minimally to 8.59%, remaining above Trust target but below the national average of 10-12%.

Positive assurances - overall the KPI's remained positive with low turnover and high retention, the vacancy rate remained at 5% with total vacancies of 324.02 WTE. The Committee was tracking performance against the workforce plan, which showed 0% variance. The Equality Delivery System (EDS) Evaluation report was presented, along with the progress made on the staff survey action plans.

Major actions commissioned/underway - the revised cultural behaviour statement was presented, along with the Continuous Improvement Journey which recognised the importance of recruiting Improvement Champions (their numbers would be included in the KPI report as part of tracking the workforce plan and monitored at future meetings). A revised version of the CI Journey would be submitted to the February Committee meeting. New versions of the Organisational Development Journey and the Recruitment & Retention Journey were presented and approved subject to minor amendments. The Wellbeing Journey was presented, feedback would be incorporated and brought back to the February Committee meeting. Clarification was requested on priorities in the Rainbow Badge Assessment report, an updated version would be brought back to the March meeting.

Decisions made - BAF Risks 2 and 3 remained unchanged as positive assurance.

February 2024

Matters of concern/key risks to escalate - in-month sickness absence had increased slightly to 5.52% in January. Mandatory training - Safeguarding Level 3 required improvement, a detailed review would be undertaken.

Positive assurances - the Committee noted the continued low turnover and high retention, whilst the vacancy rate remained at 5%. Tracking performance against the workforce plan showed a 1% variance. Overall workforce growth year to date (April 23 to January 24, inclusive of bank and agency staffing) was 1.76%, whilst specifically for substantive staff it was 2% (112.08 WTE), bank staff -0.76% and agency staff -34.70%. Positive reports were received from the Equality, Diversity & Inclusion and Wellbeing Steering Groups. Paul Singh received national recognition by the Asian Professional National Alliance at their celebration of 75 years for South Asian Pioneers. Assurance was provided on the organisation's recruitment process and pre-employment checks.

Major actions commissioned/underway - a verbal update was given on development potential, succession planning and talent identification. A new proposal for a Shadow Board programme was presented, which included both Executive development and divisional development. The Committee received a positive report on inclusion mentoring. A discussion took place regarding

improved recording of staff numbers and costs. Action agreed to circulate reconciliation report to committee members following the meeting – copy as per appendix 1. Decisions made – revised versions of the Continuous Improvement Journey and Wellbeing Journey were approved. The Gender Pay Gap report was approved for publication. 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	X	Drive sustainability (financial and environmental)		Build innovative partnerships in Dudley and beyond		Improve health and wellbeing	X

3.	Report Journey
The Board of Directors.	

4.	Recommendation(s)
The Public Trust Board is asked to:	
a.	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		*[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	

The Dudley Group
NHS Foundation Trust

CHAIR'S LOG UPWARD REPORT FROM PEOPLE COMMITTEE **Date Committee last met: 30th January 2024**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In-month sickness absence had slightly increased from 4.92% in November to 5.18% in December, which is just above the Trust target of 5%; however the rolling twelve-month absence rate had slightly decreased and showed an improving trajectory. • Turnover (all terminations) had increased minimally from 8.55% in November to 8.59% in December and remained above Trust Target, but the Committee noted that this was below the national average of 10-12%.	• The revised cultural behaviour statement was presented. Agreed that a slight adjustment to be the responsibility section regarding improvements at the Trust, to reflect the wording in the Care section. • Peter Lowe presented the Continuous Improvement Journey which recognised the importance of recruiting Improvement Champions. Would be included in the KPI report as part of tracking the workforce plan/ monitored at future meetings. Feedback to be incorporated with new version to February Committee meeting. • New versions of the Organisational Development Journey, the Recruitment & Retention Journey and the Wellbeing Journey were presented. The Committee approved the OD Journey. The Recruitment & Retention Journey was approved, subject to minor changes around tracking success. Feedback would be incorporated into the Wellbeing Journey and brought back to the February Committee meeting. • The Committee received the Rainbow Badge Assessment report. Lots of good work was being done but further clarification on priorities was requested and would be brought back to the March meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Low turnover noted and high retention which was a strong position for the Trust. • KPI's overall remained positive, with the vacancy rate remaining at 5%, with total vacancies of 324.02 WTE. • To note; the Committee is tracking performance against the workforce plan and there was 0% variance. Overall workforce growth year to date (April 23 to October 23, inclusive of bank and agency staffing) was 0.7%, whilst specifically for substantive staff it was 1.87% (104.41 WTE), bank staff -8.89% and agency staff -12.51%. • The Equality Delivery System (EDS) Evaluation report was presented, and the Committee noted the excellent work being done. • Encouraging progress was being made on the staff survey action plans by the divisions, in particular work with Community staff.	• 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.

Chair's comments on the meeting

It had been good to receive such positive reports and it was agreed that a huge amount of work was going on. The meeting ran to time.

CHAIR'S LOG UPWARD REPORT FROM PEOPLE COMMITTEE Date Committee last met: 27th February 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Although mandatory training remained above 90%, there was a discussion about Safeguarding Level 3 which requires improvement, and it was explained that further work is being undertaken to review the issues in more detail. • In-month sickness absence had slightly increased from 5.18% in December to 5.52% in December, which is just above the Trust target of 5%; however the rolling twelve-month absence rate had remained the same as December at 5.01%.	• Rachel Andrew gave a verbal update on succession planning and talent identification. This supported the introduction of the new proposal for a Shadow Board programme which included two levels, Executive development and Divisional development. • The Committee received a positive report on inclusion mentoring. • The Committee noted improved recording around staffing numbers and growth. There was a discussion around the reconciliation of workforce numbers and staffing costs and additional information was provided following the Committee. This will be provided as a standard agenda item moving forward.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee noted that generally our KPI's remain positive, with mandatory training still above 90%. • The Committee is tracking performance against the workforce plan and staff numbers. There was 1% variance. Overall workforce growth year to date (April 23 to January 24, inclusive of bank and agency staffing and industrial action) was 1.76%, whilst specifically for substantive staff it was 2% (112.08 WTE), bank staff -0.76% and agency staff -34.70%. • There were positive reports on the continuing progress of the Equality, Diversity & Inclusion and Wellbeing Steering Groups. • The Committee was informed that Paul Singh had been recognised by the Asian Professional National Alliance as a pioneer for his work on equalities, inclusion and tackling discrimination at their 75-year celebration for South Asian Pioneers, which took place in December 2023 at the House of Commons. • Assurance was provided on the organisation's recruitment process and pre-employment checks.	• The revised versions of the Continuous Improvement Journey and Wellbeing Journey were approved. • The Gender Pay Gap report was approved for publication. • 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.

Chair's comments on the meeting

The quality of the papers was commended, and the presentations were concise and well presented. It was recognised that we have a skilled HR team, with appropriate collaboration and good progress being made on key issues. The meeting finished slightly early.

Appendix 1

The Dudley Group NHS Foundation Trust

REPORT FOR ASSURANCE

Reconciliation – Finance/Workforce

Report to People Committee – February 2024

1 Introduction

1.1 Following on from the Chair's email dated 30th January in which a number of next steps were outlined, it was requested that these will be overseen by the Trust Sub-Board Committees:

No	Action	Committee	Executive Lead	Report
1	All Trusts need to leave 2023/24 i.e. this year with a reducing run rate	Finance & Performance	Interim Director of Finance	Monthly Financial Report
2	All Trusts need a plan to make all non-recurring CIP this year recurring	Finance & Performance	Director of Strategy and Integration	Monthly CIP report
3	Until we understand what the requirements of the FRP are, Trusts need to have a firm grip on the staffing levels and have corresponding reconciliation between money and staffing levels.	Workforce Finance & Performance	Director of Operational HR Interim Director of Finance	Monthly Workforce report Monthly Financial Report
4	There are areas in the FRP that we should be getting on with irrespective of the final shape and process, in particular what are euphemistically called back office.	Joint Provider Committee	Chief Executive	Corporate Improvement Programme Update Chief Executive Board Report
5	By doing the above we need to make a good start Re Quarter 1 CIP	Finance & Performance	Director of Strategy and Integration	Monthly CIP report

1.2 Following People Committee on 27th February 2024, immediate assurance was sought from Julian Atkins, Non-Executive Director, and Chair of the People Committee that the Trust has a firm grip on the staffing levels and has corresponding reconciliation between money and staffing levels.

1.3 From March People Committee, this information will form part of the KPI report and become a standing agenda item.

2 Reconciliation – Finance/Workforce

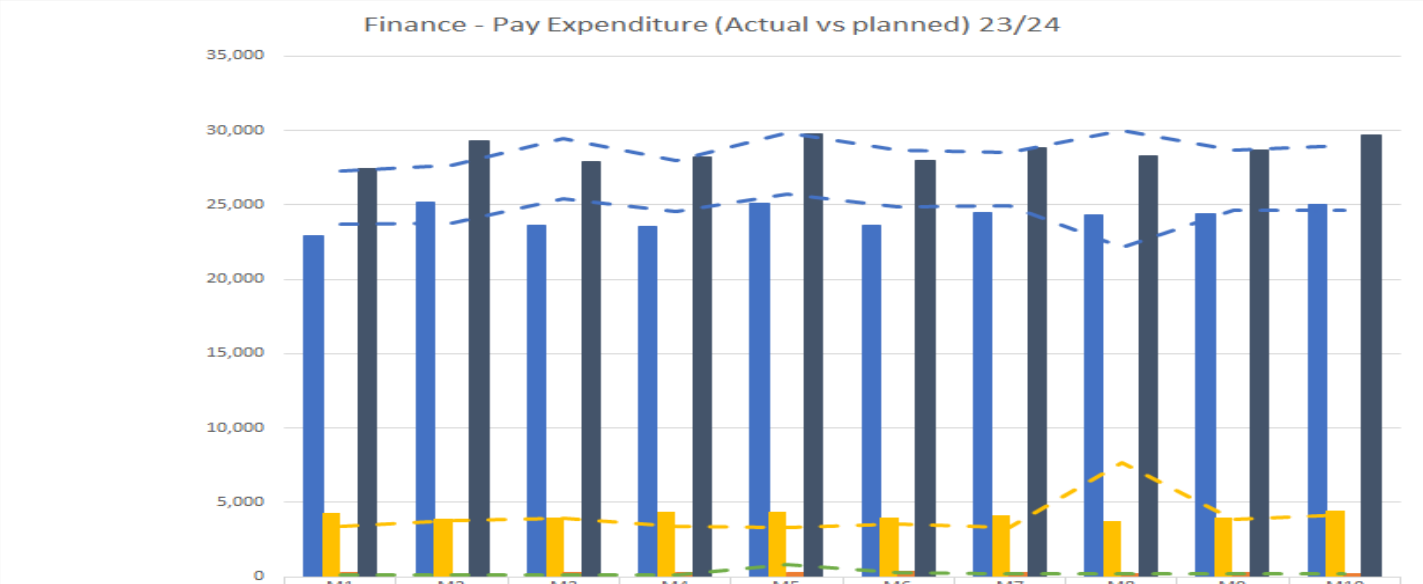
2.1 The tables and charts below provide a summary of the workforce numbers WTE) and Pay expenditure (Actual vs Forecasted in Plan).

