PUBLIC SESSION

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 09 May at 10:00am
Brierley Hill Health & Social Care Centre, Venture Way, Brierley Hill DY5 1RU
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	**Chairman's welcome and note of apologies**	Verbal	Chair	For noting	10:00
2	**Staff & Patient Story – MAKO Robot** Introduced by M Morris, Chief Nurse				
3	**Declarations of Interest**	Enclosure 1	Chair	For noting	10:20
4	**Minutes of the previous meeting** Thursday 14 March 2024 Action Sheet 14 March 2024	Enclosure 2 Enclosure 2a	Chair	For approval	
5	**Chief Executive's Overview** - Youth worker service, Luke Purdy	Enclosure 3	D Wake	For information & assurance	
6	**Chair's Update**	Verbal	Chair	For information	
7	**Drive sustainability financial and environment** Reduce the cost per weighted activity | Reduce carbon emissions				10:45
7.1	Finance & Productivity matters • Committee upward assurance report • Finance report Month 12 (Mar '24)	Enclosure 4 Enclosure 5	L Williams C Walker	For approval	
7.2	Cost Improvement Programme Update	Enclosure 6	A Thomas	For discussion	
8	**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
8.1	Integrated Performance Dashboard *Action P24/019 To include paediatric performance data*	Enclosure 7	K Kelly	For assurance	

Comfort break (10 mins)

9	**Deliver right care every time** CQC rating good or outstanding | Improve the patient experience survey results				11:30
9.1	Quality Committee upward assurance report	Enclosure 8	E Hughes	For approval	
9.2	Chief Nurse & Medical Director report	Enclosure 9	M Morris/ J Hobbs	For assurance	
9.3	Maternity & neonatal dashboard	Enclosure 10	C Macdiarmid	For assurance	

9.4	Paediatric Audiology Report	Enclosure 11	K Kelly	For assurance	
9.5	7 Day Services	Enclosure 12	J Hobbs	For assurance	
9.6	Learning from Deaths	Enclosure 13	J Hobbs	For assurance	
10	**To be a brilliant place to work and thrive** Reduce the vacancy rate | Improve the staff survey results				12:05
10.1	People Committee - upward assurance report - Workforce key performance indicators	Enclosure 14 Enclosure 15	J Atkins H White	For approval	
10.2	Workforce Race Equality Standard (WRES) Workforce Disability Equality Standard, (WDES)	Enclosure 16 Enclosure 17	P Singh	For approval	
10.3	NETS Survey	Enclosure 18	J Hobbs	For assurance	
11	**Build Innovative Partnerships in Dudley & beyond** Increase the proportion of local people employed | Increase the number of services jointly across the Black Country				12:25
11.1	Audit Committee upward assurance report	Enclosure 19	J Hanley	For approval	
11.2	Integration Committee upward assurance report	Enclosure 20	V Randeniya	For approval	
11.3	Joint Provider Committee upward assurance report	Enclosure 21	D Nicholson	For approval	
11.4	Charity Committee upwards assurance report	Enclosure 22	J Atkins	For approval	
12	**GOVERNANCE**				12:55
12.1	Trust Strategy Update Q4 2023/24	Enclosure 23	A Thomas	For approval	
12.2	Digital Committee upward assurance report	Enclosure 24	C Holland	For approval	
12.3	Board Assurance Framework	Enclosure 25	H Board	For approval	
13	**Any Other Business** - Public questions	Enclosure 26 *To follow*	All	For noting	
14	**Date of next Board of Directors meeting** (public session) Thursday 11 July 2024				
15	**Meeting close**				13:30

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.

Excellent health care, improved health for all

The Dudley Group NHS Foundation Trust

Board of Directors Meeting Public Papers

Thursday 9th May 2024 10:00 – 13:30

BOARD MEETINGS
PUBLIC INFORMATION SHEET

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

1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

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

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

2. Board Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

5. Minutes

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

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

6. Key Contacts

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

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

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

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

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage Of Shareholding	Staff Group
Elizabeth Abbiss	Director of Communications	26/06/2023	Nil				Operational Staff
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day				Operational Staff
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day				Operational Staff
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/01/2015	Candesic. Consultant. Strategic consultancy services				Board Member
Thuvarahan Amuthalingam	Associate Non-Executive Director	01/09/2020 - 20/09/2022	GP Salaried up until September 2022. Thereafter ad hoc locum work				Board Member
Thuvarahan Amuthalingam	Associate Non-Executive Director	23/09/2016	Managing director. Medcas Group Limited. Private clinical, training and consultancy			100	Board Member
Julian Atkins	Non-Executive Director	01/06/2004	Board Chair of Coventry and Warwickshire Chamber Training				Board member
Julian Atkins	Non-Executive Director	01/09/2021	Non-Executive Director of an organisation called ENTRUST				Board member
Gurjit Bhogal	Non-Executive Director	01/10/2015 - 19/10/2023	Aston Villa Football Club, Doctor providing medical care for Aston Villa				Board Member
Gurjit Bhogal	Non-Executive Director	01/05/2015	Bhogal Medical Services Limited, Doctor, Clinical work - primary care & private MSK				Board Member
Gurjit Bhogal	Non-Executive Director	02/05/2022 - 26/09/2022	Birmingham 2022 Commonwealth Games Medical Advisory Committee				Board Member
Gurjit Bhogal	Non-Executive Director	01/12/2022	Independent Non-Executive Director of Great Britain Table Tennis				Board Member
Gurjit Bhogal	Non-Executive Director	02/05/2022	Medical Panel Committee Member - England and Wales Cricket Board				Board Member
Gurjit Bhogal	Non-Executive Director	01/05/2021 - 01/05/2023	Mencap Heart of England. Trustee. Charitable Trustee Role				Board Member
Gurjit Bhogal	Non-Executive Director	01/09/2015	Royal Orthopaedic Hospital, Consultant in MSK & Sports Medicine. NHS				Board Member
Gurjit Bhogal	Non-Executive Director	24/07/2023	Trustee - Royal Osteoporosis Society				Board Member
Helen Blanchard	Interim Chief Nurse	31/10/2023 - 21/03/2024	Nil				Board Member
Gary Crowe	Deputy Chair	01/09/2019	Independent Member, The Human Tissue Authority				Board Member
Gary Crowe	Deputy Chair	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust				Board Member
Gary Crowe	Deputy Chair	01/09/2019	Occasional lecturer, Keele University				Board Member
Alan Duffell	Unknown	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS				Board Member
Alan Duffell	Unknown	20/06/2022	Interim CPO for DGFT as well as substantive CPO for the Royal Wolverhampton				Board Member
Alan Duffell	Unknown	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-				Board Member
Alan Duffell	Unknown	01/07/2023	Workforce/HR SRO for the Black Country Provider Collaborative				Board Member
Alan Duffell	Unknown	01/12/2022	Appointed Group CPO for Royal Wolverhampton Trust and Walsall Healthcare NHS				Board Member
Alan Duffell	Unknown	20/06/2022	CPO for DGFT as well as substantive CPO for the Royal Wolverhampton Trust				Board Member
Alan Duffell	Unknown	20/06/2022	Member of the Allocate (software provider) Health Care Advisory Board. Non-				Board Member
Alan Duffell	Unknown	01/07/2023	Workforce/HR SRO for the Black Country Provider Collaborative				Board Member
Joanne Hanley	Non-Executive Director	01/01/2004	Executive employment with Lloyds Banking Group				Board member
Anthony Hilton	Associate Non-Executive Director	01/03/2020	Aston University - Pro-vice Chancellor and Executive Dean				Board member
Anthony Hilton	Associate Non-Executive Director	01/01/2010	Director, Microbiology Consulting Limited				Board member
William Hobbs	Medical Director - Operations	26/06/2023	Nil				Board Member
Catherine Holland	Senior Independent Director	26/06/2023	Nil				Board member
Elizabeth Hughes	Non-Executive Director	03/09/2021	Medical Director NHS England (formerly Health Education England)				Board Member
Elizabeth Hughes	Non-Executive Director	02/08/2021	Appointed Honorary Professor at Warwick Medical School				Board Member
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS				Board Member
Elizabeth Hughes	Non-Executive Director	20/06/2021	Development of educational material for Novartis				Board Member
Elizabeth Hughes	Non-Executive Director	01/04/2018	Director Dinwoodie Charitable Company				Board Member
Elizabeth Hughes	Non-Executive Director	26/11/2021	Educational Speaker for Amgen				Board Member
Elizabeth Hughes	Non-Executive Director	08/05/2021	Educational Speaker for Sobi educational material preparation				Board Member
Elizabeth Hughes	Non-Executive Director	06/10/2020	Educational Speakers Bureau Daiichyi Sankyo -occasional lecture				Board Member
Elizabeth Hughes	Non-Executive Director	01/09/2016	Honorary Professor University of Aston				Board Member
Elizabeth Hughes	Non-Executive Director	01/07/2008	Honorary Professor University of Birmingham				Board Member
Elizabeth Hughes	Non-Executive Director	01/03/2017	Honorary Professor University of Worcester				Board Member
Elizabeth Hughes	Non-Executive Director	01/06/2022	Non-executive Director - chair of Quality Committee for Birmingham and Solihull ICS				Board Member
Elizabeth Hughes	Non-Executive Director	01/01/2022	Professor of General Practice University of Bolton				Board Member
Elizabeth Hughes	Non-Executive Director	01/04/2022	Speakers Bureau Amarin occasional lecture				Board Member
Elizabeth Hughes	Non-Executive Director	03/07/2007	Trustee HEARTUK charity				Board Member
Elizabeth Hughes	Non-Executive Director	08/03/2023	Honorary Professor (Vice Chancellor) University of Coventry				Board Member

Elizabeth Hughes	Non-Executive Director	01/12/2023	Sponsorship of community lipid clinics				Board Member
Elizabeth Hughes	Non-Executive Director	01/12/2023	Sponsorship of nursing and admin staff for community lipid clinics within sandwell				Board Member
Karen Kelly	Chief Operating Officer	26/06/2023	Nil				Board Member
Martina Morris	Chief Nurse	01/03/2024	Nil				Board Member
David Nicholson	Chairman	01/09/2022	Senior Operating Partner for Healfund (investor in healthcare Africa)				Board Member
David Nicholson	Chairman	01/04/2023	Chair - Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust				Board Member
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust				Board Member
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Advisor to KPMG Global				Board Member
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Non-Executive Director – Lifecycle				Board Member
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College				Board Member
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Sole Director - David Nicholson Healthcare Solutions. Voluntary liquidation requested.			100	Board Member
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Member - IPPR Health Advisory Committee				Board Member
David Nicholson	Chairman	01/09/2022 - 30/06/2023	Former Senior Operating Partner for Healfund (investor in healthcare Africa)				Board Member
David Nicholson	Chairman	01/01/2023	Spouse appointed National Director of Urgent and Emergency Care and Deputy				Board Member
Andrew Proctor	Director of Governance	26/06/2023	Nil				Board Member
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University				Board Member
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA				Board Member
Vijith Randeniya	Non-Executive Director	02/06/2014 - 30/04/2023	Vice Chair of Birmingham Women and Children's Hospital				Board Member
Vijith Randeniya	Non-Executive Director	06/02/2024	Commissioner for South Wales Fire and Rescue Service.				Board Member
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University				Board Member
Vijith Randeniya	Non-Executive Director	01/05/2023	Chair of Birmingham Women and Childrens facilities management company called				Board Member
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA				Board Member
Vijith Randeniya	Non-Executive Director	02/06/2014 - 30/04/2023	Vice Chair of Birmingham Women and Children's Hospital				Board Member
Vijith Randeniya	Non-Executive Director	01/08/2022	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the			o	Board Member
Kathleen Rose	Director of Integration	26/06/2023	Nil				Board Member
Mary Sexton	Chief Nurse	26/06/2023 - 31/10/2023	Nil				Board Member
Kevin Stringer	Chief Finance Officer	14/06/2022 - 31/12/2023	Chief Financial Officer and Deputy Chief Executive The Royal Wolverhampton NHS Trust				Board Member
Kevin Stringer	Chief Finance Officer	14/06/2022 - 31/12/2023	Interim IT Director and SIRO Walsall Healthcare NHS Trust				Board Member
Kevin Stringer	Chief Finance Officer	01/12/2022 - 31/12/2023	Group Chief Financial Officer - The Royal Wolverhampton and Walsall Healthcare				Board Member
Kevin Stringer	Chief Finance Officer	15/07/2023 - 31/12/2023	Group Deputy Chief Executive Officer – The Royal Wolverhampton and Walsall Healthcare				Board Member
Kevin Stringer	Chief Finance Officer	01/01/2013 - 31/12/2023	Brother-in-law – Chief Executive of Midlands and Lancashire CSU for more than ten years				Board Member
Kevin Stringer	Chief Finance Officer	01/03/2023 - 31/12/2023	Daughter – employed part time at National Institute of Healthcare Research				Board Member
Kevin Stringer	Chief Finance Officer	01/01/1990 - 31/12/2023	Member of Healthcare Financial Management Association (HFMA) since around 1990 and the West Midlands branch treasurer since November 2022				Board Member
Adam Thomas	Chief Strategy and Digital Officer	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the			0	Board Member
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the BC ICB Board				Board Member
Diane Wake	Chief Executive	01/03/2023	Spouse: Peter Williams, appointed non-executive director at University Hospitals				Board Member
Chris Walker	Interim Chief Fianance Officer	01/01/2024	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the				Board Member
Lowell Williams	Non-Executive Director	01/08/2017	Chair, Dudley Academies Trust				Board Member
Lowell Williams	Non-Executive Director	01/01/2023 - 30/10/2023	Principal & CEO National College for Advanced Transport & Infrastructure				Board Member
Lowell Williams	Non-Executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the			0	Board Member
Lowell Williams	Non-Executive Director	01/12/2019	Lowell Williams Consulting Limited			100	Board Member
Lowell Williams	Non-Executive Director	24/10/2023	Registered as Director at NCHSR Limited. National College for High Speed Rail			0	Board Member
Lowell Williams	Non-Executive Director	01/04/2022	Director - Transformational Technologies Partnership Ltd (which oversees the Black				Board Member
Lowell Williams	Non-Executive Director	04/05/2023	Elected as a Councillor to Warwick District Council on behalf of the Green Party				Board Member

Enclosure 2

The Dudley Group
NHS Foundation Trust

DRAFT Minutes of the Public Board of Directors meeting (Public session)
held on Thursday 14th March 2024 10:00hr
in the Clinical Education Centre

Present:
Liz Abbiss, Director of Communications (LA)
Thuvarahan Amuthalingam, Associate Non-executive Director (TA)
Julian Atkins, Non-executive Director (JA)
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)
Martina Morris, Chief Nurse (MM)
Anthony Hilton, Associate Non-executive Director (AH)
Liz Hughes, Non-executive Director (LH)

In Attendance:
Karen Anderson, Head of Children's Services (KA) [for Staff/Patient Story]
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Fouad Choudhry, Guardian of Safe Working (FC) [for Guardian of Safe Working Report]
Claire Macdiarmid, Head of Midwifery (CM) [for the Maternity and Neonatal Dashboard]
Jo Wakeman, Deputy Chief Nurse (JW) [for Quality Accounts]

Apologies
Gurjit Bhogal, Non-executive Director

Governors and Members of the Public and External attendees
Anthony Bradley, elected governor (Black Country) WMAS
Stuart Brewster, Member
Lewis Callary, Public Governor, Rest of England
Siddique Hussain, Member
Terry Lawrence, Member
Angelika Pachowicz, Member
Doreen Stokes, Member
Rob Stokes, Member

24/28 Note of Apologies and Welcome

The Chair welcomed Board colleagues, Governors, members of the public and external attendees to the first face to face meeting in public since 2020. Apologies were noted as listed above.

The Chair welcomed Martina Morris, new Chief Nurse who had commenced with the Trust the previous week. He also thanked Helen Blanchard for her work as Interim Chief Nurse during the previous months.

The Chair confirmed that Gurjit Bhogal, non-executive Director, would be leaving the Trust and wished him well and thanked him for his support during his term as Non-executive Director.

24/29 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.

24/30 Minutes of the previous meeting held on 11th January 2024

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 11th January 2024

One action was noted to be closed, one due and one awaiting a date.

24/30 Chief Executive's Overview and Operational Update

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

There were three operational standards that were the key areas of focus. The Trust was on track to deliver all performance targets. The 4 hour wait target of 76% had been challenging with current month standing at 75%. The Trust had surpassed delivery of all cancer targets. The Board noted the excellent operational performance. There had been challenges with ambulance handover delays in the previous week and attributed to an increase in delayed discharges.

The first phase of Martha's Rule would be introduced in April 2024 and would allow patients and relatives to raise concerns in relation to care and offer a rapid review. The Trust was on track to deliver this new process from 1st April 2024. Thanks were passed to Adrian Jennings for his support in ensuring the Trust was prepared for the launch.

The Trust has had a relaunch of its charity including a new mascot which had been designed by a pupil from a local school. There was an Easter Egg Appeal for patients and any donations would be welcomed. There was a 5k Superhero Run planned for staff and families on 9th June at Himley Hall.

Dr Gail Parsons has been appointed as an Honorary Professor at Aston University. A. Hamilton recently won a Midwife of the Year Award.

The Chair reinforced the Trust's ambition to achieve all performance standards and welcomed the introduction of Martha's Rule.

It was **RESOLVED**

- That the report be noted and taken for assurance

23/31 Chair's Update

The Chair had been invited to a meeting convened by the Chairperson of NHS England and provided an update on key highlights from the event. The Chief Finance Officer had painted a very bleak picture in relation to finances of the NHS going forward. All Chairs were challenged around their Board's role in stewardship of finances; there must be a reduction of headcount of between 2 and 3% within the coming period. There was much discussion around how digital services would deliver productivity gains of which the NHS app was expected to deliver key opportunities. There would be the ability for medics to use their own phones to transcript letters digitally from consultations. The data platform would also deliver real opportunities for connecting all healthcare organisations.

The Chair had recently been involved in a 'ward to board' which had recently relaunched that provided a key way for Board members and Governors to gain real time experience of wards and departments. The visit was a positive experience and gave the Board members involved clear insight. VR welcomed the visit and the opportunity to hear the staff experiences on a multi-specialty ward.

It was **RESOLVED**

- That the report be noted

24/32 Public Questions

DW highlighted recent questions raised including a question had been received from a Trust Volunteer in relation to the availability of wheelchairs. The Trust had investigated and was undertaking a repair programme and would then reassess numbers before ordering further wheelchairs. Mr Lawrence, Volunteer, voiced further concern around the number of chairs available and the difficulties faced by volunteers who had to explain to patients when chairs were not available. He suggested having external organisations to purchase and sponsor chairs. DW agreed that this had been done before and could be considered once there was a clear picture on numbers needed. The Chair thanked Mr Lawrence for his support of the Trusts volunteer service.

A question had also been received from a Unison Representative in relation to the Mitie industrial action and how assurance was gained during strike periods. There was a comprehensive response provided in the papers.

It was **RESOLVED**

- That the questions and responses given be noted

24/33 Staff & Patient Story – Little Voices 15 Steps Challenge 1

HBl introduced Karen Anderson (KA), Head of Childrens Services who presented the Staff and Patient Story on the 15 Steps Toolkit: a new methodology looking at Maternity Services from the perspective of those who use them. A slides presentation was shared with Board members.

Children from a local primary school had visited and were able to explore their first impressions of care, their surroundings and the overall experience across the Maternity journey

KA introduced Mrs C Grinsell, Headteacher from Mount Pleasant Primary School and some of the children who had shared feedback.

The children shared their opinion of what they considered “tops” and what was “pants” including having more colours in rooms to make them more welcoming, staff having time to talk more, staff also needing to wear badges. Alarms and loud machines were scary for young children, the ward can seem overwhelming and busy. There weren’t many clocks in some areas and some decorations were designed for very young children. The lighting was also very bright. The Surgery Womens and Childrens Division had produced an action plan to address some of the “pants” areas raised. The Division was also to organise a 15 steps challenge for 16 to 18 year olds.

CH welcomed the feedback. LW asked if the children would like to work in the hospital to which a couple replied that they did. KR thanked the children for their feedback.

The Chair commended the division on embracing the new methodology and stressed the importance of involving local schools and welcomed the honest feedback.

It was **RESOLVED**

- That the story be noted

24/34 Drive Sustainability Financial and Environmental

24/34.1 Finance and Productivity Matters

24/34.1.1 Committee Upward Assurance Report

LW summarised the reports from previous Committee meetings held on 25th January and 29th February 2024, given as enclosure five, and thanked all contributors to the meetings and for allowing clarity around the Trusts finance and performance.

At the January meeting the Committee noted that the Trust was providing mutual aid within the system. There was a reassuring deep dive into community and clinical services and an update on the rapid assessment pilot. There was a good understanding of the position and pressures. The ongoing pressure at the front door was noted. The finance and other impacts of the ongoing industrial action was noted. An issue of concern was the significant challenge around sustainability and the Trust was behind CO2 omission targets noting that substantial investment would be required to make significant progress. The Committee had asked for further insight into PIFU.

From the February meeting the Committee noted diagnostic and elective restoration performance which was consistent. The Committee asked for a formal report on Black Country Pathology Services performance and a deep dive into PFI. The Committee made decisions around contract renewals.

There was debate of both meetings around financial performance and the Trust was ending the year in a good position and there was a real sense of grip of control. There was an ongoing challenge across the Black Country System for the following year and beyond. The Committee noted progress made but could not demonstrate assurance against the system financial plan for next year.

GC asked about the increasing focus on productivity, the heavy reliance on bank staff and a review of staffing levels. LW confirmed that huge progress had been made on reducing agency costs but the Trust was still reliant on bank staffing. The Committee wanted to fully understand workforce expenditure and asked the Executive to provide the Committee with a strategic overview of how resources were deployed. DW confirmed that the Trust recognised that there had been an increase noting that the true position was affected by additional open beds to meet surge. It did however recognise that further work was required around grip and control. JHa added that a better understanding was needed of whether bank staff were being used in the right place and where it had been used: to support industrial action of additional beds. LW agreed that more information was needed to explore and understand the whole story. JA confirmed that the People Committee were monitoring workforce numbers against plan and had asked to look at cost and staff numbers.

It was **RESOLVED**

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

24/34.1.2 Finance Report Month 10 (January 2024)

CW presented the Month 10 (January 2024) Finance Report given as enclosure six.

There had been a similar trend to November and December and the Trust was slightly better than planned £14.2m deficit which was slightly better than plan. The Trust has received funding from NHSE for industrial action. The Cost Improvement Programme (CIP) was also ahead of plan and positive Elective Recovery Fund (ERF) was noted.

Pay costs saw an increase as expected as a result of industrial action in January, additional winter beds open and use of waiting list initiatives. Non pay saw an increase in drugs and pass through costs.

Overall at the end of January the forecast deficit was £23.4m. The Trust had a forecast deficit of just under £20m.

The Board noted the Black Country System January 2024 financial position and year end deficit forecast position of £101m. The System has received some additional cash support income that would be reported in month 11.

The Board noted that 2024/25 would be an exceedingly difficult financial year and noted that the Trust was working with the System partners on deficit plans.

VR asked about the impact of vacancies on the CIP position. CW confirmed that the cost would be offset by Bank usage.

The Chair commented on the positive achievement of reaching the predicted year-end financial position and congratulated all staff involved in this. He noted the challenge going forward and actions required.

It was **RESOLVED** to

- approve the financial performance for Month 10 (January 24)

24/34.1.3 Cost Improvement Programme (CIP) Update

KR presented the Cost Improvement Programme (CIP) Update Report given as enclosure seven.

The Board noted the status of both the 2023/24 and 2024/25 Cost Improvement Programmes.

On 28th February at the Finance and Productivity Committee, there was a year-end over-performance forecast of £375,900 reported. In January, the overperformance stood at £579,000 and the difference was due to underperformance of the ERF scheme within Surgery Women and Children. It was 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 the Financial Improvement Group 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 the Corporate Division had supported the continued divisional shortfall within Medicine and Surgery in reaching their CIP targets. Medicine now had £1.44m of unidentified CIP to find and Surgery's unidentified balance has increased to £3.29m due to the decrease in Elective Recovery Fund income mentioned above. Surgery's unidentified CIP in January was £3.15m. Even though the Trust CIP target had technically been met, work continued within divisions to reduce their unidentified CIP figures. Any surplus identified would support the overall Black Country System target. Work was already underway to meet the 2024/25 CIP Programme targets. The Trust was currently working towards a 4% expectation in line with the Financial Recovery Programme (FRP). To date had identified c.£8.07m in estimated CIP with £6.43m of this being recurrent in nature. It is noted that this figure was yet to be financially validated and must also pass through the Trust's Quality Improvement Assessment process.

The schemes identified had been aligned with the PA Consultancy report recommended opportunities as part of the FRP. The estimated financial value of the proposed CIP programme was £22.1m.

JHa asked about converting in year CIP and link to vacancies. KR confirmed that there was a mix and approximately £2m related to vacancy factor. GC asked what the Trust was doing differently with Divisions to bring forward recurrent schemes. KR confirmed that there was clear messaging and linking the improvement and transformation and improvement teams with divisions to drive out waste and improve efficiencies. DW concurred adding that a recent GIRFT review had highlighted efficiencies that could be made. Workforce growth had been seen and work was needed to understand what that growth had achieved and consider opportunities for doing things differently to drive down cost over the coming months.

It was **RESOLVED** to

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

24/34.1. Annual Planning Update 2024/2025

KR presented the Annual Planning Update Report given as enclosure eight.

The Board noted that outputs from the planning process for 2024/25 would be:

- an agreed set of in-year objectives on which the Trust would focus its efforts
    - an accompanying narrative document providing context and how it would be achieved
- a set of technical planning returns for activity and performance, workforce and finance, the latter which defined the financial plan for the Trust
- triangulation of plans using a tool made available nationally
- contribution to system-wide narratives. To date, there was no requirement for the Trust to submit a narrative in its own right

The draft strategic planning framework had been in development for some weeks and was shared with the Board of Directors at a development session in January 2024 and had subsequently been refined. The framework summarised objectives for 2024/25 in the context of the Strategic Plan. A similar framework was intended to be used by the other providers in Black Country Provider Collaborative, aligned to their respective strategies. Appendix 1 contained the draft strategic planning framework with the draft of the narrative plan in the reading pack associated with the meeting.

The ICB had established a weekly Planning Oversight and Coordination Group and to assist and support a common approach to issues such as the impact of the opening of the Midland Metropolitan Hospital, the treatment of the dissolution of DIHC in plans and improving lines of communication between organisations.

Key draft activity and performance trajectories have been developed with the input of the operational divisions. Appendix 2 contained a summary of these trajectories. A series of check and challenge sessions were held with each Division on 7th, 8th and 12th March to ensure alignment of the trajectories with the proposed financial position. It especially affected the proposed elective activity trajectory with its related income target against the elective recovery fund.

The performance metric causing most concern was bed availability and occupancy. Whilst surge beds had routinely been used during the year, they were not funded to be open overnight and when they are, the result was overspending in budgets. They are not therefore being counted in planned bed availability, which would lead to the Trust declaring bed occupancy at well over the expected 92%.

The annual plan for 2024/25 needed to factor in the impact of the opening of Midland Metropolitan University Hospital (MMUH) which was scheduled for autumn 2024 with a date expected to be announced soon. This would 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 was underway to agree a set of assumptions that could be planned for; the expected resultant impact would be an increase in urgent and emergency care at Russells Hall Hospital.

A draft workforce plan had been submitted aligned to current budgets for 2024/25. Whilst showing a small increase in substantive staff it was offset by a larger planned reduction in bank use resulting in an overall anticipated reduction in workforce use. The only development that included additional staff that had been built into the plan was the Community Diagnostic Centre; 2024/25 was year three of the previously approved 5-year business case. Initial feedback from the ICB suggested that this workforce plan met the expectations from the system of a 'no growth' scenario.

The ICB had currently indicated a deficit plan of c£184m to NHSE. This was based on the medium risk plan put forward via the work undertaken in conjunction with PA Consulting.

The share for The Dudley Group equated to a deficit of £43.8m. Further work was ongoing to develop plans to deliver this position that would include a review of efficiency opportunities and identification of associated risks. A full budget setting package would be presented to the Finance & Productivity Committee and to Board at the end of March for sign off.

DW added that the system was being criticized for reducing G&A beds and there was more work to do before final submission.

In response to the Chair's question about bank utilisation and 25% reduction in WTEs, KR agreed to confirm numbers outside of the meeting noting that planning would affect the budget setting to align with workforce.

It was **RESOLVED** to

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

24/ Build Innovative Partnerships in Dudley and Beyond

24/35.1 Winter Plan 2023/2024

Deferred to the April Board meeting.

24/35.2 Integrated Performance Dashboard

KK presented the Integrated Performance Report (IPR) for January 2024 given as enclosure nine highlighting the following:

The full IPR was included in the reading pack.

The Board noted the extra actions put in place to deliver the 76% 4 hour wait target. The Trust was working with Malling Health to improve rapid assessment. The Trust was maximising usage of the Urgent Treatment Centre and reducing time spent within the Department. Most patients referred by their GP were seen in the Same Day Emergency Care (SDEC).

The Trust reported 90% performance against its Diagnostic Standard which was well ahead of target. The strong cancer performance was noted.

Prof Briggs had visited the Trust and had been impressed with performance at Dudley.

JA asked about the reduction in the Sandwell bed base and the impact on Dudley. KK confirmed that the Trust was seeing many more Sandwell patients adding there was delays experienced with out of area discharges. The modelling for Midland Metropolitan Hospital was still to be confirmed.

DW confirmed that ambulance activity was currently flat noting that there had been an increase walk in patients adding there was more to do to fully leverage the Community First model to prevent patients coming into hospital who did not need to.

It was **RESOLVED** to

- note the Trust's performance against national standards and local recovery plans for the month of January 2024

[short comfort break]

24/36 Deliver Right Care Every Time

24/36.1 Quality Committee Upward Assurance Report

LH summarised the upward report from the Committee meetings held on 23rd January and 27th February 2024, given as enclosure ten.

Positive assurance was noted regarding the implementation of the Patient Safety Incident Response Framework (PSIRF) and thanked the patient team and partners for their efforts in implementing the framework. Patient safety responses were addressed in a face to face collaborative way with immediate responses and action plans. Good progress made with the Sentinel programme and had moved to level B. noting some challenges remained in respect of Speech and Language Therapy. Good assurance around Core Clinical Services and the District Nursing Service. The Committee had good assurance following the biannual staffing review. The Committee was supportive of the further development and upskilling of Nursing Associates.

Risks included reviewing the Stroke Service and Speech and Language and options to upskill other staff to address the gap with an action plan has been produced. The Committee also looked at cleaning effectiveness and there was assurance around improvements.

The Chair agreed with the need for innovative solutions in relation to Speech and Language Therapy.

It was **RESOLVED** to

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

24/36.2 Chief Nurse Reports

24/36.2.1 Maternity and Neonatal Dashboard

CM presented the Maternity and Neonatal Dashboard given as enclosure 11.

The Board noted that the Trust Neonatal death rate remained above the national average. A thematic review of Neonatal deaths was underway and results were due to be published in March 2024. Perinatal mortality review tool (PMRT) reviews were ongoing and learning from deaths information was contained with the report. Stillbirth rates remained below the national rate.

National mortality rates had increased in all areas as of January 2024 as per publication by MBRRACE. This was the recognised national rate to use as a comparison to Trust rates.

The Annual CQC Maternity survey results had been published for 2023. The Trust had been flagged as an outlier as ‘worse than expected’ however this was an improvement on the previous year’s results and eight questions showed a statistical improvement compared to the 2022 results.

An action plan had been coproduced with the Maternity and Neonatal Voices Partnership (MNVP) and would be monitored via the Quality Committee

Perinatal Culture and Leadership Program (PCLP) remained ongoing; a deep dive was being undertaken into four 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 would occur in April.

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

The Chair asked about the CQC Report and whether we had previously taken false assurance. CM confirmed that we are moving forward and our patient voices are at the heart of all we do.

LW asked about the data for still birth deaths and whether there were other issues affecting outcomes. CM confirmed that there was a thematic review across the Black Country and the resulting data would be helpful.

GC asked about the two vacant posts related to no substantive Consultant Midwife and a score of 5 was not comparable. HBl confirmed that it was a role title issue and would be resolved.

JHo updated the Board on the excellent MBRRACE study results and commented on levels of deprivation within the Black Country which was clearly an issue.

It was **RESOLVED** to

- 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

24/36.2.2 Nursing, Midwifery & Allied Health Professionals Strategy

HBl presented the Nursing, Midwifery and AHP Strategy given as enclosure 11a.

The Board noted at the Nursing Midwifery and AHP strategy was coming to the end of its first year.

The paper reflected on the work already undertaken in the six areas to realise the Strategy. HBl commented on the successes around the education and development of staff at all levels, and the work underway building on retention.

The Board noted that the report format would change to draw all aspects of work into the Strategy to show how the Trust achieved its Quality Priorities.

It was **RESOLVED** that the Board:

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

24/36.3 Quality Account Priorities & Metrics

JW presented the Quality Account Priorities and Metrics given as enclosure 12.

The Board noted that within the Quality Account, the Trust identified key priorities. These were projects which spanned either one or two years and were aligned to The 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:

- Patient Safety

- Clinical Effectiveness
- Patient Experience

The Trust was mandated to undertake this exercise each year and had been widely consulted upon.

Key themes noted around Diabetes, Stroke, Hip Replacement, Disabilities and Autism and the patient survey.

A draft report would be presented to Healthwatch being published in June.

The Chair raised the divide between Quality and Productivity and how they meshed together noting that there was no mention of the quality priorities in the Financial Recovery Plan and flagged the importance of making these connections.

JHo added that the need for a joint set of metrics and plan had been agreed and represented a real step forward. MM added that she was keen to collaborate with colleagues on productivity and outlined the initiative eat, drink, dress and move to improve. HBI added that the next stage was to work up measurable KPIs. This was not the only work focused on quality and safety and also provide the opportunity to focus on lesser addressed areas. The Board approved the Accounts and metrics.