Finance - Pay Expenditure (Actual vs planned) 23/24

Item Description	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M7 £'000	M8 £'000	M9 £'000	M10 £'000	M11 £'000	M12 £'000	YTD £'000	Variance YTD
Substantive Plan	23,709	23,790	25,430	24,540	25,699	24,878	24,960	22,160	24,614	24,642	24,634	24,638	244,422	
Substantive Actual	22,917	25,185	23,635	23,559	25,138	23,661	24,493	24,356	24,443	25,006			242,393	-2,029
Bank Plan	3,405	3,746	3,915	3,352	3,326	3,573	3,334	7,655	3,850	4,193	4,064	3,901	40,349	
Bank Actual	4,282	3,920	3,987	4,395	4,344	4,010	4,124	3,744	3,973	4,470			41,249	900
Agency Plan	141	136	135	113	811	251	233	233	231	186	186	186	2,470	
Ageny Actual	258	181	308	278	269	331	268	218	240	218			2,569	99
Total Pay Plan	27,255	27,672	29,480	28,005	29,836	28,702	28,527	30,048	28,695	29,021	28,884	28,725	287,241	
Total Pay Actual	27,457	29,286	27,930	28,232	29,751	28,002	28,885	28,318	28,656	29,694			286,211	-1,030

Workforce Plan (Actual vs Planned) 23/24

Item Description	M1 WTE	M2 WTE	M3 WTE	M4 WTE	M5 WTE	M6 WTE	M7 WTE	M8 WTE	M9 WTE	M10 WTE	M11 WTE	M12 WTE		
Substantive Plan	5,608.00	5,667.48	5,674.48	5,727.48	5,734.48	5,753.48	5,770.94	5,768.94	5,785.94	5,795.94	5,793.94	5,811.74		
Substantive Actual	5595.15	5603.1	5615.22	5615.97	5639.83	5672.49	5718.07	5723.79	5699.56	5707.23				
Bank Plan	639.30	618.90	597.80	586.00	573.90	553.50	559.20	558.20	533.10	532.10	526.10	506.00		
Bank Actual	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94	597.96	661.21				
Agency Plan	18.70	18.00	18.00	12.00	12.00	12.00	6.60	6.60	6.60	3.60	3.60	3.60		
Ageny Actual	19.74	15.37	25.68	22.33	20.10	24.59	22.52	23.98	17.27	12.89				
Total Plan	6,266.00	6,304.38	6,290.28	6,325.48	6,320.38	6,318.98	6,336.74	6,333.74	6,325.64	6,331.64	6,323.64	6,321.34		
Total Actual	6271.1	6244.29	6237.05	6288.77	6303.95	6324.89	6356.46	6344.71	6314.79	6381.33				



	M1 £'000	M2 £'001	M3 £'002	M4 £'003	M5 £'004	M6 £'005	M7 £'006	M8 £'007	M9 £'008	M10 £'009
Substantive Actual	22,917	25,185	23,635	23,559	25,138	23,661	24,493	24,356	24,443	25,006
Bank Actual	4,282	3,920	3,987	4,395	4,344	4,010	4,124	3,744	3,973	4,470
Ageny Actual	258	181	308	278	269	331	268	218	240	218
Total Pay Actual	27,457	29,286	27,930	28,232	29,751	28,002	28,885	28,318	28,656	29,694
Substantive Plan	23,709	23,790	25,430	24,540	25,699	24,878	24,960	22,160	24,614	24,642
Bank Plan	3,405	3,746	3,915	3,352	3,326	3,573	3,334	7,655	3,850	4,193
Agency Plan	141	136	135	113	811	251	233	233	231	186
Total Pay Plan	27,255	27,672	29,480	28,005	29,836	28,702	28,527	30,048	28,695	29,021

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Actual Substantive	5595.15	5603.1	5615.22	5615.97	5639.83	5672.49	5718.67	5723.79	5699.56	5707.23
Actual Bank Usage	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94	597.87	661.21
Actual Agency Usage	19.74	15.37	25.68	22.33	20.1	24.59	22.52	23.98	17.27	9.29
Actual Total Workforce	6271.1	6244.29	6237.05	6288.77	6303.95	6324.89	6357.06	6344.71	6314.7	6377.73
Planned Substantive	5608	5667.48	5674.48	5727.48	5734.48	5735.48	5770.94	5768.94	5785.94	5795.94
Planned Bank Usage	639.3	618.9	597.8	586	573.9	553.5	559.2	558.2	533.1	532.1
Planned Agency Usage	18.7	18	18	12	12	12	6.6	6.6	6.6	3.6
Planned Total Workforce	6266	6304.38	6290.28	6325.48	6320.38	6300.98	6336.74	6333.74	6325.64	6331.64

2.2 The January pay bill showed an increased level of expenditure, exceeding the in-month plan. For the year-to-date position, pay costs remain within the cumulative plan.

The reason for the increased costs linked to bank and WLI pressures related to covering the 6 days of junior doctor industrial action, the staffing of additional beds that were opened linked to winter pressures and the continued drive to improve planned activity performance associated with ERF.

2.3 Agency costs continue to remain comparatively low at 0.9% of pay bill (versus cap of 3.7%).

In January, the spend was lower than average with medical staff responsible for 92% of the spend, registered nurses 7% and mortuary 1%.

Agency nursing staff was much reduced in January and is now largely only being incurred for Theatres. The mortuary agency was a new requirement. Medical agency is comparatively low but spend has remained relatively consistent throughout the year. Plans are still awaited on action plans to reduce medical agency across four key areas.

2.4 The Trust was required to amend the year-end financial forecast to take account of industrial action costs in December and January. The latter month was estimated in the December figures, so this has now been updated as per the table below and shows a reduced level of cost of £196k. It now seems likely that extra funding will flow to cover the additional expenditure but there are concerns nationally that some reported costs are extremely high. The Dudley Group costs are on the low side.

When submitting the original figures, we would have had the December costs but not the January figures. As such these would have been heavily estimated with some figure prorated upwards for the increase to 7 days in January. The

actual costs are lower than estimates, probably as a result of the strike in January including a weekend.

As reported earlier at Finance and Performance Committee, Trust figures are now irrelevant in any case as the National team will fund Systems based on their own calculation and we will be expected to deliver our plan within the new resource.

Impact	Estimate in Dec	Estimate in Jan	Change
Deductions	(£146k)	(£146k)	£0
Extra Staff Costs	£985k	£789k	(£196k)
Lost Income	£341k	£341k	£0
TOTAL	£1,180k	£984k	(£196k)

2.5 For 2023/24 performance at month 10 (January 2024) overall workforce is on plan (1% variance – 49.69 WTE over plan) with less substantive staff than planned but more bank and agency usage than planned as a result of junior doctor industrial action, the staffing of additional beds that were opened linked to winter pressures and the continued drive to improve planned activity performance associated with ERF.

It should be noted that the workforce plan and finance plan submitted in 23/24, did contain workforce growth, this predominately focused on development around the Community Diagnostic Centres and whilst substantive staffing peaked in M8, we have started to see a reduction which is expected to continue – particularly given the implementation of robust vacancy control measures. In addition, there is an expectation that temporary staffing (bank and agency) will reduce in March, further reducing the workforce numbers and pay bill.

Karen Brogan

Director of Operational HR
28.02.2024

Enclosure 14

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on Thursday 14th March 2024

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

1. Suggested discussion points

The Committee is invited to note and discuss the key areas highlighted and the mitigating actions presented. The four key areas highlighted are:

- Mandatory Training
- Leadership and Culture
- Vacancies/ Turnover and performance against plan
- Industrial Action

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

3. Report journey

People Committee

4. Recommendation(s)

The Public Trust Board is asked to:

a. ASSURANCE: Receive the report for assurance.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care, and treatment
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Corporate Risk Register	Y	COR1433 - Ability to deliver an effective staff health and wellbeing service to support staff wellbeing. COR1538 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff wellbeing. COR1789 - Non-compliance with statutory and mandatory training requirements with potential risk to provision and performance. COR1303 - There is a risk of low Staff engagement and Morale impacting on Absence, Turnover and Retention COR1791 - High Levels of Staff Absence could result in the inability to maintain safe and effective services.

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

Workforce KPI Report
Alan Duffell
Chief People Officer

January 2024

NHS
The Dudley Group
NHS Foundation Trust

CARE
RESPECT
RESPONSIBILITY

Summary

The Dudley Group
NHS Foundation Trust

Metric	Rate	Target	Trend	
Absence – In Month	5.52%	<=5%	↑	**Sickness Absence** In month sickness absence for January 2024 is 5.52%, an increase from 5.18% in December 2023. The rolling 12-month absence has remained the same at 5.01% for both December 2023 and January 2024. This remains above target but demonstrates that across the year sickness has been reducing but is now levelling out.
Absence - 12m Rolling	5.01%	<=5%	=	
Turnover	8.38%	<=8%	↓	**Turnover** Turnover (all terminations) has decreased from 8.59% in December 2023 to 8.38% in January 2024. Normalised Turnover (voluntary resignation) has reduced from 3.99% in December 2023 to 3.96% in January 2024. 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.
Normalised Turnover	3.96%	<=5%	↓	
Retention (12 month)	91%	>=80%	=	**Retention** The 12-month retention rate remained static at 91.0% in January 2024.
Vacancy Rate	5%	<=7%	=	**Vacancy Rate** The vacancy rate remains stable at 5% in January 2024 with total vacancies of 312.68 WTE.
Mandatory Training	92.85%	>=90%	↑	**Mandatory Training** Statutory Training has seen a monthly increase - overall it has remained above 90% target for a sustained period.