It was **RESOLVED** that the Board:

- Discuss and approve the proposals for 2024/ 2025 quality priorities

24/37 To be a Brilliant Place to Work and Thrive

24/37.1 People Committee Upward Assurance Report

JA summarised the report given as enclosure 13 relating to the Committee meetings held on 30th January and 27th February 2024.

JA reflected on the strong effectiveness and good work being undertaken by the Committee over the last eight years. He thanked the efforts of the HR team and all contributors to the meeting. There was a strong blend of strategy and detail.

The Board noted key issues from the January meeting including:

Matters of concern/key risks to escalate included 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 to note included overall 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 included revisiting the cultural behaviour statement 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 Continuous Improvement 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 and feedback would be incorporated and would also be 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 saw that BAF Risks 2 and 3 remained unchanged as positive assurance.

Key areas to note from the February Committee meeting included:

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

Positive assurances saw the Committee note 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 saw the Committee receive a verbal update 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. It was agreed to circulate the reconciliation report to Committee members following the meeting and this was included at appendix 1.
Decisions made saw the revised versions of the Continuous Improvement Journey and Wellbeing Journey being approved. The Gender Pay Gap report was approved for publication and BAF Risks 2 and 3 remained unchanged as positive assurance

The Chair acknowledged the positive health and wellbeing offering from the organisation which had been praised by staff during the recent Board to Ward visit.

It was **RESOLVED** to

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

24/37.2 Workforce KPIs

AD summarised the report given as enclosure 14 and highlighted the following key areas for noting:

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

Vacancy rate was at 5%, sickness rate had increased and would continue to be monitored. The national leadership framework was given in the reading pack. Consultants had received a new pay

offer and recommendations were being made to accept the officer. There was no update in relation to junior doctors.

It was **RESOLVED** to

- note the report for assurance

24/37.3 National Staff Survey

AD presented the National Staff Survey Report given as enclosure 15.

The Board noted that the national Staff Survey took place annually during October and November with results published on 7th March 2023.

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

The benchmark report highlighted continued benchmark average performance at Dudley. There were improvements in most areas when compared with performance over time. There remained work to do to improve against peer performance. Organisational and Divisional action plans, linked to delivery of the People Plan and Journeys would continue to focus on challenge areas.

The benchmark report was given in the reading pack alongside a more detailed report.

The Board noted that staff satisfaction with pay was low and having resources to enable staff to do their jobs successfully. The Trust had received a 45% response rate which was favourable with other Trust's. The Trust was in line with the national average in all areas which was positive. Improvement noted in staff recommending the Trust as a place to work and for having an appraisal. There was a breakdown by Division included in the report. The People Committee would focus on divisional outliners.

The results would be discussed in detail at the People Committee. The Board noted the consistent progress.

AH asked about in year trends. AD confirmed that pulse surveys were undertaken in year.

LW asked about the mix and balance of responses and asked for DWs thoughts about the result. DW confirmed that she was relieved that the Trust had maintained the results given the pressures over the last year. AD to investigate the variance between staff groups.

It was **RESOLVED** to

- to note the improving position of the staff survey in terms of trust historic performance and positive comparisons with benchmark peers and acknowledged that there remained areas for improvement and these would continue to be supported by clear organisational and divisional action plans

24/37.4 Guarding of Safe Working Report

FC presented the Guardian of Safe Working Report given as enclosure 16.

The Board noted that this was the fifth report from the Guardian of Safe working (GOSW) and covered the period between 01 November 2023 and 04 March 2024.

There had been 13 exception reports raised in the period. Three were carried forward from the previous report. Six had been fully closed. Seven were pending. Initial review meetings had been undertaken between the trainees and the educational supervisor. Payment had been agreed and it had also been suggested to review the work schedule.

No fines had been issued in the reporting period. There were currently 53 vacancies in the junior workforce.

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

The Chair asked about the key reasons for exceptions being raised and the position in General Surgery. JHa noted that the clustering was not clear from the report and there was a need to triangulate all reports and surveys to get an overall picture of the position. A consolidated report would be presented to the People Committee to take assurance from the whole picture. There was an improving picture but noted there was more work to be done.

TA asked about non resident on call duties and junior doctors sleeping on a sofa on site overnight where the shift is paid as non-residential. FC confirmed that rotas and working hours were under review and that the Finance Department was looking at the issue.

It was **RESOLVED** to

- note the report for assurance

24/37.5 Gender Pay Gap Report

AD presented the Gender Pay Gap Report given as enclosure 17.

The Board noted that the Government mandated 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 were to publish information relating to pay for six specific measures, as detailed in the report.

The data showed 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 detailed actions taken throughout 2023 and actions to take throughout 2024 to narrow the gap. AD described some of the planned actions to address the gap.

LW suggested that the data should be described by pay Banding. The Board noted that the Mitie workforce was part of the reason for the issue at Dudley. GC commented on the need to understand the figures in more detail. AD confirmed that the People Committee would address the matter. CH welcomed the data highlighting where the real issues were within the organisation and the need to use the information to tackle issues. The Chair noted the importance of identifying the actions needed particularly around supporting women to attain senior positions.

It was **RESOLVED** to

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

24/38 Build Innovative Partnerships in Dudley and Beyond

24/38.1 Integration Committee Upward Assurance Report

VR summarised the report given as enclosure 18 relating to the Committee meetings held on 25th January and 29th February 2024. The Board noted the following key highlights:

At the meeting in January the Committee received an update on the programme of work within Dudley Health and Care Partnerships, Neil Thomas, Chief Executive of Dudley College joined to give 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 it has been focused on. An update on the Dudley Integrated Health Care (DIHC) Transaction was noted and shared both concerns and positive assurance. An update on the 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 with a discussion on BAF Risk 6, where positive assurance was received.

At its February meeting the Committee received positive assurance on the work ongoing within Dudley Health and Care Partnerships. 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 six 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.

The Board noted the general positive assurance and key point of concern in relation to Dudley Integrated Health Care which would be discussed in further detail at Private Board.

It was **RESOLVED** to

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

24/38.2 Joint Provider Committee Upward Report

GC summarised the report given as enclosure 19 relating to the Joint Provider Committee meetings held on 12th January and 23rd February 2024.

The Board noted that key discussion points from the January meeting included an update from the Black Country Provider Collaborative (BCPC) CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan.

GC provided a brief update on the recent Joint Board Development session which had focused on better understanding the work of PA Consulting and the proposals for the Financial Recovery Plan. A further discussion on the possible future arrangements for the Royal Wolverhampton Trust and

Walsall Healthcare Trust a 'stock take' on service improvement capacity and capability to support future change efforts.

Key highlights from the February meeting included an update from the Governance Lead on the plans for the first Joint Board Development Workshop on the 19th April 2024, the sharing of a draft BCPC 'Case for Change' focused on the current work programmes, a progress update on the BCPC's contribution to the Financial Recovery Plan (FRP), and its delivery, and a brief update on the progress of the Midland Metropolitan University Hospital (MMUH) development.

It was **RESOLVED** to

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

23/39 GOVERNANCE

23/39.1 Trust Strategy Update Q3

KR presented the Trust Strategy update for Quarter 3 given as enclosure 20.

The Board noted 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 had changed its RAG ratings in the quarter:

- Improve health and 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 was predicted to achieve the acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley's public health team.

All other RAG ratings remained unchanged. A full copy of the quarterly report with the content that went to committees was given in the reading pack.

GC asked that consideration be given how to simplify and align dashboard reviews.

It was **RESOLVED** to

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

24/39.2 Digital Committee Upward Assurance Report

CH presented the upward report from the Committee meeting held on 24th January 2024, given as enclosure 21, including the following key highlights:

Positive feedback received from the implementation of systems and cyber security risk management. The BAF rating remained positive.

The following concerns were noted:

- Frontline Digitisation work was in progress and there was currently positive assurance but there was a risk in terms of funding moving forward
- Significant concerns around the Clinical Safety Officer vacancy

CH to report on the Committee Effectiveness review after the next Committee meeting.

AT commented on the importance of the Clinical Safety Officer role. The Board noted that it was not an attractive role. The budget was still available for the post and JHo was hopeful of finding a solution. AH asked if University's had been approached. JHo agreed that it would be explored as an area of collaboration.

It was **RESOLVED** to

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

24/39.3 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) given as enclosure 23. The Board noted the following key highlights:

The framework was subject to refinements to reflect the recommendations of the recent BAF audit. A summary of changes against each BAF risk was included in the papers. Assurance levels were considered at each committee meeting with oversight. A review and re-set activity of all BAF risks was underway to reflect the new financial year.

JHa commented on the importance of clear action plans and target risk scores.

It was **RESOLVED** to

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

24/40 Any other Business

There was none raised.

24/41 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 9th May 2024.

24/42 Meeting Close

The Chair declared the meeting closed at 13:12 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 14th March 2024 *no new actions added*

Item No	Subject	Action	Responsible	Due Date	Comments
24/37.4	**Guarding of Safe Working Report**	update on junior doctor rota review to next meeting	Medical Director	May 24	Verbal update to May meeting
24/04	**Chief Executive's Overview and Operational Update**	Future staff/ patient story to feature orthopaedic procedures undertaken by MAKO robot	Chief Nurse	March 24	Review of patient stories topics underway **complete**
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. Dates awaited for publication of Year 6.	Chief Nurse	May 24	Head of Midwifery to include key points in maternity update report for the Board **Complete**

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9 May 2024

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

1. Suggested discussion points

- Youth Worker
- Operational Performance
- NHSE Letter re Local 4 Hour Performance
- Black Country Provider Collaborative
- Sexual Safety Charter
- 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 – 9 MAY 2024

Youth Worker

Luke Purdy is the Trust's Youth Worker and is joining the meeting, along with his manager Claire McCafferty, to discuss his role and the positive impact it is having on patients.

Operational Performance

Emergency 4 hour Performance

This month Emergency Department performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.

In order to improve performance, the trust division to division conducted a best practice review of Care Quality Commission evidence papers and decided upon a suite of initiatives to roll out with the department.

These included:-

- GP letter patients straight to Same Day Emergency Care/Surgical Same Day Emergency Care.
- Ascertain the small cohort of patients sending patients straight to Emergency Department rather than the Hub.
- Agree new streaming template with Urgent Care Centre for patients with letters to go direct to Speciality.
- Develop an alert to inform that patients have a High Intensity User note.
- Re-run of heat mapping exercise for nurses and medics in Emergency Department
- Application to central fund for extra medic in Emergency Department overnight (To be confirmed - still outstanding - dependent on fund).
- Refocus on Rapid Assessment and Treatment (RAT) model.
- Joint working with Surgery to ensure proactivity to take patients from Emergency Department even when full.
- Organizational agreement that specialties must take patients directly and not wait to assess them in Emergency Department.
- Improve Validation processes.
- Extra Validation resource.

Ambulance Handover

Utilisation of pathways remains negligible with most days recording single figures of calls to Hub from West Midlands Ambulance Service and the proposed call before convey scheme did not start as planned. Call before you convey is having little difference on the number of ambulances arriving at Emergency Department and this has been flagged to the wider Integrated Care System & West Midlands Ambulance Service. Initial Rapid Assessment & Treatment Data shows significant falls in Length of Stay in Rapid Assessment & Treatment cubicles and quicker access to antibiotics, fluids and analgesia. Rapid Assessment & Treatment is continued through to March before a decision is made at Finance & Productivity Committee about long term funding.

On going actions:-

- Rapid Assessment & Treatment agreed to continue through to March to help with early decision making.
- Escalation of ambulances without a plan to offload at 30 mins to Site Team with additional role cards to link Acute Medical Unit & Site teams based on the Kings College Model.
- Additional trolly capacity now in place to ensure offloads can happen promptly at the ambulance entrance.
- Streamers and triage nurses continue to utilise pathways as early as possible and sit out suitable patients to free up ambulance.

- Designated Emergency Department Tracker monitoring ambulance offloads/pinning. Regular escalation to both halo, site, operations management and nurse in charge.
- Emergency Department operational escalation bleep initiated through office hours and point of contact for urgent escalations

Restoration & Recovery

The national focus continues to be on the reduction of long waits, and this is something that we continue to perform well with as a Trust. We continue to ensure that there are no patients waiting over 78 weeks for treatment and although we are not able to meet the end of March 2024 timescale set for the clearance of 65 weeks, we are aiming to comply with the plan to have cleared them by the end of quarter 1. At present we are ahead of trajectory.

Post Validation Referral To Treatment Incompletes >78 week trend:- In March 2024 - 3 patients breached – actions in place.

Post Validation Referral To Treatment Incompletes >65 week trend:- As of 27.3.24 - 335 patients waiting.

Referral To Treatment 65 week trajectory 1st Outpatient Appointment:- As of 28.3.24 – 47 patients waiting 1st outpatient appointment.

Local 4 Hour Performance exceeding 76% across March 2023

Following achievement of the target set to achieve 76% for March of the 4 hour performance in March, NHSE have written to congratulate the Trust. Full letter is included in the reading pack.

Black Country Provider Collaborative

The following are the key messages from the Black Country Provider Collaborative activities during April 2024.

Clinical Improvement Programme

- **GiRFT (Get it right first time)** - The Black Country system received its annual visit form Professor Tim Briggs and the national Get it Right First Time team to review progress against the actions identified from the last visit, with the system receiving positive feedback, commended for its approach to collaborative working, and encouraged to explore all opportunities provided by the Get it Right First Time team.
- **Surgical Robots** - The Black Country Robotic Surgery Steering Group provided a brief update on the use of surgical robots across the Black Country, with steady progress reported across all sites. Operational challenges, service change processes, the development of standard operating procedures, and training programmes are the key areas of focus for the Black Country system in order to maximise the benefits of this new service development.
- **Urology Transformation** – Following the recent engagement with Overview & Scrutiny Committees (OSCs), a public involvement exercise has commenced and will conclude in the middle of May, with findings to be reported back to the Oversight & Scrutiny Committee's and articulated in the draft business case to be reviewed for approval by the Black Country Integrated Care Board Strategic Commissioning Committee in July 2024.

Corporate Improvement Programme

- **Payroll & Procurement** - The Collaborative Executive received a brief progress update on the consolidation of payroll and procurement corporate services, noting the steady progress being made as they transition towards an end state solution. The scoping exercise and draft business case for the Mandatory & Statutory Training initiative is currently being finalised with a view to being presented to the Collaborative Executive in May.

- **Corporate Services Modernisation & Transformation** - The Collaborative Executive received a discussion paper proposing a series of recommendations that would enable a more coordinated and managed delivery of corporate service modernisation and transformation.

  It was agreed that a 'strategic vehicle' in the form of a 'Managed Shared Service' be pursued, together with the re-launch of a Corporate Services Modernisation & Transformation Programme Board, aligned with a clear 'brief & scope', leadership arrangements and a transparent engagement plan. These will be developed and discussed for agreement at the May Collaborative Executive meeting.

System Transformation

- **Improvement & Transformation** – The Collaborative Executive were provided an update on the work of partner Trusts to identify the Cost Improvement Plans (CIPs) in advance of the forthcoming Joint Board Development Workshop (JBDW).

  Steady progress has been made by all, but a gap still remains and there are some inconsistencies in approach / definitions. The Black Country Provider Collaborative Executive Finance Lead continues to work with all partner Trusts to support and help with opportunities where possible, with a standard template for use at the Joint Board Development Workshop to be shared shortly.

General Business

- **Black Country Provider Collaborative 24 / 25 work-plan** - The Collaborative Executive received an update on the proposed 24/25 work plan together with the support / resource required to enable successful delivery.

  The work plan was agreed in 'principle' (with some further work required to finalise key elements to align with the Financial Recovery Plan / Improvement & Transformation work plan) and a budget of £1.65m to support its delivery was also agreed on an equal four partner Trust share basis.

Joint Board Development Workshop – 19th April 2024

The first Joint Board Development Workshop of the financial year was held on Friday 19th April 2024.

Approximately 90 delegates attended from across the four partners Trusts, the Black Country Integrated Care Board, Black Country Healthcare NHS Trust, and the Black Country Primary Care Collaborative.

The objectives of the workshop were:

- Create a mutual understanding of all plans which support delivery of improvement & transformation in 24/25.
- Alignment of our improvement approach with the strategy & governance of each partner organisation.
- An insight and understanding of key collaborative successes and achievements from which we will seek to build our improvement & transformation work.
- An opportunity for all to network widely and learn from other partners.

Delegates heard from the Black Country Provider Collaborative partner Trusts on their plans to support Improvement & Transformation in 2024/25 (as part of the financial recovery efforts), which was followed up with some insights and local experiences of Improvement Leadership, to build capacity, capability and resilience in challenging times, and rounded off by hearing from the three Black Country Provider Collaboratives in how they are positioning to support Improvement & Transformation efforts at scale over a multi-year period.

In reflecting on the day in his closing remarks Sir David Nicholson challenged all delegates to provide specific feedback on partner Trusts plans via their Deputy Chairs, and plans for delivery via their respective Chief Executive's. This range of feedback will be discussed at the next Joint Provider Committee in May.

Initial delegate feedback has been positive, with an evaluation questionnaire circulated for more formal feedback.

The next Joint Board Development Workshop is scheduled for September for which further details will follow shortly.

Sexual Safety Charter

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system, considering lived experience, the charter recognises that those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work. It identifies that organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. The charter states that we all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

The Trust signed the charter in October 2023, as signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce and as signatories to the charter, we have committed to 10 principles and actions to achieve this. These commitments will apply to everyone in our organisation equally and we have committed to work towards ensuring they are in place by July 2024, to achieve this we have established a sexual safety charter steering group (commenced in November) with key internal stakeholders and an Executive Sponsor (Dr Julian Hobbs). The group has completed a gap analysis to determine Trust position against the 10 charter principles, developing a draft action plan from the gap analysis which has been codesigned with steering group members.

Charity Update

Memory Tree

Our beautiful Memory Tree was unveiled in March. The ornamental, metal tree contains leaves which can be engraved and dedicated in celebration, recognition, or remembrance of patients and staff who have passed away at The Dudley Group.

The tree is funded by the Dudley Group NHS Charity, and has been placed in the centre of the hospital's main walkway, near to the main reception, and is accessible to all visitors, patients, and staff. There is no cost to families and friends of a deceased staff member to have a leaf engraved, this is managed through the head of patient experience Jill Faulkner.

If you know of anyone who would like a leaf dedicated in memory of a patient, their families or friends are able to do so for a donation of £65 to the Trust Charity. Further information can be found on the Trust website.

Easter Egg Appeal

The Dudley Group NHS Charity launched its first Easter egg appeal in February across the Trust for patients to enjoy a chocolate treat over the Easter weekend.

Thanks to the generosity of organisations like; Dudley Lions, The Enterprise Group, Summerhill School, Lloyd's Bank, Puregym and many other members of the local community and supermarkets, for their wonderful contributions. The charity was overwhelmed by the appeals success with over 1,500 Easter eggs donated. These were distributed to all wards in Russells Hall Hospital and to our outpatients sites Corbett and Guest and to our district nursing team at provide to patients in the community.

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 the children's services team and funds raised on the day are in aid of 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.

To sign up please visit the Trust Website and or Charity Hub page or see link here: https://register.enthuse.com/ps/event/Superhero5kFunRunandFamilyFunDay

The charity looks forward to seeing everyone with their friends, families, and dogs in your best costumes!

Healthcare Heroes

Danny Taylor recently won our Healthcare Heroes volunteer award. Danny volunteers on the Children's Ward and was nominated by a colleague who told us despite studying full time at college, he is always willing to support the team, bringing smiles and joy to the department's fun days. We heard this year that he dressed up as a giant gingerbread man, touring the corridors and brought fun and laughter to the hospital.

Congratulations to maternity support worker, Heather Bowen who was our recent Healthcare Heroes individual winner. She was nominated by a colleague who has praised her for supporting a patient who suffered with Post Traumatic Stress Disorder after her first birth. She was anxious about returning for her second birth however, Heather had a personalised support plan in place to help her with her birth experience. After the patient's operation she was there to support her and in the words of the patient, Heather made her 'feel human again.'

Well done also to our most recent Healthcare Hero winner pharmacist Scott McMurray. He was nominated by a colleague because during the recent industrial action he went above and beyond to provide services in prescribing essential medications and helping the ward staff in any way possible. They described Scott's dedication, ensuring timely discharges and treatments for all patients and described him as an asset to the team.

Patient Feedback

General Community – Easily accessible and well sign posted. Staff were very reassuring and professional but friendly.

Day Surgery Unit, RH - The staff were amazing, very considerate, informative throughout and understanding towards me.

Own Bed Instead – The member of staff who visits my mom is very polite, she cares for my mum needs, she was very helpful with everything she needs to get back on her feet again.

Ward C5 – Staff were amazing considering how busy they all are. We were never made to feel like anything was a problem and the staff are a credit to all.

Critical Care - All the team from paramedics to post operative care and recovery have been wonderful, caring, very informative and put my mind at rest every step of the way.

The Oak Clinic - The nurses are fantastic. They are very helpful and kind. The doctor is always so caring, couldn't ask for a better service. Extremely kind and explains everything clearly. Excellent service.

Urology - The whole experience was very good and thorough, explained everything clearly and the nurses are amazing.

Stroke Medicine - Excellent service. Explained everything clearly. I can't fault the service I have received from Russells Hall Hospital.

Ambulatory Emergency Care - Prompt, professional care. All the staff that saw me were excellent! Follow up appointment already in place. Thank you all.

Awards

The Healthier Futures Black Country Integrated Care System (ICS) was awarded the Inclusive ICS of the Year Award, for its work with health and care organisations across the system, at the 2023 MIDAS awards.

Our EDI network co-ordinator Laura Cowley, the Trust's network co-ordinator also won EDI Champion of the Year.

Professional development Health Care Support Worker Dorin Willetts received the prestigious national chief nursing officer award for going above and beyond during her service.

Visits and Events

Russells Hall Hospital Anniversary

In May 2024 we celebrate the 40th anniversary of the opening of Russells Hall Hospital. On May 21st 1984 HRH Princess Anne visited Dudley to open our new hospital building and throughout the coming weeks we will be celebrating the thousands of patients, staff, visitors and volunteers who have visited us since.

4 March	Black Country Provider Collaborative Extended Executive
6 March	Regional Roadshow: Planning & Priorities 2024/25 – Midlands & East Regions
7 March	Black Country System Chief Executives and Chief Finance Officers
8 March	Black Country Inclusive Leadership and Accountability Conference
11 March	Get It Right First Time Further Faster – Senior Responsible Officers
12 March	Black Country System Chief Executive Officers
13 March	Black Country Get It Right First Time High Volume Low Complexity Visit
14 March	Dudley Group Public and Private Board of Directors
14 March	Black Country System Chief Executives/Chairs
15 March	Joint Provider Committee
18 March	Integrated Care System Cancer Board
20 March	Black Country and West Birmingham Elective Diagnostic Strategic Board
20 March	Black Country Integrated Care Board Clinical Nurse Specialist and Cancer Services Celebration Event
21 March	Black Country System Improvement Director Interviews
21 March	Dudley Group Remuneration and Nominations Committee
27 March	Midlands Chief Executive Monthly Update Call with Dale Bywater

27 March	Black Country System Financial Recovery Oversight Group
28 March	Dudley Group Finance and Productivity Committee
28 March	Black Country Integrated Care Board Public and Private Board
4 April	Black Country Integrated Care Board Development Session
8 April	Black Country Provider Collaborative Executive
8 April	Freedom to Speak Up Steering Group
11 April	Dudley Group Private Board of Directors
15 April	Integrated Care System Cancer Board
15 April	Dudley Group Charity Committee
17 April	Black Country Quarterly System Review
18 April	Joint Bi-monthly Collaborative – Black Country Provider Collaborative/Mental Health/Primary Care Collaborative
19 April	Black Country Joint Board Development Workshop
23 April	Sandwell and West Birmingham Trust Leaders Conference
23 April	Black Country System Chief Executives
24 April	Midlands Chief Executive Monthly Update Call with Dale Bywater
24 April	Black Country Elective and Diagnostic Strategic Board
25 April	Dudley Group Finance and Productivity Committee
26 April	Dudley Group Leaders Conference
30 April	Regional Access Board

Email: d.wake@nhs.net

NHS England

To:
- Diane Wake
- Chief Executive
- The Dudley Group NHS Foundation Trust

Wellington House
133-155 Waterloo Road
London
SE1 8UG

14 April 2024

Dear Diane,

Local 4 hour performance exceeding 76% across March 2024

I want to say a huge heartfelt thank you to you, your teams and your partners that supported the drive towards the national ambition that at least 76% of your patients in ED attendance were admitted, transferred, or discharged within 4 hours by the end of last year, providing timely access to care for the population you serve.

I know this has required significant focus and dedication, including increasing bed capacity within hospitals and expanding same day emergency care, changing ways of working with a greater focus on streaming, re-direction, direct access and clinical decision-making, and working with system partners to support the expansion and consistent utilisation of urgent treatment centres, virtual wards and urgent community response, as well as transfer of care hubs.

I have visited many organisations since I commenced in my national role, and I am very aware that much of this achievement has occurred as a result of the incredible drive and determination from everyone across the emergency care pathway. A key focus for the year ahead is to work to put this improvement on a sustainable footing, whilst continuing to deliver on the wider ambitions of the Urgent and Emergency Care Recovery Plan.

Thank you again for your hard work, and when you are thanking your teams in your own unique ways, please ensure mine are added. I see beyond the numbers into the experiences of the patients you have treated, when care and compassion are what matter most.

The year ahead will inevitably be more challenging, I look forward to working with you and supporting in any way I can.

Sarah-Jane

Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer NHS England

Enclosure 4

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

Report title	Exception 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 28th March and 25th April 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 – 9th May 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: 28th March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Further progress was required against the 62 day cancer target, but there was confidence that this would be achieved in the near future. • There was a continued significant concern regarding the underperformance of the Black Country Pathology Service. • The Black Country System were still forecasting a deficit beyond plan for this year. • It was noted with concern that there was a challenging forward financial position which required a 5% CIP to achieve a deficit of £44m which may not be acceptable to NHSE.	• The committee requested an analysis of the Winter Plan expenditure against budget. • An audit was commissioned of the Black Country Pathology Service business case and merger. • Chairs of Finance and Productivity Committee, Quality Committee and People Committee should meet as required on an ad hoc basis to oversee the reduction of substantive staff and bank and agency staff.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There had been a helpful rationalisation of risks to avoid confused and duplication. • The committee recognised that there was room for further progress and were on target to achieve the 76% four hour wait target. • The committee noted the strong performance in diagnostic and elective restoration and recovery. • The Winter Plan had enabled the Trust to manage safely thorough out the winter. • The Trust was forecasting delivering a surplus of £4.5m, anticipating achieving above that by £2m due to effective financial effective management of our own finances and support received from NHSE. • There had been an overperformance against the CIP target of £760k for 2023/24. • Comprehensive legal and financial due diligence was carried out regarding the transaction of DIHC.	• The committee approved a deficit budget of £43m noting a borrowing requirement of £33m. • The Targeted Lung Health Check business was recommended to Board for approval. • The committee recommended the appointment of a broadband supplier for the health and social care network to Virgin Media to Board for approval. • Committee assurance levels agreed as inconclusive for BAF 4,and 7
Chair's comments on the effectiveness of the meeting: There was a lot of complexity within the content.	

EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

Meeting held on: 25th April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There is a risk to the ED redesign from Systemwide issues. • The CIP challenge was ongoing for 2024/25 with a recurrent CIP gap of £10.65m after workforce savings.	• The committee commissioned a paper on the impact of opening of the Midlands Metropolitan University Hospital.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• A positive operational performance across a number of measures was seen. Targets were being met for emergency performance, DM01, the 28 day faster diagnostic standard and the 62 day standard target for cancer. • The underlying year end position was £2.4m better than budget. • There had been a largely positive outturn against the 2024/25 business plan.	• The committee agreed the feedback from the committee effectiveness review. • The annual report was recommended to Board for approval. • Committee assurance levels agreed as positive for BAF 4,5 and 7
Chair's comments on the effectiveness of the meeting: Thanks were given to Diane and the team for all of the hard work and great progress managing the finances. It was an extremely positive meeting.	

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

Report title	Month 12 Financial Position
Sponsoring executive	Chris Walker, Interim Director of Finance
Report author	Chris Walker, Interim Director of Finance

1. Suggested discussion points

The Board is asked to note the Month 12 (March 2024) Trust financial position. After technical changes the March cumulative position is a £6.807m surplus. This position is £2.388m better than the updated phased plan submitted to NHSE. The plan has been updated by NHSE to include the non-recurrent cash support income of £23.6m provided to the Trust in January. The Trust has submitted its draft accounts to NHSE and the audit of the accounts began at the end of April.

The Board is asked to note the Black Country System March 2024 financial position. The System submitted a revised forecast position to NHSE in early December of a £90m deficit (£21m adverse to planned deficit). In January a revised deficit of £101.0m was reported to take into consideration industrial action costs. The System has now been funded for industrial action costs and received non-recurrent cash funding of £68.8m. The System therefore is required to achieve a position of a £21.2m deficit (being the £90m deficit position in December less the £68.8m non-recurrent funding). The System is reporting achievement of this position for the 2023/24 financial year.

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 12 (March 2024) detailed finance report presented to the Finance and Productivity Committee on the 25th April 2024.

Summary Month 12 financial report presented to Executive Directors on 16th April 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

a.	Note the financial performance for the month of March 2024.
b.	Note the reported Trust and System 2023/24 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 8.0		x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register			*[Give risk Nos]*					
Equality Impact Assessment	Is this required?				N		If 'Y' date completed	
Quality Impact Assessment	Is this required?				N		If 'Y' date completed	

REPORTS FOR ASSURANCE AND DECISION

FINANCE REPORT

REPORT TO PUBLIC BOARD OF DIRECTORS ON 9 MAY 2024

1. EXECUTIVE SUMMARY

1.1 After technical changes the **March cumulative position is a £6.807m surplus.** This position is £2.388m better than the phased plan submitted to NHSE.

1.2 This continues a similar variance to plan to that reported over the last quarter of the financial year. The main reasons for the positive variance from plan are the additional funding the Trust received relating to industrial action in excess of the industrial action costs, the impact of the further reduction in the ERF target and the over achievement of the cost improvement savings target for the financial year.

1.3 Following the reductions to the ERF target to compensate for industrial action, the cumulative March position was an over-achievement of £4.817m.

1.4 The March pay costs showed an increased level of expenditure in comparison to February. Bank costs were particularly high in March, notably across Nursing (qualified and unqualified) and Scientific/Therapeutic staff. Waiting List Initiative spend also remained high in March due to 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 in March showed an increase, particularly across legal costs and pass through drugs/devices. There remains a cost pressure relating to ICB passthrough drugs and infusor pumps with the final year end pressure equating to £2.461m.

1.6 The Integrated Care System reported an actual aggregate £21.2m deficit for March. The System submitted a revised forecast position to NHSE in early December of a £90m deficit (£21m adverse to planned deficit). In January a revised deficit of £101.0m was reported to take into consideration industrial action costs. The System has now been funded for industrial action costs and received non-recurrent cash funding of £68.8m. The System was therefore required to achieve a position of a £21.2m deficit which was achieved.

1.7 The System has submitted a deficit plan of £120m to NHSE 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 **March cumulative position is a £6.807m surplus.** This position is £2.388m better than the phased plan submitted to NHSE.

2.2 The table below provides a summary of the plan movements from the original £19.174m deficit plan for the Trust to the revised plan set by NHSE along with the actual achieved financial position.

	Plan	Actual	Variance
	£000's	£000's	£000's
Original Plan	**(19,174)**	**(16,955)**	**2,219**
Non-recurrent Revenue Funding	23,593	23,593	0
ICB Allocation for IFRS16	0	169	169
Revised Position	**4,419**	**6,807**	**2,388**

2.3 Cumulatively to March the Trust was £2.388m ahead of plan. The main reasons for the positive variance from plan are the additional funding the Trust received relating to industrial action which was more than the industrial action costs, the impact of the further reduction in the ERF target and the over achievement of the cost improvement savings target for the financial year.

2.4 To co-ordinate the ERF position for year end, national estimates based on a straight line forecast of M1-9 actual ERF achieved were calculated by NHSE. These have been incorporated into the financial position, including estimates for diagnostic activity. This equates to an over-performance of £4.817m (the February ERF position was £4.757m). Any improvement over these fixed figures will result in a reduction to the target for 2024/25 and positively contribute to the financial position.

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

2.6 The increased costs are linked to bank costs being particularly high in March, notably across Nursing (qualified and unqualified) and Scientific/Therapeutic staff. Plans are underway to drive a reduction in bank costs for 2024/25. Waiting List Initiative spend also remained high in March due to 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 March, the spend was slightly lower than average with medical staff responsible for 92% of the spend.

2.8 Non pay spend in March showed an increase, particularly across legal costs and pass through drugs/devices. There remains a cost pressure relating to ICB passthrough drugs and infusor pumps equating to £2.461m (was £2.190m). There were further one-off recharges relating to Covid consumables which were fully funded.

3. CAPITAL AND CASH

3.1 The cash position at the end of March was £3.047m higher than the previous month's forecast. Receipts were £0.702m above the forecast position in March. Non-patient income receipts were £0.699m above forecast. This related to additional payments from Black Country ICB that were not included in the forecast. Payments to suppliers were £1.925m lower than forecast. This was a combination of the timing of payment runs in March and NHS invoices that were disputed and will be paid in April now. Capital payments were only £0.172m higher than forecast. A small number of invoices were received earlier than forecast.

3.2 The final cash position was significantly higher than original plan. Receipt of the £23.6m non-recurrent revenue funding negated the need to borrow £15m cash. Technical removal of the PDC dividend saved £3.9m cash and additional IA funding and ERF contributed to the improved cash position. The 12 months forward look on cash based on current system financial framework would see the Trust requiring further cash support in June (£6m) and monthly after that (£33m in total). Further refinement of the forecast for 24/25 is required and will be updated once the final 2024/25 plan is agreed.

3.3 Compliance with the Better Practice Payment Code was 93.3% in terms of number of invoices paid to non-NHS suppliers and 92.9% for NHS suppliers as at 31st March 2024.

3.4 The final capital expenditure for the 2023/24 financial year was £14.582m. The operational capital allocation of £5.675m was fully expended and the control total for the ICS achieved. £6.756m of PDC cash funded schemes were fully expended which included CDC £4.135m, Frontline Digital £1.990m and the ED scheme £0.631m.

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

4.1 The Integrated Care System reported an actual aggregate £21.2m deficit for March.

4.2 From a System perspective, following receipt of £68.8m deficit funding linked to the original plan submission, there is a requirement to deliver an outturn deficit of £21.2m. This represents the difference between the revised £90m deficit forecast that was agreed and the additional allocation of £68.8m. Collectively, this position has been delivered by the System.

5. RECOMMENDATIONS

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

Chris Walker
Interim Director of Finance
24th April 2024

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024.

Report title	CIP Update on the closure of the 2023/24 Programme and progress to date on the 2024/25 Programme
Sponsoring executive ' presenter	Adam Thomas – Chief Strategy and Digital Officer / Deputy CEO
Report author	Dara Bradbury – Senior Transformation Programme Lead

1. Suggested discussion points

- The committee is asked to note the status of the 2023/24 Cost Improvement Programme since our last report on 28th March when we reported a forecasting overperformance of £762k.
- Positive assurance that the Cost Improvement Programme for 2023/24 is now closed and it delivered a year-end total of £27.05m against a year end plan of £26.23m. This resulted in a final over delivery of £850k. 51% of the programme was Recurrent in nature.
- Continued work across all divisions to meet the 2024/25 assigned CIP Programme targets. The Trust is currently working towards a 5.2% expectation in line with the Financial Recovery Programme (FRP).
- This equates to a CIP Programme value of £28.69m. To date we have identified c.£21.24m in estimated CIP. This is made up of £8.97m of CIP plus a further £12.27m in workforce savings. The current gap is £7.45m. Approximately 70% of the current programme plan is recurrent savings.
- It is noted that the workforce figure is yet to be divisionally phased and must also pass through our Quality Improvement Assessment process.

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

Financial Improvement Group on Thursday 18th April 2024
Finance & Productivity Committee 25th April 2024
Trust Board 9th May 2024

3. Recommendation(s)

The Finance & Productivity Committee 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 2024/25 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		

Report Title: Cost Improvement Programme Update

Report to: Trust Board of Directors

Report Date: 9th May 2024.

1. EXECUTIVE SUMMARY

1.1 The committee is asked to note the status of the 2023/24 Cost Improvement Programme since our last report on 28th March when we reported a forecasting overperformance of £762k.

1.2 We are happy to report that the Cost Improvement Programme for 2023/24 is now closed and it delivered a year-end total of £27.05m against a year end plan of £26.23m. This resulted in a final over delivery of £850k.
Only 51% of the programme was Recurrent in nature.

1.3 Work continues across all divisions to meet the 2024/25 assigned CIP Programme targets. The Trust is currently working towards a 5.2% expectation in line with the Financial Recovery Programme (FRP).
This equates to a CIP Programme value of £28.69m. To date we have identified c.£21.24m in estimated CIP. This is made up of £8.97m of CIP plus a further £12.27m in workforce savings.

1.4 With the workforce figure included, the unidentified gap is £7.45m. Approximately 70% of the current programme plan is made of recurrent savings.

1.5 It is noted that the workforce figure is yet to be divisionally phased and must also pass through our Quality Improvement Assessment process.

1.6 A potential for further distribution of system financial risk to providers exists, which would add to the currently unidentified gap.

CIP PROGRAMME CLOSING POSITION 2023/24

2.1 The month 12 Plan Vs Actual has over delivered by £850k having delivered £27.05m against a plan of £26.23m. Table1 below shows the divisional out turns at year end. The overperformance of both Corporate and Community with core clinical Services divisions has offset the continued underperformance of Surgery Women and Children plus Medicine and Integrated Care throughout the financial year

Table 1

DIVISIONAL PERFORMANCE v TARGET	£££	£££	£££	£££
	Target	Forecast at M11	Forecast at M12	Gap to Find M11
Corporate	£2.742	£8.329	£8.329	£5.587
Community & Core Clinical Services	£5.574	£5.880	£5.880	£306k
Medicine	£7.971	£6.558	£6.610	£1.361
Surgery, Women & Children	£.,945	£6.228	£6.228	£3.717
TOTAL	£26.233m	£26.995m	£27.048m	£850k

3 PROGRESS OF 2024/25 CIP PROGRAMME

3.1 A total of £21.24m has been identified to date. This consists of £8.97m of traditional CIP plus a potential £12.27m in workforce savings to meet the required 4% reduction in Pay. The Trust has identified 82 schemes of which 73% is recurrent. The unidentified gap in traditional CIP spread across the divisions as per table 2 below.

Table 2 Traditional CIP

DIVISIONAL PERFORMANCE v TARGET	*£££*	*£££*	*£££*	*£££*	*£££*
	Target (5.2% Assumed)	*Identified to Date*	*Recurrent*	*Non-Recurrent*	*Gap to Find*
Corporate	*£6,098,000*	*£1,957,869*	*£338,369*	*£1,619,500*	*£4,160,131*
Community & Core Clinical Services	*£4,990,000*	*£1,636,429*	*£1,493,794*	*£143,635*	*£3,403,571*
Medicine	*£8,871,000*	*£1,871,282*	*£1,561,407*	*£309,875*	*£6,999,718*
Surgery, Women & Children	*£8,732,000*	*£3,502,677*	*£3,139,360*	*£363,317*	*£5,229,323*
TOTALPROGRAMME	*£28,691,000*	*£8,968,527*	*£6,532,930*	*£2,435,327*	*£19,792,743*

3.2 The £19.79m unidentified gap could be reduced further by the £12.27m identified in Workforce pay savings, however considerable work is required to ensure the delivery of this workforce value.

3.3 The Savings Category Split is shown in table 3 with most of the savings currently identified through Income generation at 38% of the overall £8.97m value.

Table 3

Savings Category	Plan Total	% of Plan
Non-Pay	£2,565,986	29%
Pay	£2,984,309	33%
Income	£3,417,962	38%

3.4 The identified CIP has been aligned against the PA Consulting Pillar categories as shown in table 4 with the most opportunities falling under Operational and Clinical Productivity.

Table 4

PA Pillar Groups	TOTAL
Operational and Clinical Productivity	**£3.730m**
Corporate Estates & Commercial	**£1.967m**
Workforce	**£2.004m**
Share of system Wide	**£0.584m**
Unassigned Categories	**£0.694m**
4% Pay Reduction	**£12.265m**

3.5 The list of all schemes identified to date as shared at the Finance Improvement Group on 18th April 2024 is shown within Appendix 1.

3.6 The proposed additional CIP from each division is shown within Appendix 2.

4 RISKS TO THE 2024/25 CIP PROGRAMME

4.1 3 Unpalatable ideas from Surgery Women and Children require approval from the Executive Directors to the value of £4.65m as noted below:

- Reduction in medical outliers within surgery – closure of WardC6 and redeployment of staff to other areas = £1.6m
- Closure of 2 x L3 ITU beds = £250k
- Reduction in WLI *High Risk* - £2.8m

4.2 If approved this could reduce the existing £7.45m unidentified gap down to c.£2.8m

5. NEXT STEPS FOR GAP CLOSURE 2024/25 CIP PROGRAMME

5.1 ERF trajectories to be revisited at divisional level to support the proposed increase in plan from £108.8m to £113m. The additional income here should be offered up as a proportion of divisional CIP and could in theory close the overall CIP gap.

5.2 4% Workforce Reduction value and project ownership to be split across divisions to ensure correct plans are in place to achieve this target. Finance, Operational Directors and Human Resources to work together to ensure a phased approach is addressed to meet the October deadline.

6. RECOMMENDATION(s)

6.1 The Committee is asked to note the over achievement and closure of the 2023/24 Programme and the progress to date of the 2024/25 CIP programmes and any risks identified.

Appendix 1 – TRADITIONAL CIP IDENTIFID TO DATE 2024/25

Scheme Ref No	Scheme Name	Value	Rec/Non Rec	Savings Type
MIC-2425-001	MIC Procurement Savings	£130,145	Recurrent	Non-Pay
MIC-2425-002	Division Vacancy Factor	£226,000	Non-Recurrent	Pay
MIC-2425-003e	MIC Budget Review|Step Down Service no longer provided	£78,000	Recurrent	Non-Pay
MIC-2425-003g	MIC Budget Review|Bowel Screening income set to correct level	£150,000	Recurrent	Income
MIC-2425-007	Medicines Optimisation Rebate Medicine 24/25 (Takeda vedolizumab)	£25,000	Non-Recurrent	Non-Pay
MIC-2425-009	Medicines Optimisation Tocilizumab Biosimilar - Medicine Share	£20,000	Recurrent	Non-Pay
MIC-2425-014	Dermatology	£59,930	Recurrent	Income
MIC-2425-017	Recruitment of 2 extra Gastro consultants	£236,624	Recurrent	Income
MIC-2425-020	Hepatology Workforce - additional clinical activity (income) following business case	£14,900	Recurrent	Income
MIC-2425-021	Alcohol Care Team (additional clinical income chargeable under ERF)	£21,800	Recurrent	Income
MIC-2425-025e	Maximisation of HOT clinics in SDEC|Frailty	£125,800	Recurrent	Income
MIC-2425-025c	Maximisation of HOT clinics in SDEC|Respiratory	£98,000	Recurrent	Income
MIC-2425-032c	Pharmacy Procurement 24/25 - Apixaban Saving	£14,285	Non-Recurrent	Non-Pay
MIC-2425-032e	Pharmacy Procurement 24/25 - Apixaban Saving	£12,050	Non-Recurrent	Non-Pay
MIC-2425-032g	Pharmacy Procurement 24/25 - Apixaban Saving	£14,182	Non-Recurrent	Non-Pay
MIC-2425-032u	Pharmacy Procurement 24/25 - Apixaban Saving	£18,358	Non-Recurrent	Non-Pay
MIC-2425-036	5th Endoscopy Room - count of income with 2 additional session to be running - may have surgery income in here	£205,000	Recurrent	Income
MIC-2425-TBC	Neurology review of services	£135,900	Recurrent	Income
MIC-2425-TBCe	ERF Income - Virtual Ward - charging for first attendances|Frailty	£91,570	Recurrent	Income
MIC-2425-TBCc	ERF Income - Virtual Ward - charging for first attendances|Respiratory	£193,738	Recurrent	Income
	Total	**1,871,282**		

Scheme Ref No	Scheme Name	Value	Rec/Non Rec	Savings Type
SWC-2425-001	SWC Procurement Savings	£269,358	Recurrent	Non-Pay
SWC-2425-006	SWC RAS Referral Review	£42,000	Non-Recurrent	Income
SWC-2425-022	SWC Division Wide Budget Setting Review	£1,090,582	Recurrent	Pay
SWC-2425-012	Review Attend Anywhere Licence Renewal	£25,000	Recurrent	Non-Pay
SWC-2425-011	Children's Services Medicines Optimisation - Surgery Share	£25,000	Recurrent	Non-Pay
SWC-2425-024	Children's Services - Additional income above ERF plan	£57,500	Recurrent	Income
SWC-2425-020	Reduce use of printed patient leaflets	£1,000	Recurrent	Non-Pay
SWC-2324-010	Reduction in Printed Stationery in Maternity - 23/24 Rollover	£1,668	Recurrent	Non-Pay
SWC-2324-070	Reduction in expenses for community midwifery hubs - 23/24 Rollover	£2,252	Recurrent	Non-Pay
SWC-2425-007	Gynaecology Medicines Optimisation	£12,000	Recurrent	Non-Pay
SWC-2425-017	Fluent - New Device and consumable savings	£2,000	Recurrent	Non-Pay
SWC-2425-018	PMB pathway-reduction in histology sampling	£10,000	Recurrent	Non-Pay
SWC-2425-031	Obstetrics Medicines Optimisation	£1,300	Recurrent	Non-Pay
SWC-2425-023	Obs & Gynae - Additional income above ERF plan	£415,500	Recurrent	Income
SWC-2425-010	Ranibizumab Biosimilar Switch - Surgery Share	£50,000	Recurrent	Non-Pay
SWC-2425-015	3D Printing in Oral surgery	£20,000	Recurrent	Non-Pay
SWC-2425-025	Specialist Surgery - Additional income above ERF plan	£86,700	Recurrent	Income
SWC-2324-166	Urology - Admin Training Posts Rollover	£2,547	Non-Recurrent	Pay
SWC-2425-026	SUV - Additional income above ERF plan	£127,000	Recurrent	Income
SWC-2425-030	Pharmacy Procurement 24/25 - Apixaban Saving	£5,279	Non-Recurrent	Non-Pay
SWC-2425-013	Plastics - Reduction of Admin Bank Spend	£10,000	Recurrent	Pay
SWC-2425-014	Plastics - Nurse biopsies to reduce WLI spend	£25,000	Recurrent	Pay
SWC-2425-027	T&O (inc Plastics) - Additional income above ERF plan	£462,500	Recurrent	Income
SWC-2425-029	Pharmacy Procurement 24/25 - Apixaban Saving	£3,491	Non-Recurrent	Non-Pay
SWC-2324-153	Switch of Sugammadex to generic brand - 23/24 Rollover	£30,000	Recurrent	Non-Pay
SWC-2425-004	TCAPP - Additional income over ERF plan	£260,000	Non-Recurrent	Income
to be assigned	Stagger Shift Times	£30,000	Recurrent	Pay
to be assigned	Mandaatoory Training consolidation	£50,000	Recurrent	Pay
to be assigned	Surgical Bed Manager Moves	£125,000	Recurrent	Pay
to be assigned	Coding	£35,000	Recurrent	Income
to be assigned	OPD Booking	£35,000	Recurrent	Income
to be assigned	ECT Contract	£50,000	Non-Recurrent	Income
to be assigned	Ward Clerk Cohort	£140,000	Recurrent	Pay
	TOTAL for SWC	**3,502,677**		

Scheme Ref No	Scheme Name	Value	Rec/Non Rec	Savings Type
CCS-2425-005	Tendering of BCPS Consumables	£582,692	Recurrent	Non-Pay
CCS-2425-003	Medicines Optimisation Tocilizumab Biosimilar - Pharmacy Share	£20,000	Recurrent	Non-Pay
CCS-2425-002	Medicines Optimisation (MIC) Rebate - Pharmacy Share	£50,000	Non-Recurrent	Non-Pay
CCS-2425-011	Ranibizumab Biosimilar Switch - Pharmacy Share	£50,000	Recurrent	Non-Pay
CCS-2425-009	Children's Services Medicines Optimisation - Pharmacy Share	£25,000	Non-Recurrent	Non-Pay
CCS-2425-004	Pharmacy Procurement 24/25	£50,000	Recurrent	Non-Pay
CCS-2425-004a	Pharmacy Procurement 24/25 - Apixaban Saving	£67,635	Non-Recurrent	Non-Pay
CCS-2425-033	CDC Efficiencies (CT & MRI Mobiles Units)	£200,000	Recurrent	Non-Pay
CCS-2425-010	CCCS Procurement Savings (to be confirmed)	£21,102	Recurrent	Non-Pay
CCS-2425-031	Further develop CDC Dermoscopy to resolve ASI Challenge	£200,000	Recurrent	Income
CCS-2425-032	CDC Efficiencies (Gastro)	£200,000	Recurrent	Pay
CCS-2425-006	Introduction of Decontamination Units	£20,000	Recurrent	Non-Pay
CCS-2425-tbc	Repatriate Plain Film MSK Reporting inhouse	£100,000	Recurrent	Non-Pay
CCS-2425-tbc2	Directorate Wide Smaller Saving Schemes	£50,000	Recurrent	Non-Pay
	Total for CCCS	**1,636,429**		

Scheme Ref No	Scheme Name	Value	Rec/Non Rec	Savings Type
CRP-2425-001	Corporate Procurement Savings	£209,869	Recurrent	Non-Pay
CRP-2425-002	EBME 3rd Party Maintenance Rationalisation	£60,000	Recurrent	Non-Pay
CRP-2425-003	Finance PFI commercial Agreement	£1,000,000	Non-Recurrent	Non-Pay
CRP-2425-FDA	Finance Further Vacancy Factor	£14,000	Non-Recurrent	Pay
CRP-2425-GoA	Governance Legal Fees	£20,000	Recurrent	Non-Pay
CRP-2425-GoB	Governance Hold Vacancy	£11,000	Non-Recurrent	Pay
CRP-2425-010	IT 3rd Party Maintenance Contracts	£17,000	Recurrent	Non-Pay
CRP-2425-009	IT 3 Year Digital Plan Cloud Delay	£847,680	Non-Recurrent	Pay
CRP-2425-009	IT 3 Year Digital Plan Cloud Delay	-£747,680	Non-Recurrent	Non-Pay
CRP-2425-ITA	IT Staffing Review	£124,000	Non-Recurrent	Pay
CRP-2425-011	Medical Director Vacancy Factor	£37,000	Non-Recurrent	Pay
CRP-2425-NDA	Nursing Director Income	£313,500	Non-Recurrent	Income
CRP-2425-NDB	Nursing Director Nutrition Virtual Ward Staffing	£31,500	Recurrent	Pay
CRP-2425-012	Strat & Trans Lung Health Checks	£0	Non-Recurrent	Pay
CRP-2425-STA	Strat & Trans Additional Vacancy Factor	£20,000	Non-Recurrent	Pay
	Total for Corporate	**£1,957,869**		

Appendix 2 – Additional CIP Plans from Divisions.

CORPORATE DIVISION

Financial Year 2024/25

Corporate baseline budgets signed off for 2024/25.

24/25 CIP Summary	Target FIG 21/3/24	Recent CIP Identified	Unidentified	Notes	Unpalatable
Target	**£6,098k**				
Schemes Identified & Costed	£1,655k				
Unidentified			**£4,443k**		
Directorate CIP review meetings in last fortnight					
Operational IT		-£207k		Includes Risk of £331k Scheme Re; digital plan being removed entirely - Recalculation of proposed saving in progress.	None Identified
Digital IT		£0k		Potential £100k Scheme work in progress	£100k
Nursing Directorate		£345k		Largely Non Rec	None - large proportion of target identified
Operational Finance		£14k		Non Rec	Back office rationalisation work in progress
Transformation		£20k		Non Rec. Potential Lung Health Checks non recurrent income £ TBC	None Identified
Medical Director		£0k		To target individual cost centres with their share of target to generate more ideas	None Identified
Unidentified @ 15/4/24			**£4,271k**		

Further Directorate CIP review meetings scheduled with Risk, Estates/PFI, HR & Ops Mgt - Verbal feedback @ FIG

Further work in progress - £ value TBC
Review current vacancies (3 months or more)
Corporate share of £12m / -4% substantive , -25% bank workforce reductions

MEDICINE AND INTEGRATED CARE DIVISION

REVISED CIP WITH ADDITIONAL OPPORTUNITIES

Scheme	Rec / Non F	Staff Chan	Income change	Expenditure change	Net Savir	PA Consulting Category
Divison Vacancy Factor	Non Rec			-£226,000	£226,000	Other
Step Down Service no longer provided	Rec			-£78,000	£78,000	Other
Bowel Screening income set to correct level	Rec		£150,000		£150,000	Other
Medicines Optimisation Rebate Medicine 24/25	Non Rec			-£25,000	£25,000	Medicines Optimisation
Medicines Optimisation Tocilizumab Biosimilar - Medicine Share	Rec			-£20,000	£20,000	Medicines Optimisation
Maximisation of HOT clinics in SDEC - Respiratory	Rec	+0.3(bank)	£190,350	£92,350	£98,000	UEC - increasing SDEC - reviewed would now start March
5th Endoscopy Room - count of income with 2 additional session to be running - may have surgery income in here	Rec		£205,000		£205,000	(Theatres) - improve in-session utilisation
Hepatology Workforce - additional clinical activity (income) following business case	Rec		£14,900		£14,900	Other - more clinical activity (ERF) with same staff
Alcohol Care Team (additional clinical income chargeable under ERF)	Rec		£21,800		£21,800	Other - more clinical activity (ERF) with same staff
Maximisation of HOT clinics in SDEC/Frailty	Rec	+0.5(bank)	£365,730	£239,930	£125,800	UEC - increasing SDEC - reviewed would now start March
Dermatology	Rec		£59,930		£59,930	Other - more clinical activity (ERF) with more staff
2 extra Gastro consultants	Rec	1.73	£398,052	£161,428	£236,624	Other - more clinical activity (ERF) with more staff
Procurement (share of £900k split to be confirmed)	Rec			-£130,145	£130,145	Clinical & Operational Productivity
Pharmacy Procurement 24/25 - Apixaban Saving				-£58,875	£58,875	Medicines Optimisation
Neurology staffing review			£464,115	£328,215	£135,900	Other - more clinical activity (ERF) with more staff
Virtual Ward charging for first attendance (above assumed in activity plan)			£285,308		£285,308	Other - more clinical activity (ERF) with more staff
Total			**£2,155,185**	**£283,903**	**£1,871,282**	

MEDICINE SUMMARY AND NEXT STEPS

- Target £8,871k
- Identified £1,871k
- 4% employed/bank £4,700k
- Unidentified £2,300k

- Review posts vacant for 3 months
- 4% reduction in actually employed WTE in post
- Admin & clerical bank reduction
- Based on modelling the last 2 would give a saving of £4.7m if the posts were taken out

SURGERY WOMEN AND CHILDREN DIVISION

In scoping

- Change of shift times in theatre to stagger in line with average surgical procedure length: £30k
- Combination of mandatory training leave into one day per staff member: £50k
- Movement of surgical bed management to the site office: £125k
- Changed coding practice: £35k
- Increase in outpatient booking: £35k
- ECT contract with BCH: £50k
- Cohort of ward clerk resource across the organisation: £140k (divisional share)

CCCS 24/25 Schemes in Scoping

Scheme	Savings Category
Breast Screening Service Demand & Capacity Modelling (overlaps with vacancy factor scheme)	Workforce
Podiatry & Leg Ulcer Wound Care Dressings	Clinical & Operational Productivity
Continence Product Savings through embedding of treatment first programme	Clinical & Operational Productivity
Reduction in cost of PIC archiving at RWT (Breast Screening)	Clinical & Operational Productivity
Standardisation of CT Injector consumables	Clinical & Operational Productivity
Private Income from Nuclear Medicine Scans for Ramsey	Other - Income
Retained Services - phasing out WLIs	Clinical & Operational Productivity
Increase Imaging Home Reporting following investment of software to increase connectivity - reduce oursourcing	Clinical & Operational Productivity
Blood Test Tubes - cheaper test sets to be used	Clinical & Operational Productivity
Looking at Sandwell's NOUS referred patients and high DNAs. Impact on admin time here	Clinical & Operational Productivity
Dietetics - Introduction of group sessions	Other - more clinical activity (ERF) with same staff
SLT Activity recording/coding - MDT clinics & telephone contact	Other - more clinical activity (ERF) with same staff
Reduce DNA rates within Paeds Immunology Clinics	Other - more clinical activity (ERF) with same staff
Reduce DNA rates within Chemical Pathology Clinics	Other - more clinical activity (ERF) with same staff

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors 9th May 2024

Report title	Integrated Performance Report for March 2024
Sponsoring executive/ presenter	Karen Kelly, Chief Operating Officer
Report authors	Jack Richards, Director of Operations - Surgery, Women and Childrens. Amandeep Tung-Nahal, Director of Operations - Community with Core Clinical Services. Rory McMahon, Director of Operations - Medicine and Integrated Care.

1. Suggested discussion points

This report summarises the Trust's performance against the national standards and local recovery plans for the month of March 2024 (February 2024 for Cancer and VTE).

The Committee is asked to note performance and next steps against the below national standards.

Emergency Performance

This month ED performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.

In order to improve performance, the trust tri to tri conducted a best practice review of CQC evidence papers and decided upon a suite of initiatives to roll out with the department.

These included:-

- GP letter patients straight to SDEC/Surgical SDEC.
- Ascertain the small cohort of patients sending patients straight to ED rather than the Hub.
- Agree new streaming template with Urgent Care Centre for patients with letters to go direct to Speciality.
- Develop an alert to inform that patients have a High Intensity User note.
- Re-run of heat mapping exercise for nurses and medics in ED.
- Application to central fund for extra medic in ED overnight (TBC - still outstanding - dependent on fund).
- Refocus on RAT model.
- Joint working with Surgery to ensure proactivity to take patients from ED even when full.
- Organizational agreement that specialties must take patients directly and not wait to assess them in ED.
- Improve Validation processes.
- Extra Validation resource.

This improvement has persisted, and improved further into mid-April - all things being equal the trust will hopefully push close to 80% in April.

All teams in ED deserve praise for these special efforts at improvement. We have found that improving the performance is only half the battle; quantification, and validation over extended periods of time, is equally as important.

The division would like to place on record its thanks to Anna Cheslin and Rachel Shaw, both of whom came in over the bank holiday weekend, to ensure that we maximized our validation position.

ED Paediatrics *(responding to action 24/019 board meeting pvte)*

During March 2024 – Against an attendance of 2115 - on average 89% of paediatric patients were seen under 4 hours.

4 Hours ED Attendances

DateArrived	Attendances	Seen Under 4 hours	% Seen Under 4 Hours
01/03/2024	75	58	77%
02/03/2024	55	50	91%
03/03/2024	69	66	96%
04/03/2024	81	68	84%
05/03/2024	71	63	89%
06/03/2024	85	73	86%
07/03/2024	88	74	84%
08/03/2024	59	58	98%
09/03/2024	62	58	94%
10/03/2024	58	50	86%
11/03/2024	89	86	97%
12/03/2024	73	64	88%
13/03/2024	82	74	90%
14/03/2024	71	61	86%
15/03/2024	90	75	83%
16/03/2024	70	62	89%
17/03/2024	74	65	88%
18/03/2024	74	73	99%
19/03/2024	81	74	91%
20/03/2024	81	76	94%
21/03/2024	78	65	83%
22/03/2024	67	58	87%
23/03/2024	39	39	100%
24/03/2024	67	44	66%
25/03/2024	59	51	86%
26/03/2024	49	48	98%
27/03/2024	47	45	96%
28/03/2024	58	53	91%
29/03/2024	51	47	92%
30/03/2024	54	51	94%
31/03/2024	58	55	95%
Total	2115	1884	89%

ED Paeds Dashboard, 4 Hours ED Attendances
Live data Data updated on 30/04/24, 06:41

Cancer Performance

The 28 day Faster Diagnostic Standard (FDS) achieved 87.6% (February validated) against the constitutional standard of 75%. NHSE have revised this target to 77% by March 2025.

31-day combined decision to treat performance achieved 89.8% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 67.7% in February against a national target of 85%. NHSE have revised this target to 70% by March 2025.

DM01 Performance (diagnostics)

March's DM01 performance shows overachievement at 91.33% against an ICB/NHSE trajectory of 88.15%.

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.

Post Validation RTT Incompletes >78 week trend:- In March 2024 - 3 patients breached – actions in place.

- The final position was 2 breaches. Following validation, the medical division clock stopped one of the neurology patients.
- The gastro patient attended the first part of her SeCHAT investigation. This patient will be a clock-stop by the end of April. As the licence for this investigation (nuclear med) only covers a limited number of procedures per month, the gastro team are putting plans in place to ensure that long waiters are prioritised, and that all DNAs are picked up and tracked.
- Neurology have extended their contract with Mediservices to support their diagnostic backlog. Long waiters are being tracked to ensure that they are able to have their diagnostics completed in a timely manner.

Post Validation RTT Incompletes >65 week trend:- As of 27.3.24 - 335 patients waiting.

- The final validated position for the end of March was 314. We are working with the ICB to identify and validate the differences in our cohorts.
- The final position was 184 pathways ahead of our trajectory, as shared with the ICB and NHSE. Our challenged specialties continue to be general surgery, pain management, ENT, neurology and gynaecology. The effort that all of these specialties put into driving towards the 65 week standard was fantastic, and all of them closed the year ahead of trajectory.

RTT 65 week trajectory 1st Outpatient Appointment:- As of 28.3.24 – 47 patients waiting 1st outpatient appointment.

- The final position at the end of March was only 8 patients. This was not reflected in the ICB reported position, as the clinic outcomes for the patients seen on the last weekend of the month would not have been updated until the following week.

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	

	Report journey
Finance and Productivity Committee on the 25 April 2024.	
	Recommendation
The Public Trust Board is asked to:	
a.	Receive the report as assurance of Trust performance
	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	

Summary: Key Areas of Concern

This month ED performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.

March's Overall Triage position was 80.6% vs 95% national target.

Majors triage saw an increase in performance for this month, and as staffing shortages at the front door have improved slightly this month, we have been able to improve waiting times for triage. Both are still showing as special cause improvement and are being actively monitored by Nurse In Charge & Deputy Matrons.

Ambulance triage has seen a positive and increase in performance over the past several months. As roles and responsibility of the ED trackers assigned to ambulances along with RAT, this has improved communication and flow into cubicles.

Paediatrics triage remained stable this month despite the challenges around increased attendances and workforce shortages.

Minors has stayed similar, and the new workforce trial is due to commence on Monday 25th March. This will include having an ACP based in minors between 10:00 – 22:00. This will allow for a wider range of injuries to be seen and treated in minors and reduce workload for front triage.

Triage nurses have been appointed and have now commenced in post which we think should impact the minor's performance.

Cancer (Data to February)

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. NHSE have revised the new March 2025 targets for the 28-day FDS and 62-day to change to 77% and 70% respectively.

The 28 day Faster Diagnostic Standards (FDS) achieved 87.6% (February validated) against the constitutional standard of 75%.

31-day combined decision to treat performance achieved 89.8% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 67.7% in February against a national target of 85%. NHSE have revised this target to 70% by March 2025. The total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory submitted earlier this year; there are total of 53 patients on 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 19, of these 9 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.

DM01

March DM01 performance shows overachievement at 91.33% against an ICB/NHSE trajectory of 88.15%. Non-Obstetric Ultrasound (NOUS) achieved a performance of 93.77% in March compared to 95.95% in February. Cardiology has shown further improvement with performance of 91.89% which is due to additional CDC capacity for Echo. Cardiac MRI is seeing an increase in patients

waiting over 6 weeks and this is mainly attributed to capacity constraints. Options to address capacity challenges include request for system mutual aid.

The number of patients waiting over 6 weeks for NOUS has increased during March to 228. This is due to challenges with resources for ENT, paediatric and specialist consultant scans. SWBH, RWT & WHT have been approached for NOUS support for ENT however there is currently no capacity. Additional lists put in place to address backlog. Overall Endoscopy DM01 performance achieved 92.68% in March showing a significant improvement compared to February 82.09%.

Overall DM01 NHSE target of 85% by the end of March 2024 has achieved.

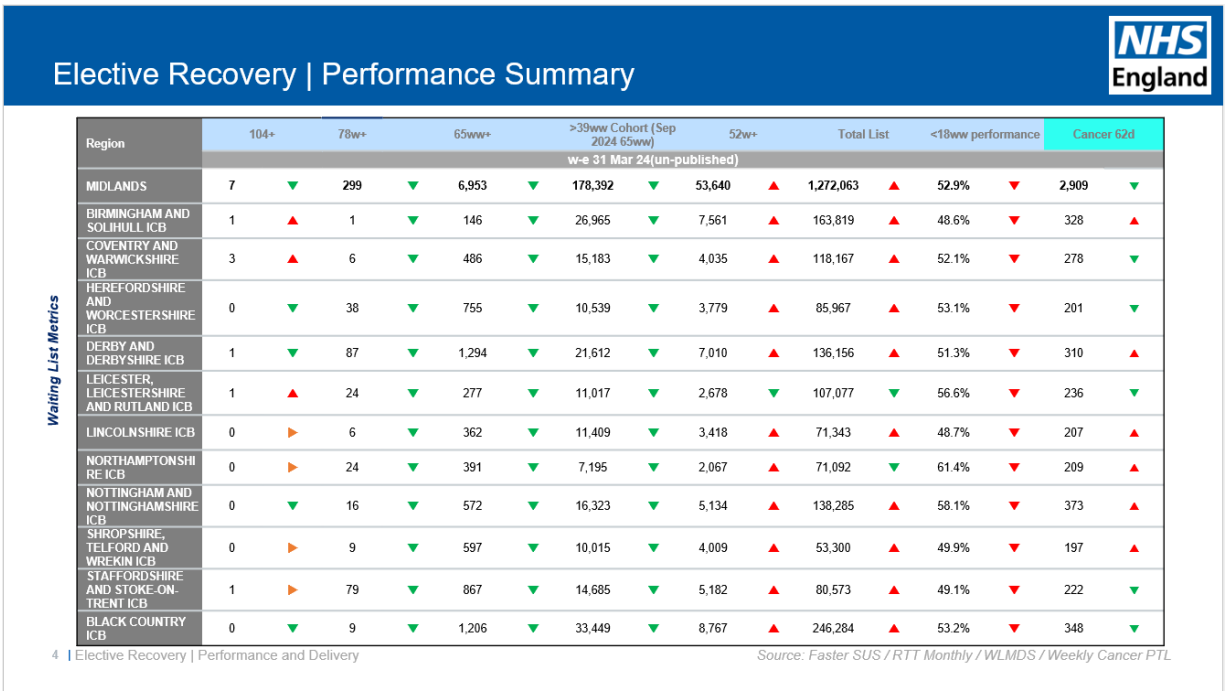
13-week diagnostic breaches are monitored weekly by NHSE. By modality MRI and NOUS are currently experiencing capacity challenges and this is an area of focus. Recovery plans are in development to reduce to zero.