Exceptions/Improvement/Actions

The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Mandatory Training	Overall compliance is above target which is a sustained position since April 2023. Monthly increases and decreases are small deviations and remain above target overall. However, there has been an increase in monthly compliance since December. A seasonal decline is expected, which should increase from February onwards and usually increases significantly during March in preparation for annual reviews. There are nine areas that are below target (eight are amber rated between 80 and 90%) and one (Safeguarding Children Level 3) which is red rated. For Safeguarding, this is attributable to the change in 2022 to an annual requirement. Additional training has been undertaken in January and early February to address this declining position, alongside prompts to teams with lower compliance.
Leadership and Culture	Manager's Essentials courses continue to be the main focus of training. Courses for January and February are booked to capacity with around 40 managers per month planned to complete. DNA rates remain high – with feedback provided to Divisions and participants contacted. All Divisions are being supported to plan for all line managers to complete during 2024. Leading People at Dudley – the induction for newly appointed managers commenced in January and will be held monthly, this includes the requirement to complete Manager's Essentials alongside a wider support package of training, peer coaching and support. Plans are underway for the annual Leadership Conference in April focused on Leadership every day. Being a Brilliant Place to work The Culture Statement and revised Behaviour Framework have been approved and are ready to launch. This will be embedded within existing workstreams (Recruitment, Induction and Leadership Training) and a detailed divisional engagement plan is being prepared. Divisional Action Plans are being developed from the national Staff Survey with a focus on a smaller number of targeted actions for 2024. Corporately this will be around bullying and harassment, colleague behaviours and speaking up. The national benchmarking will be on 7th March 2024. #makeithappen in January has been completed with feedback on the Trust Strategy and how to reduce waste. This ran alongside the online quarterly People Pulse questionnaire using the same question set. The online People Pulse received 417 responses in January which is around 7% response rate. 50.1% of staff would recommend as a place to work (slight increase from July 2023) and 53% would recommend as a place for care (3% decrease from July 2023). Both are increases on the position at the same time last year (Jan 23).

CARE RESPECT RESPONSIBILITY

Exceptions/Improvement/Actions

The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Vacancies/ Turnover and performance against plan	It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce. Turnover (all terminations) increased in January 2024 but continues to perform under the national average for the NHS between 10-12%. Normalised Turnover (Voluntary resignations) reduced slightly in January 2024. Retention has remained stable at 91% in January 2024. The normalised vacancy rate for January 2024 is 3.96% with a vacancy factor of 312.68 WTE (5%).

As demonstrated in the table below, the overall workforce growth year to date (April 23 and January 24) in 23/24 (inclusive of bank and agency staffing) is 1.76%, specifically for substantive staff is 2% growth (112.08 WTE), bank staff 0.76% and agency staff -34.70%.

	Apr-23	Jan-24	Difference	Variance
Total Workforce (WTE)	6271.1	6381.33	110.23	1.76%
Total Substantive	5595.15	5707.23	112.08	2.00%
Total Bank	656.21	661.21	5	0.76%
Total Agency	19.74	12.89	-6.85	-34.70%

Principal areas of growth within substantive staff have been seen in Registered Scientific, Therapeutic and Technical staff (10%), Registered Nursing, Midwifery and Health Visiting Staff (5%) and Medical and Dental Staff (4%).

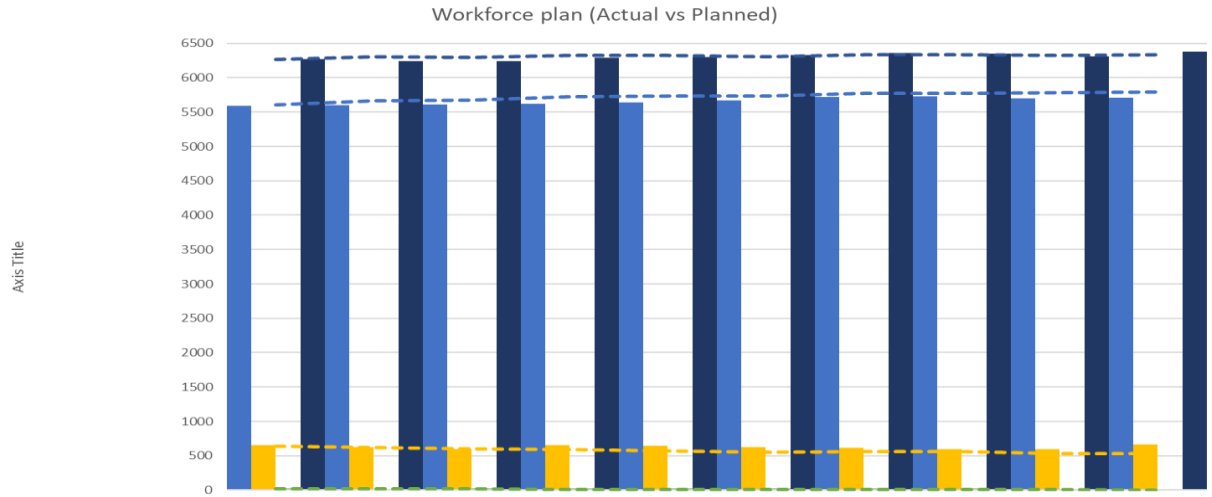
	Apr-23	Jan-24	Difference	Variance
Registered Nursing, Midwifery and Health Visiting Staff (substantive total)	1799.52	1885.36	85.84	5%
Registered Scientific, therapeutic and technical staff (substantive total)	628.72	691.37	62.65	10%
Support to Clinical Staff (substantive total)	1,370.22	1279.65	-90.57	-7%
Total NHS Infrastructure support (substantive total)	1006.38	1,025.96	19.58	2%
Medical and Dental (substantive total)	790.31	824.89	34.58	4%

Exceptions/Improvement/Actions

NHS
The Dudley Group

METRIC	SUMMARY
Vacancies/ Turnover and performance against plan	For 2023/24 performance at month 10 (January 2024) overall workforce is on plan (1% variance – 49.69 WTE over plan) with less substantive staff but more bank and agency usage than planned.

	Substantive			Bank			Agency			Total			
	Plan	Actual	Variance	Planned Bank Usage	Actual Bank Usage	Variance	Planned Agency Usage	Actual Agency Usage	Variance	Planned Total Workforce	Actual Total Workforce	Variance	
Apr-23	5608	5595.15	-12.85	639.3	656.21	16.91	18.7	19.74	1.04	6266.00	6271.1	5.1	0%
May-23	5667.48	5603.1	-64.38	618.9	625.82	6.92	18	15.37	-2.63	6304.38	6244.29	-60.09	-1%
Jun-23	5674.48	5615.22	-59.26	597.8	596.15	-1.65	18	25.68	7.68	6290.28	6237.05	-53.23	-1%
Jul-23	5727.48	5615.97	-111.51	586	650.47	64.47	12	22.33	10.33	6325.48	6288.77	-36.71	-1%
Aug-23	5734.48	5639.83	-94.65	573.9	644.02	70.12	12	20.1	8.1	6320.38	6303.95	-16.43	0%
Sep-23	5735.48	5672.49	-62.99	553.5	627.81	74.31	12	24.59	12.59	6300.98	6324.89	23.91	0%
Oct-23	5770.94	5718.67	-52.27	559.2	615.87	56.67	6.6	22.52	15.92	6336.74	6357.06	20.32	0%
Nov-23	5768.94	5723.79	-45.15	558.2	596.94	38.74	6.6	23.98	17.38	6333.74	6344.71	10.97	0%
Dec-23	5785.94	5699.56	-86.38	533.1	597.87	64.77	6.6	17.27	10.67	6325.64	6314.7	-10.94	0%
Jan-24	5795.94	5707.23	-88.71	532.1	661.21	129.11	3.6	12.89	9.29	6331.64	6381.33	49.69	1%



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Actual Substantive	5595.15	5603.1	5615.22	5615.97	5639.83	5672.49	5718.67	5723.79	5699.56	5707.23
Actual Bank Usage	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94	597.87	661.21
Actual Agency Usage	19.74	15.37	25.68	22.33	20.1	24.59	22.52	23.98	17.27	9.29
Actual Total Workforce	6271.1	6244.29	6237.05	6288.77	6303.95	6324.89	6357.06	6344.71	6314.7	6377.73
Planned Substantive	5608	5667.48	5674.48	5727.48	5734.48	5735.48	5770.94	5768.94	5785.94	5795.94
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Planned Agency Usage	18.7	18	18	12	12	12	6.6	6.6	6.6	3.6
Planned Total Workforce	6266	6304.38	6290.28	6325.48	6320.38	6300.98	6336.74	6333.74	6325.64	6331.64

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on 14th March 2024

Report title	National Staff Survey 2023
Sponsoring executive	Alan Duffell, Chief People Officer
Report author /presenter	Rachel Andrew, Head of OD, Culture and Learning

1. Suggested discussion points

The national Staff Survey takes place annually during October and November with results published on 7th March 2023.

The national benchmark report provides the opportunity to compare organisational performance against peers and to review our historical performance on key staff engagement indicators measured through the People Promises and Staff Engagement and Morale themes.

The benchmark report highlights continued benchmark average performance at Dudley. There are improvements in most areas when compared with our own performance over time. There remains work to do to improve against peer performance.

Organisational and Divisional action plans – linked to delivery of the People Plan and Journeys will continue to focus on challenge areas.

The benchmark report is contained within the reading pack alongside a more detailed report.

Key discussion areas:

- Where has progress been made and what impact can be measured?
- What areas require ongoing action and what plans are in place?

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	

3. Report journey

National benchmarking: Executive Committee March 24. People Committee March 24
Ongoing review of action plans and performance monitored at People Committee quarterly (Jan/April/July/Sept)

4. Recommendation(s)

The Board are asked to:

a.	The Board is asked to note the improving position of the staff survey in terms of trust historic performance and positive comparisons with benchmark peers. They are asked to also be aware that there are remain areas for improvement and these will continue to be supported by clear organisational and divisional action plans.

5 Impact

Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale						
Corporate Risk Register		1303 Staff Engagement; 1538 Workforce for now and the future						
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	

REPORTS FOR ASSURANCE

National Staff Survey 2023 Summary Report

Report to Board – 14th March 2024

1 EXECUTIVE SUMMARY

1.1 The national annual Staff Survey took place during October and November 2023.

1.2 The Staff Survey provides an annual report on how staff experience working within the organisation. It is a core metric in measuring the impact of our People Plan and supporting management of risks around staff engagement, recruitment, and retention as well as inclusion and wellbeing.

1.3 The purpose of this paper is to outline performance in the survey and share plans at an organisational and divisional level.

2. BACKGROUND INFORMATION

2.1 The national Staff Survey was held between 2nd October and 26th November 2023. All staff employed on 1st September 2023 (6113 staff members) were invited to complete the survey.

2.2 The national benchmark report provides an opportunity to compare organisational results with peers in comparator organisations at a national level. Dudley has historically been below the national benchmark position.