Elective Restoration & Recovery

The national focus continues to be on the reduction of long waits, and this is something that we continue to perform well with as a Trust. We continue to ensure that there are no patients waiting over 78 weeks for treatment and although we are not able to meet the end of March 2024 timescale set for the clearance of 65 weeks, we are aiming to comply with the plan to have cleared them by the end of quarter 1. At present we are ahead of trajectory.

Elective Recovery Programme Performance Report – Regional Midlands 05.04.24

Black Country ICB Performance Summary to Weekending 31.3.24: -



Region	104+	78w+	65ww+	>39ww Cohort (Sep 2024 65ww)	52w+	Total List	<18ww performance	Cancer 62d
	w-e 31 Mar 24(un-published)							
MIDLANDS	7 ▼	299 ▼	6,953 ▼	178,392 ▼	53,640 ▲	1,272,063 ▲	52.9% ▼	2,909 ▼
BIRMINGHAM AND SOLIHULL ICB	1 ▲	1 ▼	146 ▼	26,965 ▼	7,561 ▲	163,819 ▲	48.6% ▼	328 ▲
COVENTRY AND WARWICKSHIRE ICB	3 ▲	6 ▼	486 ▼	15,183 ▼	4,035 ▲	118,167 ▲	52.1% ▼	278 ▼
HEREFORDSHIRE AND WORCESTERSHIRE ICB	0 ▼	38 ▼	755 ▼	10,539 ▼	3,779 ▲	85,967 ▲	53.1% ▼	201 ▼
DERBY AND DERBYSHIRE ICB	1 ▼	87 ▼	1,294 ▼	21,612 ▼	7,010 ▲	136,156 ▲	51.3% ▼	310 ▲
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1 ▲	24 ▼	277 ▼	11,017 ▼	2,678 ▼	107,077 ▼	56.6% ▼	236 ▼
LINCOLNSHIRE ICB	0 ▶	6 ▼	362 ▼	11,409 ▼	3,418 ▲	71,343 ▲	48.7% ▼	207 ▲
NORTHAMPTONSHIRE ICB	0 ▶	24 ▼	391 ▼	7,195 ▼	2,067 ▲	71,092 ▼	61.4% ▼	209 ▲
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	0 ▼	16 ▼	572 ▼	16,323 ▼	5,134 ▲	138,285 ▲	58.1% ▼	373 ▲
SHROPSHIRE, TELFORD AND WREKIN ICB	0 ▶	9 ▼	597 ▼	10,015 ▼	4,009 ▲	53,300 ▲	49.9% ▼	197 ▲
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	1 ▶	79 ▼	867 ▼	14,685 ▼	5,182 ▲	80,573 ▲	49.1% ▼	222 ▼
BLACK COUNTRY ICB	0 ▼	9 ▼	1,206 ▼	33,449 ▼	8,767 ▲	246,284 ▲	53.2% ▼	348 ▼

The trust continues to drive the GIRFT Further Faster Programme, as well as, Specialty GIRFT Meetings since July 2023, with key priorities delivering on Outpatients Pre-Appointments / Reducing and managing DNAs / Remote Appointments / Outpatient throughput / Patient Initiative Follow Ups across 17 core outpatient services. Improving Pathways through:- Diagnostics / Surgical Pathways / Theatres.

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9 May 2024

Report title	Quality Committee 26 March & 30 April 2024: Chair's Report
Sponsoring non-executive / presenter	Professor Liz Hughes
Report author	Amanda Vaughan, EA to Chief Nurse

1.	**Suggested discussion points**
The paper outlines the key points of assurance and escalation at the Quality Committee meetings that took place on 26 March and 30 April 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 26/03/2024, 30/04/2024	

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:** 26 March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There has been a backlog of ophthalmology appointments. This has been added to the risk register and there is a mitigation plan in place.	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received good assurance on the deep dive for the 7-day service, in particular for Respiratory and Endocrinology, noting huge improvement with the 7-day service and no differences in the outcomes over the seven days of the week with uniform mortality. This will be incorporated into the 2024/25 audit plan. • Patient Safety had positive assurance of the development and implementation of the new patient safety systems. The Trust had met the national deadlines including associated training. PSIRF was being embedded with positive engagement and feedback from staff. • Patient Safety Partners were well embedded and is an exemplar for the ICB. The Trust has been asked to present its journey and achievements to other Patient Safety Partners. • Good assurance was received from Surgery, Women's and Children highlighting the NHSE positive feedback on neonates and reduction in overdue complaints. • Patient Experience had achieved 1,000 hours per month by volunteers enabling additional ward activities and wayfinding. • Martha's rule was being implemented within the National Guidance. • There had been a good discussion on committee effectiveness and the future of the committee operations.	• The assurance level for BAF Risk 1.1 remains as inconclusive. • The assurance level for BAF Risk 1.2 remains as positive. • The Committee reviewed, discussed, and approved the following reports. o DIHC Transition Draft Clinical and Quality Assurance Framework. o DIHC Transition Draft Governance and Quality Assurance Framework. o Safer Staffing Policy which will go through staff side for comments and concerns. It will then go through People Committee to ratify.

UPWARD REPORT FROM THE QUALITY COMMITTEE **Date Committee last met:** 30 April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Safeguarding Level 3 training compliance in some areas continues to need improvement. • All staff should complete the Level 1 Oliver McGowan training and there are a number of staff across all areas who still need to complete this. • There are issues with recording training on ESR and this requires a data cleanse. • Concerns were raised regarding ongoing cleaning effectiveness issues. • The Committee asked that the Board be sighted on the ongoing work around responsible clinician and mental health act administrator. • Concern was noted around the lead time for staff uniforms.	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Comprehensive assurance was received for the action plan for the Paediatric Audiology Service to achieve the national audiology review recommendations for IQIPS accreditation. • Assurance from PSIRF Oversight report that standards are being embedded. There are outcomes with good evidence and organisational engagement. • Maternity achievement of Incentive Scheme Year 5. • The Committee discussed the Perinatal Clinical Qualities Surveillance Thematic Review and the 8 recommendations. Assurance was received on the action plan, and it was noted that Maternity has a robust PMRT system. • It was noted that complaints response has improved. • IV-Oral Antimicrobial Stewardship has achieved a 50% reduction on IV injections.	• The assurance level for BAF Risk 1.1 remains as inconclusive. • The assurance level for BAF Risk 1.2 remains as positive. • The Committee reviewed, discussed, and approved the Nursing, Midwifery and AHP Strategy. • The Committee reviewed, discussed, and approved the Nursing AHP Midwifery Strategy and AHP Leaders Group - Terms of Reference

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors on 9th May 2024

Report title	Chief Nurse and Medical Director's Report.
Sponsoring executive	Martina Morris, Chief Nurse and Dr Julian Hobbs, Medical Director
Report author	Helen Bromage, Deputy Chief Nurse; Jo Wakeman, Deputy Chief Nurse; Rebecca Edwards, Medical Director's Business Manager; Paul Hudson, Operational Medical Director; Philip Brammer, Deputy Medical Director; Claire MacDiarmid, Head of Midwifery; Karen Lewis, Chief Allied Health Professional (AHP); Jill Faulkner, Head of Patient Experience; Liz Watkins, Deputy Director of Infection Prevention and Control; Jullie Mullis, Head of Safeguarding and Complex Vulnerabilities.

1. Suggested discussion points

This report provides an overview of key quality, safety and professional matters from a multiprofessional perspective, to demonstrate how multiprofessional teams work collaboratively to positively influence everyday practice and focus on improving quality outcomes and patient experience.

Assure

- The Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) continue to reduce and ongoing focus on improving safety and quality of care remains.
- Improvements with the senior clinical reviews as part of the deteriorating patient pathway (DPP) continue to be evidenced.
- The latest structured judgement reviews carried out by the Medical Examiner indicate predominantly good quality of care provided, with low levels of harm reported.
- Responsiveness to complaints and their closure continue to improve, as a result of the improvement interventions implemented.
- As of 6th April 2024, a new visiting regulation has been introduced, which makes visiting a legal requirement. The Trust has undertaken a scoping exercise and is compliant with the associated requirements.

Advise

- Ongoing safer staffing (Nursing and Midwifery) oversight remains as per the established process and escalation. A safer staffing review will be carried out in June 2024 and the outcome will be reported to the Quality Committee (anticipated in July-August 2024).
- Priority 1 audits were introduced in March 2024 and the Chief Nurse's team continues to work with Information Technology colleagues to develop a heat map to include key metrics such as harm and workforce information to enable triangulation of data and inform any interventions required.
- Objectives have been agreed for 2024/25 as part of the Nursing, Midwifery and AHP strategy, which complement the quality priorities and wider nursing, midwifery

and AHP agendas. Details have been shared with the Quality Committee via a separate report.

- The Complex Nutrition service and Nutrition Virtual Ward have been very successful, resulting in improved patient experience and quality of care, and generating financial savings for the Trust due to admission avoidance.
- The Speech and Language Therapy team's capacity continues to be challenged, due to reduced staffing. A business continuity plan is in place, including mitigations to ensure that priority patients are seen. A deep dive is being undertaken that will inform additional actions required to improve the position.
- The International Day of the Midwife was on 5th May and the International Nurses Day is on 12th May 2024, to pause and celebrate the immense contribution our nursing and midwifery professions make across the NHS and globally. The nursing and midwifery colleagues at the Trust will hold a joint celebration on 9th May, via a variety of local and trust wide recognition events.

Alert

- The Tissue Viability team's capacity remains challenged due to staffing reductions, and this has further deteriorated during March/April 2024. Mitigations are in place to ensure essential support is provided and a review will be undertaken during May 2024 to determine what establishment is required to ensure the team is able to meet the increasing demand.

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		

2.	**Report journey**
Quality Committee – April 2024.	

3.	
Trust Board is asked to:	
a.	**Acknowledge** the work undertaken by the Chief Nurse and Medical Director's office, to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trust Strategy's objectives.

4.	**Impact**						
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person-centred care and treatment					
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 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					
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	

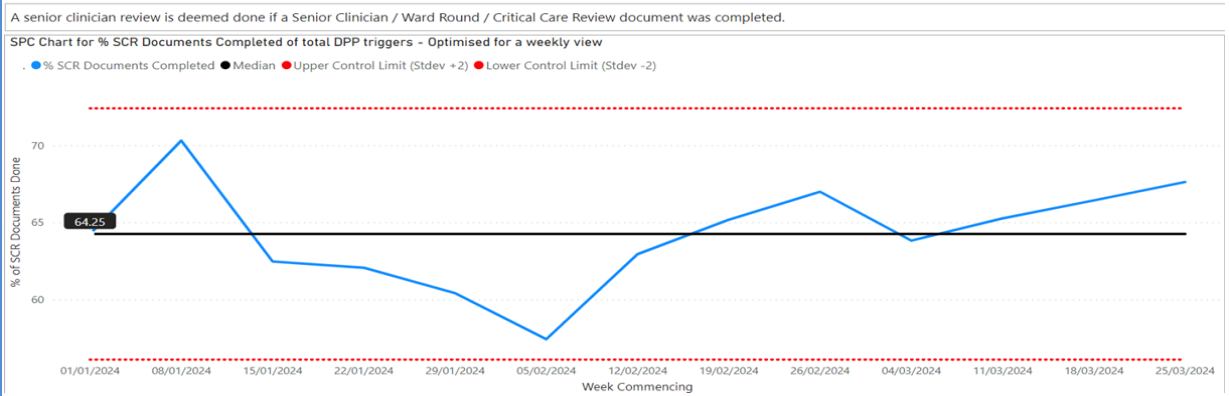
Trust Strategy - Deliver the right care every time

Links to Delivering the fundamentals of care every time and patient safety and improved quality and care outcomes in the Nursing, Midwifery and Allied Health Professionals strategy.

Deteriorating Patient Pathway

Senior Clinical Reviews

The current median for senior clinical reviews completed per week in Q4 is 64.25%, which is an improvement from 61.52% in Q3 (target >90%). Ongoing focus remains to drive further improvements and completions of these reviews.



Cardiac arrests/emergency calls

Due to the variable number of hospital admissions, the medical emergency team calls are viewed per 1000. Survival to discharge during Q2 increased to 11.8% from 10.5% in Q1 and this remains comparable to other similar hospitals that do not have primary Percutaneous Coronary Intervention (PCI) on site. 38.2% of the total patients regained a return of spontaneous circulation (ROSC) and of these, 30.7% survived to discharge. An increase in appropriate conversations and decisions on treatment, escalation and resuscitation plans (TERPS) may reduce the volume of 2222 calls and increase survival to discharge as only 28.82% of patients admitted within Q2 had a TERP documented during their admission (including those decisions for full resuscitation), this work is ongoing. National analysis of Q3 and Q4 data has not been formally calculated at the time of this report.

Emergency equipment checks

The recent introduction of an electronic recording system for emergency trolley equipment, has facilitated greater visibility for clinical leaders in the availability and readiness of the equipment. Where this has highlighted concerns, these have been mitigated and additional measures placed.

Medical Devices

High risk medical device training is currently under review, due to the challenges with compliance. Work is underway with the Divisions to mitigate and resolve the risk.

Mortality
The 12-month rolling Summary Hospital-level Mortality Indicator (SHMI) is 100.66 and the Hospital Standardised Mortality Ratio (HSMR) 85.95 and they have both continued to reduce. The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Reviews (SJRs). Completed SJRs demonstrate predominantly a high quality of care and low level of avoidability. The Dudley Medical Examiner Service is continuing to increase community referrals ahead of the statutory requirement for all deaths to receive a proportionate review. 100% of acute deaths are routinely reviewed.

Safeguarding
There has been 1 Section 42 enquiry against the Trust during March 2024, relating to an unsafe discharge, which is currently in the process of being reviewed.

The Trust has a legal duty to make reasonable adjustments for patients with a disability or impairment, including those with a learning disability and ensure these are communicated with partners via the Reasonable Adjustment Digital Platform. The Trust has undertaken a gap analysis against the Digital Reasonable Adjustment Flagging Standards for Patients with a Learning Disability and developed a plan to achieve full compliance. However, it is important to adopt a broader approach to ensure that appropriate standards are implemented for all people with a disability. Oversight of progress will be maintained via the Internal Safeguarding Group and Quality Committee.

Deprivation of Liberty Safeguards (DoLS)
In March 2024, there were 48 DoLS applications. This is in line with current monthly average for the Trust and is line with the number of applications made by other Trusts of a similar size, offering assurance that staff are recognising when patients are being deprived of their liberty. No patients subject to a DOLS have been assessed by a Best Interest Assessor and this is a nationwide challenge.

Nursing Quality Dashboard – Priority 1 audits commenced March 2024. A review of the entire process to manage and provide oversight commenced in February 2023 below provides a summary of audits collated in AMaT (audit system). Further work is being undertaken by IT to provide a fuller picture of our clinical areas this will include sickness, annual leave, vacancies incidents relating to harm, to enable triangulation.

Audit overview

These are the individual priority 1 audits held on AMat. The current period shown is April 2024 and audit submission in this period is not yet complete. The previous 6 periods cover October 2023 - March 2024.

Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
Tissue Viability SKIN audit (CQUIN 12)	M	93.5%	98.2%	98.0%	96.8%	96.1%	96.3%	97.4%	➤	2
Hand Hygiene '5 moments' audit (v2)	M	99.3%	98.9%	98.8%	96.3%	97.8%	98.6%	99.0%	▼	0
Hand Hygiene - environment audit (v1)	M	98.9%	99.0%	99.1%	99.0%	99.0%	98.9%	99.2%	➤	4
Matron In Patient Audit	M	N/A	N/A	N/A	N/A	86.0%	87.9%	84.6%	▲	24
Standard of Documentation Audit 2024	M	N/A	N/A	N/A	N/A	95.8%	95.9%	96.3%	➤	7
Lead Nurse In Patient Audit January 2024	M	N/A	N/A	N/A	N/A	84.2%	93.7%	93.1%	▲	0

Tissue viability: the two overdue actions relate to actions set in March 2024 that have not yet been reviewed. Actions relate to discussions to be held at ward huddle meetings.

Hand hygiene environment audit: the 4 overdue actions were set in March and have not yet been reviewed in April.

Matron InPatient Audit: This is a new audit for the Trust and relates to review of electronic documentation. Areas to address are: Discharge concerns; Red Flags; AMaT audit completion; AMaT action breaches; vacant posts not on TRAC; Mandatory and Statutory training not above 90%; Patient care not reviewed every shift on the new electronic document; Care not planned in accordance with nursing admission document. Actions in place to address issues identified, but some overdue. Will be reviewed in April audit.

Standard of documentation audit: New audit. Abbreviations used not in line with abbreviation policy. Computers not logged off when not in use.

Lead Nurse audit: New audit. Disclaimer forms not completed; cannula insertion incorrectly documented; sections of admission document incomplete; falls, waterlow and MUST not reassessed every 7 days; patient care not reviewed each shift on the new electronic document.

AMaT

The Trust's quality dashboard is currently partially reconfigured and Informatics colleagues are working to resolve this. Data available within the current dashboard is illustrated below.

KPI_DESCRIPTION	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
	9944.00	20044.00	23041.00	21576.00	21224.00	21523.00	18797.00	21213.00	22551.00	23514.00	13525.00	15966.25	0.00
Hand Hygiene - environment audit (v1)	99.00	98.57	99.03	98.50	97.97	97.14	99.03	98.93	99.16	99.04	99.03	98.90	0.00
Hand Hygiene 5 moments audit (v2)	98.43	99.39	98.39	97.95	99.11	98.46	99.39	98.96	98.80	96.52	97.83	98.62	0.00
IPC Commode Audit (v1)	99.07	99.44	98.13	98.95	99.22	98.36	99.43	99.56	98.01	97.17	95.27	91.82	0.00
Lead Nurse In Patient Audit January 2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.18	93.69	0.00
Matron In Patient Audit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85.97	87.90	0.00
Saving Lives HII No 1 - Ventilator Associated Pneumonia	0.00	100.00	100.00	90.00	75.00	60.00	80.00	75.00	80.00	100.00	90.00	83.33	0.00
Saving Lives HII No 3a - Central Venous Access Devices - Insertion	100.00	100.00	80.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	0.00
Saving Lives HII No 3b - Central Venous Access Devices - Ongoing Care	100.00	100.00	92.86	100.00	94.74	100.00	100.00	100.00	100.00	100.00	100.00	97.06	0.00
Saving Lives HII No 4a - Surgical site infection prevention - Preoperative	100.00	96.30	94.44	94.74	100.00	100.00	100.00	100.00	100.00	88.89	100.00	100.00	0.00
Saving Lives HII No 4b - Surgical site infection prevention - Intraoperative	100.00	100.00	100.00	100.00	96.97	0.00	100.00	96.67	100.00	100.00	100.00	100.00	0.00
Saving Lives HII No 5 - Infection Prevention in Chronic Wounds	100.00	96.43	100.00	87.50	94.12	97.22	100.00	94.74	100.00	100.00	96.97	95.83	0.00
Standard of Documentation Audit 2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.83	95.93	0.00
Tissue Viability SKIN audit (CQUIN 12)	0.00	0.00	0.00	93.29	94.81	95.87	93.58	98.22	97.97	96.80	96.06	96.29	0.00

Safer Nursing and Midwifery staffing (February 2024 – latest available data)

Safer Staffing Summary **Feb** Days in Month 29

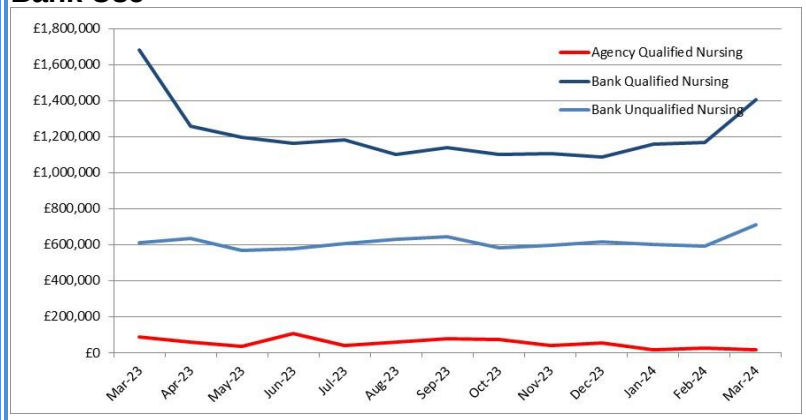
Ward	Day RN Plan	Day RN Actual	Day CSW Plan	Day CSW Actual	Night RN Plan	Night RN Actual	Night CSW Plan	Night CSW Actual	Qual Day %	UnQual Day %	Qual N %	UnQual N %	Sum 24:00 Occ	Actual CHPPD Registered	Care staff	Total
A2 /A4	91	78	58	47	58	56	58	57	86%	82%	97%	97%	338	4.65	3.69	8.34
B1	114	103	63	56	65	61	61	50	91%	88%	94%	81%	505	3.69	2.40	6.09
B2(H)	117	98	185	185	87	84	176	173	84%	100%	97%	98%	692	3.16	6.08	9.24
B2(T)	116	98	130	115	87	82	110	106	85%	88%	94%	96%	674	3.21	3.92	7.14
B3	214	201	170	142	204	200	149	136	94%	83%	98%	91%	1,105	4.27	3.01	7.28
B4	214	170	234	193	147	143	185	175	79%	82%	97%	95%	1,233	2.98	3.58	6.55
B5	235	197	151	130	252	207	107	102	84%	86%	82%	96%	997	4.97	2.73	7.70
C1	237	229	253	223	174	171	218	207	97%	88%	98%	95%	1,385	3.38	3.72	7.11
C2	267	237	62	60	231	223	58	55	89%	98%	96%	95%	482	11.22	2.82	14.03
C3	203	196	368	352	174	167	357	352	96%	96%	96%	99%	1,507	2.89	5.49	8.38
C4	195	169	63	57	116	89	58	78	86%	91%	77%	135%	628	4.79	2.50	7.29
C5	252	230	238	202	233	232	182	172	91%	85%	99%	95%	1,379	4.06	3.25	7.31
C6	92	79	88	79	88	81	67	61	86%	90%	92%	90%	487	3.87	3.44	7.31
C7	203	178	179	159	145	133	177	169	88%	89%	91%	95%	1,031	3.53	3.81	7.34
C8	242	216	213	179	204	183	184	174	89%	84%	90%	95%	1,243	3.77	3.40	7.17
CCU_PCCU	234	217	58	54	203	197	29	29	93%	93%	97%	100%	703	6.91	1.41	8.32
Critical Care	496	414	124	87	494	437			84%	70%	88%		480	21.28	2.18	23.46
EAU AMU	459	457	395	345	383	421	400	373	100%	87%	110%	93%	2,153	4.79	4.00	8.79
Maternity	817	764	348	192	493	477	203	156	93%	55%	97%	77%	1,254	9.43	3.25	12.69
MECU	87	87	32	28	88	87			100%	90%	99%		201	10.39	1.55	11.94
NNU	284	203			248	198			72%		80%		359	13.40	0.00	13.40
TOTAL	**5,168**	**4,624**	**3,412**	**2,885**	**4,173**	**3,928**	**2,779**	**2,624**	**89%**	**85%**	**94%**	**94%**	**18,836**	**5.23**	**3.48**	**8.71**

Dynamic risk assessments have been undertaken within the Divisions to mitigate any risks which have been identified with staffing.
Over the past quarter, a review of the rostering system has taken place to ensure that the locally adaptable tools available were in line with our current practice and support effective and safe rostering.

The Shelford Safer Nursing Care Tool (SNCT) has been reviewed nationally and new tools became available towards the end of 2023. These tools have been acquired by the Trust and a plan for implementation is underway. It is anticipated that the new tools will be implemented in the summer 2024. The safer staffing review planned in May 2024 will be undertaken using the historical tool to allow comparison of data.

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

Bank Use



The overall spend profile had plateaued due to the consolidation of the workforce and the recent recruits becoming established in their roles. This has, however, not been sustained due to the increase in patient acuity and the necessity to open surge areas. There is collaborative work in progress as part of the wider Black Country Provider Collaborative to align workforce standards, policies, and processes with regards to safer staffing and staffing levels. The Trust has requested all bank work is reviewed as part of the financial plans. Areas within corporate nursing team have undergone a Quality Impact Assessment (QIA) approach to review and underpin the process for the cessation of bank usage and removal of posts.

Complaints
As of 31 March 2024, the complaint response rate was 48.8%, with the financial year (2023/24) average of 42.8%. The Trust has seen a decrease in new complaints activity by 7.9% (this does not include re-opened complaints or Ombudsman cases). In 2023/24 the total number of complaints was 956 when compared with 1038 in 2022/23. The current average number of new complaints (this does not include reopened complaints or Ombudsman cases) per month for 2023/24 is 77. There were 133 reopened complaints and 5 new Ombudsman cases received with 6 under investigation at the end of March 2024. As of 11th April 2024, one Ombudsman case had been closed, leaving five under investigation. The number of complaints in backlog as of 31th March 2024 was 26 out of 111 complaints (this does not include reopened complaints and Ombudsman cases) which is 23.4% of open complaints.

The complaints process was streamlined on 22nd January 2024, with an emphasis on Divisional triumvirate responsibility and accountability. In addition, the Complaints team have been exploring more responsive ways to resolve complaints in line with the Patient Experience Strategy 2024-2027, directing concerns to the PALS team or as an early resolution complaint. During March 2024, 10 complaints were received and triaged for the early resolution process and 28 complaints were appropriately converted to a PALS concern for prompt resolution.

Friends and Family Test
A total of 5454 responses across all areas have been received during March 2024, an increase since February 2024 (4831). Overall, 83% of respondents have rated their experience of Trust services as ‘very good/good’ in March 2024, no change from the previous month. A total of 5% of patients rated their experience of Trust services as ‘very poor/poor’ in March 2024, an improvement of 1% since February 2024. The A&E Department received the highest percentage negative score with 13% of patients rating their overall experience as very poor/poor in March 2024. This score has seen an increase of 3% since January 2024. The Community received the highest percentage score for patients rating their overall experience as very good/good at 90%.

New visiting regulation
A new visiting legislation came into effect on 6th April 2024. The Care Quality Commission (CQC) regulation 2 includes a new fundamental standard, regulation 9A (visiting and accompanying in care homes, hospitals, and hospices), which places visiting with other regulatory requirements and enables CQC to assess visiting and act where it is not being facilitated in line with the regulation. A scoping exercise has been undertaken to ensure that the Trust is adhering to the new visiting and accompanying legislation. This has confirmed that the Trust is compliant with the new regulation.

Nursing, Midwifery and AHP presence within clinical areas
A 'back to the floor' concept has been introduced as of 15th April 2024, to increase the visibility and presence of senior staff in and out of hours across the Trust. The aim of this concept is to improve patient experience through strengthened, visible, senior clinical nurse, midwife and AHP leadership. It supports the aims and objectives of an organisational Nursing, Midwifery and AHP strategy and evaluations of the concept at other organisations have found that the approach has had a positive impact on staff and patients, for example, by improving senior team visibility, empowerment, learning together, professional networking, responding to problems collectively and effectively, strengthened communication and championing and implementing change effectively.

Clinical Safety Officer (CSO) and Chief Nursing Information Officer (CNIO) role
A new role encompassing the CSO and CNIO to support the interface between digital solutions and clinical responsibilities is being considered. The CSO role had previously been advertised on a part time basis; however, recruitment was unsuccessful.

7 Day Service Standards
A deep dive into compliance was submitted to the Quality Committee in March 2024. This provided assurance that services are in place to meet the required 10 standards and detailed a specific review of Respiratory and Endocrinology due to the services not having evidenced 7 day service compliance in the 2022/23 Job Planning Round. A Trust wide audit has been planned for 2024/25 to assess all standards. This will complement existing work underway to improve the quality of handover in the Trust.

Challenged service provision
The Tissue Viability team's capacity remains challenged, and a review will be undertaken during May 2024 to determine what establishment is required to ensure the team is able to meet the increasing demand.

The Speech and Language Therapy capacity continues to be challenged, due to workforce reductions. A business continuity plan is in place, including mitigations to ensure that priority patients are seen. A plan is being developed to address the current challenges.

Trust Strategy - To be a brilliant place to work

Links to compassionate and strong leadership, Developing the Nursing, Midwifery and AHP workforce and sustainability and growth in the Nursing, Midwifery and Allied Health Professionals strategy.

Nationally there is an aspiration to have 1 Professional Nurse/Midwife Advocate (PNA/PMA) per 20 Nurses or Midwives. As a Trust, we have utilised the funding allocated to us for Nurses and Midwives to undertake the programme of learning. Currently the Trust has a PNA:Nurse Ratio of 1:90 with 30 registrants undertaking their programme of study which reduce the ratio to 1:36. An evaluation of these roles will be undertaken during 2024/25.

Dorin Willetts, Lead Clinical Support Worker (CSW) in Professional Development Team, has been awarded a national Chief Nursing Officer Award, recognising her exceptional contribution to supporting and developing CSWs.

Deteriorating Patient Pathway work in conjunction with the Medical Director's office continues to strengthen. Further collaborative working is planned with the implementation of a 'Call for Concern' over the coming months, whereby staff, patients are relatives will be able to seek an independent opinion should they be concerned about a patient. A formal application to NHS England for the Trust to become a pilot site for the adoption of Martha's Law has been submitted. Third cohort of the Royal College of Nursing (RCN) cadet students are being prepared to start in June 2024. The Trust is one of two Trusts in the Black Country supporting this programme.

Advancing Clinical Practice governance is being further defined. Work is well progressed to ratify an overarching Trust policy and procure an e-portfolio for our Advanced Care Practitioner (ACP) workforce. The Trust is working with partners in the Black Country Collaborative to align key process and key workforce undertakings. The aim of this is to support the wider work for ensuring equity with the patient pathways and journeys and the wider workforce experience.

Job Planning (Medical)

Medical job plans were open for editing between January –March 2024. As of 10th April 2024, 87% of consultants are signed off or in the sign off process. SAS doctors are being supported to complete job planning currently. Consistency panels will be held in Q1 2024/25.

	Discussion		Awaiting 1st Sign Off By Consultant		Awaiting 1st Sign Off Manager		Awaiting 2nd Sign Off		Signed Off		Total Headcount
Role	%	HC	%	HC	%	HC	%	HC	%	HC	
Consultant	13%	36	10%	27	4%	10	9%	24	64%	176	273
SAS Doctor	66%	38	3%	2	14%	8	0%		17%	10	58
Grand Total	22%	74	9%	29	5%	18	7%	24	56%	186	331

Job Planning (AHPs)

AHP job planning opened on 1st April 2024 and appropriate support will be provided to teams to populate signs for sign off.

Trust Strategy - Drive sustainability and financial environment

Links to sustainability and growth.

Complex Nutrition

The service has expanded across 3 different services: acute inpatients and community patients requiring parenteral and long-term enteral feeding or malabsorption syndromes (Complex Nutrition), nursing support for oral nutrition and hydration across inpatient organisation and the complex nutrition virtual ward (CNVW). Complex Nutrition annual review concluded with excellent results in efficiency (15% increase in new referrals and 13% decrease in follow-up) and effectiveness (alternative outcomes to enteral (73% referrals avoided) and parenteral feeding tubes (60% referral avoided).

The CN Virtual Ward service has been a success. The service is fully nurse led (ACP qualified and trainee ACP), both of which are non-medical prescribers. Typical conditions the team care for, include intestinal failure and re-feeding syndrome. With the use of virtual equipment and communication, the team are able to provide expert acute specialist care in the comfort of our patients' own homes. An audit, incorporating 12-month data has demonstrated that:

- 100 patients in 1 year were admitted with an average mean length of stay of 13 days. The outcomes of these patients were 4% (4/100) were worse in condition, 12% (12/100) were the same, 88% (88/100) had improvement in overall condition. Unnecessary healthcare attendance was reduced by preventing 7 cases of endoscopy referral, 57 attendances to Emergency Department (ED) and 56 to General Practitioners.
- 1325 bed days were released, this is an average of 110 per month. A total of £348,698 is a conservative estimate of cost savings based on avoidance of healthcare.
- 55 early discharges from inpatient areas, 45 hospital avoidance from direct referrals. 19% (19/100) patients required referral to hospital level care. 9% (9/100) patients received day case care and remained outpatients. 10% (10/100) of the discharges were to hospital care, indicating the correct level of acuteness of condition as patients on the VW should always be "sick enough" to traditionally be in acute care.
- Patient experience (42/100) feedback received: 97.6% (41/42) - Good experience would recommend- and 2.4% (1/42) - Bad experience would not recommend it.
- A case study of one patient with intestinal failure showed a 90% reduction in hospital stays one year post admission to virtual ward for 11 days. This prevented further admissions to hospital and enhanced their quality of life.

Nutrition specialist support in organisation

Due to recent changes in nasogastric tube practice, the audit frequency has been increased from quarterly to monthly. Recent audit data demonstrates that insertion competency has improved with the previous 3 months having all insertors evidenced as competent. Training has been increased to twice monthly and 2 further train the trainers have been trained. All other safety critical criteria for insertion (nursing practice) have been met and will continue to be audited monthly.

Trust Strategy - Build innovative partnerships in Dudley & beyond

Links to
Developing the Nursing, Midwifery and AHP workforce, Patient safety and improved quality and care outcomes and sustainability and growth in the Nursing, Midwifery and Allied Health Professionals strategy.

Education
Within the Black Country system, as well as delivering a joint preceptorship programme we are reviewing the possibility of providing a joint practice education programme to support the increase of AHP student capacity.
University of Worcester have their Nursing and Midwifery Council (NMC) approval event on 2nd May 2024 as part of their new campus at Dudley. The Trust is the main practice partner who will be supporting this NMC approval, and we are preparing to support the first nursing students as from September 2024.

In May 2024, the Professional Development team will be working with the Work Experience team to start a new work experience programme aimed for year 12/13 for local students in the Dudley borough for Nursing, Midwifery and AHP placements.

The Trust is working with Dudley Council as part of the "I can" project, aimed to help long term unemployed back into employment. As a Trust, we are offering successful candidates onto a clinical support worker programme in June 2024, funded by the Council to undertake the care certificate and once achieved, for the candidates to join the trust bank. With our local colleges Dudley and Halesowen, our T' level students have recently had a better insight to all the different roles with AHP's in the Trust and plan now for placements in these areas.

Right Care Right person (RCRP)
The introduction of the Right care right person has had no impact on the Trust and the associated policy fully supports requirements under the RCRP abscondment of our patients. Police continue to visit those patients at risk.

The Trust is working on developing an Admiral Nursing Service, which will promote links with Dementia UK and offer opportunities for service improvement and development.

University Hospital Status
Work continues towards University Hospital Status, a series of videos highlighting the Trusts work around Research, Education and Innovation have been produced and are accessible on the Hub.

Medical Students from Three Counties Medical School will commence placements in the Trust in May 2024, joining undergraduate students from Birmingham and Aston Universities. MRCP PACES ran in March 2024, the FRSC Vascular due to be hosted in May 2024. NETS Survey ran from 3.10.23 until 28.11.23 with results received in March 2024, identifying red flags in foundation medicine and general paediatrics. Work has commenced to address the concerns and will be monitored via updates to Executive Team.

Trust Strategy - Improve health and wellbeing

Links to listening and learning for improvement in the Nursing, Midwifery and Allied Health Professionals strategy.

Infection Prevention and Control

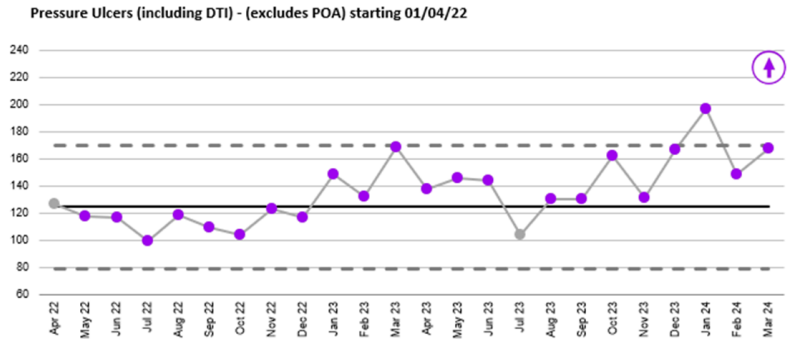
A case of MRSA bacteraemia was reviewed externally in December 2023 and was deemed uncertain. Lessons learned for the 2 MRSA bacteraemias reported by the Trust in 2023/24 have been shared across the organisation.

Clostridiodes difficile (CDI) incidence is above trajectory. The review has not identified any themes or trends which may have led to the increase. The Trust is not an outlier with system partners reporting similar increases. NHS England is undertaking a national review of CDI, including the food chain and sewerage release. The ICB undertook a CDI review visit to the Trust on the 21st November 2023. All recommendations have been added to the Trusts CDI improvement plan.

An Infection Prevention (IPC) action plan, incorporating findings form the neonatal incident and subsequent visits from NHS England was updated at the end of March 2024, following receipt of the formal feedback letter at the end of February 2024, related to the last NHSE visit. From the total of 121 actions, 10 remain outstanding and are being progressed. The plan will continue to be overseen by the Infection Prevention and Control Group. IPC spot checks and audits continue to be undertaken.

Pressure Ulcers (PUs)

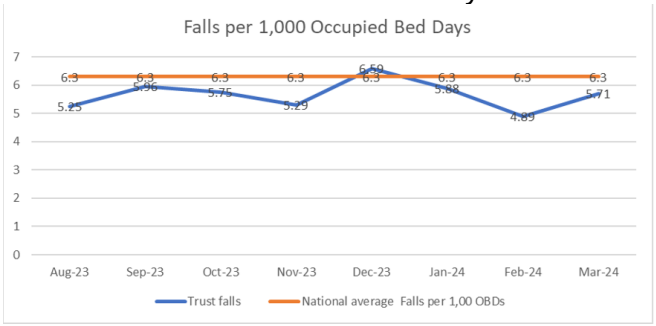
In March 2024, there were 170 PUs reported in total. From this number, 122 were category 2 and 48 were reported as category 3,4 and unstageable pressure damage. This represents an increase when compared with the previous months.

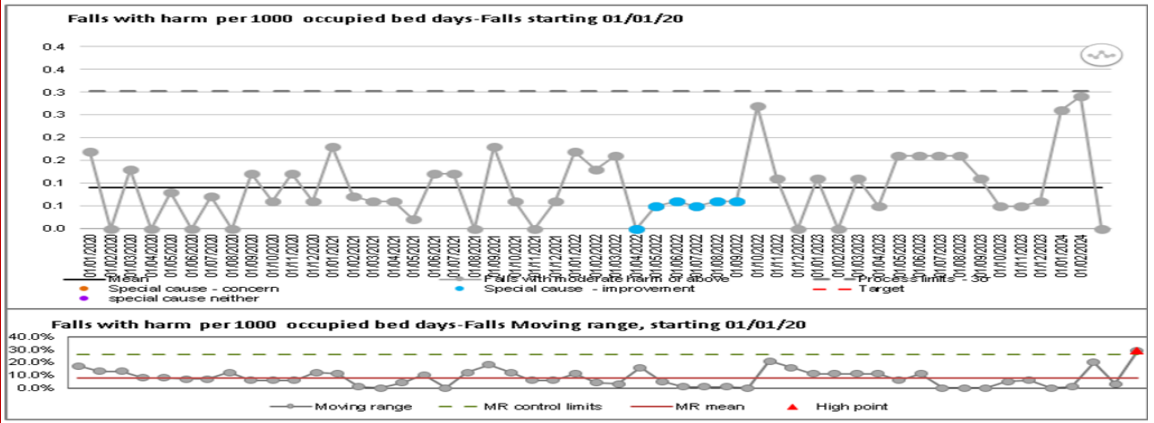


As part of the wider PSIRF work, a Trust improvement plan is in place and continues to be progressed to ensure learning from incidents and improve practice to prevent pressure ulcers.

Falls

In March 2024, there were 106 inpatient falls reported. This demonstrates an increase when compared with the previous months. In contrast, the number of falls resulting in harm has decreased significantly to 0 incidents reported in March. The number of falls with harm in February was 5 and in March there were 0 incidents reported.





The national average for the number of falls with moderate harm or above per 1000 occupied bed days is 0.19. The Trust remains significantly below the national average at 0.06.

A Trust improvement plan is in place and continues to be progressed to ensure learning from incidents and improve practice to prevent falls.

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 9th May 2024

Report title	**Perinatal Clinical Quality Surveillance (maternity and neonatal dashboard)**
Sponsoring executive	Martina Morris - Chief Nurse
Report author / presenter	Claire Macdiarmid - Head of Midwifery

1. Suggested discussion points

Note the increase in the stillbirth rate due to a cluster of incidents during March 2024. All will be reviewed via the perinatal mortality review tool (PMRT) in the CNST expected timescale of 4 months.

Zero Maternity Newborn Safety Investigation (MNSI) cases were open in February or March 2024 and 1 PSII case has been opened.

The Trust has received confirmation of successfully meeting all 10 safety actions and therefore securing funds associated with Maternity incentive scheme year 5.

Maternity incentive scheme year 6 has launched, and a gap analysis has been undertaken that shows the Trust has the opportunity to be compliant with all 10 safety actions as per the current position. The forward workplan is contained as Appendix 1.

Information on current homebirth service provision is provided, including when the service was not possible to offer due to staffing challenges. Mitigations are in place to further reduce any instances of service unavailability.

There has been an increase in the number of completed actions, and progress is being made on all remining amber actions within the 3 year delivery plan.

Regional Maternity Heatmap is included for information.

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
Mortality surveillance Group (perinatal mortality data)

4. Recommendation(s)

The Public Trust Board is asked to:

a.	Accept assurance of progress made with 3-year delivery plan.
b.	Accept assurance of initial position with MIS year 6 and plan for compliance.
c.	

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

The Dudley Group
NHS Foundation Trust

Perinatal Clinical Quality Surveillance

(previously Maternity and Neonatal Quality dashboard)

Report to the Public Board of Directors on 9th May 2024

1 EXECUTIVE SUMMARY

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHS England/Improvement (NHSEI) document "Implementing a revised perinatal quality surveillance model" (December 2020). The purpose of the report is to inform the committee, Trust Board and Local Maternity and Neonatal System (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 Ockenden 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 **February and March 2024**, unless otherwise specified throughout.

2. BACKGROUND INFORMATION

2.1 Perinatal Mortality Overview

Stillbirth: A baby born at or after 24 completed weeks gestational age showing no signs of life, irrespective of when the death occurred

Neonatal death: A baby born at any time during the pregnancy who lives, even briefly, but dies within four weeks of being born.

Perinatal mortality rate: Stillbirth and neonatal deathrates combined.

*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.

Table 1: Perinatal Safety data including mortality and serious incidents

	CQC Maternity Inspection April 2023 (safe and Well Led) (Previous rating from 2019)	Safe	Effective	Caring	Well-Led	Responsive	
		Good	Good	Good	Good	Good	
		2024	2024	2024	2024	2024	2024
		Jan	Feb	March	Apr	May	Jun
PMRT	Perinatal Mortality Review Tool cases opened in month	1	0	4			
	PMRT reviewed in month	2	1	2			
HSIB/ MNSI	Number of cases referred to and accepted by MNSI (with 72 hr review)	0	0	0			
	Reports received from MNSI	0	0	0			
	MNSI investigations ongoing	4	4	4			
	MNSI open action plans	0	0	0			
PSIRF	The number of incidents logged as moderate or above:	1	0	1			
	PSII Reported	0	1	0			
	PSII Completed	0	0	0			
	PSII Ongoing	2	2	2			
	Oustanding Investigation Actions - overdue	7	3	3			
	Oustanding Investigation Actions - open			6			
Clinical Outcome measures	Stillbirth rate (National crude rate 3.54 per 1000 births)	2.44	2.43	3.4			
	Neonatal Death Rate 1.65 (> 22+0 - up to 28 days post delivery)	2.44	2.19	2.19			
	Neonatal death rate only including babies born over 24/40			1.21			
	Total Perinatal Mortality Rate (MBRRACE figure 5.19 per 1000 births)	4.88	4.62	5.59			
	Avoidable term admission to NNU (reported quarterly)	Q4 due release April 2024					
Appraisals	All Maternity staff (90%)						
Midwifery Training	Fetal Monitoring Training (90%)	99.00%%	97.00%	98.00%			
	Obstetric Emergency Simulation Training (PROMPT) (90%)	99.00%%	97.00%	96.00%			
	Safeguarding (level 3) Adult (90%)	84.00%	83.00%	77.00%			
	Safeguarding (level 3) Children (90%)	78.00%	79.00%	82.00%			
	Neonatal Resusitation (90-95%)	93.00%	92.00%	90.00%			
	Adult Resusitation (90 - 95%)	94.00%	93.00%	91.00%			
Obstetrics Training	Fetal Monitoring Training (90%)	97%	100.00%	100.00%			
	Obstetric Emergency Simulation Training (PROMPT) (90%)	92%	97.00%	97.00%			
	Safeguarding (level 3) Adult (90%)	81.00%	73.00%	73.00%			
	Safeguarding (level 3) Children (90%)	68.00%	68.00%	71.00%			
	Neonatal Resusitation (90-95%)	86.00%	85.00%	80.00%			
	Adult Resusitation (90 - 95%)	86.00%	85.00%	91.00%			
Safe staffing	Obstetric consultant cover on delivery suite	91	91	91			
	Vacancies midwifery (WTE)	0	0	0			
	Obstetric Consultant vacancies (WTE)	0	0	0			
	Total Red flag data: Total number of red flags (As per acuity tool)	5	1	0			
	Shift Leader supernumuary: % of time	100%	100%	100%			
	1:1 care in labour achieved	100%	1.00	1.00			
Service user feedback	MVP (Quarterly)	.	.	6.3.24	.	.	6.6.24
	MNVP Extraordinary meetings* Bereavement / Neonatal / EDI	.	.	21.3.24	25.4.24		
Engagement	Response Rate (%)	7.00%	11.00%	25.00%			
	Recommendation Response Rate (Good/ Very Good %)	17.00%	86.00%	81.00%			
	PALS	3	9	5			
	Complaints	5	5	3			
	Compliments	71	65	70			
Safety Champion	Maternity Safety champions walk- about	None	Cancelled	None			
	Maternity and Neonatal Safety Champion Meeting	None	28/2/24	None	24.4.24		26.6.24
	Maternity Quad	None	None	None	25.4.24		
External	MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the trust	0	0	0			
Legal	Legal cases (Maternity only- Including Coroners cases and ENS claims)	1 closed	0	0			

Any areas that are rated amber or red within table 1, are subject to ongoing scrutiny and challenge via the following groups:

*Friends and Family response rate and recommended rate is being monitored via the Patient Experience Group and support for ways to enhance rates via the MNVP. Please note the patient voice is heard through a variety of other ways such as MNVP meetings, mini-survey results, back to the floor sessions by leaders and triangulation of PALS complaints and incident feedback.

*Safeguarding training compliance is being monitoried via the Maternity Governnce Group and escalations made via Divisional governance arrangements (GAMe). It is also subject to scrutiny at Internal Safeguarding Board.

*A thematic review and full review of mortality rates is being presented to Quality Committee (30/4/24) and dicsussed at Mortality Surveillance Group, Maternity Governance Group and Maternity Safety Champion meetings.

2.2 Perinatal Mortality overview (Table 1)

The Women and Children's service continues to report perinatal mortality rates through Divisional Governance each month and into the Trust's 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). MBRRACE 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 (PMRT) 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 the Maternity incentive scheme (MIS) Safety Action 1.

There have been no cases referred to the Maternity and Newborn Safety Investigations (MNSI) during February and March 2024. There has been 1 case referred MNSI by Sandwell and West Birmingham NHS Trust, however the woman had planned to deliver at Russell's Hall Hospital and had been receiving antenatal care in clinic. The Trust has provided information to MNSI and will receive a copy of the investigation once completed.

There has been 1 new Patient Safety Incident Investigation (PSII) commenced during February and March 2024, which related to the death of a very preterm baby at 23/40.

There has been a significant increase in the stillbirth rate in March 2024. Four stillbirths were reported during March and are all being reviewed via the PMRT.

There had been 0 stillbirths prior to this since October 2023.

There were 0 Neonatal deaths during February or March 2024.

2.3 Perinatal Mortality Review tool (PMRT)

PMRT reviews undertaken in Quarter 4 2023/2024

A total of 6 cases were reviewed during Quarter 4 2023/2024.

1 case was reported as Patient Safety Incident Investigation (PSII). This case was graded as C where the Multidisciplinary Team (MDT) agreed that there were care issues which they considered may have made a difference to the outcome of the baby. Learning has been identified from the cases and has been reflected in the PMRT and actions assigned on the incident reporting system.

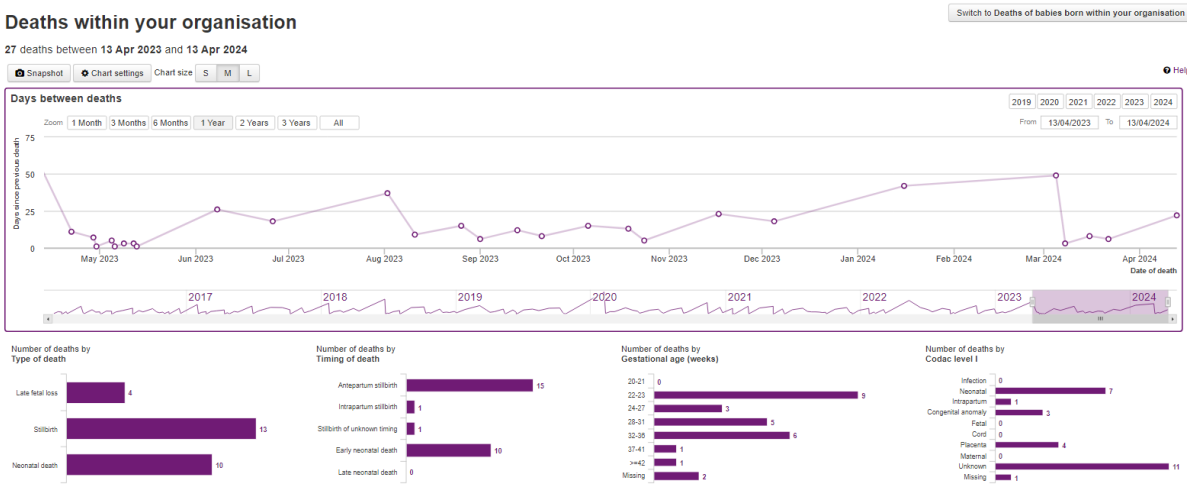
The remaining cases detail that there was either no improvements identified or there was local learning. All learning/actions are assigned with the Datix incident reporting system, and these are monitored for completion and assurance through the Maternity and Neonatal governance groups.

There is a delay in completion of post-mortem, and this is a recognised as a national issue and a risk has been identified on the Trusts Risk Register. MBRRACE has agreed for reports to be published prior to receipt of the post-mortem and the cases are reopened to add this detail.

The PMRT reviews have again identified the theme that there is the need to review the neonatal resuscitation scribe sheet. The revised scribe sheet was launched on 21st March 2024, and this will be audited for its effectiveness by the neonatal team during June 2024 (Q1).

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 February or March 2024.

2.6 Maternity incentive scheme (MIS) year 5

MIS year 5 results have been published during April 2024 and the Trust has successfully met compliance with all 10 safety actions. This holds a financial value to the Trust. Many congratulations, thank you and well done to all involved in this piece of work involving many different areas of the organisation. Results can be viewed on the NHS resolution website: https://resolution.nhs.uk/wp-content/uploads/2024/04/MaternityActions_Summary_-by-region-2024-V6.2.xlsx

2.7 Maternity (and perinatal) Incentive Scheme (MIS) Year six

MIS-Year-6-guidance.pdf (resolution.nhs.uk)

Now in its sixth year of operation, NHS Resolution's Maternity Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions, which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025. The MIS applies to all acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST). As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST MIS fund.

Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST MIS fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the MIS fund and is subject to a cap decided annually by NHS Resolution.

Submission of a Board declaration form outlining the Trust's position with all 10 safety actions must be undertaken by the 2nd of March 2025.

External verification

Trust MIS submissions will be subject to a range of external verification points at the end of the submission period. These include cross checking with: MBRRACE-UK data (safety action 1 standards a, b and c). NHS England regarding submission to the Maternity Services Data Set (safety action 2, all criteria). National Neonatal Research Database (NNRD), MNSI and NHS Resolution for the number of qualifying incidents reportable (safety action 10, standard a). Trust submissions will also be sense checked with the CQC, and for any CQC visits undertaken within the time period, the CQC will cross-reference to the maternity incentive scheme via the key lines of enquiry. Trusts found to be non-compliant following this external verification process cannot report full compliance with the MIS for that year.

Trust position

The Trust has maintained a specialist midwife in post for a further 12 months to lead the MIS for year 6. MIS will be reported monthly to the Quality Committee and bi-monthly paper to the Trust public Board. Each safety action has allocated teams to lead:

Safety Action	Safety Action Title Theme	Lead Names
1	Perinatal Mortality Review Tool	Justine Edwards and Holly Haden
2	Maternity Services Dataset	Sam Willetts, Tijin Philips and Chris McAvoy
3	Transitional Care	Simon Gregory and Nic Thompson
4	Clinical Workforce	Jo Malpass, Sam Muammar, Felicity Corcoran, Nic Thompson, Simon Gregory and Raj Uppal

5	Midwifery Workforce	Claire Macdiarmid
6	Saving Babies Lives	Aqeela Hamilton / Yvonne Hermon / Jenny Turner / Miss Imran / Katy Penn/ Alex Murphy / Caroline Pittaway / Sarah Sharman / Lisa Gough / Emma Paul
7	Maternity and Neonatal Voices Partnership	Nadia Griffin and Kim Bradley
8	Training	Julie Ruff / Emma Oxford / Jo Malpass / Sushama Gupta / Mohan Ramamoorthy
9	Board Assurance	Claire Macdiarmid
10	Maternity and Neonatal Safety Investigations and Early Notification Scheme	Natalie Launchbury / Tracy Archer

Appendix one shows the plan for submission for each of the required papers to groups, committees, the LMNS and Trust Board. This plan has oversight from the Head of Midwifery, Obstetric Clinical Director and the MIS lead midwife.

Initial gap analysis of the new standards indicates the Trust to be on a trajectory to be able to achieve compliance with all 10-safety action for year 6 of the incentive scheme. Any concerns or issues will be reported through Maternity safety champions, Quality committee and to the Trust Board.

2.8 Maternity action plans

2.8.1 3 year delivery plan NHS England » Three year delivery plan for maternity and neonatal services

The three-year delivery plan for maternity and neonates was launched in March 2023, and sets out four high levels themes that will enhance choice and safety within perinatal services. The responsibility within each theme is shared between NHS trusts, Integrated Care Boards (ICBs) and NHS England with each having to implement key targets within the next 3 years.

The Trust undertook a RAG rated gap analysis after publication whereby as an organisation compliance was as follows:

July 2023	Number of actions	Percentage
Non-compliant	1	2%
Partially Compliant	20	46%
Fully Compliant	23	52%

Progress made with compliance against these 4 high level themes has been good across both maternity and neonates and current compliance is:

April 2024	Number of actions	Percentage
Non-compliant	0	0%
Partially Compliant	10	22%
Fully Compliant	34	77%

An internal audit has been completed to identify what opportunities exist to further strengthen our approach and a resultant improvement plan will be developed.

Areas that require further work and investment:

Maternity Continuity of Carer remains in the planning phase. Consideration of how we can implement antenatal and postnatal continuity of carer is being given priority within the teams. Priority is being given to areas of highest deprivation within the borough.

Progress is required in producing a wider range of patient information in an increased number of languages and formats. Review is also taking place to ensure language used is appropriate in line with the Re;Birth report and coproduced with the Maternity and Neonatal Voices Partnership (MNVP).

Pathways remain in discussion to formalise neonatal pathways for babies born under 27 weeks gestation. These babies should be born in level 3 units to reduce mortality and morbidity outcomes.

Bereavement care at Dudley Group remains on a 5-day service. Gold standard as per the National Bereavement Care Pathway (NBCP) is for trusts to provide a 7-day bereavement service. Mitigation for this is an increased number of staff are now trained in specialist bereavement support and increased numbers of staff now trained to consent families in deciding to have a postmortem undertaken on their baby.

Summary of areas completed, and changes embedded:

An Equality, Diversity and Inclusion (EDI) lead midwife remains in post, funded by the Local Maternity and Neonatal System (LMNS), leading work to reduce inequalities, to ensure this is reflected in all aspects of the maternity and neonatal services.

Maternity digital strategy is embedded, and a successful electronic patient record is in place that allows easy access and analysis of maternity data (locally and nationally).

Retention midwife in place to support with midwifery workforce shortfalls. Vacancies are currently at 0 for the Midwifery workforce. Neonatal nursing workforce is on an upward trajectory towards meeting the British Association of Perinatal Medicines (BAPM) standards.

MNVP relationship has been further enhanced, with coproduction occurring when changes are required, and ensuring that the voice of more families to include bereaved families, neonatal as well as smaller harder to reach communities is heard.

2.9 Homebirth provision

A homebirth service is offered at the Trust to allow women and birthing people the option to be able to birth their baby at home, if they choose to do so. There has been local and national scrutiny around provision of homebirth services. The following data shows the number of times the Trust's homebirth service has been postponed during 2024 to date, due

to lack of Midwifery availability. The service is only able to operate when two registered midwives are available to attend for labour and birth:

	Non-operation of Homebirth service		
	Number of episodes	Number of hours	Total percentage of time
January	3	48	6.5%
February	6	96	13.8%
March	4	64	8.6%
April	3	48	6.6%

3 additional members of staff (2.4WTE) have been included in the homebirth on call rota from May 2024, to reduce the amount of time the homebirth service is suspended.

2.10 Maternity Regional Heatmap (Table 2)

Published data from March 2024 in enclosed as table 2.

2.11 Service user feedback- Friends and Family results March 2024

Discharge process could be better by keeping people up to date and aware of what's going on.

I felt that some of the doctors gave conflicting advice, so was confusing when making a decision.

Would have been easier to attend a clinic nearer to my home - wasn't offered the option of GTT @ Coseley.

Missed evening meal during c-section, would have liked to have dinner for when I came out after fasting for a long time. Improve discharge times.

Would like to personally thank our delivery midwives (Natalie and student Danielle) who were amazing every step of the way, it made my labour and birth experience great. The anaesthesia who personally came to see me on my discharge day, was extremely empathetic and caring regarding my surgery and had it followed up straight away before going home to get reassurance, so thank you to Jo and the lead that came back to see me.

Staff nurses were very very helpful 😄 midwife's done a great job. Thank you so much everyone you all have made a real difference and brought happiness to my journey of pregnancy. May God bless you all. Thank you so much.

I had my own room, which was appreciated. All staff were more respectful and kind. I didn't feel pressurised who making any decisions, against my wishes.

3. RECOMMENDATION(S)

3.1 The Board is invited to accept the assurance provided in this report as the current position with perinatal mortality, serious incidents, 3-year delivery plan, Regional Maternity heatmap scoring and initial analysis against newly published MIS year 6.

Name of Authors: Claire Macdiarmid
Title of Author Head of Midwifery

Date 19 April 2024

Table 2: Regional maternity Heatmap

Regional Maternity Heatmap

Data refreshed: 05/03/2024 10:04:21

Scoring

Region: Midlands

NHS England

Heatmap month: March 2024

Provider	Overall score	CQC Mat overall rating	Reg. bodies concerns	CQC S29a	CQC s31	Ext. ind. review	Letters from coroner	Mat Oversight	MIS Year 4	CNST repay ment	Eth. DQ	CQC Mat Survey	CQC Mat Survey COT	SBL	Midw ives 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	72	5	5	10	5	5	4	5	5	0	0	2	0	5	1	0	0	1	5	0	1	5	5	3
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	56	3	5	0	5	5	0	5	4	0	3	2	0	5	3	2	5	0	0	0	0	1	3	5
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	55	3	5	5	0	0	0	4	5	0	0	2	0	3	1	2	4	1	5	0	0	5	5	5
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	40	3	2	0	0	5	0	5	0	3	0	2	3	3	0	0	2	1	0	0	0	5	3	3
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	39	3	2	0	0	0	0	5	5	0	0	2	0	3	2	5	0	3	0	0	0	3	3	3
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	37	1	4	0	0	0	0	0	2	0	0	2	0	3	4	1	4	1	0	0	0	5	5	5
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	37	5	5	5	0	0	0	5	2	3	0	2	0	3	2	0	0	0	0	0	0	3	1	1
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	37	3	4	5	0	0	0	4	0	0	0	2	0	3	2	0	5	0	0	0	0	5	3	1
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	32	1	5	0	0	0	0	0	2	0	0	2	0	5	4	1	2	1	0	0	0	3	3	3
THE DUDLEY GROUP NHS FOUNDATION TRUST	31	1	2	0	0	0	0	0	3	0	3	2	0	3	0	0		1	5	0	0	5	3	3
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	30	1	0	0	0	0	0	0	4	0	3	2	0	3	1	3	0	1	0	0	1	5	3	3
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	29	1	1	0	0	0	0	0	0	0	0	2	0	3	2	2	5	0	0	0	0	5	5	3
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	29	3	1	0	0	0	0	0	5	0	0	2	0	5	3	4	2	1	0	0	0	1	1	1
WALSALL HEALTHCARE NHS TRUST	26	3	1	0	0	0	0	0	0	0	0	2	0	3	1	5	0	1	0	0	1	3	3	3
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	25	1	0	0	0	0	0	0	0	0	0	2	0	3	2	3	1	1	0	0	1	1	5	5
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	24	3	0	0	0	0	0	0	4	0	0	1	0	3	0	0	0	1	5	0	0	3	3	1
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	23	1	0	0	0	0	0	0	0	0	0	1	0	3	1	2	0	1	5	0	0	3	3	3
WYE VALLEY NHS TRUST	23	1	1	0	0	0	0	0	0	0	0	1	0	3	0	0	0	1	5	0	0	3	3	5
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	21	1	0	0	0	0	0	0	2	0	0	2	0	3	0	2	2	0	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

APPENDIX 1 Maternity incentive scheme year 6 trajectory:

Report Required	Group or committee	Report author	Presenter	Frequency	31/01/24	29/02/24	31/03/24	30/04/24	31/05/24	30/06/24	31/07/24	31/08/24	30/09/24	31/10/24	30/11/24	31/12/24
Safety Action 1																
Perinatal Mortality Report Tool	Perinatal Mortality surveillance group Risk	PMRT Lead Midwife	PMRT Lead Midwife	Monthly												
Monthly Perinatal Mortality Report	Maternity Governance group (MGG)	PMRT Lead Midwife	PMRT Lead Midwife	Monthly	Q3			Q4			Q1			Q2		
Perinatal clinical quality surveillance	Quality & Safety committee	PMRT Lead Midwife	Head of Midwifery (HoM) and Clinical director	Quarterly												
Perinatal clinical quality surveillance report	Trust Executive Board	PMRT Lead Midwife	HoM and obstetric Clinical Director	Quarterly												
Safety Action 2																
Perinatal clinical quality surveillance	Trust Public Board meeting	Head of Midwifery (HoM)	Head of Midwifery (HoM)	X3 month evidence, then 1x submission							Scorecard data collection				Publication of results	
Perinatal clinical quality surveillance	Quality and Safety Committee	Head of Midwifery (HoM)	Head of Midwifery (HoM)	Quarterly							Scorecard data collection				Publication of results	
Safety Action 3																

Transitional care quality improvement project	TBC as new requirement	ANNP / Deputy Matron	ANNP / Deputy Matron	Launch by September, Update by 30/11/24												
Update on QI Project relating to Transitional care	LMNS and Maternity Safety champions	ANNP/ Deputy Matron		Quarterly												
Perinatal clinical quality surveillance	Trust Executive Board	ANNP/Deputy Matron	Head of Midwifery (HoM)	Quarterly												
Safety Action 4																
Maternity and Neonatal Workforce Paper	Governance Assurance Meeting (GAMe)	Directorate Manager/ NNU Deputy Matron/ Clinical directors and leads	Directorate Manager/ NNU Deputy Matron/ Clinical directors and leads	Bi-annually												
Maternity and Neonatal Workforce Paper	Quality and Safety Committee	Directorate Manager/ NNU Deputy Matron/ Clinical directors and leads	Directorate Manager/ NNU Deputy Matron/ Clinical directors	Bi-Annually												
Maternity and Neonatal Workforce Paper	Trust Executive Board	Directorate Manager/ NNU Deputy Matron/ Clinical directors and leads	Head of Midwifery and Clinical Director	Bi-Annually												

Safety Action 5																
Maternity and Neonatal Workforce Paper	Governance Assurance Meeting (GAMe)	Head of Midwifery (HoM)	Head of Midwifery (HoM)	Bi-Annually												
Maternity and Neonatal Workforce Paper	Quality and Safety Committee	Head of Midwifery (HoM)	Head of Midwifery (HoM)													
Maternity and Neonatal Workforce Paper	Trust Executive Board	Head of Midwifery (HoM)	Head of Midwifery (HoM)													
Safety Action 6																
	Maternity Quality and Governance	Consultant Midwife / Maternity Incentive Scheme Lead Midwife	Consultant Midwife/ Maternity Incentive Scheme Lead Midwife	Monthly Quarterly progress update	Q4			Q1			Q2			Q3		
Perinatal clinical quality surveillance	Quality and Safety Committee	Consultant Midwife	Head of Midwifery(HoM)	Quarterly												
Futures platform submission	LMNS Touch Point	Consultant Midwife	Head of Midwifery	2 touchpoints required												
Perinatal clinical quality surveillance	Trust Executive Board /Quality committee	Consultant Midwife	Head of Midwifery (HoM)	Quarterly												
	Saving babies lives (SBL) Submission	Consultant Midwife	Head of Midwifery (HoM)	MA												
Safety Action 7																

CQC Maternity Survey updates	Quality Committee	Maternity team	Head of Midwifery	Bi Monthly												
MNVP Updates	LMNS	MNVP Co-ordinator and MNVP Lead	MNVP Co-ordinator and MNVP Lead/ HoM	Quarterly												
MNVP Update (SA7)	Trust Executive Board / Maternity safety champions	MNVP Lead/ MIS lead Midwife	Head of Midwifery (HoM)	Quarterly												
Safety Action 8																
Update from PDM team	Maternity Governance	Practice Development Lead Midwife	Practice Development Lead Midwife	Monthly												
Safety Dashboard	Governance Assurance Meeting (GAMe)	Practice Development Lead Midwife	Head of Midwifery (HoM) Clinical Director	Quarterly												
Safety dashboard	Quality and Safety committee	Practice Development Lead Midwife	Head of Midwifery (HoM) Clinical Director	Quarterly												
Safety Dashboard	Trust Executive Board	Practice Development Lead Midwife	Head of Midwifery (HoM) Clinical Director	Quarterly												
Safety Action 9																
Perinatal clinical quality surveillance paper	Maternity Board Paper (inc min data set + SI r/v)	Head of Midwifery (HoM)	Head of Midwifery (HoM) Clinical Director	Monthly												
Perinatal clinical quality surveillance	Perinatal Clinical quality surveillance to LMNS Q&S	Head of Midwifery (HoM)	Head of Midwifery (HoM) Clinical Director	Quarterly												
Perinatal clinical quality surveillance	Quality & Safety Group	Head of Midwifery (HoM)	Head of Midwifery (HoM) Clinical Director	Quarterly												

Claims scorecard (CLIP report)	Quality and Safety Committee	Maternity Governance Lead	Head of Midwifery (HoM) Clinical Director	Bi-annual												
Perinatal clinical quality surveillance paper	MSC + Quad update to board	Head of Midwifery (HoM)	Head of Midwifery (HoM) Clinical Director	Quarterly				25.04.24@1530			01.07.24 @ 1530		23.9.24 @ 1530			23.12.24 @ 1530
Perinatal clinical quality surveillance paper	Maternity and Neonatal SC meeting	HoM	Head of Midwifery (HoM) Clinical Director	Bi- monthly		28.02.24@ 10-1130	27.03.24 @ 9-1030									
Face to face update	Maternity and Neonatal SC Walkabout	HoM	Head of Midwifery (HoM) Clinical Director	Bi-Monthly			19/3/24	15/4/24								
Perinatal clinical quality surveillance	Update on Engagement sessions	HoM and CD	Head of Midwifery (HoM) Clinical Director	Quarterly Session, bimonthly updates												
Safety Action 10																
Perinatal clinical quality surveillance paper	Trust Board MNSI and NHSR	Maternity Governance Lead	Head of Midwifery (HoM) Clinical Director	Bi-Monthly												
Perinatal clinical quality surveillance paper	Trust Board Evidence of duty of candour	Maternity Governance Lead	Head of Midwifery (HoM) Clinical Director	Bi-Monthly												

Key to colour coding:

	Session completed and paper reported
	Planned session/paper
	Session or paper missed
	Nil action required

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors 9th May 2024

Report title	Paediatric Audiology Report – Trust response to CQC national concerns
Sponsoring executive / presenter	Karen Kelly, Chief Operating Officer
Report author /presenter	Steve Randle, Directorate Manager

1. Suggested discussion points

- The Audiology service is not yet Improving Quality in Physiological Services Accreditation (IQIPS) accredited but is working towards this at present.
- An external review of the service identified no significant concerns. The areas that were identified for action have been addressed since the review took place.