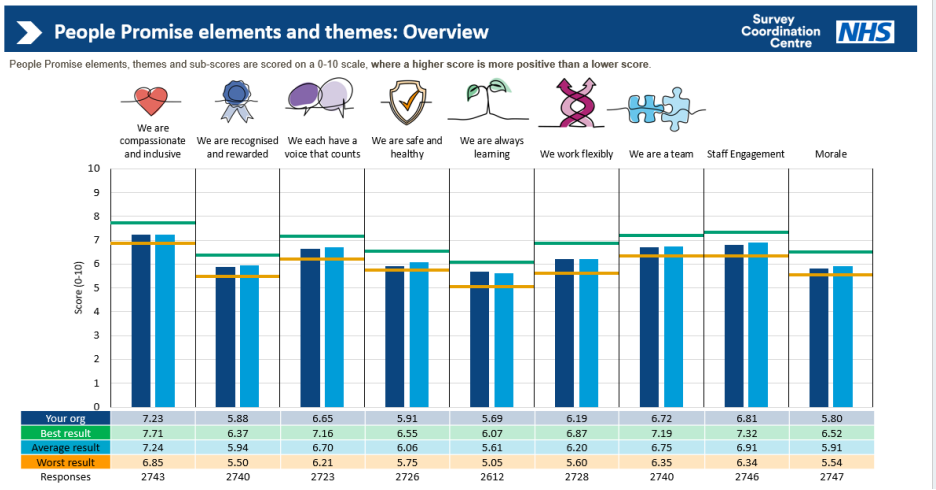
2.3 **Response Rate**

The final response rate for 2022 is 45% (2748 members of staff). Although disappointing that this is 3% lower than the previous year, it is benchmark average for similar organisations (Acute and Acute & Community Trusts) for 2023 which is 45%.

2.6 **Results Summary**

For 2023, the Trust remains at benchmark average performance across all themes and promises.

Table 1 – Overview of Performance against People Promises and Themes



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.23	5.88	6.65	5.91	5.69	6.19	6.72	6.81	5.80
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	2743	2740	2723	2726	2612	2728	2740	2746	2747

Between 2022 and 2023, performance across the nine promises and themes has remained the same for three out of the nine indicators. We have improved in six out of the nine. In terms

of scores, these are small changes (0.1-0.2). As below, this improvement is significant in four areas.

Table 2 – Significance testing of Promise results.

Appendix B: Significance testing – 2022 vs 2023

Survey Coordination Centre NHS

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.23	2760	7.23	2743	Not significant
We are recognised and rewarded	5.74	2762	5.88	2740	Significantly higher
We each have a voice that counts	6.66	2754	6.65	2723	Not significant
We are safe and healthy	5.84	2754	5.91	2726	Not significant
We are always learning	5.21	2648	5.69	2612	Significantly higher
We work flexibly	6.02	2759	6.19	2728	Significantly higher
We are a team	6.68	2763	6.72	2740	Not significant
Themes					
Staff Engagement	6.74	2766	6.81	2746	Not significant
Morale	5.64	2765	5.80	2747	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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2.7 Engagement and Morale

Scores on Staff Engagement have remained around the same for the last 5 years. This has increased in 2023 to 6.8 (a score last recorded in 2020).

Table 3 - Staff Engagement

	2019	2020	2021	2022	2023
Your org	6.67	6.81	6.73	6.74	6.81
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	2042	2291	3159	2766	2746

As for 2022, there are improving trends for Dudley responses across all questions within this theme. This includes improvements in 2023 on: Would recommend as a place to work.

We continue to be challenged within the engagement theme on Question 23d: Would recommend as a place for care. This is likely to be related to continuing operational pressures around flow which are most acutely experienced in the Autumn/Winter period when the survey is undertaken.

2.8 Staff Morale

Overall, performance in this area is slightly below benchmark average (0.1) but has improved since the theme was introduced. There are improvements in all sub-themes.

Table 4 - Morale

	2019	2020	2021	2022	2023
Your org	5.42	5.74	5.58	5.64	5.80
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	2021	2278	3148	2765	2747

2.9 Questions Higher than Benchmark

When reviewing performance for 2023, overall, the Trust position remains in line with benchmark average across People Promises and Themes. There have been improvements across a series of questions when compared historically to our own performance. The question on receiving an appraisal is the only area significantly above benchmark average.

When compared with our own data for 2022, performance is significantly better in 21 questions and the same (between 1-2% better, so not considered significantly different) in 73 questions.

2.10 **Questions Lower than Benchmark**

Although the trust remains around benchmark average performance for most questions, there are three questions where the trust performance is significantly below benchmark average:

- Q25d – Would recommend for care: 58.16% at Dudley vs benchmark average of 63.32%
  Q3h – I have adequate materials and resources to do my job: 49.29% at Dudley vs benchmark average of 56.88%. (This does not relate to staffing)
- Q7f – My team has enough freedom on how to do its work: 56.13% at Dudley vs benchmark average of 60.06%

2.11 **Areas for Targeted Improvement**

The key areas selected for targeted improvement are those areas that have declined when compared to trust performance in 2022.

We are safe and healthy. Performance in this area is at benchmark average. Within this promise, specific areas for focus are on an increased reporting of bullying and harassment.
We each have a voice Although performance in this area is at benchmark average, there is a 2% decline in respondents feeling safe to speak up about concerns when compared to 2022. This has previously been an area of strength.
We are compassionate and inclusive Although performance in this area is at benchmark average, at theme level, there are some questions that have declined or are static in performance in 2023.

Actions are planned in these three areas to address the specific challenges and will support targeted improvement in the specific promises or questions highlighted.

The broader strategic actions set out in the People Plan and Journeys will deliver improvements across the employee experience and range of People Promises for 2024.

2.12 **Divisional Results**

The divisional overview in Appendix 1 provides summary scores around organisational and national benchmark performance.

For 2023 the Corporate Division is performing at or above both the organisation average and benchmark average.

Core Clinical and Community Services has one area that is worse than organisation and benchmark average – morale.

Medicine has four areas – recognised and rewarded, voice that counts, we are safe and healthy and we are a team - below organisation and benchmark average.

The Surgery, Women and Children's Division has six areas below organisation and benchmark average. Although scores are below average, there are improvements in 2023.

2.13 **Divisional Plans and Challenge Areas**

Divisional leadership teams are developing planned actions for to their divisions in response to the key people promises requiring improvement across each division. These are planned for submission to People Committee in April. Progress continues against actions identified in the 2022 survey and have been monitored at People Committee quarterly.

Divisions will also highlight any departments of concern within the division that require tailored support to improve results. These areas continue to have dedicated support provided from the Workforce Teams (HR, Organisational Development and Improvement) alongside specific focussed actions which focus on the key aspects of underperformance.

2.14 **WRES and WDES**

A detailed review of the WRES and WDES indicators to enable a review of the Trust performance on equality, diversity and inclusion will be provided through the Equality, Diversity, and Inclusion (EDI) Steering Group and then reported to People Committee. These will focus on bullying and harassment for 2024.

2.15 **Sharing Results**

Results have been initially shared with senior leaders to support Divisional Action planning. A communication and engagement plan is in place to share widely once published.

Action Plans will continue to be monitored through quarterly reporting to People Committee.

3 RISKS AND MITIGATIONS

3.1 Staff engagement, recruitment and retention, Equality, Diversity and Inclusion and Wellbeing are all identified as Corporate Risks and on the Board Assurance Framework (BAF 3). The Staff Survey provides the opportunity to review progress to date and identify any further risks.

3.2 The results described above, and actions taken to mitigate known risks, are unlikely to significantly change in risk 1303 score or BAF 3 because of the Staff Survey results in 2023 as the overall position reported is average benchmark performance with improvement compared to trust performance in 4 Promises/Themes. There is positive assurance that plans are in place – measures of success will relate to ongoing data collection through quarterly people pulse and future national staff survey results.

4. RECOMMENDATION(S)

4.1 The Board is asked to note the improving position of the staff survey in terms of trust historic performance and positive comparisons with benchmark peers. They are asked to also be aware that there are remain areas for improvement and these will continue to be supported by clear organisational and divisional action plans.

Rachel Andrew
Head of OD, Leadership and Culture
29th February 2023

APPENDICES:
Appendix 1 – Divisional Comparison of Promises and Themes

Appendix 1 – Divisional Comparison of Promises and Themes

2023 Benchmark position by People Promise/Theme and Division	Dudley	National Avg	Lowest benchmark	Highest Benchmark	Corporate Division	CCCS	Medicine	SWC	No of red areas per promise or theme
Response rate	45.0%	45.2%	23.0%	69.5%	68.4%	50.1%	33.9%	44.8%	
People Promise									
We are compassionate and inclusive	7.2	7.2	6.8	7.7	7.6	7.3	7.2	7.2	0
We are recognised and rewarded	5.9	5.9	5.5	6.4	6.5	5.9	5.8	5.7	2
We each have a voice that counts	6.7	6.7	6.2	7.2	7.0	6.7	6.5	6.6	2
We are safe and healthy	5.9	6.1	5.8	6.6	6.6	5.9	5.8	5.7	2
We are always learning	5.7	5.6	5.1	6.1	6.0	5.7	5.6	5.7	0
We work flexibly	6.2	6.2	5.6	6.9	7.0	6.2	6.2	6.0	1
We are a team	6.7	6.8	6.4	7.2	7.3	6.8	6.5	6.6	2
Staff engagement	6.8	6.9	6.3	7.3	7.1	6.8	6.8	6.8	0
Morale	5.8	5.9	5.5	6.5	6.2	5.7	5.9	5.7	2
Number worse than national average and worse than organisation average					0	1	4	6	
Worse than national avg/worse than Dudley									
Better or same as national/worse than Dudley									
Worse than national/better or same as Dudley									
Better than national/better or same as Dudley									

Enclosure 16

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 14 March 2024

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

1. Suggested discussion points

This is the fifth report from the Guardian of Safe working (GOSW) and covers the period between 01 November 2023 and 04 March 2024.

There have been **13** exception reports raised in the period. Three were carried forward from the previous report. 6 have been fully closed. Seven are pending. Initial review meeting has been done between the trainee and the educational supervisor. Payment has been agreed and it has also been suggested to review the work schedule.

No fines have been issued in this reporting period. There are currently **53** vacancies in the junior workforce.

A range of mitigations are followed in line with the Guardian of Safe Working Strategy to involve junior doctors and note that engagement with the junior doctor workforce continues to improve.

2. Alignment to our Vision

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

2. Report journey

Private Board, 09/11/2023

3. Recommendation

The Public Trust Board is asked to:

a. Note the assurance

4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale
Corporate Risk Register		

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

REPORT FOR ASSURANCE

Guardian of Safe working Report

Report to Trust Board March 2024

1 EXECUTIVE SUMMARY

This is the 5th report from the Guardian of safe working (GOSW) and covers the period between 01 November 2023 and 04 March 2024.

There have been **13** exception reports raised in the period. 3 were carried forward from the previous report. 6 have been fully closed. 7 ER are pending. Initial review meeting has been done between the trainee and the educational supervisor. Payment has been agreed and it has also been suggested to review the work schedule.

No fines have been issued in this reporting period.

There are currently **53** vacancies in the junior workforce.

2 BACKGROUND INFORMATION

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

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

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

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

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

This is the 23rd GSW report and covers the period from 01 November 2023 to 04 March 2024. This is the fifth report from the current guardian (Fouad Chaudhry). The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, and finance to establish his role in the Trust and build relationships.

Exception Reports– 05-09-2023 till 31-10-2023 total = 13

Exception Reports (ER) over past quarter	
Reference period of report	01/11/23 - 04/03/24
Total number of exception reports received	13
Number relating to immediate patient safety issues	1
Number relating to hours of working	11
Number relating to pattern of work	1
Number relating to educational opportunities	1
Number relating to service support available to the doctor	0

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	General medicine	FY1	0	1	0	1
Total			**0**	**1**	**0**	**1**
No. relating to hours/pattern	General medicine	FY1	0	8	1	7
	General medicine	ST2	0	1	1	0
	General surgery	FY1	1	0	1	0
	Oral & maxillo-facial surgery	CT3	0	1	1	0
	Respiratory Medicine	CT1	2	0	0	0
	Surgical specialties	FY1	0	2	2	0
Total			**3**	**12**	**6**	**7**
No. relating to educational opportunities	General medicine	FY1	0	1	0	1
Total			**0**	**1**	**0**	**1**
No. relating to service support available						
Total			**0**	**0**	**0**	**0**

ER by Month

Month	Number of Doctors	Number of reports
November 2023	5	3
December 2023	0	0
January 2024	1	1
February 2024	7	2

Historic Data

Year	Total Exception Reports
2018	55
2019	103
2020	60
2021	44
2022	72
2023	69

Exception Reports and Fines.

- No fines submitted.

Medical Vacancies – Training

Medical Vacancy - Doctors in training: 53
Total number of doctors in training: 245

Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST	ST Higher	
Acute Medicine	0	0	1	1	2
Anaesthetics	0	0	1	1	2
Cardiology	1	0	2	0	3
Clin Haematology	2	0	0	0	2
Endo/Diabetics	0	0	1	0	1
ENT	0	0	5	0	5
Gastro	0	0	1	0	1
Max/Fac	0	0	1	1	2
Medical Oncology	1	0	0	0	1
MOC	1	0	3	0	4
Obs/Gyane	0	0	3	0	3
Older People	0	0	5	0	5
Paediatrics	0	0	6	0	6
Pain Relief	0	0	0	1	1
Psychiatry	0	3	0	0	3
Renal	0	0	3	0	3
Respiratory	0	0	5	0	5
Stroke	0	0	1	0	1
Surgery	0	0	1	0	1
GP Medicine	0	2	0	0	2
Total	**5**	**5**	**39**	**4**	**53**

Mitigations:

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

- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution. In the last JDF the concern was raised that some trainee feels that exceptional reporting may go against them. The JDF was reassured that ER is the right of every trainee if they work beyond their contracted hours.

- The number of exception reports during the reporting period is 13. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy.

- The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.

- A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.

- Reminder emails are sent to the educational supervisors about the process. They are encouraged to arrange the meeting at the earliest with the trainee, once the exceptional report is submitted.

- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

Fouad Chaudhry
Guardian of Safe Working
March 2024

Enclosure 17

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board on 14th March 2024

Report title	Gender Pay Gap 2023/2024 Report
Sponsoring executive /presenter	Alan Duffell - Chief People Officer
Report author	Author – Becky Cooke – Equalities Business Partner

1. Suggested discussion points

The Government mandates organisations with 250 or more employees to report annually on their Gender Pay Gap (GPG). The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures, as detailed in the attached report.

The data shows a mean gender pay gap of 39.5% in March 2023, representing a 6.9 percentage points increase since March 2022, when the gap was 32.6%. The Median gender pay gap was 23.4% in March 2023, representing a decrease since March 2022 of 1.5 percentage points, when the gap was 24.9%.

The report details actions taken throughout 2023 and actions to take throughout 2024 to narrow the gap.

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	

3. Report journey

EDI Steering Group – 13.02.24
People Committee – 27.02.24

4. Recommendation(s)

The Trust Board is asked to:

a. Approve the 2023/24 GPG Report for external publication after official submission by the end of March 2024.

5. Impact

Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale.					
Corporate Risk Register		Ability to develop a diverse workforce at all levels and meet public sector equality duties.					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	N/A
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	N/A

REPORTS FOR DECISION

Gender Pay Gap Report 2023/24

Report to Trust Board on 14th March 2024

1. EXECUTIVE SUMMARY

1.1 The government mandates organisations with 250 or more employees to report annually on their gender pay gap.

1.2 The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures as detailed in this report.

1.3 The report is based on the Government's methodology for calculating the difference in pay between female and male employees, considering full-pay relevant employees of The Dudley Group NHS Foundation Trust (The Dudley Group).

1.4 51% of the population of England is female. As of 31st March 2023, The Dudley Group NHS Foundation Trust employed circa 6000 people, 81% women and 19% men. This shows a decrease of 1% in our male workforce compared to the previously reported year.

1.5 The data shows a mean gender pay gap of 39.5% in March 2023, representing a 6.9 percentage points increase since March 2022, when the gap was 32.6%.

1.6 The Median gender pay gap was 23.4% in March 2023, representing a decrease since March 2022 of 1.5 percentage points, when the gap was 24.9%.

1.7 This report details actions taken throughout 2023 and actions to take throughout 2024 to narrow the gap.

2. THE TRUST GENDER PAY GAP

2.1 The data shows a mean gender pay gap of 39.5% in March 2023, representing a 6.9 percentage points increase since March 2022, when the gap was 32.6%.

2.2 The Median gender pay gap was 23.4% in March 2023, representing a decrease since March 2022 of 1.5 percentage points, when the gap was 24.9%.

2.3 Although some improvements have been made in the median gap, the data presents an increase in the mean gender pay gap within our organisation.

2.4 The difference between the mean and median pay supports the organisation in understanding what is driving the gap.

2.5 The presence of low earners can make the mean smaller than the median. However, high earners can increase the mean to be larger than the median.

3. THE TRUST BONUS GENDER PAY GAP

3.1 The Dudley Group does not have a bonus gender pay gap. Since its inception, NHS England has had no scope for bonus payments within the Agenda for Change terms and conditions of service.

3.2 Within The Dudley Group, we follow the national guidance and award local clinical excellence awards (LCEAs).

3.3 LCEAs recognise and reward NHS consultants in England who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

3.4 Following the pandemic and the requirement to focus resources on recovery efforts, NHS employers were required to equally distribute the LCEA funds among all eligible consultants.

3.5 It has since been agreed by NHS Employers and the British Medical Association (BMA) that employers in negotiation with their Local Negotiating Committee (LNC) are able to decide how to distribute the funds.

3.6 In 2022/2023, 195 Consultants were awarded an LCEA award, 27% women, and 73% men; as the funds were distributed equally, there are no mean or median percentages for LCEA Awards for 2023.

4. THE TRUST GENDER PAY GAP DATA

4.1 Overall gender representation across the staff groups is 81% female and 19% male; however, in the lowest-paid staff group, females are overrepresented at 87%. In the highest-paid staff group, males are significantly overrepresented at 36%. This imbalance alone accounts for the majority of the GPG favouring males.

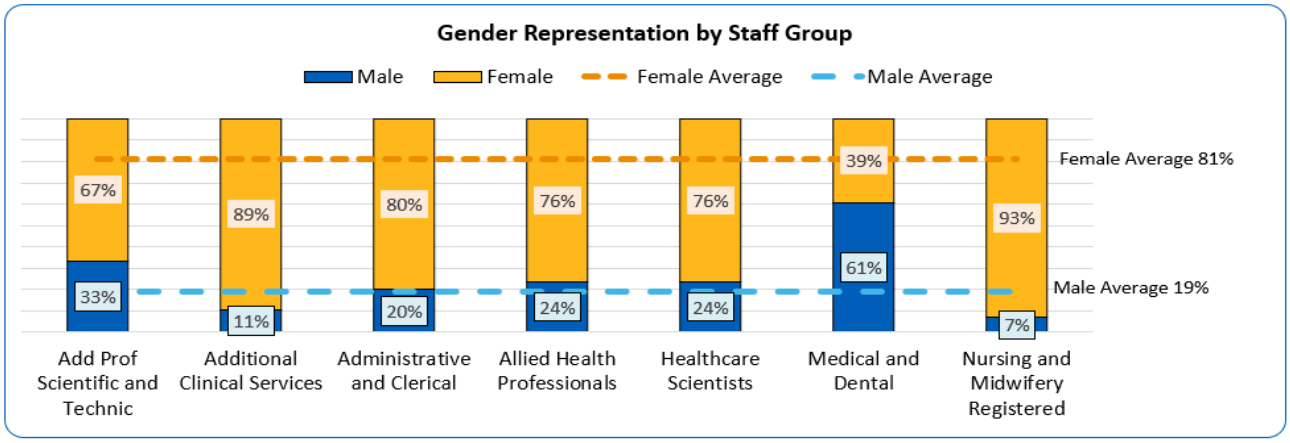
4.2 The Highest-paid staff group contains:

- 48% of all male employees
- 20% of all female employees

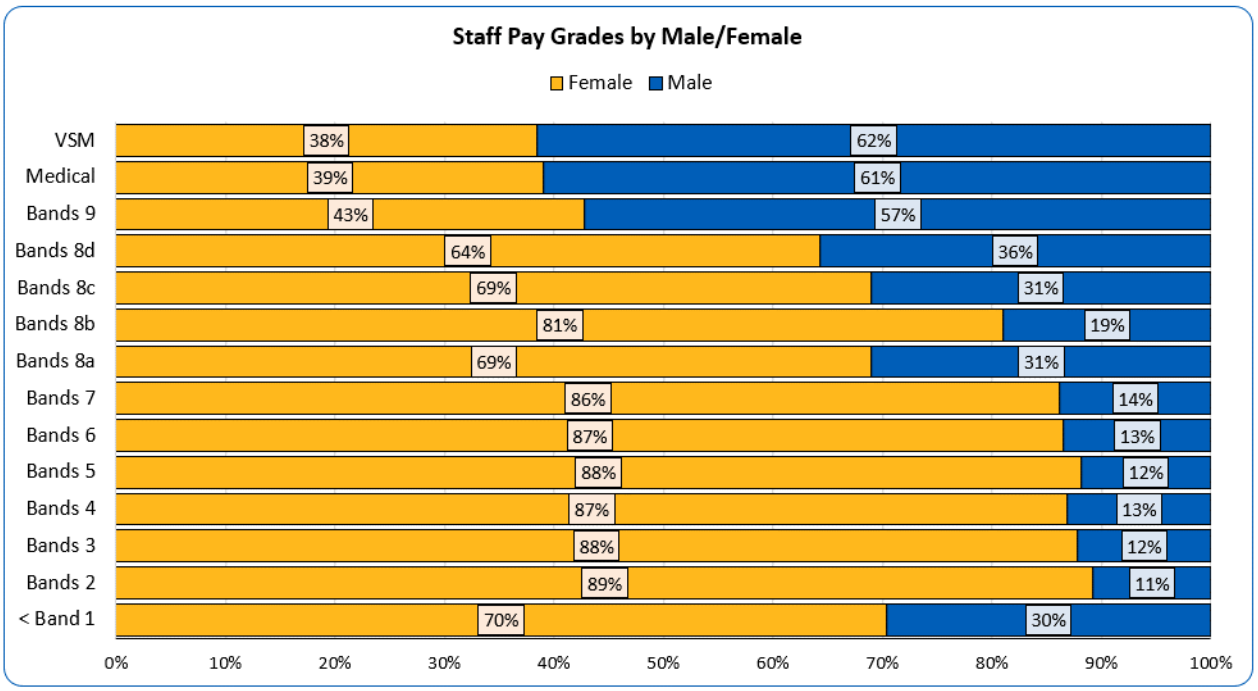
4.3 The lowest-paid staff group contains:

- 27% of all female employees
- 18% of all male employees

The table below illustrates the proportion of males and females in each staff group compared to the overall average; males are represented in grey and females in green.