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	

3. Report journey

This report is due to be presented to the Trust Executive Directors on 23rd April 2024. It is then listed for discussion at the Quality and Safety Committee Meeting on 30th April 2024 before being presented at Public Board on 9th May 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

a.	Acknowledge the current status of the Audiology service at DGFT
b.	Support the investment in the required funds to achieve accreditation
c.	

5 Impact

Board Assurance Framework Risk 1.1	✓	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 1.2	✓	Achieve outstanding CQC rating.
Board Assurance Framework Risk 7.0	✓	Achieve operational performance requirements
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	

Response to CQC national concerns around Paediatric Audiology

Introduction

The Audiology Department for Dudley Group NHS Foundation Trust is based in Brierley Hill Health & Social Care Centre and staff work there as well as at Russells Hall and Stourbridge Health & Social Care Centre and provide a domiciliary service for patients living in the Dudley borough. It is a joint Adult and Paediatric service and sees patients from newborns upwards.

The Audiology team are committed to providing the best patient care whilst maintaining a high-quality service. We have recognised areas that need to be improved and have action plans in place which we are working towards to achieve these.

Communication was received from the Care Quality Commission (CQC) on 8th April 2024 highlighting that following an expert review undertaken by NHS Lothian in Scotland around failings in the standard of paediatric audiology services that had resulted in delayed identification and missed treatment of children with hearing loss. This had in some cases resulted in permanent, avoidable deafness.

The CQC set down an expectation that at the next full board meeting the board considers the assurance that they have about the safety, quality and accessibility of our children's hearing services. Consideration is to be given to the following specific areas:

- Whether we have achieved IQIPS accreditation, including whether there were any improvement recommendations made.
- Whether we are working towards IQIPS accreditation.
- What stage that work has reached and the assurance that the board has about paediatric audiology, using the IQIPS standards as a guide for the areas to cover.
- The expected timeline for gaining accreditation.
- The number and severity of incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow up care and support.

Each of these areas are covered in the narrative of the report below.

CQC Assurance Questions

Whether you have achieved IQIPS accreditation, including whether there were improvement recommendations made

At present the Dudley Group has not achieved IQIPS accreditation.

Whether you are working towards IQIPS accreditation

Yes, work is underway towards the accreditation.

What stage that work has reached and the assurance that the board has about paediatric audiology, using the IQIPS standards as a guide for the areas to cover.

The Dudley Group is progressing strongly with their accreditation journey and a formal application has been submitted following a meeting with the IQIPS team. The next step is for a benchmarking exercise to be undertaken and the date for this is yet to be confirmed from IQIPS. Following the completion of this benchmarking we should be in a position to specify the date by which the Trust will have achieved the relevant accreditation. The directorate are working together to identify funding for the staffing that is required to achieve accreditation, the funding has already been identified to cover the membership costs.

The expected timeline for gaining accreditation

The current timescale quoted by the United Kingdom Accreditation Service (UKAS) for the period between formal application and accreditation is six to eight months.

The number and severity of incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow up care and support.

There are currently no incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow-up care and support.
Data collected from a Freedom of information request from the NDCS (National Deaf Children's society) in November 2023 showed that –
In the last year (1 October 2022 to 30 September 2023) how many days on average did patients wait for the following? –

- Referral to first assessment = 21 days
- Urgent new referrals for diagnostic hearing assessment = 14 days
- Decision to fit hearing aids to time fitted for Permanent Childhood Hearing Impairment = 28 days
- Routine follow-up hearing aid review = 24 days
- New earmolds = 4 days
- Hearing aid repairs = 1 day

A review of the Datix system has also not highlighted any reported incidents from the Audiology service in relation to these areas.

Midlands Paediatric Services Improvement Programme

In line with the recommendation from NHS England that where services are not IQIPS accredited an external evidence-based assessment should be conducted of their provision, an external NHS England led review was conducted in August 2023. The report did not identify any significant concerns within the service but did make recommendations around the calibration of the equipment that is used and also ensuring that there was a robust audit plan in place. A copy of this report is included in Appendix 1.

The issues around calibration were highlighted and an action plan was formulated for the service overall and in relation to this report and the calibration difficulties have now been resolved. A copy of these action plans is included in Appendix 2 and 3.

Currently the audit programme is not fully in place, however work is underway to implement an audit programme which will be registered and monitored through the AMAT system.

In addition to this review the service also is part of the Midlands Audiology Quality Improvement Cluster and attends a fortnightly Midlands Audiology Quality Improvement Webinar.

The service also sits on the Black Country Audiology Group, chaired by Elaine Gilliland, System Lead for Diagnostics, Black Country ICS along with the 3 other Audiology leads for the Black Country, which is looking at all aspects of the improvement programme.

We are also fully engaged in the West Midlands Auditory Brainstem Response Peer review group.

Appendix 1

NHS England Midlands

Paediatric Audiology Hearing Service Review – Brierley Hill Health and Social Care Centre (Dudley)

Thank you for the information you and your colleagues submitted as part of the Midlands Region Paediatric Audiology Hearing Services review. A desktop review and validation exercise has now taken place for all services across the Midlands Region.

The outcomes of the review are shown in the table below. The weighted review process provides a risk category per each category in the review and an overall rating. Any concerns with VRA rooms or ABR will require review to consider the impact on children tested and urgent action.

Overview	Rating (non-weighted)	Overall rating (weighted)
Calibration	Serious Risk	78% Moderate Risk
Documentation	Low Risk	
VRA Rooms	No Risk	
Audit	Serious Risk	
Incident/Risks	Low Risk	
Staffing	No Risk	
ABR	Low Risk	

The findings and recommendations for your site are:

- From the information received, the review did not identify significant concerns within this service.
- Concerns were identified from the information submitted about the calibration of ABR equipment. It is expected that the system review this to gain assurance of calibration of the equipment used.
- The review did not find evidence of the service having an audit plan or evidence of action plans for risk and incidents. We request that an action plan is put in place to develop these within the service including quality audit and monitoring covering the provided clinical pathways and BAA standards, and to include timescales for completion.

Date: 29th August 2023

Appendix 2

Paediatric Hearing Services Improvement Programme: Action Plan for Dudley Group NHS Foundation Trust

RD – Ruth Delves (Audiology Manager) KT – Karen Tromans (Lead Audiologist for Paediatrics)

AREA REQUIRING ACTION	ACTIONS AND FURTHER INFORMATION	DATE TBC	PERSON TO ACTION
Trust quality governance and quality improvement teams need to be engaged with clear reporting processes.	Identify relevant people within the teams who will support the improvement programme.	Feb 24–Comp	RD
	Report and actions plan presented at Trust Quality and Safety Group.	Feb 24-Comp	RD
	Action from Trust Quality and Safety Group – action plans and progress to be tabled at Head & Neck Governance meetings	Ongoing	RD
Service should be UKAS/IQIPS accredited	Service is not currently accredited and significant funding for costs and staff is required for the service to be able to begin the process of accreditation.	March/April24	RD and Senior managers
	To contact UKAS to begin the process of application	Dec23 -Comp	RD
	Meeting with UKAS arranged	Jan 24 - Comp	RD
	Benchmarking to be completed with appointed UKAS assessment manager	April/May 24	RD
	First draft of Quality manual to be completed	Jan 25	RD
	Continue to work on accreditation and prepare for assessment.	Sept 25 – to be reviewed after benchmarking completed.	RD
Paediatric Audiology Standards	External desk top review completed via NHS Midlands region. No significant concerns identified. Service is part of the Midlands Audiology Improvement Group and actions from this are reported separately	Comp	RD
Competency assessments to be undertaken to ensure staff skills are maintained	Service currently carries out annual competency assessments for adults.	Sept 24	KT

	To design/implement and evidence Paediatric competency assessments.		
	Paediatric competency assessment forms for school age children in design process	April 24	KT
	KT recently attended Visual Reinforcement Audiometry workshop and cascade training has been arranged for all members of the Paediatric Audiology team	Feb/March24	KT

Appendix 3

Paediatric Audiology Hearing Services – Peer Review Evidence Template

Trust Name:	**THE DUDLEY GROUP NHS FOUNDATION TRUST**	**Completed By:**	**RUTH DELVES**
Date:	**13/07/2023**	**Designation:**	**AUDIOLOGY MANAGER**

	Key Line of Enquiry	**Evidence** [please embed a copy of the document here]	**Notes** [Please include any notes here, including any reasons for non-submission]
1.	Certificate of calibration for one paediatric ABR system	Eclipse Calibration 2023.docx	New equipment March/April 2023
2.	Certificate of calibration of one audiometer that is used for soundfield assessment of children	1931924-ASTERA SF.pdf	
3.	Protocol for triage of paediatric audiology referrals	Paediatric Triage Protocol.docx Paediatric assessment SOP.doc	Triage information forms part of Paediatric SOP but I have copied and pasted the relevant information into a separate document
4.	Protocol for paediatric hearing assessments	Paediatric assessment SOP.doc	
5.	Protocol for paediatric discharge and management criteria	Paediatric assessment SOP.doc	Included in the Paediatric SOP
6.	Photo of each of VRA paediatric testing rooms set up (without patient)	Clinical Room 4 - VRA Paeds.zip Clinical Room 5 - VRA Paeds.zip	Both rooms have left and right speakers and VRA screens with a plum line from the ceiling for correct positioning of patient.
7.	Audit plan for the department 2023/24	Audit Schedule 2023-24.xlsx	Department also carries out yearly Peer Review for Adult pathways (Routine and Complex) and will be introducing Peer Reviews for Paediatrics 2023/24. Members of both West Midlands ABR and

	Key Line of Enquiry	Evidence [please embed a copy of the document here]	Notes [Please include any notes here, including any reasons for non-submission]
			Balance Peer review groups.
8.	Incident/risk log example and copies of governance meeting minutes where a concern has been raised/managed	Incident Log 2023.xlsx Highlight report - Audiology - January	Incident log contains both Adult and Paediatric incidents.
9.	Total number of staff, including how many qualified staff are not registered with AHCS/RCCP or HCPC.	17 AUDIOLGISTS (all registered with AHCS/RCCP or HCPC) 2 ATOs 6 Admin	This includes all staff employed by the service, but we are a combined Adult and Paediatric service.

Sign Off:	
Name:	**Ruth Delves**
Designation:	**Audiologist**
Date:	**13/07/2023**

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board on 9th May 2024

Report Title	7 Day Service Standards Deep Dive
Sponsoring Executive / presenter	Dr Julian Hobbs, Medical Director
Report Author	Dr Paul Hudson, Operational Medical Director

1. Suggested discussion points

The 7 Day Service (7DS) programme's aim is to provide a standard of Consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. Until 2020 the Trust was required to complete a Board Assurance Framework return to NHS England.

This paper reports compliance against all standards (4 priority) with evidence to suggest compliance amongst all standards. A number of standards have not been formally tested and have been included in the 2024/25 audit plan.

The paper also provides a detailed review of Respiratory and Endocrinology services following the 2022/23 Job Planning round which highlighted non compliance. Respiratory are now compliant and Endocrinology are providing cover utilising the existing consultant workforce. A snapshot audit has provided assurance that 95% of patients were seen within the recommended time frames set out by NHS England. 100% of patients had a management plan in place and documented discussions with the patient, relative or carers and had a Consultant review on admission. There is an opportunity to improve senior reviews for medically unwell patients on subsequent days.

The overall Trust SHMI and HSMR has reduced with no weekend effect evident. There is also no increase in LOS for those patients admitted at weekends.

The Trust Job Planning governance will continue to monitor 7 day service compliance with additional assurance sought via the audit plan.

2. Alignment to our Vision

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

2. Report journey

Quality Committee, 26/03/2024

3. Recommendation(s)

The Quality Committee is asked to:

a.	Note the assurance provided against the standards, progress to embed 7 Day Service standards across the Trust with assurance now received in Critical Care and Respiratory.
b.	Support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards.

4. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment

Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity						
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements						
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

Report to Trust Board 9th May 2024

7 Day Service Standards Deep Dive

1 EXECUTIVE SUMMARY

The 7 Day Service (7DS) programmes aim is to provide a standard of Consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. Until 2020 the Trust was required to complete a Board Assurance Framework return to NHS England.

This paper reports compliance against all standards and provides assurance that services are in place to meet the required standards. 7 of the 10 standards have strong assurance, while 3 have partial assurance. The 4 priority standards highlighted in blue all have strong assurance.

Standards	RAG Rating
Standard 1	
Standard 2	
Standard 3	
Standard 4	
Standard 5	
Standard 6	
Standard 7	
Standard 8	
Standard 9	
Standard 10	

A specific review of Respiratory and Endocrinology following the last board update in July 2023 has been undertaken and 95% of patients were seen within the recommended time frames set out by NHS England. 100% had a management plan in place and documented discussions with the patient, relative or carers and 100% had a Consultant review on admission. It is noted that the progress recorded for endocrinology remains reliant on substantive consultants undertaking additional work.

A Trust wide audit has been planned for 2024/25 to assess all standards. This will compliment existing work underway to improve the quality of handover in the Trust. The Job Planning governance process will continue to monitor 7 day service compliance in relation to time to consultant review and review of high dependency patients.

2 BACKGROUND INFORMATION

2.1 National BAF

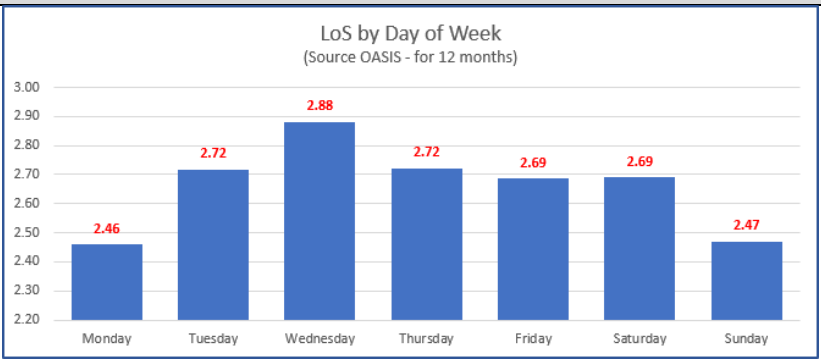
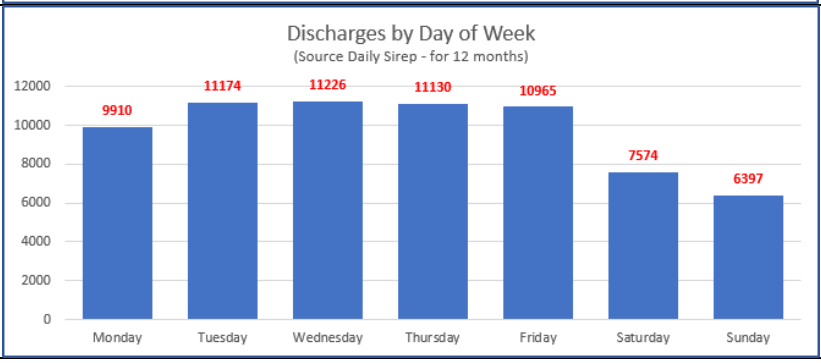
The 7DS were first introduced in 2013 by NHS Improvement as 10 standards of which 4 were identified as clinical priorities in 2016 on the basis of their potential to positively affect patient outcomes.

The 4 7DS programme prioritised clinical standards are:

- **Standard 2 and 8** relating to consultant presence (time to first review and ongoing daily review)
- **Standard 5 and 6** relating to access to diagnostics and consultant led interventions.

Full details of the standards are included at Appendix 1.

Reporting nationally was paused during the pandemic and is now measured via an Annual Board report considering the following 5 BAF standards and evidence;

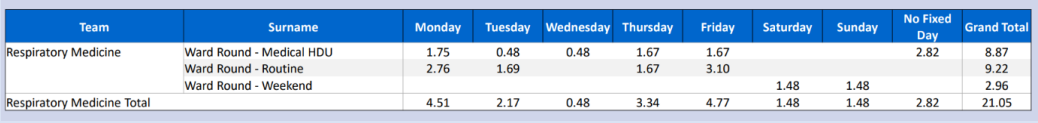
BAF Standard	Self Assessment and Evidence
The daily hospital sitrep shows once the lack of elective admissions is taken into account no significant variation in LOS associated with the day of the week patients are admitted.	
Similarly, the daily hospital sitrep shows no significant variation in the number of discharges by day of the week.	
Job plans for Consultants in all acute specialties provide scheduled on-site Consultant cover every day that reflects the likely demand for that specialty.	Assurance of these standards is now sought from the Trust job planning governance framework. In 2023/24 Respiratory and Critical Care were able to show compliance in comparison to 2022/23 while Endocrinology remain reliant on additional Consultant cover. Further detail is included in this paper. 2024/25 consistency panels will be held in May/June 2024.
Compliant with Standard 5 regarding 24/7 access to these emergency diagnostic tests	Complaint with Standard 5. Individual diagnostic test assurance available at Appendix 2. Compliance against Standard 5 is monitored and reported in real time via a Power BI report and via the Medical Directors dashboard.
Compliant with Standard 6 regarding 24/7 access to these emergency consultant-led interventions	Complaint with Standard 6. Individual interventions assurance available at Appendix 3.

Following the last Board submission a review of all Standards was requested and is detailed below. The four priority standards are highlighted in blue.

2.2 7 Day Service Standards and Compliance		
Standard	**Assurance**	**RAG**
Standard 1: Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, 7 days a week.	The Trust has participated in '*PSS2: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery*' for the past two financial years. The CQUIN requires patient feedback in relation to shared experience and the latest collection was in Q2 23/24 where an average score of 89% was achieved, in line with the national average. An increase to 91% was recorded in Q4 23/24. The Trust is rolling out e-consent in March 2024 which will support shared decision making further. **Next steps: Rollout of e-consent.**	
Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable Consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	The Trust has a strong assurance in relation to the 14 hour review standard due to the continual review model in Acute Medicine. In additional acute physicians work within the Emergency Department daily. This was evidenced in job plans from the last planning round. 7 day consultant cover was documented in the majority of consultant plans (see standard 8). **Next steps: Job planning consistency panels for 24/25 plans to be held May/June and Trust wide audit scheduled for same period.**	
Standard 3: All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.	As identified in Standard 2, the Trust has 7 day Consultant presence complimented by a Registrar level rota. Physiotherapy and Occupational Therapy services provide cover to AMU, ED, Respiratory, Surgery, Stroke and Orthopaedics 7 days per week. An on-call service for respiratory patients runs between 4pm-8am. In addition, the Trust has discharge and pharmacy support 7 days per week. **Next Steps: The timeliness of this standard will be assessed in the Trust wide audit planned for 2024/25.**	
Standard 4: Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-	There is a Medical Trust handover that occurs twice a day at 9am and 9pm. The handover is led by the medical registrar on duty and supported by the medical Consultant on-call at 9am. Each handover is attended by the Hospital at Night team or	

coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across 7 days of the week.	Deteriorating Patient team and an attendance log kept. The handover utilises the deteriorating patient dashboard to facilitate the discussion. The General Medical team have an ongoing quality improvement project in place to standardise handover and a SOP has been produced to support this. The initial audit showed excellent practice in relation to names and roles being introduced 100% of the time and no member of the team leaving before the end of handover. The bed state was discussed 62% of the time and deteriorating patients were discussed 70% of the time. A programme of education is underway and cycle 2 of this project is about to commence. Local handovers are undertaken in a number of speciality areas including; Obstetrics and Gynaecology Handover in Obstetrics SOP v1.0.pdf Critical Care RHH Critical Care General Surgery Vascular Surgery Paediatrics **Next steps: Ongoing improvement work related to medical handover. QIP cycle 1 completed and feedback scheduled to workforce in May 2024 via Grand Round/Local teaching. Trust wide audit to assess all handover processes to commence Autumn 2024.**	
Standard 5: Hospital inpatients must have scheduled 7 day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available 7 days a week.	There is emergency and urgent access to CT, MRI and Ultrasound based on the critical (1 hr) and urgent (12 hr) TAT. A full compliance is detailed at Appendix 2. Whilst overall compliance has been achieved for Standard 5, as detailed in Appendix 4, further work is required for compliance against all modalities specifically CT and MRI as significant challenges remain. Due to staffing and skill mix MRI scans are not available overnight with an SLA in place with UHB for transfer of patients requiring emergency neurological imaging. A 7 day Consultant on-call service is provided by endoscopy procedures and is evident in gastroenterology Consultant job plans. Consultant Microbiology workforce provide 24/7; 365 service via a duty microbiologist rota which is available via switchboard and directly accesses a consultant at any time. This service also delivers the Health and Social Care Act requirement to have 24/7; 365 infection control advice as the IPC nursing team currently work only within the	

	core working week; all other advice provided out of hours and weekends is provided by the Microbiology Consultant workforce.	
Standard 6: Hospital inpatients must have timely 24 hour access, 7 days a week, to key Consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be: • Critical care • Interventional radiology • Interventional endoscopy • Emergency general surgery • Emergency renal replacement therapy • Urgent radiotherapy • Stroke thrombolysis and thrombectomy• Percutaneous Coronary Intervention • Cardiac pacing (either temporary via internal wire or permanent).	The Trust has a Critical Care Unit supported by Critical Care outreach 24/7. There is emergency and urgent access to interventional radiology and CT for thrombolysis. A Consultant on-call model is in operation for Urgent Endoscopy requests 7 days per week. A Consultant on-call model is in operation for General and Vascular services. Dudley Consultants work on a shared rota with Royal Wolverhampton to provide coronary interventions. A full breakdown is included as Appendix 3.	
Standard 7: Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.	There is a Memorandum of Understanding for the delivery of a Mental Health Liaison Service within Black Country Acute Hospital Settings. Specific services for children and young people, adults and older adults are available 7 days per week as per the flow chart outlined at Mental Health - Home . There have been some challenges related to the Responsible Clinician for patients admitted to DGFT requiring treatment under the Mental Health Act. An interim arrangement is in place with Black Country Healthcare Trust. **Next steps: Review Responsible Clinician role with BCH and audit timeliness of access to care vi audit programme**	
Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, 7 days a week, unless it has been	Over 90% of Consultants had a signed off job plan in 2022/23 with speciality level consistency panels held during summer 2023. A key criteria for the panel was 7 day service compliance. Respiratory and Endocrinology had previously been highlighted as partially compliant.	

determined that this would not affect the patient's care pathway.	Endocrinology was again partially compliant, with reliance on the current Consultant body undertaking additional sessions to provide the required cover. A business case has been approved for additional resource, but recruitment remains a challenge. Respiratory are partially compliant and were able to demonstrate job planned ward rounds at weekends as detailed below.  Discussions have been held to move to a Consultant of the Week model, however this would require investment and an increase in consultant numbers to prevent clinic displacement and other core services such as the lung cancer pathway. A Deep Dive into Respiratory and Endocrinology following non compliance in 2022/23 has been completed with the support of the Clinical Effectiveness team which highlights : • 95% of patients were seen within the recommended time frames set out by NHS England. • 100% had a management plan in place and documented discussions with the patient, relative or carers. • 100% had a Consultant review on admission. The full audit report is included as Appendix 5. **Next steps: Job Planning Consistency Panels for 24/25 plans**	
Standard 9: Support services, both in the hospital and in primary, community and mental health settings must be available 7 days a week to ensure that the next steps in the patient's care pathway, as determined by the daily Consultant-led review, can be taken.	The Trust is supported by therapy, pharmacy, transport and discharge support 7 days per week. A range of community services operate across the week, co-ordinated by the Dudley Clinical Hub. The availability of social care support has not been measured but will be included along with the above mentioned services will be reviewed in the audit plan in 2024/25. **Next steps: Inclusion of standard in Trust wide audit**	

Team	Surname	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	No Fixed Day	Grand Total
Respiratory Medicine	Ward Round - Medical HDU	1.75	0.48	0.48	1.67	1.67			2.82	8.87
	Ward Round - Routine	2.76	1.69		1.67	3.10				9.22
	Ward Round - Weekend						1.48	1.48		2.96
Respiratory Medicine Total		4.51	2.17	0.48	3.34	4.77	1.48	1.48	2.82	21.05

Standard 10: All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, 7 days a week.	All specialities are expected to participate in Clinical Audit supported by Clinical Effectiveness colleagues and the AMaT system. In addition, AMaT is used to support the mortality review process and management of NICE guidance compliance. The Trust has a dedicated improvement team (Dudley Improvement Practice) and Patient Experience team who support specialist to respond to complaints and PALs concerns. In addition, teams are actively supported by the Patient Safety Team utilising the PSIRF model. As part of Job Planning Consistency panels time allocation for audit, education, research and governance are considered.	

2.3 Standard 2 (Endocrinology)

It has previously been detailed that Diabetes and Endocrinology job plans show no scheduled clinical sessions at weekends. Data from the 2022/23 Job Planning Consistency packs show a small amount of scheduled time attributable to the General Medicine on-call rota.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	No Fixed Day	Grand Total
1.29	1.96	1.21	1.96	1.29	0.16	0.16	5.13	13.16
	0.50	1.00	2.00		0.16	0.16	9.63	13.45
2.00	2.25	1.73	1.87	0.96	0.16	0.16	4.24	13.37
1.96	1.83	2.25	1.21	1.49	0.16	0.16	6.89	15.96
1.50	1.96	1.60	1.75	0.50	0.18	0.18	5.64	13.32
2.00	1.75	1.96	1.15	1.91	0.16	0.16	2.89	11.98
8.75	10.25	9.75	9.95	6.15	0.98	0.98	34.42	81.22

A Consultant of the Week model is in operation as detailed below, however ward cover to ensure timely Consultant review at weekends is reliant on the current consultant workforce working additional sessions.

Team	Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Diabetes & Endocrinology	Consultant of the Week (Board Round)		0.86	0.64	0.71				2.21
	Consultant of the Week (Referrals)	1.14				1.14			2.29
	Consultant of the Week (Ward Round)	1.14		0.21	0.21	1.14			2.71
Diabetes & Endocrinology Total		2.29	0.86	0.86	0.93	2.29			7.21

To provide assurance that this temporary arrangement is working robustly, a retrospective audit has been undertaken to assess against the 7 day service standards. Data has been extracted from Sunrise admission and discharge documents. 20 endocrinology patient records were reviewed from a period between 12/12/2023 - 08/02/2024.

The audit provided a significant level of assurance with 100% of patients being seen by a senior clinician within the standard. The average time was 1 hour and 2 minutes. 100% of patients received an integrated management plan with documented discussion with family/care giver.

The full audit report is included as Appendix 5.

2.4 Actions required

Action	Timeframe
Whole Trust Audits of all standards	Schedule outlined in Appendix 6.
Job Planning Consistency Panels for 2023/24 signed off plans to review 7DS compliance	Scheduled panels to be held April/May 2024
Handover improvement cycle 2 to be undertaken led by Chief Registrar	September 2024
7DS Directory of Services to be reviewed and relaunched	October 2024

3 RISKS AND MITIGATIONS

As identified in this paper, compliance in a small number of specialities is being monitored with plans in place to address the risk to compliance. The BAF does allow that in Trusts where there are insufficient Consultant numbers to achieve compliance, e.g. Endocrinology, that the Executive Medical Director may grant a derogation to allow the inclusion of Specialty Doctors and doctors in higher specialist training at ST4 and above to provide some of the daily ward rounds. The audit completed provides assurance that the standards are being met currently with opportunity to improve consultant review on subsequent days.

The overall Trust SHMI and HSMR has reduced with no weekend effect, with LOS remaining stable throughout the week.

4 RECOMMENDATION(S)

The Committee is asked to note the assurance provided against the Standards, progress to embed 7 Day Service standards across the Trust.

The Committee is asked to support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards and the Trust audit programme to review the non priority standards.

Dr Paul Hudson
Operational Medical Director
19/3/2024

References

1. NHS England (2022) NHS England Board Assurance Framework B1231-board-assurance-framework-for-seven-day-hospital-services-08-feb-2022.pdf (england.nhs.uk)

Appendix 1: Seven Day Service Standards

B1230-seven-day-services-clinical-standards-08-feb-2022.pdf (england.nhs.uk)

Appendix 2: Compliance with Standard 5 regarding 24/7 access to these emergency diagnostic tests

Clinical Standard 5	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
					Yes	
Hospital inpatients must have scheduled 7 day access to diagnostic services typically ultrasound, computerised Tomography (CT) Magnetic Resonance Imaging (MRI), Echocardiography, Endoscopy, Microbiology. Consultant directed diagnostic tests and completed reporting wil be available 7 days a week.	Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent needs , in the appropriate timescales.	Microbiology	Yes- available on site	Yes- available on site	Yes	Microbiology Lab
		computerised Tomography (CT)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Ultrasound	Yes mix of on site and off site by formal arrangement	Yes- available on site	Yes	Radiology Dept
		Echocardiography	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Upper GI Endoscopy	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch

Appendix 3: Compliance with Standard 6 regarding 24/7 access to these emergency Consultant-led interventions

Clinical Standard 6	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
Hospital inpatients must have timely 24 hours access 7 days a week to key consultant directed interventions that meet the relevant specialty guidelines either on site or through formally agreed networked arrangements with clear written protocols	Do inpatients have 24 hour access to the following consultant directed interventions 7 days a week either on via a formal network arrangement.	Critical Care	Yes- available on site	Yes- available on site	Yes	Critical Care Dept
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Interventional	Yes- available on site	Yes- available on site	Yes	On call rotas available
		Emergency Surgery	Yes- available on site	Yes- available on site	Yes	
		Emergency Renal Replacement Therapy	Yes- available on site	Yes- available on site	Yes	Renal Cons, Dialysis nurses and dialysis technician
		Urgent Radiotherapy	Not applicable to patients in this trust	Not applicable to patients in this trust	Yes	`
		Stroke Thrombolysis	Yes- available on site	Yes mix of on site and off site by formal arrangement	Yes	
		Percutaneus Coronary Intervention (PCI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Staff operational rota
		Cardiac pacing	Yes- available on site	Yes- available on site	Yes	Staff operational rota

Appendix 4: Compliance with Standard 5 by modality

Turnaround Times - 7 Day Service Targets - % Met

Last Refresh : 19/03/2024 07:18

KPI Category	Urgency	Modality	Measure	Target	22/01/2024	29/01/2024	05/02/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	Total
ED	Critical	CT	Request to Verified	1	0.00%	0.00%			0.00%	0.00%	0.00%		0.00%
		Ultrasound	Request to Verified	1								0.00%	0.00%
	Urgent	CT	Request to Verified	12	92.92%	95.38%	95.24%	95.85%	97.03%	98.34%	92.91%	95.63%	95.36%
		MRI	Request to Verified	12	25.00%	18.18%	0.00%	20.00%	50.00%	40.00%	14.29%	0.00%	20.75%
		Radiology	Request to Scan	12	99.91%	99.56%	99.81%	99.90%	99.81%	99.91%	99.91%	99.49%	99.79%
		Ultrasound	Request to Verified	12	50.00%	62.50%	50.00%	33.33%	50.00%	71.43%	28.57%	80.00%	53.19%
	Routine	CT	Request to Verified	24					0.00%				0.00%
		MRI	Request to Verified	24	100.00%	0.00%			50.00%	0.00%	100.00%	0.00%	36.36%
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.89%	100.00%	98.36%
AMU	Urgent	CT	Request to Verified	12	40.00%	33.33%	85.71%	83.33%	69.57%	46.15%	63.64%	50.00%	57.41%
		MRI	Request to Verified	12	0.00%	42.86%	33.33%	0.00%	40.00%	0.00%		14.29%	21.21%
		Radiology	Request to Scan	12	83.33%	69.23%	72.73%	83.33%	58.82%	57.14%	53.85%	58.33%	67.01%
		Ultrasound	Request to Verified	12	14.29%	0.00%	0.00%	0.00%	40.00%	28.57%	8.33%	0.00%	12.50%
	Routine	CT	Request to Verified	24	0.00%	0.00%	50.00%	75.00%	50.00%	83.33%	100.00%	100.00%	66.67%
		MRI	Request to Verified	24	0.00%	0.00%			0.00%	0.00%		100.00%	11.11%
		Radiology	Request to Scan	24	100.00%	25.00%		80.00%	50.00%	100.00%	100.00%	40.00%	61.90%
		Ultrasound	Request to Verified	24	100.00%							100.00%	100.00%
SDEC	Critical	CT	Request to Verified	1	0.00%		0.00%				0.00%		0.00%
		Ultrasound	Request to Verified	1	0.00%	0.00%							0.00%
	Urgent	CT	Request to Verified	12	68.18%	56.90%	70.97%	60.00%	73.08%	65.67%	60.66%	67.39%	65.78%
		MRI	Request to Verified	12	100.00%	100.00%		0.00%		0.00%	0.00%		25.00%
		Radiology	Request to Scan	12	100.00%	100.00%	99.53%	99.39%	100.00%	99.44%	100.00%	100.00%	99.78%
		Ultrasound	Request to Verified	12	18.75%	55.88%	24.49%	30.95%	33.33%	21.95%	30.00%	22.50%	29.50%
	Routine	CT	Request to Verified	24	0.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	66.67%	85.71%
		MRI	Request to Verified	24		25.00%				0.00%	0.00%		16.67%
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Ultrasound	Request to Verified	24	60.00%	50.00%	100.00%	0.00%	66.67%	66.67%		0.00%	60.00%
Inpatient	Critical	CT	Request to Verified	1	0.00%	0.00%	0.00%	0.00%				0.00%	0.00%
		MRI	Request to Verified	1					0.00%			0.00%	0.00%
		Ultrasound	Request to Verified	1	0.00%		0.00%		100.00%	0.00%		0.00%	12.50%
	Urgent	CT	Request to Verified	12	61.15%	67.23%	70.00%	65.25%	56.45%	61.15%	59.75%	70.10%	63.41%
		MRI	Request to Verified	12	25.93%	19.35%	9.38%	12.77%	33.33%	13.04%	23.68%	27.78%	20.88%
		Radiology	Request to Scan	12	64.17%	63.48%	66.96%	74.38%	60.10%	68.81%	67.80%	67.01%	66.88%
		Ultrasound	Request to Verified	12	25.93%	25.84%	24.18%	23.16%	25.77%	32.67%	25.64%	27.20%	26.38%
	Routine	CT	Request to Verified	24	55.88%	86.49%	71.43%	81.82%	50.00%	59.46%	50.00%	54.17%	64.79%
		MRI	Request to Verified	24	13.64%	11.11%	21.05%	40.00%	27.27%	7.14%	20.00%	4.76%	15.52%
		Radiology	Request to Scan	24	65.38%	62.26%	90.91%	72.73%	73.91%	79.37%	59.38%	63.79%	71.18%
		Ultrasound	Request to Verified	24	63.41%	60.00%	80.00%	73.17%	83.87%	60.00%	61.11%	55.56%	66.67%

Week Commencing

- 22/01/2024
- 29/01/2024
- 05/02/2024
- 12/02/2024
- 19/02/2024
- 26/02/2024
- 04/03/2024
- Latest Week

Performance by Modality and Target Hours

Modality	1	12	24	Total
CT	0.00%	84.38%	58.62%	82.37%
MRI	0.00%	22.92%	8.33%	17.81%
Radiology		93.66%	66.67%	92.10%
Ultrasound	0.00%	26.70%	56.67%	30.48%

Appendix 5: Snapshot Audit (Endocrinology and Respiratory)

PDF

7 Day Services 2023 for Endo and Resp.pc

Appendix 6

Schedule of clinical audits for 2024/25 Specifically for 7 day standards

Standards	Date of Audit
Standard 1 Clinical audit of E Consent	Summer 2024
Standard 2 Time to first consultant review	Spring 2024
Standard 3 Ward/Board round audit	Summer 2024
Standard 4 Handover audit	Autumn 2024
Standard 5 Diagnostics	Managed by Radiology
Standard 6 Diagnostics	Managed by Radiology
Standard 7 Timeliness of access to mental health care	Summer 2024
Standard 8 Daily reviews audit	Spring 2024
Standard 9 Audit of transition	Summer 2024
Standard 10	Not auditable

Enclosure 13

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors 9th May 2024

Report Title	Learning from Deaths
Sponsoring Executive	Dr Julian Hobbs, Medical Director
Report Author	Rebecca Edwards, Directorate Manager Dr Philip Brammer, Deputy Medical Director Dr Raj Uppal, Clinical Director Nuala Hadley, Learning from Deaths Officer

1. Suggested discussion points

This paper provides an update on 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) 100.66 and the Hospital Standardised Mortality Ratio (HSMR) 85.95 which have both continued to fall.

Following a change in coding in October 2022, SHMI has fallen within the expected range and HSMR performance is amongst the lowest in the region.

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a high quality of care and low level of avoidability. An action from a previous report on death certification is included in this paper, outlining the core staffing of the Dudley ME service.

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

Executive Committee

3. Recommendation(s)

The Quality Committee is asked to:

a.	Note the assurance of decreased SHMI and HSMR over the last 12 months.
b.	Note the staffing in place within the Dudley Medical Examiner Service hosted by Dudley Group

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 7.0	X	Achieve operational performance requirements
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	

The Dudley Group
NHS Foundation Trust

REPORTS FOR ASSURANCE

Learning from Deaths

Report to Trust Board

1. EXECUTIVE SUMMARY

A further reduction in the 12-month rolling SHMI and HSMR is reported. SHMI is currently 100.66 and HSMR is currently 85.95. Both are now within the expected range, with HSMR as a positive outlier.

The coding change relating to the Same Day Emergency Care patient cohort has positively impacted SHMI performance. HSMR, which relates specifically to-inpatient deaths, has seen a continual reduction and can be attributed to a suite of improvement initiatives over the last 12 months. An emerging risk related to a national change in SDEC coding is evident. Internally this is to be mitigated by a risk assessment and coordination across portfolios with ops, IT and finance. This has been raised externally with the ICB and regional NHSe team with feedback awaited. The target date for adoption is 1st July 2024.

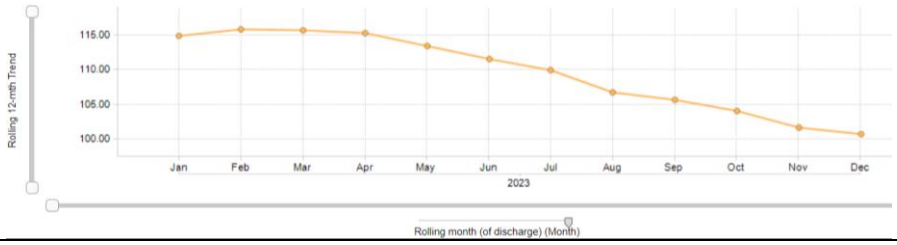
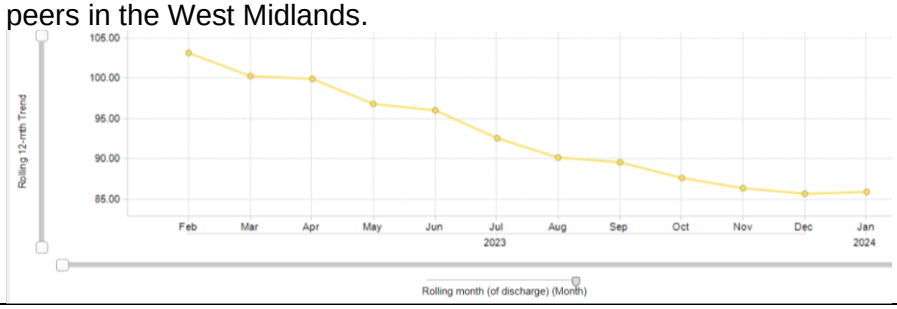
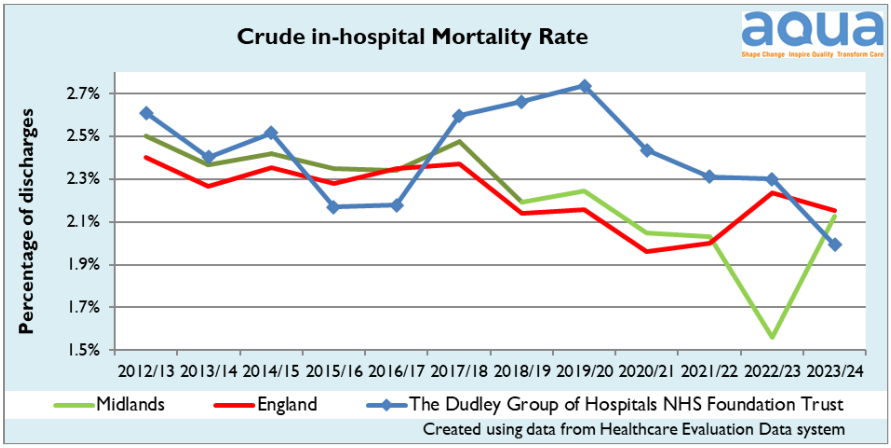
Significant quality improvement work has also taken place in pneumonia, deteriorating liver disease and AKI. There remain two areas requiring attention in the medical division, Stroke and Sepsis, where ongoing improvement work has commenced. One area within the surgical division related to fractured neck of femur is similarly ongoing. Stroke and #NOF remain negative outliers but with an improving SHMI. Pneumonia (95), deteriorating liver disease (85) and sepsis (94) continue to improve.

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a good quality of care and low level of avoidability. The Dudley Medical Examiner service is fully operational and with increasing numbers of community deaths undergoing a proportionate review each month

BACKGROUND INFORMATION

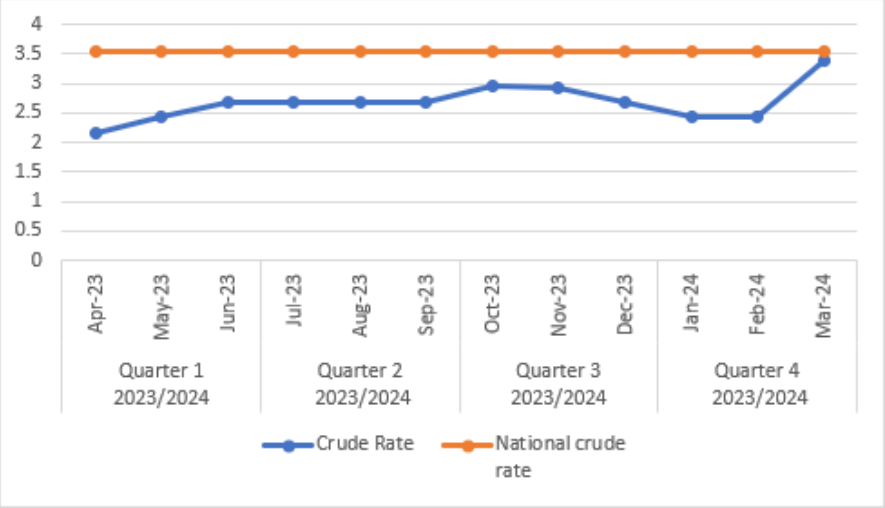
2.1 Overall Standardised Mortality indices

The Trust monitors standardised mortality indices and a summary of these can be found at https://www.chks.co.uk/userfiles/files/CHKS_Mortality%20measures%20compared_Dec2018.pdf

Indicator	Current	Trend
SHMI (Summary Hospital-level Mortality Indicator)	100.66 (Source HED To Dec 23)	The Trust SHMI is 100.66 for the last reporting period This is a decrease in previous periods and is within the 'Expected Range'. 
HSMR (Hospital Standardised Mortality Ratio) Feb 2023 to Jan 2024	85.95 (HES inpatient data)	HSMR (in hospital deaths) continues to show a downward trend over the last 12 months down from 90. The Trust compares favourably to peers in the West Midlands. 
Crude Mortality Crude Mortality is the number of deaths per year, per 1000 population.		Crude Mortality rates have consistently fallen year on year from 4.38% in 2019/20 to 3.06% in 2022/23 with a continuing trend in the 2023 calendar year to 2.85%. Absolute deaths have fallen compared with our 2019 baseline. 
Neonatal Mortality		The National stillbirth rate is 3.54 (MBRRACE 2023) and it can be seen the crude stillbirth rate for Quarter 4 2023/2024 the rate has seen a significant increase, the rate has however remained below the national stillbirth rate over the rolling 12 months.

		Crude Rate	National crude rate	Number of stillbirths

Quarter 1 2023/2024	Apr-23	2.16	3.54	2
	May-23	2.43	3.54	1
	Jun-23	2.67	3.54	2
Quarter 2 2023/2024	Jul-23	2.67	3.54	0
	Aug-23	2.69	3.54	2
	Sep-23	2.68	3.54	2
Quarter 3 2023/2024	Oct-23	2.95	3.54	1
	Nov-23	2.92	3.54	0
	Dec-23	2.67	3.54	0
Quarter 4 2023/2024	Jan-24	2.44	3.54	0
	Feb-24	2.43	3.54	0
	Mar-24	3.40	3.54	4



The above chart provides a comparison of the stillbirth crude rate and national rate. In Quarter 4 2023/2024 in January (2.44), February (2.43) and in March (3.40), there has been an increase in the rate of stillbirth in Quarter 4, no specific trend has been identified on the initial review of cases.

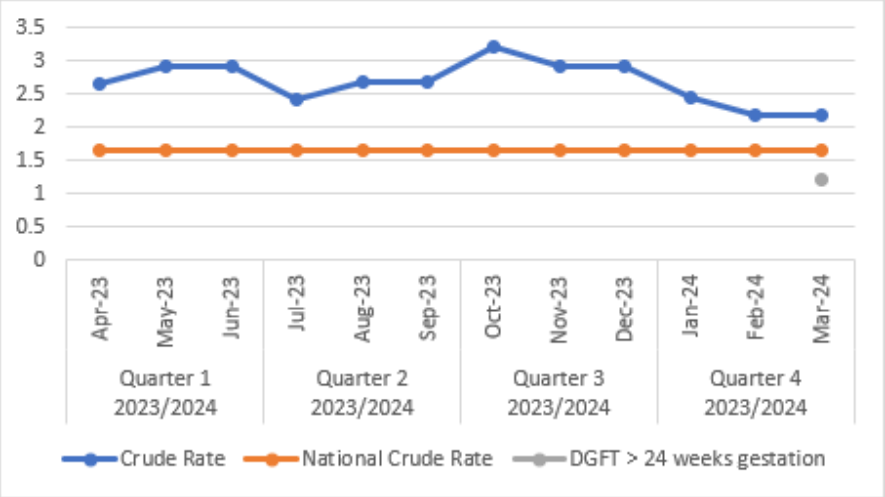
Neonatal deaths

The National Neonatal Death (NND) rate is 1.65 (MBRRACE 2023) and in Q4 2023/2024 the rate for NND has declined, however the NND rate remains higher than the national rate.

		Crude Rate	National Crude Rate

Quarter 1 2023/2024	Apr-23	2.65	1.65
	May-23	2.92	1.65
	Jun-23	2.92	1.65
Quarter 2 2023/2024	Jul-23	2.43	1.65
	Aug-23	2.69	1.65
	Sep-23	2.68	1.65
Quarter 3 2023/2024	Oct-23	3.2	1.65
	Nov-23	2.93	1.65
	Dec-23	2.92	1.65
Quarter 4 2023/2024	Jan-24	2.44	1.65
	Feb-24	2.19	1.65
	Mar-24	2.19	1.65

In Quarter 4 2023/2024 in January (2.44), February (2.19) and March (2.19) the crude rate is higher than the national rate 1.65 (MBRRACE 2023).



The above Chart allows comparison of the NND crude and the national crude rate. The rate continues to remain higher in Q4 2023/2024.

MBRRACE (2023) neonatal death crude rate (1.65) only includes NND from 24 weeks gestation and when DGFT rate is recalculated including NND >24 weeks gestation the rate is 1.21 per thousand births.

Saving Babies Lives (SBL) summary

	Of the 10 components, 7 are at target or have improved to towards target levels (4 at 100%). Notably, administration of $MgSO_4$ has dropped from 100% to 50% but n=2 and one of the included cases was an emergency section and there was not time to administer Mg^{2+}. **PeriPrem summary** There is a huge overlap between SBL and PeriPrem (please note that some of the targets do differ). Progress is excellent with the majority of the components at 100%. **ATAIN summary** The review of findings in the period July 2023 to September 2023 (Q2 of 2023) has shown there is a reduction in term admissions when considering the higher number of births. There has been a gradual step down in term admissions to the NNU from 6.7% at beginning of the year to 4.3% of the total number of births. **Thematic review of neonatal deaths summary** The joint neonatal and maternity review of perinatal deaths was completed. Following themes were identified • We are seeing a pattern for both stillbirths and in the thematic review that patients from more deprived backgrounds do appear to have poorer outcomes. • There is also a signal that families initially booked at Sandwell, and care is then transferred, have a less favourable outcome. This is being investigated further. • Clear leadership and helicopter overview of neonatal resuscitation- neonatal consultant rota is split. There is clear guideline when to call consultants. QIS nurses on each shift provide leadership on ground. • The vast majority of newborn deaths reviewed could have been predicted if we had had all the information available antenatally, the extreme preterm births would likely have the same outcome wherever they were born.

A recent external assurance mortality report from AQuA is attached as Appendix 1 with comparative data across all Midlands Trusts.

2.3 Key quality improvement interventions

Whilst the impact of a coding change is evident in the SHMI, HSMR relating only to in hospital deaths has seen a continual decline over 12 months and can be attributed to a number of key interventions detailed in Appendix 2.

It should be noted that SDEC coding is planned to change imminently to the Emergency Care Data Set (ECDS) following guidance from NHS England/ NHS Digital. This will provide information on the reasoning for patient attendance at Emergency Departments. However, it will also provide data on the recording of Virtual Care (including virtual consultations) and Same Day Emergency Care (SDEC).

This current SDEC data set accounts for much of our medical admissions data and its exclusion will result in a decrease in recorded inpatient admissions. This will lead to a reduction in expected numbers of deaths based on the number of admissions - i.e. a reduction in denominator for SHMI.

If the observed numbers of deaths remains the same, there will be a resulting increase in SHMI compared to other Trusts.

However, all NHS Trusts will be making the change at some point and as a consequence, all Trusts may reduce their admissions denominator. Given that SHMI is a comparison in mortality between all Trusts, it is possible that the impact on our individual SHMI will not be as great as would be expected if we made the change unilaterally. It should be noted that not all Trusts within the Black Country aim to change to ECDS at the same time and so direct comparisons of SHMI between Trusts may be unreliable for a number of months after the change has occurred. It should be noted that this change should not have as much of an effect on HSMR which has previously remained stable and only reflects deaths in patients admitted to hospital.

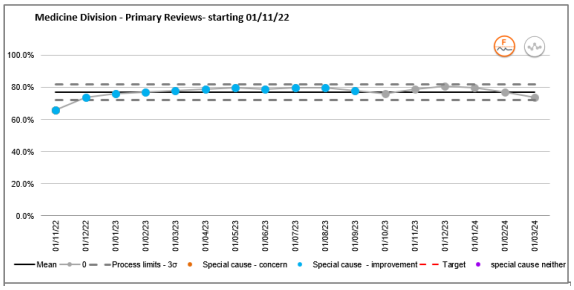
2.4 Assurance

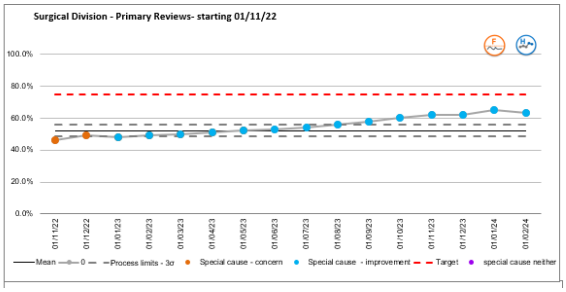
Primary Reviews/Structured Judgement Review

Within the 12-month rolling period, 79% of Primary Reviews have been completed by specialties.

Division	Total deaths (rolling 12 months)	Completed Reviews (rolling 12 months)	Incomplete primary reviews (>30 days from death) 01/04/23 – 29/02/24
Medicine & Integrated Care	1326	996 (75%)	228 (19%)
Surgery Women & Children	336	192 (57%)	111 (37%)

The SPC charts below show compliance of the two divisions in completing primary mortality reviews.





Since January 2024, 86 SJRs have been requested with an 75% completion rate. 4% of the reviews were found to excellent care, 78% have good care, 11% adequate care and 7% had excellent care. 96% of the deaths were unavoidable and 4% were deemed to have slight evidence of avoidability.

As of the 1st April the Trust has moved in line with other peer Trusts and are taking the ME scrutiny as the primary review, the specialties will still review any patients where there is a concern, alert or learning to gained. The mortality leads are to be trained in completing the SJRs and will also reviewing any alerts received by the trust for their specialty to identify areas where improvement can be made and reporting back to MSG the actions taken to make these improvements. This decision has been made following consultation with the Medical Director, Trust Lead for Mortality, Chiefs of Surgery/Medicine, Audit leads for the specialities, Medical Examiner and the ICB.

Specific themes Arising from Structured Judgement Reviews: Jan – Dec 2023

- 11 cases were related to delays in medication/treatment/interventions.
- 5 cases were related to poor/unsafe discharge decisions.

- 17 cases were identified as having issues relating to DNA CPR/TERP/ReSPECT
- 15 cases were related to patients with severe mental health issues.
- 16 cases were reviewed under the requirements set out by LeDeR.
- 4 cases were reviewed as they died following elective surgery.

There were 3 cases where avoidability was identified - all of the cases were referred for Structured Judgement Reviews by the Governance Team.

Jan – Mar 2024

- 10 cases reviewed have been requested via the Governance Team - there has been no avoidability or harm identified in any of the cases.
- 2 deaths reviewed from ED should not have been conveyed from their care facilities to RHH as they were palliative patients, and it would have been kinder to allow them to die in familiar surroundings.
- Poor GSF documentation - many patients are not having the documented updated from N/A when clearly dying.

Learning Identified from Structured Judgement Reviews

- Improved discharge documentation and discussions around end of life with palliated patients and relatives could prevent inappropriate readmission.
- TERP documents need to be appropriately updated - many LD patients have been noted to have the LD as reasoning for not carrying out CPR. All have been altered following review by the LD Team and prior to the need for CPR.
- Difficult to identify ReSPECT plans as they are scanned into documents - should be a stand-alone document and visible on the SUNRISE banner.
- Patient with ReSPECT document, not for readmission to hospital as End of Life - but conveyed in following discussion with community palliative care and WMAS as they felt deterioration was too quick and there could be an infection - TERP re-instated in ED, then palliated and patient died less than 24 hours later in RHH.
- Multiple admissions despite ReSPECT document stating not for admission to hospital.
- Results of investigations need to be reviewed in a timelier manner and acknowledged.
- Large percentage of ED deaths are referred for review as they have been flagged as a 4-hour breach - it has been found that the predominate factor is due to Trust capacity and patient flow.

Medical Examiner Service

The Medical Examiners service has consistently reviewed 100% of deaths in the previous 12 months. There has been a steady increase in the number of community deaths referred. From April 2024, the money for the service has been received as part of the Service Development Fund via the ICB and will replace the current invoicing arrangements directly with NHSE.

	Total In Patient Reviews	% of inpatient deaths receiving a ME Review	Community Reviews
August 2023	121	100	95
September 2023	127	100	77
October 2023	159	100	90
November 2023	132	100	86
December 2023	185	100	97

January 2024	180	100	129
February 2024	155	100	96
March 2024	183	99.9	82

Community Deaths

The roll-out of the current Medical Examiner Service out into the community is progressing on target. The statutory date has been postponed past April 2024. There are currently 40 out of 42 GP surgeries forwarding deaths for scrutiny. The service is working with the 6 PCNs and have contacted all 42 surgeries.

2.5 Coroners Inquests

The Trust has noted reducing numbers of Coroner's inquests. There have been no Regulation 28 notices issued by the HM Coroner since 2018.

2.6 Work of Note

Martha's Rule

Adult, Maternity and Newborn Sunrise vital signs flowsheets will change on 23rd April 2024 to include a structured question to obtain information relating to the patient's condition directly from patients and their families. This must be asked at least daily. If the patient or family express significant concern that their condition is deteriorating, it will activate the Trust Deteriorating Patient Pathway, requiring escalation and senior clinical review. This is part of the Trust's implementation of Martha's Rule.

Verification of Death Policy

The Verification of Death policy has undergone a full rewrite following the digitalisation of the process and introduction of the Medical Examiners Service. The revision is currently out for consultation with ratification expected in May 2024.

Learning from Deaths Policy

The Learning from Deaths Policy has undergone a rewrite following the alteration in how mortality reviews are completed. The new version is currently out for consultation and ratification is expected in June 2024.

3 RECOMMENDATION(S)

3.1 The Executive is asked to note the decreasing trend in SHMI and HSMR. It is likely that the improvement in HSMR / SHMI reflect an improvement in the denominator as well as quality of care and provides assurance in relation to previous alerts. Positive assurance related to quality of care includes SJRs output, falling HSMR with no weekend effect and no Regulation 28 notices in 5 years.

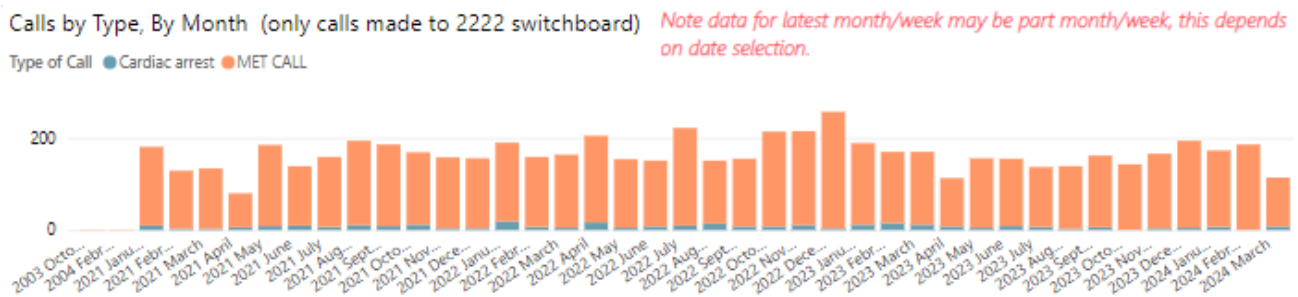
The progress against mortality related actions is reported via Quarterly Learning from Deaths reports submitted to Quality Committee and Trust Board.

Dr Philip Brammer, Dr Raj Uppal, Rebecca Edwards and Nuala Hadley

on behalf of Dr Julian Hobbs
3/4/2024

Appendix 1 - AQuA Mortality Report (*see further reading pack)*

Aqua Quarterly
Mortality Report - Issu

Intervention	Impact	Planned Work
Management of the deteriorating patient	There has been a significant effort to improve the management of the deteriorating patient with the introduction of a deteriorating patient pathway and associated dashboard (Resuscitation, Deterioration & Sepsis - Deteriorating Patient Pathway) to improve oversight. This work is supported by an education programme accessible to all staff (Deteriorating Patient Education Program - Home). There has been a noted decrease in the number of MET calls and cardiac arrests as highlighted below with the significant decline in the most four recent months compared to previous years. December 2022-March 2023 saw 743 MET calls made compared to 619 in the comparable months in 23/24. 	Adult, Maternity and Newborn Sunrise vital signs flowsheets changed on 23rd April 2024 to include a structured question to obtain information relating to the patient's condition directly from patients and their families. This must be asked at least daily. If the patient or family express significant concern that their condition is deteriorating, it will activate the Trust Deteriorating Patient Pathway, requiring escalation and senior clinical review. This is part of the Trust's implementation of Martha's Rule: for more information click here.
Pathway specific work	A working group for the Fractured Neck of Femur has commenced with input from orthopaedic and anaesthetic colleagues. Areas of focus include improved time to surgery, a comprehensive review of the ortho geriatric service and There is work evaluating the seven day service working. Chest pain pathway group and Stroke/Acute Cerebrovascular Disease Mortality continues to report to Mortality Surveillance Group	
Gold Standard Framework	Gold Standards Framework (GSF) is a systematic, evidence based approach to optimise care for all patients approaching the end of life, delivered by generalist frontline care providers. Individual clinical area can work towards accreditation with 10 areas accredited to date. 7 key metrics are measured as outlined below.	Working with wards C4, B6 and C1a in preparation for re-accreditation in 2024

Metric	Target	% Achieved November 23	% Achieved December 23	% Achieved January 24
% GSF identified	30%	15.6%	16.2%	15.8%
% GSF amber and green with ACP offered	75%	27%	31%	38%
% Hospital deaths with GSF Amber or red	60%	61%	68%	62%
% GSF red and amber with DNACPR	80%	100%	99%	99%
% GSF red with priorities for care	70%	50%	54%	57%
% GSF red, amber and green with preferred place of care documented	70%	72%	73%	76%
% GSF red or amber achieve preferred place of	60%	57%	49%	57%

Working with C5 and C6 in preparation for accreditation in 2024

Supporting other wards regarding baseline information including staff with competencies achieved, end of life care boxes and board

	care on discharge/death						

Enclosure 14

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday 9th May 2024

Report title	Upward Report from the People Committee Meetings held on 26th March and 30th April 2024
Sponsoring executive	Karen Brogan - Interim Chief People Officer
Report author **Report presenter**	Karen Brogan - Interim Chief People Officer Julian Atkins - Non-executive Director

1. Suggested discussion points

March 2024

Matters of concern/key risks to escalate

- mandatory training decreased slightly to 92.37%. Compliancy concerns with specific modules (Safeguarding and Resus) were noted, hotspot areas would be reviewed.
- the rolling twelve-month absence rate had slightly increased to 5.02% in February. Turnover (all terminations) had increased minimally to 8.46%, normalised turnover (voluntary resignations) increased from 3.96% to 3.98%.

Positive assurances

- sickness absence analysis data gave assurance of robust management.
- the Trust's Baby Loss and Flexible Working Policies were in line with the national policies.
- Staff costs were within plan with staff numbers slightly ahead of plan due to strike action and winter pressures.
- the success of the Psychological Wellbeing Practitioner role was reported.

Major actions commissioned/underway

- the national staff survey 2023 results were more positive than 2022 with a benchmark average response rate of 45% and improved performance across most promises and individual questions.
- Workforce numbers and staffing costs were included in the workforce KPI report.

Decisions made

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

April 2024

Matters of concern/key risks to escalate

- turnover had increased from 8.46% in February to 8.55% in March.
- mandatory training compliance had slightly decreased to 91.59% but remained above the 90% target.

Positive assurances

- positive results from the National Education & Training Survey were received.
- positive update received from the Freedom to Speak Up Guardian.
- the workforce KPI report presented positive assurance against metrics; sickness absence and normalised turnover reductions in March, with positive performance against the workforce plan.
- mandatory training remained above the 90% target.
- Manager's Essentials training had led to positive benefits to managers' personal development and their ability to provide improved engagement with their direct reports.
- Positive reports were received from the Wellbeing and Equality, Diversity & Inclusion Steering Groups.
- CCCS presented a deep dive into their division, which gave good assurance to the Committee that the appropriate people issues were being addressed.
- The Committee Effectiveness Review of People Committee had been carried out and positive feedback received.

Major actions commissioned/underway

- updated Staff Survey action plans were presented by MIC, SWC and CCCS.
- an update was given on the Dudley Improvement Practice's Strategic Workstream

- a summary of leadership development opportunities for clinical colleagues was presented.
- updates on the ICan Programme and Apprenticeship offer were given by Rachel Andrew

Decisions made

- the following items were approved: the Strategy progress report for Q4 2023/24, workforce thresholds and targets for 2024/25, the Safe Staffing Policy, the Workforce RACE Equality Standard (WRES) and 2024 Workforce Disability Equality Standard (WDES) Summary reports.
- 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 April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Turnover (all terminations) had increased from 8.46% in February to 8.55% in March. Normalised turnover (voluntary resignations) had however shown a slight improvement. • Whilst mandatory training remained above target, there had been a fall in compliance from 92.37% in February to 91.59% in March. Assurance was given that this was being addressed.	• Staff survey action plans were presented by MIC, SWC and CCCS which demonstrated good knowledge of their areas of challenge and good ownership of the actions to address them. • Peter Lowe gave a positive update on the Dudley Improvement Practice's Strategic Workstream. • Becky Edwards summarised the leadership development opportunities for clinical colleagues, which complemented the ongoing work to establish a Shadow Board. • Rachel Andrew gave an update on the ICan Programme and Apprenticeship offer. The ICan Programme is a partnership established between the Dudley Group and Dudley Council which supports local people to secure and maintain employment locally. Year 1 activity had been completed with key outcomes met. Year 2 work was in progress with activities planned for twelve months ahead. Paid work experience and "into employment" programmes had commenced.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• The results from the National Education & Training Survey were very positive, built on the previous year's results and had clear actions for further improvement. • The Freedom to Speak Up report highlighted good triangulation and correlation with other services, HR and complaints and it was positive to note the engagement sessions that were in place. • The KPI report presented positive assurance against metrics; sickness absence had reduced in March, as had normalised turnover. There was positive performance against the workforce plan and mandatory training remained above the 90% target. • The Manager's Essentials training had resulted in positive benefits to managers' personal development and their ability to provide improved engagement with their direct reports. 715 staff had undergone training. Suggestion made to include this training as a requirement during annual reviews to encourage other eligible staff to complete it. • Positive reports were received from the Wellbeing and Equality, Diversity & Inclusion Steering Groups. • CCCS presented a deep dive into their division, which highlighted actions to improve key performance metrics for bank spend, workforce reduction, absence management and training. A Q1 action plan had been developed which led into operational plans for remaining quarters. This gave good assurance to the Committee that lots of positive progress was being made. • The Committee Effectiveness Review of People Committee had been carried out. There had been good focus on the right subjects, with good discussions and a significant degree of assurance provided. It worked well. The new chair will review the balance between strategic and operational content and committee membership.	• The Strategy progress report for Q4 2023/24 was approved for inclusion in the Trust Board report. • Following a discussion the Committee approved the workforce thresholds and targets for 2024/25. • The Committee approved the Safe Staffing Policy. • Paul Singh presented the Workforce RACE Equality Standard (WRES) and 2024 Workforce Disability Equality Standard (WDES) Summary reports, which were approved for submission. • The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the assurance level would remain unchanged as positive assurance.