The table below illustrates the proportion of males and females in each pay band.



VSM = Very Senior Manager; Band 1 is our Apprentices.

	Female Staff	% Female
Band 2-7	4265	88%
Band 8a and above	227	69%
Band 8a and above, and Medical & Dental	484	49%

5. ADDRESSING THE GENDER PAY GAP & ACTION PLAN 2024/25

5.1 Reducing our gender pay gap implies that we either need to increase the proportion of men in lower grades or increasing the proportion of women occupying the more senior roles in The Dudley Group NHS Foundation Trust.

5.2 Effective policies for closing the gender pay gap not only address factors and barriers familiar to most women but also target the inequalities faced by women belonging to specific groups based on characteristics such as ethnicity, age, and profession.

5.3 We continue to review and implement actions that will support the organisation in reducing our pay gap, including:

- Career fairs introduced targeting women in areas where the Gender Pay Gap is driven, such as medical and dental.
- Continue promoting policies such as Flexible Working, Shared Parental Leave and Remote Working.
- Launch of a working group focused on the talent and promotional processes and improving career conversation as part of the appraisal process.
- Career conversations continue with women across the Trust, supporting us in understanding lived experience and implementing recommended actions.

No.	Action	When	Review
1	Continue to focus on the Equality, Diversity, and Inclusion Journey, working on actions within the employee lifecycle to improve experience and opportunities for all.	Jan 2024 – March 2025	Bi-monthly
2	Continue the work to grow and strengthen our staff networks to ensure they provide rich and deep engagement across all protected characteristics, to provide a voice within the organisation of lived experience and insight that will help us make The Dudley Group more inclusive for everyone.	March 2024 – March 2025	Annually
3	Continue to work with leadership teams in areas where the gender pay gap is driven to improve staff experience and provide opportunities for women to progress. Focusing on flexible working options and development opportunities identified at career conversations through our appraisal process.	Jan 24 – Dec 2024	Annually
4	Continue to work with local Trusts and the Integrated Care System within the Black Country to provide the opportunity to access vacancies and build a sustainable and representative workforce within The Dudley	Jan 2024 – March 2025	Quarterly

	Group. Implement and expand on actions within the Equality, Diversity, and Inclusion system-level strategy.		
5	Continue to develop line manager capability in compassionate leadership to support the belonging and retention of colleagues. Use Trust leadership programmes: Manager Essentials, Developing Leaders, and the new Flexible Working training and the new recruitment training entitled The Candidate Journey.	Jan 2024 – March 25	Quarterly
6	Continue to attend career events and recruitment and retention events internally and externally to promote careers within healthcare. Use male role models to promote careers in nursing and administration roles where males are significantly underrepresented.	Throughout 2024	Annually

6. DEFINITIONS, ASSUMPTIONS AND SCOPE

6.1 All employee data in this report is extracted from The Dudley Group Electronic Staff Record system (ESR) snapshot as of 31 March 2022. Therefore, the reporting period covers 2022/2023.

6.2 Hourly rate is calculated using base pay, allowances and bonus pay (where applicable).

6.3 We do not directly employ estates or facilities staff groups. This differs within NHS organisations, making comparisons between organisations challenging.

Table 1: Definitions

Pay gap	Difference in the average pay between two groups
Mean gap	Difference between the mean[2] hourly rate for female and male employees
Median gap	Difference between the median[3] hourly rate of pay for female and male employees
Mean bonus gap	Difference between the mean bonus paid to female and male employees
Median bonus gap	Difference between the median bonus pay paid to female and male employees
Bonus proportions	Proportions of female employees who were paid a bonus and the proportion of male employees who were paid a bonus
Quartile pay bands	Proportions of female and male employees in the lower; lower middle; upper middle; and upper quartile[4] pay bands
Equal pay	Being paid equally for the same/similar work

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2 Mean the sum of the values divided by the number of values.

3 Median is the middle value in a sorted list of values. For example, it is the middle value of the pay distribution, such that 50% of people earn more than this and 50% earn less than the median.

4 Quartile is the value that divides a list of numbers into quarters.

7. RISKS AND MITIGATIONS

7.1 This work relates to risk 1537 and will also support progress against the BAF on risks around staff engagement and retention.

7.2 Failure to effectively deliver actions associated with this work programme will continue to limit the scope and pace of improvement against the Gender Pay Gap outcomes.

8. RECOMMENDATIONS

Note and approve the contents of the Gender Pay Gap data for external submission.

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th March 2024

Report title	**Integration Committee Upwards Report**
Sponsoring executive	**Kat Rose**, Director of Strategy, and Integration
Report author	**Vij Randeniya, Non-Executive Director** (Integration Committee Chair)

1. Suggested discussion points

Two formal Integration Committee meetings took place on the 25th of January and 29th February 2024.

In the meeting in January, we received an update on the programme of work within Dudley Health and Care Partnerships, which the committee noted. Neil Thomas, Chief Executive of Dudley College joined to give us an update on Health Innovation Dudley, positive assurance was received following discussions on further opportunities for young people and adults, sharing an example of collaboration and integration. A quarterly update on the Community Service Plan was received which gave positive assurance within the three areas of community services that is been focused on. An update on DIHC Transaction was noted and shared both concerns and positive assurance. An update on Health Inequalities working group was received noting the progress so far. The quarterly strategy report update was shared with the committee and positive assurance noted on the progress of the work completed so far. The committee concluded on a discussion on BAF Risk 6, where positive assurance was received.

In the meeting in February, we received positive assurance on the work ongoing within Dudley Health and Care Partnerships. The BAF risk 6 was noted to remain unchanged. A Maternity and Childrens deep dive in health inequalities was received, the committee shared positive assurance on the work completed over the last 6 months. An update was received on the DIHC Transaction, sharing work undergoing with due-diligence and next steps, sharing the timeline of reporting going through committees ahead of April's Trust Board meeting where the self-certification will be presented. The risk of the financial position was also noted as the financial model is yet to be received. An update on engagement with Dudley CVS where work within the voluntary sector was noted to the committee.

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

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

4.	Recommendation(s)
The Board (public) is asked to:	
a.	To note the upward report from the first two Integration Committee's held in 2024.

5.	Impact							
Board Assurance Framework Risk 6.0		X	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	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?		Y		N	X	If 'Y' date completed	

UPWARD REPORT FROM INTEGRATION COMMITTEE

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

25th January 2024

- The DIHC Transaction Update raised concern with the committee around the capacity to undertake the due diligence.

29th February 2024

- The DIHC Transaction Update noted concern of the financial position, with the financial model not yet being agreed. This had been added to the risk register.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

25th January 2024

- Work is underway with the DIHC Transaction, and the current due diligence processes is taking place.

29th February 2024

- Work is well underway with the DIHC Transaction due diligence processes, and reports being shared at various committees in March so that the Trust Board can undertake the self-certification at April's Trust Board.

POSITIVE ASSURANCES TO PROVIDE

25th January 2024

- The Health Innovation Dudley presentation received positive assurance following the discussions for further opportunities for young people and adults, showing an example of collaboration and integration.
- Positive Assurance was noted regarding the three areas of focus that had been set out in the Community Services Plan.
- The Health Inequalities working group update received positive assurance in addressing the health inequalities and providing further assurance that the Trust is adequately engaged in the work going on at system and place levels.
- The committee received positive assurance on BAF Risk 6, noting confidence in the work being undertaken and taking forward partnerships with a range of providers.

29th February 2024

- The committee received positive assurance on the progress of work made with the Maternity and Childrens Health Inequalities.
- The DIHC Transaction process highlighted positive assurance on the progress made.

DECISIONS MADE

25th January 2024

- Matthew Dodd is to join the next Quarterly Community Services Plan Presentation to share the learning from Walsall that can be incorporated within the Dudley model.

29th February 2024

- No decisions were agreed at the committee.

Chair's comments on the effectiveness of the meeting:

Good, detailed discussions within the committee meeting, with actions to report back on at future meetings.

Enclosure 19

Joint Provider Committee – Report to Trust Boards

Date: January 2024

Agenda item:

TITLE OF REPORT:	Report to Trust Boards from the 12th January 2024 meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 12th January 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, BCPC Managing Director
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson, Chair of BC JPC & Joint Chair of DGFT, SWBH, RWT, & WHT Diane Wake, CEO Lead of the BCPC
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, all four Deputy Chairs, and the three CEO's Key discussion points included: a. An update for the BCPC CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan. b. A brief update on the recent Joint Board Development session which was focused on better understanding the work of PA and the proposals for the Financial Recovery Plan. c. A further discussion on the possible future arrangements for RWT and WHT; and d. A 'stock take' on service improvement capacity & capability to support future change efforts.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions at the 12th January JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information
Possible implications identified in the paper:	
Financial	The following agenda items have a potential financial implication: ▪ Financial Recovery Plan ▪ Case for Change
Risk Assurance Framework	The following agenda items have a potential risk implication: ▪ Financial Recovery Plan ▪ Case for Change
Policy and Legal Obligations	N/A
Health Inequalities	N/A
Workforce Inequalities	The following agenda items have a potential workforce implication: ▪ Service Improvement
Governance	The following agenda items have a potential governance implication: ▪ Wolverhampton / Walsall Integration
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 12th January 2024 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 12th January 2024. 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

- **Urological Cancer transformation** – 'screening documents have been completed for Renal Surgery, Pelvic Urology, and PCNL with the ICB confirming the position on 'Service Change' processes.
- **Elective Hub** – needs analysis and options appraisal commissioned and is to report to the EC&DB shortly.
- **Urology & ENT** – system has worked collaboratively to review and establish plans to meet High Volume Low Complexity (HVLC) targets.
- **Case for Change** – is being developed to reflect the program of known service transformations and support the service change process.

Further discussions reflected on the recent Joint Board Workshop centred on the FRP, which was well attended, and the development of the 24/25 BCPC annual work plan which will be presented to the Collaborative Executive and JPC in due course.

b) **Joint Board Development Session - FRP**

The Joint Board Development session arranged for the 15th December 2023 was well attended by Board members from all system partners. A positive insight to the work programme was obtained by all, with further work to scrutinise and finalise plans now being progressed. It is anticipated that all Boards will review and approve plans for progression and implementation in late Jan or early February 2024.

c) Wolverhampton / Walsall - Integration

It was confirmed that NHSE are unable to meet a timescale which would have enabled the formal merging of RWT and WHT by the end of the current financial year. With positive feedback from the Walsall community on joint working, there is a desire to consider and pursue optimal integration arrangements from which a future plan for merging my build upon. Initial work will explore and pursue the establishment of a Joint Committee, streamlining ways of working between both Boards and management teams.

d) **Service Improvement**

A system position of service improvement approaches and capacity was provided, against an emerging context of the transformation and financial recovery plan work. It was recognised that further work will be required to ensure that there is sufficient system 'change' capacity if future both transformation and financial recovery are to be attained.

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 12th January 2024 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Joint Provider Committee – Report to Trust Boards

Date: February 2024

Agenda item:

TITLE OF REPORT:	Report to Trust Boards from the 23rd February 2024 meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 23rd February 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, BCPC Managing Director
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson, Chair of BC JPC & Joint Chair of DGFT, SWBH, RWT, & WHT Diane Wake, CEO Lead of the BCPC
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and the three CEO's. Key discussion points included: a. An update for the BCPC CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan. b. An update from the Governance Lead on the plans for the first Joint Board Development Workshop on the 19th April 2024. c. The sharing of a draft BCPC 'Case for Change' focused on the current work programmes. d. A progress update on the BCPC's contribution to the FRP, and its delivery; and e. A brief update on the progress of the MMUH development.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions at the 23rd February 2024 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information
Possible implications identified in the paper:	
Financial	The following agenda items have a potential financial implication: ▪ Financial Recovery Plan – delivery against target and trajectories ▪ Case for Change – activity, workforce, and service change consequences

	▪ MMUH – unconfirmed commitment for financial gap.
Risk Assurance Framework	The following agenda items have a potential risk implication: ▪ Financial Recovery Plan – mitigations are being identified ▪ Case for Change ▪ MMUH
Policy and Legal Obligations	The following agenda item has a potential policy / legal obligations implication: ▪ Case for Change – compliance with NHSE service change assurance process.
Health Inequalities	The following agenda item has a potential health inequalities implication: ▪ Case for Change – HEAT map being pursued
Workforce Inequalities	N/A
Governance	N/A
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 23rd February 2024 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 23rd February 2024. The meeting was quorate with attendance by the Chair, all three CEO's and three Deputy Chairs.

2.2 The following is a summary of discussions with agreements noted:

a) **CEO Leads update report**

Key highlights from the recent month were discussed and included

- **Clinical Improvement Programme** – positive progress continues to be made, with the recent appointment of a Clinical Lead for Peri-operative Assessment, OSC briefing paper established for the range of Urological modernisation and transformation, Mohs service going from strength to strength and now expanding beyond the BC boundaries, a concerted effort from Orthopaedics to improve quality through GIRFT metrics.

  The BCPC CMO has also worked with the BCPC CEO and Managing Director to commence a review of the existing Clinical Networks, with a view to refreshing and renewing clinical priority areas.

- **Corporate Improvement Programme** – has been re-invigorated through the leadership of Prof Loughton, with a 'route map' developed for delivery. Early deliverables will be focused on payroll, Clinical Contracting, payroll, and Mandatory Training, with a timeline identified for up to a dozen other corporate service functions.

b) **Joint Board Development Workshops**

A proposal paper was received and discussed regarding the planned programme of Joint Board Development workshops. Direction was provided for the 19th April agenda, and will be finalised at the next meeting.

The Chair confirmed the intent that the Joint Board workshops should replace work being undertaken by individual organisations, with governance leads encouraged to review and reduce as soon as possible.

The BCPC CEO will work withal Board Secretary's to align this work at a system level, with the possibility of including the ICB also.

c) Draft Case for Change

The BCPC Managing Director presented the 'case for change' to the JPC. The context was explained as the programmes of work that the BCPC is driving, with a focus on the specific exam questions of the clinical improvement programme.

It was explained to the JPC that a 'case for change' identifies the problems or challenges that are being faced as opposed to the solutions, and that this is an essential piece of evidence required by Regulators when service change is being reviewed for assurance.

The current 'case for change' is still a draft and will be engaged more widely through the Collaborative Executive and sovereign Trusts, before being finalised for approval in the coming months.

d) **Financial Recovery Plan**

The BCPC System Finance Lead presented an update and key messages on the FRP to the JPC. Work continues across the four partners to ensure there are robust plans for delivery against the required £103m efficiency savings in year one.

The BCPC System Finance Lead together with the Interim System Improvement Lead will be meeting with all partner Trust Directors of Finance to review and scrutinise plans to ensure consistency in assumptions and approach, whilst identifying the level of risk to plans and any mitigating actions that may be required.

Regular performance monitoring of progress will be undertaken through the BCPC Executive and the JPC where appropriate.

e) **Update on MMUH**
SWBT CEO presented an update to the JPC on the Midland Metropolitan University Hospital (MMUH) development. Delivery is now in its final stages with all partner organisations involved in key delivery forums, with both ICB's to be involved in the 'decision to open' 6 weeks before the opening date.

A number of programme level risks (e.g. bed fit) continue to be actively managed. An assurance paper is in development for the SWBT Board, with the commissioning process / receipt of key due to be 'triggered' very shortly.

It is currently anticipated that service moves should commence during October and November 2024, with a cultural plan being developed in detail to support this.

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 23rd February 2024 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors on 14th March 2024

Report title	Strategy progress report – Q3 2023/24
Sponsoring executive	Kat Rose, Director of Strategy & Integration
Report author	Ian Chadwell, Deputy Director of Strategy

1. Suggested discussion points

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

Only one measure of success has changed its RAG ratings this quarter:

- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) upgraded back to green from amber on the basis that the breast screening service is predicted to achieve the acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley public health team.

All other RAG ratings remain unchanged. A full copy of the quarterly report with the content that went to committees is included in the reading pack.

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

2. Report journey

Executive Directors – 16th January
Relevant sections to all four committees – 23rd, 25th, 30th January 2024

3. Recommendation

The Board of Directors are asked to:

a. To note the strategy progress report for Q3 2023/24

4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Corporate Risk Register		*[Give risk Nos]*

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

STRATEGY PROGRESS REPORT – Q3 2023/24

Report to Board of Directors on 14th March 2024

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during November.

The committees received the reports as being a comprehensive reflection.

BACKGROUND INFORMATION

The Strategic Plan 'Shaping #OurFuture' was approved by Board of Directors in September 2021. Quarterly reporting on progress against the five goals and the three transformation programmes in the strategic plan has been in place since the last quarter of 2021/22.

Current status, progress in the past quarter and actions planned for the next quarter for each workstream contributing to the delivery of the goals has been compiled. This has been presented to Executive Directors and then at the respective board committees according to the following schedule of delegation for assurance.

Goal	Committee
Deliver right care every time	Quality
Be a brilliant place to work and thrive	People
Drive sustainability	Finance & Productivity
Build innovative partnerships in Dudley and beyond	Integration Committee
Improve health & wellbeing	Integration Committee

The committees have received the detailed reports in January as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success.

Only one measure of success has changed its RAG ratings this quarter:

- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) upgraded back to green from amber on the basis that the breast screening service is predicted to achieve the acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley public health team.

All other RAG ratings remain unchanged.

Progress to highlight from quarter 3 2023/24

- Trust transitioned to managing incidents under Patient Safety Incident Response Framework (PSIRF) from 1st November;
- Vacancy rate remains stable as 5% thereby meeting the target;
- Identification of schemes for the current year Cost Improvement Programme with a forecast in excess of the target (£26.3m) albeit with half of this being non-recurrent;
- Trust is participating in Getting It Right First Time (GIRFT) Further, Faster initiative to transform outpatient services and improve waiting times;
- 'ICan' pilot in collaboration with Dudley Council has started for local people who would otherwise experience difficulties in accessing the jobs market;
- Another 'Behind the Scenes' event held for local schools to promote career opportunities in the health sector;
- First partnership newsletter produced by Dudley Health & Care Partnership Board produced.

Areas of challenge during quarter 3 2023/24

- Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme and delivery of the system Financial Recovery Plan;
- Trust faced pressures around urgent & emergency care;
- Trust faced pressures in achieving 31-day cancer treatment target driven by workforce capacity in breast and demand in urology and skin;
- Latest information available on carbon emissions suggests that these are stable rather than reducing in line with the required trajectory to hit net zero by 2040 (2045 for all emissions).

A copy of the full quarterly report that went to the Committees is included in the reading pack if further information is required.

Next Steps

Communications:
Communications team continue to produce a monthly staff interview that highlights how individual staff are helping the trust achieve our goals. These are published via 'In the Know' and stored on the Hub (Strategy and Transformation - Strategy interviews).

RISKS AND MITIGATIONS
Risks and mitigations associated with delivery of the strategic plan are recorded within the Board Assurance Framework which is reported to public Board.

RECOMMENDATIONS

To note the strategy progress report for Q3 2023/24.

Ian Chadwell
Deputy Director of Strategy
16th February 2024

APPENDICES:
Appendix 1 – Summary of status for measures of success

Appendix 1 – Summary of status for measures of success

				RAG rating	
Goal	**Measure of Success**	**Target and timescale**	**Current status**	**This quarter**	**Last quarter**
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	The CQC undertook an unannounced full inspection of ED in May 2023. Initial feedback was positive, and the final report has been published. There was one breach/must do requirement and 4 should do actions from the inspection. The overall rating of the service remained the same (Requires Improvement) but improvement in the well-led and effective domain were seen (Good). The CQC undertook an unannounced full inspection of Children and Young People Services in June 2023. The final report has been published. There were two breaches/must do requirements and eight should do actions from the inspection. The overall rating for the service has improved to Good, with all domains rated as Good except for Safe which remains as requires improvement.		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Family and Friends Test (FFT) results are below the national average for all divisions		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 5% and has been stable since May 2023		
	Improve the staff survey results	Target: better than England average by 2024/25	Action plans from last survey being implemented. #makeithappen events took place and more planned for next quarter. Appraisal rates are above target		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical, and nursing costs by 2024/25	Schemes to cover the cost improvement target for current year identified but need more recurrent schemes		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Currently over the projected annual carbon targets. Estate emissions in 2023/23 totalled 18,991 tCO2e, a 188 tCO2e reduction from the baseline year (2019/20), equating to –1%. Trust emissions need to		

			be reduced to 7,282 tCO2e by 2031/32, to meet NHSE targets, requiring an annual reduction of 1,322 tCO2e.		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Currently at 67%; recruitment into the 'ICan Dudley' pre-employment programme has started and placements being designed		
	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider collaborative; implementation of integrated model of care in Dudley being progressed		
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I &II by 2028 (NHS Long Term Plan)	Latest available data for Q2 showed 26% of patients diagnosed at stages I & II; manager for lung health check programme appointed and decision to pursue procurement of service from external supplier		
	Increased planned care and screening for the most disadvantaged groups	Target: Breast screening uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%	Latest uptake 77% for Q2 (unvalidated) so meets acceptable level; proactive actions being taken by breast screening service in collaboration with Dudley public health		

Enclosure 21

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th March 2024

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

1. Suggested discussion points

- Significant concerns around the Clinical Safety Officer vacancy
- Frontline Digitisation work is in progress and there is currently positive assurance but there is a risk in terms of funding moving forward
- BAF rating remains 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)	X	Build innovative partnerships in Dudley and beyond	X	Improve health and wellbeing	

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: 24th January 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Significant concerns around the Clinical Safety Officer vacancy – the committee expressed concerns in terms of the length of time the post has been vacant, a need to understand the challenges to recruiting to this post and the impact of this vacancy on the delivery of safe services	• Digital Maturity Assessment work is in progress. Further work to be completed to link to strategic objectives and outcomes
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Positive user feedback in regards to the ongoing deployment of the Managed Print Solution • Positive assurance provided by the ongoing CareCERT management process and development of the Cyber Dashboard • Frontline Digitisation work is in progress and there is currently positive assurance but there is a risk in terms of funding moving forward • Positive assurance in terms of the introduction of further benefits realisation activities	• It was decided that the BAF rating will remain as positive however subject to further discussions and further reports at the next committee. This rating may be revised to inconclusive due to challenges, delays, and funding issues.
Chair's comments on the effectiveness of the meeting: Good meeting A well delivered committee which was managed well in the absence of AT demonstrating effective teamwork and leadership	

Enclosure 22

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 14th March 2024

Report title	Board Assurance Framework
Sponsoring executive	Diane Wake, Chief Executive
Report author / presenter	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.

The Board Assurance Framework Report provides the Board of Directors with a summary view on the status of progress towards the achievement of its agreed strategic goals and the Trust objectives supporting each of them. This includes the risks, controls and gaps in controls, assurances, and mitigations associated with each.

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.

All BAF risks are developing to reflect the audit recommendations and are subject to a review and reset for 2024/25. Further BAF refresh work will proceed as part of the strategy refresh activity later in the year.

Summary of changes since the last report – January 2024

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:

- Six (was five) assigned a 'positive' rating
- Three (was 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 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 19/27/02/24 and assigned an 'inconclusive' committee assurance level and noted the need to clearly articulate the exit criteria to support movement of overall score.

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. Note: Quality and Safety links to patient flow articulated in BAF 7 overseen by Finance & Productivity Committee.

Items to note

Mitigating actions have been completed within the following Key control areas: Mortality Process and controls, Deteriorating patients, Patient Safety Incident Response Framework, Risk assessment, Response framework to learn from reviews and investigations, Suite of strategies. Extent of assurances listed are judged as either Reasonable or Substantial.

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 and comply with external quality reviews, reports, and inspections could result in regulatory action.

Overseen by Quality Committee, last reviewed 27/02/24 and agree to retain a 'positive' committee assurance level.

The current risk score is 9 (3x3) last updated November 2023 with no further changes.

Current Trust overall rating of Requires Improvement with recent CQC inspections:

- Unannounced CQC inspection of Paediatric ED (Feb23) relating to safeguarding
- Unannounced CQC inspection of ED (Apr23) relating to Mental Health
- Announced Inspection of Maternity (Apr23) ⬆ to **Good** overall. This ⬆ Trust Safe Domain to **Requires Improvement**
- Unannounced inspection of ED (May23) Report Published 22 Nov improvement in 2 domains to Good however ⬌ **Requires Improvement** Overall
- Unannounced inspection of Children and Young People (Jun23) Report Published 22 Nov ⬆ to **Good** Overall.

BAF Risk 2 – Failure to increase workforce capacity 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 27/02/24 and retained a 'positive' committee assurance level.

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

Whilst there are existing staffing challenges, normalised vacancy levels are at 5%, retention remains high. There has been a decrease in turnover (8.38%). There is however a continuation of medical industrial action and a national shortage in some professions such as Allied Health Professionals (Radiographers).

The overall workforce growth year to date (April 23 and December 23) in 23/24 (inclusive of bank and agency staffing) is 1.76%, specifically for substantive staff this is 2% growth (112.08 WTE), bank staff 0.76% and agency staff -34.70%.

For 2023/24 performance at month 10 (January 2024) overall workforce is on plan (1% variance – 49.69 WTE over plan) with less substantive staff but more bank usage than planned.

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 updated
Completed actions collated and moved to separate table within the document.
Revised date 31/03/24 for completion of action to ensure single Executive Equality Objective is monitored through BAF.
Revised date to 31/03/24 for Recruitment to vacancies within workforce directorate with progress notes added.
Revised date to 31/03/24 for completion of gap analysis/action plan against NHSE's Long-term Workforce Plan – awaiting further information from NHSE.
Other actions noted to be on track.

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 27/02/24 and retained a 'positive' committee assurance level.

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 and 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). It is proposed that the score is reviewed fully with receipt of the full 2023 staff survey results.

Actions updated
Completed actions collated and moved to separate table within the document.
Revised date 31/03/24 for development of talent and succession framework.
Revised date 31/03/24 for recruitment to vacancies with workforce directorate with notes added on progress.

BAF Risk 4 – Financial Sustainability
Overseen by Finance & Productivity Committee, last reviewed 29/02/24 and retained an 'inconclusive' committee assurance level.

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 earlier in the year has been confirmed to the Trust.

Further industrial action in December and January has led to the Trust forecasting a deficit of £20.0m which is £0.8m worse than plan. The medium-term financial plan currently shows a deficit of £55.8m for 2024/25 with further work taking place at a system level.

Key Points

- Trust remains on track to achieve the forecast deficit position of £20.0m which is as per original plan plus the cost of Industrial Action in December and January.
- Progress on the identification of recurrent CIP for 2023/24 with £4.344m of non-recurrent CIP now converted to recurrent.
- ERF performance remains strong with M10 delivering a £3.128m over achievement of plan.

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

The Committee agreed at its November 2023 meeting to receive an update every six months with the next report due in April and October 2024.

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

Overseen by Integration Committee, last reviewed 29/02/24.

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'.

Items to note

The action to revise governance arrangements for Dudley Health and Care Partnership and the Trust as the partnership is complete having established a place development working group to provide advice and make recommendations, as necessary, in relation to the activities required to develop the role of the Partnership.

Addition of identified gap in assurance - Impact of Dudley Metropolitan Borough Council financial challenges on opportunities for partnership working.

Actions taken to deliver the Trusts Strategic goals is reported quarterly in detail to each of the Board Committees and illustrates the embedded 'business as usual' approach taken in driving the respective agendas. The report provides an overall round up of all the work that has gone on in the previous quarter and the planned steps for the next quarter to drive the delivery of the strategy which in turn supports reducing the inherent scores as recorded in the BAF.

BAF Risk 7 – Achieve Operational Performance/Strategic goals 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 29/02/24 and retained an 'inconclusive' committee assurance level.

The current risk score has been updated to 20 (5x4). This is on the basis that the current likelihood is "almost certain". The impact of this risk, should it be realised, for the Trust's services, is 'major' The target score is 12 (3x4). The aim is to reduce the likelihood to "possible", whilst the impact would remain 'major'.

Items to note

Updates applied where mitigating actions are complete and note that five are ongoing or not due.

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 Digital Committee, last reviewed 24/01/24 and retained a 'positive' committee assurance level.

The current risk is 20 (5x4). The current Digital, Data and Technology (DDaT) capacity is already exceeded. The pace of digital solution delivery is managed by strict priority criteria due to capacity constraints. This is rate-limiting the Trust's delivery of strategic objectives. Executive Leads have identified issues as a result of this, therefore the consequent risks are highly likely to manifest.

Analytics, IT capacity and technology requirements of all strategic goals are identified as underpinning major dependent strategic consequences

The Committee was reviewed and endorsed the following proposals:

- Delayed action - Clinical Safety Officer (CSO) role had been approved through vacancy grip and control measures (in budget) however is now with job matching again due to changes to the role - banding decision expected January 2024 with recruitment expected April/May 2024 (subject to job matching process)
- Overdue action. None
- Actions to replace the electronic patient record infrastructure and software before end-of-extended support are at risk due to delayed national funding (has now been received)

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.

During quarter 4, all individual BAF risk documents will be subject to a review and reset (where required) to reflect the roll over into the new financial year 2024/25 with updated BAF documents submitted to the March meeting of the People Committee.

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:	
a.	**Approve** the updates made since the last meeting and the ongoing work to review and reflect the annual audit findings
b.	**Note** ongoing work embed effective risk management with actions arising from the audit activity and review work underway ahead of 2024/25.

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	

The Dudley Group NHS Foundation Trust

Summary Board Assurance Framework (BAF): February 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. *'No move indicates no change from last report'*

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** *27/02/24*
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)	**6** (2x3)	**Open**	**Positive** *27/02/24*
2	Workforce	Failure to address critical shortage of workforce capacity and capability priorities	Chief People Officer	People	**20** (4x5)	**9** (3x3)	**9** (3x3)	**Seek**	**Positive** *27/02/24*
3	Staff satisfaction	Failure to improve and sustain staff satisfaction and morale	Chief People Officer	People	**15** (3x5)	**12** (3x4)	**8** (2x4)	**Open**	**Positive** *27/02/24*
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** *29/02/24*
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 *(from June '23)*	**16** (4x4)	**12** (3x4)	**8** (2x4)	**Open**	**Positive** *29/02/24*
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	**20** (4x5)	**20** (5x4)	**12** (3x4)	**Open**	**Inconclusive** *29/02/24*
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**	**Positive** *24/01/24*

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 *descriptors updated March '23*

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