Chair's comments on the meeting

It was acknowledged that atthough the agenda was lengthy, the quality of the papers was good, the presenters were succinct and concise in their delivery and there was good discussion. Despite the lengthy agenda the meeting concluded earlier than planned. The Chair invited everyone to submit any further comments to him.

The Dudley Group NHS Foundation Trust

CHAIR'S LOG
UPWARD REPORT FROM PEOPLE COMMITTEE
Date Committee last met: 26th March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Mandatory training had decreased slightly to 92.37% - it was noted that there were compliancy concerns with specific modules (Safeguarding/Resus) and hotspot areas across divisions which will be reviewed. • The rolling twelve-month absence rate had increased slightly from 5.01% in January to 5.02% in February. • Turnover (all terminations) had increased from 8.38% in January to 8.46% in February. Normalised turnover (voluntary resignations) increased from 3.96% to 3.98% in February.	• Rachel Andrew gave the update on the 2023 national staff survey results. The response rate was 45% (2748 staff) and although 3% lower than 2022, it was benchmark average. The Trust remained at benchmark average performance across all themes and promises. There had been improved performance across most promises and individual questions; performance was significantly better in 21 questions and the same (between 1-2% different which is not considered significant) in 73 questions. • Workforce numbers and staffing costs had been included in the workforce KPI report as requested at the previous meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Sickness absence was raised in Finance & Performance Committee as an area of concern. The analysis presented by the HR Business Partners provided assurance to the People Committee that appropriate work is being done by HR and the Divisions to manage this robustly. This would be reported back to F&P Committee. • The Dudley & Integrated Healthcare (DIHC) update provided assurance that the right issues were being considered. • An update was given on the Black Country Provider Collaborative (BCPC) workforce agenda and the national picture. The Committee heard that national policies were being developed to try to minimise differences between organisations - two policies, baby loss and flexible working, had been released and Trusts were strongly encouraged to use these. It was assuring to note that DGFT policies were already aligned with the national policies. The Dudley Group's baby loss policy had been reviewed and updated in 2021 in conjunction with Birmingham Women's & Children's Hospital (who pioneered the national policy) and the Trust was part of a national working group on flexible working. • A discussion took place on the workforce KPI's and workforce numbers /staff costs. The revised budget figures will be built into the analysis	• The Committee reviewed the assurance level of the two BAF risks overseen by the Committee. Both risk descriptors had been amended to:- Risk 2 (Failure to effectively manage workforce demand and capacity which will compromise the ability to deliver safe and effective care, maintain staff morale and regulatory compliance) and Risk 3 (Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention and absence). The Committee agreed that the assurance level would remain unchanged as positive assurance.

moving forward. It was reported that whilst staff costs were within plan staff numbers were very slightly ahead of plan due to strike action and winter pressures. • Mandatory training compliance - assurance was given on actions taken to address the hotspots. • A good report was received on the success of the Psychological Wellbeing Practitioner in Theatres, which had resulted in wellbeing and financial improvements. • It was reported that the national Staff Survey results for 2023 were more positive than the previous year.	
Chair's comments on the meeting There were good discussions with good confirm and challenge. The Committee were focused on important areas such as the staff survey and workforce plan. The meeting finished six minutes late.	

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on Thursday 9th May 2024

Report title	Workforce KPI Report
Sponsoring executive	Karen Brogan - Interim Chief People Officer
Report author/presenter	Hannah White - Head of People

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
- Sickness Absence
- Vacancies/ Turnover and performance against plan

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
Trust Board

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

March 2024

Hannah White – Head of People

The Dudley Group
NHS Foundation Trust

Summary

The Dudley Group NHS Foundation Trust

Metric	Rate	Target	Trend	
Absence – In Month	5.16%	<=5%	↓	**Sickness Absence** In month sickness absence for March 2024 is 5.16% a decrease from 5.28% in February 2024. The rolling 12-month absence has decreased to 4.99 % in March 2024 from 5.02% in February 2024.
Absence - 12m Rolling	4.99%	<=5%	↓	
Turnover	8.55%	<=8%	↑	**Turnover** Turnover (all terminations) has increased from 8.46% in February 2024 to 8.55% in March 2024.
Normalised Turnover	3.91%	<=5%	↓	Normalised Turnover has decreased from 3.98% in February 2024 to 3.91% in March 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.
Retention (12 month)	91.5%	>=80%	↑	**Retention** The 12-month retention rate has increased slightly to 91.5% in March 2024 compared to 91% in February 2024.
Vacancy Rate	5%	<=7%	=	**Vacancy Rate** The vacancy rate remains stable at 5% in March 2024 with total vacancies of 315.71 WTE.
Mandatory Training	91.59%	>=90%	↓	**Mandatory Training** Statutory Training has seen a slight monthly decrease to 91.59% - overall it has remained above 90% target for a sustained period.

Exceptions/Improvement/Actions

The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Mandatory Training	Performance against target for mandatory training overall remains above 90% for the month. This is an ongoing sustained performance at above target since Q2 23/24. There has been an ongoing decline throughout the winter period although has remained above target each month. There has been increased activity in March and April which indicates that compliance will begin to improve. The Divisional picture is varied and there have been prompts to maintain focus on compliance across the suite of training – with a specific focus on resuscitation and safeguarding training as areas of concern. These remain higher than the same period in 2023 but continue to be a concern where performance is below target.
Leadership and Culture	Work continues on embedding the Induction for new Managers to ensure this provides a strong introduction to expectations. This is linked to continued delivery of Manager's Essentials courses – which are booked to capacity each month. 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. Plans are underway for the annual Leadership Conference on 26th April focused on Leadership Everyday with invitations having been shared with senior leaders. The leadership programme is currently being reviewed with an additional layer of training for leaders to support confidence and skills being launched in Quarter 2. This will enable leaders to consolidate learning from Manager's Essentials and add to their skills and knowledge through a portfolio approach. Developing Leaders will then re-launch as a stretch programme in Quarter 3. Being a Brilliant Place to Work Divisional Staff Survey Action Plans have been drafted with a focus on a smaller number of targeted actions for 2024. The People Pulse has launched for April with work underway to promote uptake. There are no local questions in April as the focus is on feedback aligned to planned #makeithappen in April/May 2024 with a focus on feedback and promotion of the behaviour framework and People Plan. The annual review window opened on 1st April and compliance after 2 weeks is 4.9% overall. Medicine Division is currently the highest performer at 9.1%.

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 March 2024 but continues to perform under the national average for the NHS between 10-12%. Normalised Turnover (Voluntary resignations) decreased slightly in March 2024. Retention has remained stable at 91.5% in March 2024. The vacancy rate in March 2024 remains stable at 5% in March 2024 with total vacancies of 315.71 WTE. As demonstrated in the table below, the overall workforce growth year to date (April 23 and March 24) in 23/24 (inclusive of bank and agency staffing) is 0.30%, specifically for substantive staff this is 1.52% growth (85.09 WTE), bank staff -8.96% and agency staff -37.84%

	Apr-23	Mar-24	Difference	Variance
Total Workforce (WTE)	6271.1	6289.95	18.85	0.30%
Total Substantive	5595.15	5680.24	85.09	1.52%
Total Bank	656.21	597.44	-58.77	-8.96%
Total Agency	19.74	12.27	-7.47	-37.84%

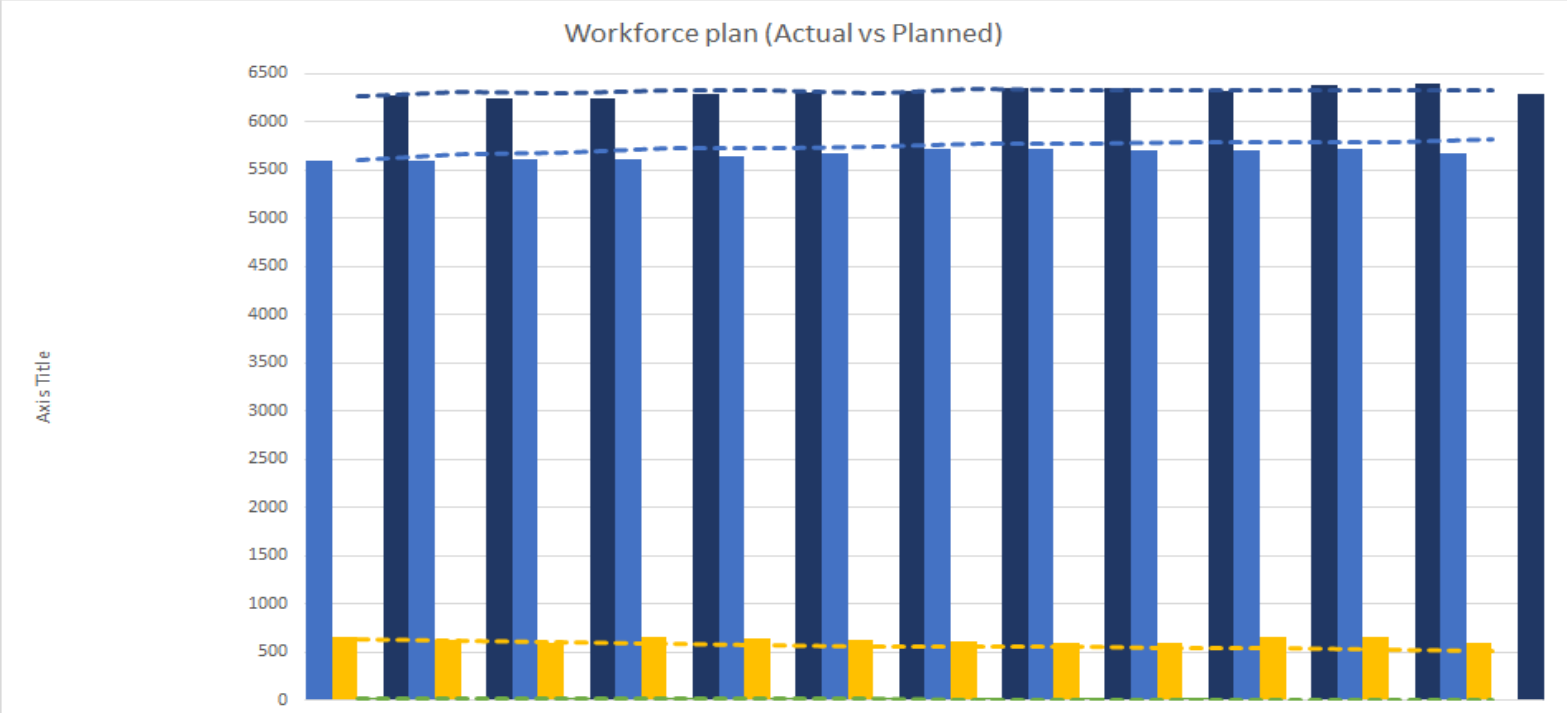
Principal areas of growth within substantive staff have been seen in Registered Scientific, Therapeutic and Technical staff (11%) and NHS Infrastructure (7%).

	Apr-23	Mar-24	Difference	Variance
Registered Nursing, Midwifery and Health Visiting Staff (substantive total)	1799.52	1881.12	81.6	5%
Registered Scientific, therapeutic and technical staff (substantive total)	628.72	697.99	69.27	11%
Support to Clinical Staff (substantive total)	1,370.22	1264.1	-106.12	-8%
Total NHS Infrastructure support (substantive total)	1006.38	1075.01	68.63	7%
Medical and Dental (substantive total)	790.21	762.02	-28.19	-4%

Exceptions/Improvement/Actions

The Dudley Group

METRIC	SUMMARY
Vacancies/ Turnover and performance against plan	For 2023/24 performance at month 12 (March 2024) overall workforce is slightly below plan (-0.5% variance – 31.39 WTE under plan) with less substantive staff but more bank and agency usage than planned (driven by additional unfunded beds and industrial action)



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual Substantive	5595.15	5603.1	5615.22	5615.97	5639.83	5672.49	5718.67	5723.79	5699.56	5707.23	5715.04	5680.24
Actual Bank Usage	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94	597.87	661.21	661.44	597.44
Actual Agency Usage	19.74	15.37	25.68	22.33	20.1	24.59	22.52	23.98	17.27	9.29	15.89	12.27
Actual Total Workforce	6271.1	6244.29	6237.05	6288.77	6303.95	6324.89	6357.06	6344.71	6314.7	6377.73	6392.37	6289.95
Planned Substantive	5608	5667.48	5674.48	5727.48	5734.48	5735.48	5770.94	5768.94	5785.94	5795.94	5793.94	5811.74
Planned Bank Usage	639.3	618.9	597.8	586	573.9	553.5	559.2	558.2	533.1	532.1	526.1	506
Planned Agency Usage	18.7	18	18	12	12	12	6.6	6.6	6.6	3.6	3.6	3.6
Planned Total Workforce	6266	6304.38	6290.28	6325.48	6320.38	6300.98	6336.74	6333.74	6325.64	6331.64	6323.64	6321.34

Exceptions/Improvement/Actions

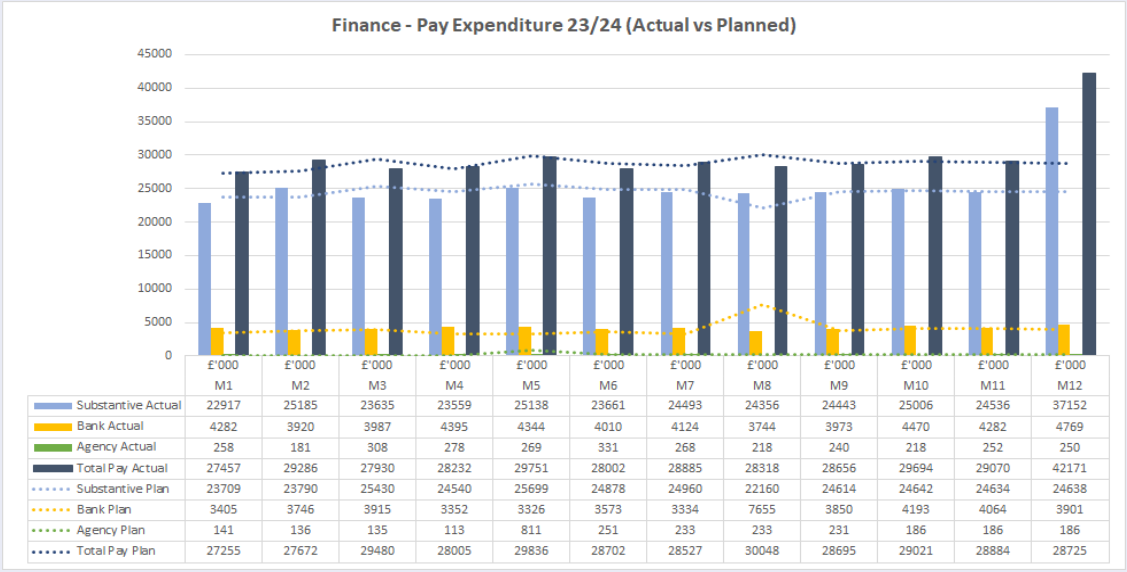
The Dudley Group

METRIC	SUMMARY
Workforce/ Finance triangulation	March pay costs are distorted by the year end pension adjustment of £12.424m. This one-off year end adjustment is fully funded. Substantive numbers showed a small reduction of 8 WTE. Bank costs were particularly high in March, notably across Nursing (qualified and unqualified) and Scientific/Therapeutic staff. Plans are underway to drive a reduction in bank costs for 2024/25. WLI spend also remained high in March due to the continued drive to improve planned activity performance associated with ERF. Agency costs continue to remain comparatively low at 0.9% of pay bill (versus cap of 3.7%). In March, the spend was slightly lower than average with medical staff responsible for 92% of the spend. The tables and charts on the next two slides provide a summary of the workforce numbers (WTE) and Pay expenditure (Actual vs Forecasted in Plan).

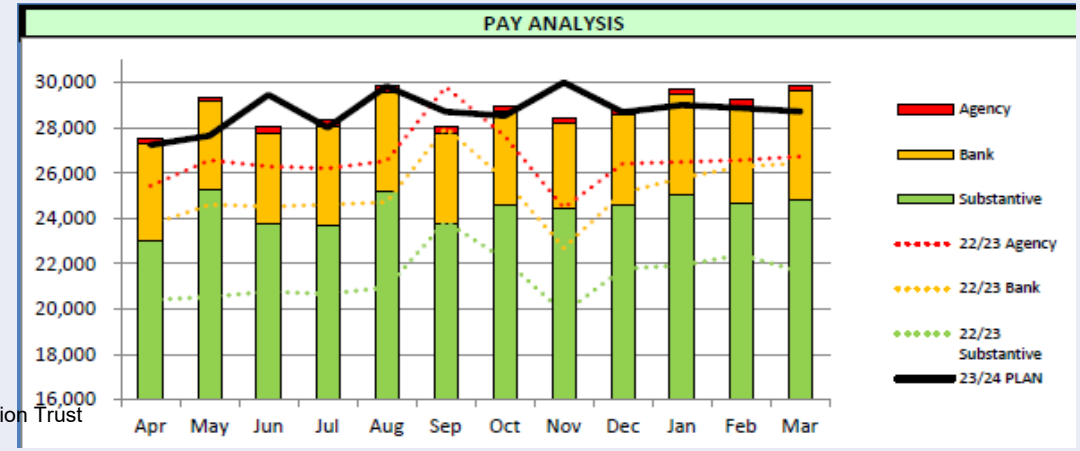
Exceptions/Improvement/Actions

The Dudley Group

METRIC	SUMMARY
Workforce/ Finance triangulation	The chart below provide a summary of the Pay expenditure (Actual vs Forecasted in Plan) - March pay costs are distorted by the year end pension adjustment of £12.424m.



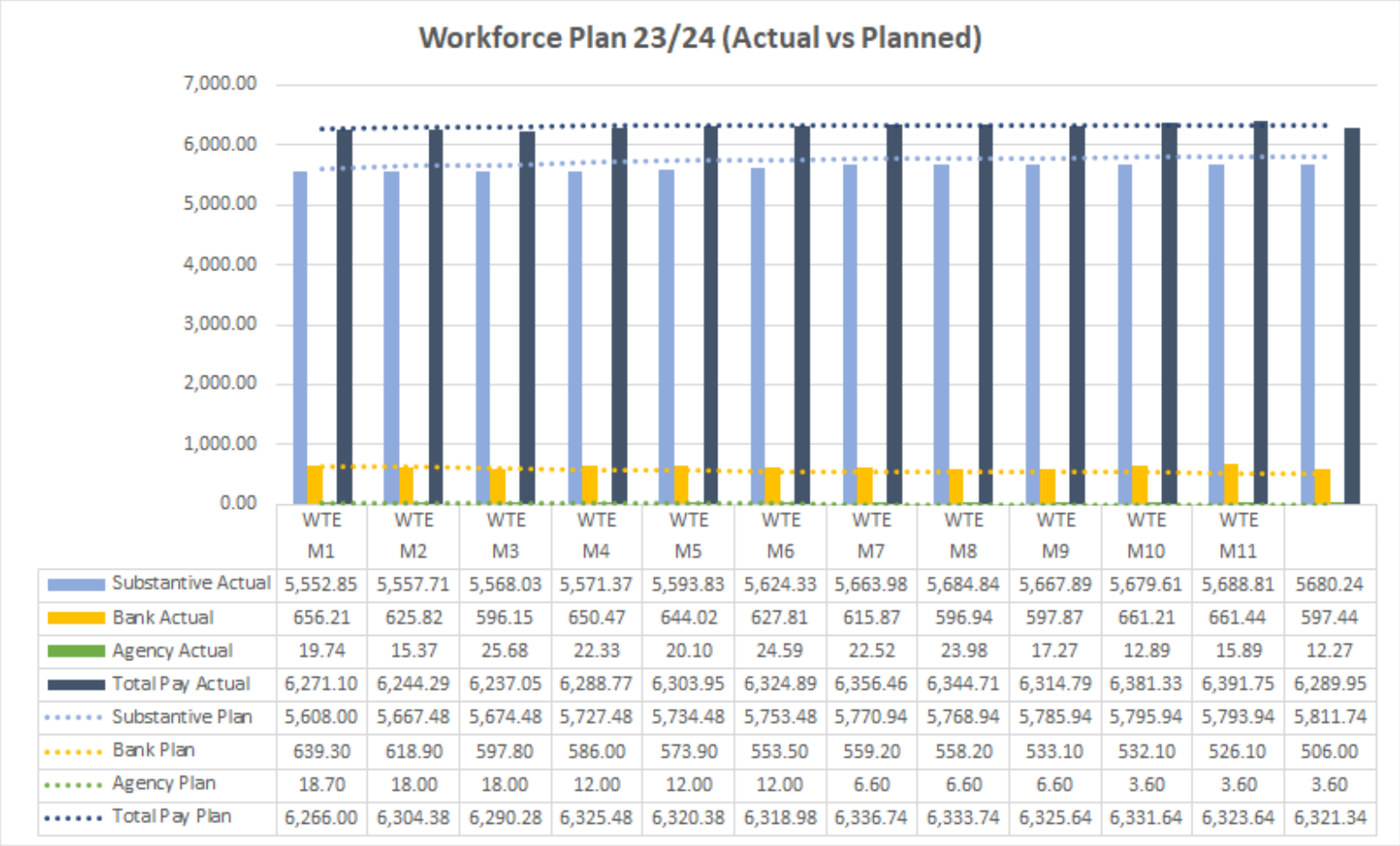
	£'000 M1	£'000 M2	£'000 M3	£'000 M4	£'000 M5	£'000 M6	£'000 M7	£'000 M8	£'000 M9	£'000 M10	£'000 M11	£'000 M12
Substantive Actual	22917	25185	23635	23559	25138	23661	24493	24356	24443	25006	24536	37152
Bank Actual	4282	3920	3987	4395	4344	4010	4124	3744	3973	4470	4282	4769
Agency Actual	258	181	308	278	269	331	268	218	240	218	252	250
Total Pay Actual	27457	29286	27930	28232	29751	28002	28885	28318	28656	29694	29070	42171
Substantive Plan	23709	23790	25430	24540	25699	24878	24960	22160	24614	24642	24634	24638
Bank Plan	3405	3746	3915	3352	3326	3573	3334	7655	3850	4193	4064	3901
Agency Plan	141	136	135	113	811	251	233	233	231	186	186	186
Total Pay Plan	27255	27672	29480	28005	29836	28702	28527	30048	28695	29021	28884	28725



Exceptions/Improvement/Actions

The Dudley Group

METRIC	SUMMARY
Workforce/ Finance triangulation	The chart below provide a summary of WTE (Actual vs Forecasted in Plan).



	WTE M1	WTE M2	WTE M3	WTE M4	WTE M5	WTE M6	WTE M7	WTE M8	WTE M9	WTE M10	WTE M11	
Substantive Actual	5,552.85	5,557.71	5,568.03	5,571.37	5,593.83	5,624.33	5,663.98	5,684.84	5,667.89	5,679.61	5,688.81	5680.24
Bank Actual	656.21	625.82	596.15	650.47	644.02	627.81	615.87	596.94	597.87	661.21	661.44	597.44
Agency Actual	19.74	15.37	25.68	22.33	20.10	24.59	22.52	23.98	17.27	12.89	15.89	12.27
Total Pay Actual	6,271.10	6,244.29	6,237.05	6,288.77	6,303.95	6,324.89	6,356.46	6,344.71	6,314.79	6,381.33	6,391.75	6,289.95
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
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
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
Total Pay 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

Exceptions/Improvement/Actions

The Dudley Group

METRIC	SUMMARY
Workforce/ Finance triangulation	The chart below provide a summary of WTE (Actual vs Forecasted in Plan).

Finance - Pay Expenditure 23/24 (Actual vs Planned):

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	23709	23790	25430	24540	25699	24878	24960	22160	24614	24642	24634	24638	293694	
Substantive Actual	22917	25185	23635	23559	25138	23661	24493	24356	24443	25006	24536	37152	304081	10387
Bank Plan	3405	3746	3915	3352	3326	3573	3334	7655	3850	4193	4064	3901	48314	
Bank Actual	4282	3920	3987	4395	4344	4010	4124	3744	3973	4470	4282	4769	50300	1986
Agency Plan	141	136	135	113	811	251	233	233	231	186	186	186	2842	
Agency Actual	258	181	308	278	269	331	268	218	240	218	252	250	3071	229
Total Pay Plan	27255	27672	29480	28005	29836	28702	28527	30048	28695	29021	28884	4	316129	
Total Pay Actual	27457	29286	27930	28232	29751	28002	28885	28318	28656	29694	29070	42171	357452	41323

Workforce Plan 23/24 (Actual vs Planned):

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	5,552.85	5,557.71	5,568.03	5,571.37	5,593.83	5,624.33	5,663.98	5,684.84	5,667.89	5,679.61	5,688.81	5680.24
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	597.87	661.21	661.44	597.44
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
Agency Actual	19.74	15.37	25.68	22.33	20.10	24.59	22.52	23.98	17.27	12.89	15.89	12.27
Total Pay 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 Pay Actual	6,271.10	6,244.29	6,237.05	6,288.77	6,303.95	6,324.89	6,356.46	6,344.71	6,314.79	6,381.33	6,391.75	6,289.95

Enclosure 16

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on Thursday 9th May 2024

Report title	Workforce Race Equality Standard (WRES) Data Summary Report 2024
Sponsoring executive	Karen Brogan - Interim Chief People Officer
Report author/presenter	Paul Singh - Head of Equality, Diversity, Inclusion & Workforce Wellbeing

1. Suggested discussion points

The Board are asked to approve the Workforce Race Equality Standard (WRES) data summary for 2024 prior to external submission, data must be submitted to NHSE by 31st May 2024.

A report must be published on our external website by 31st October 2024 – this is currently being completed to ensure it is compliant with our corporate branding.

- The Workforce Race Equality Standards (WRES) has a set of nine specific measures which enable NHS organisations to compare the experiences of different staff groups.
- The WRES compares the experience of ethnically diverse staff with white staff.
- The ethnically diverse representation in the Trust has increased from 25% in March 2023 to 28%. Although, overall, ethnically diverse representation with the Trust has increased, the Board membership is reporting as less ethnically diverse (16.7% to 15%)
- Improvement has been seen in recruitment practices, career progression or promotion.
- There has been a Trust, regional and national decline for our ethnically diverse employees' who have experienced bullying, harassment, and discrimination.
- Ethnically diverse staff are more likely to enter a formal disciplinary process and are less likely to access non-mandatory training and professional development.

The data indicates a requirement to improve across a number of the WRES indicators, these align to the actions set out in the Trust's EDI Journey and in the Trust's commitment to becoming an anti-racist organisation. The areas for improvement align to key priorities set out in the Trust's EDI Journey, which has a key focus on recruitment, development and addressing bullying and harassment. The Journey seeks to make further improvements which will enhance culture and leadership within the Trust.

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

Executive Directors Meeting
People Committee
Trust Board

4. Recommendation(s)

The Trust Board is asked to:

a.	Approve the WRES data summary for submission to NHS England

b.	Note the work ongoing to complete publication to the Trust's external website by 31st October 2024.

5.	**Impact**							
Board Assurance Framework Risk 1.1		X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 3.0		X	Improve and sustain staff satisfaction and morale					
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		

REPORT FOR DECISION

Workforce Race Equality Standard (WRES) Summary Report

Report to Trust Board on Thursday 9th May 2024

1. EXECUTIVE SUMMARY

1.1. The Workforce Race Equality Standards (WRES) launched with the aim of improving the workplace and career experiences of our ethnically diverse staff. It has a set of nine specific measures which enable NHS organisations to compare the experiences of different staff groups. The WRES compares the experience of ethnically diverse staff with white staff.

1.2. The ethnically diverse representation in the Trust has increased from 25% in March 2023 to 28%.

1.3. Across the indicators, there has been an improvement in recruitment practices and staff who believe they have equal opportunities for career progression or promotion. However, disappointingly we have seen a decline regarding our ethnically diverse employees' experiences i.e. bullying, harassment and discrimination. (Please note, that although the Trust has provided data for these indicators, we have been notified of a data quality issue. Once the issue has been rectified, we will report on these indicators).

1.4. We have also seen a decline across WRES indicator 3, with ethnically diverse staff being more likely to enter a formal disciplinary process, indicator 4, with ethnically diverse staff less likely to access non-mandatory training and professional development compared to white staff and indicator 9. Although, overall ethnically diverse representation with the Trust has increased, the board membership is reporting as less ethnically diverse.

1.5. The data indicates a requirement to improve across a number of the WRES indicators, these align to the actions set out in the Trust's EDI Journey and through the Trust's commitment to becoming anti-racist organisation to address unwarranted differences in staff experience.

1.6. The areas for improvement align to key priorities set out in the Trust's EDI Journey, which has a key focus on recruitment, development and addressing bullying and harassment. The Journey seeks to make further improvements which will enhance culture and leadership within the Trust. (The detailed EDI Journey action plan can be found in appendix 1).

2. WRES data and analysis

2.1 The table below provides WRES data for 2024 reporting year with a comparison since 2020.

WRES Summary

	WRES Indicator		Reporting Year 2020	2021	2022	2023	2024	Trend
1	Percentage of black and minority ethnic (BME) staff	Overall	18%	20%	20%	25%	28%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.58	1.95	1.49	1.54	1.41	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.9	1.1	1.1	0.79	1.59	
4	Relative likelihood of white staff accessing non mandatory training and continuous		1.52	1.17	1.95	1.02	1.24	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*	BME	31.2%	27.1%	27.7%	26.2%	27.3%	
		White	31.6%	25.6%	25.5%	24.8%	25.7%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*	BME	33.0%	32.8%	26.8%	28.8%	31.7%	
		White	28.4%	25.7%	19.7%	20.3%	22.1%	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion*	BME	42.9%	44.2%	45.5%	47.2%	51.7%	
		White	56.5%	61.8%	61.2%	63.2%	63.1%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues*	BME	17.4%	17.5%	16.3%	16.4%	18.8%	
		White	6.3%	6.0%	5.1%	5.3%	6.3%	
9	BME board membership **	Overall		5.6%	16.7%	16.7%	15.0%	

** Staff survey from previous year*
***Total board members*
National team reviewing data

Data analysis has been broken down in themes below:

2.2 Workforce and Board Representation

In March 2024, 28% (1737) of the workforce across Dudley Group were from a diverse ethnic background (black and minority ethnic, BME background). This is an increase from 25% (1515) from March 2023. The total number of staff where ethnicity was not recorded/not stated reduced in March 2024 to 9% (547) from 11% (673) in March 2023.

There has been an increase in ethnically diverse staff, there remains a lack of representation in both clinical and non-clinical roles from Bands 8a to VSM.

There are several streams of work in place to address this challenge, including targeted support work, promotion of leadership development offers to target groups, inclusive mentoring, allyship through networks, utilisation of external development offers and the implementation of a shadow board.

In March 2024, 15% of all Board members were from a diverse ethnic background, this compares to 16.7% in March-23 (source indicator 9). This has declined since last year, indicating that the Board membership has a less ethnically diverse representation.

There are dedicated Executive and Non-executive Board members that sponsor the Trust's staff networks. The Trust is in the process of developing additional offers to address the leadership gap in senior leadership roles, such as the development of a Shadow Board / Divisional Leadership development programme.

2.3 Recruitment

In 2023/24, the relative likelihood of white applicants being appointed from shortlisting across all posts, when compared to colleagues from a diverse ethnic background is 1.41. A value greater than 1 would indicate applicants from a diverse ethnic background are less likely than white staff to be appointed from shortlisting. 1.41 is an improvement on last year's report of 1.54 (source indicator 2).

Over the last twelve months the Trust has continued its focus on ensuring our recruitment & selection processes are inclusive. Raising the profile of the Trust as an "Employer of Choice" through engaging with schools, colleges, universities, and local communities with view of reducing inequality in recruitment.

Recruitment and Selection Training for managers has been refreshed, to raise awareness of EDI considerations and the impact of unconscious bias, as well as embedding our approach to values-based recruitment. The Trust is currently reviewing the language used in all recruitment & selection communications/ guidance ensuring this is as inclusive as possible.

2.4 Formal disciplinary process

In 2023/24, the relative likelihood of staff from a diverse ethnic background entering the formal disciplinary process compared to white staff is 1.59. A value greater than 1 would indicate applicants from a diverse ethnic background are more likely than white staff to be entered into a formal disciplinary. This appears to be a significant decline since the 2023report, which was of 0.79.

It should be noted that significant work has been undertaken to improve the quality of the data. The Trust has implemented a case review process for employee relations to ensure there is a continuous improvement approach, with lessons learned. Case data is now reviewed related to protected characteristics to identify emerging themes and develop solutions.

The Trust's Cultural Ambassadors continue to provide independent advice in relation to employee cases involving colleagues from an ethnically diverse background.

2.5 Access to non-mandatory training and continuous professional development (CPD)

In 2023/24, the relative likelihood of white staff accessing non-mandatory training and continuous professional development CPD compared to staff from a diverse ethnic background is 1.24. A value greater than 1 would indicate white staff are more likely to access to non-mandatory training and continuous professional development (CPD). This compares to a value of 1.02 in 2022/23. This is a decline from last year.

The data captured is based on the following courses: Managers Essentials, Developing Leaders, Living the Values, appraisal training, and from this year the Dudley Improvement Practice (DIP) sessions. The Trust is in the process of refreshing the career conversation development programmes and additional development offers are promoted through the Learning Development prospectus.

2.6 Staff Experience

We have been notified of a data quality issue with some questions on the national staff survey. This issue affects WRES Indicators 5,6 and 8) around experience of bullying and harassment. The national team are currently working with PICKER and expect this to be completed during April.

2.7 Career Progression

In the 2023 survey, a lower percentage of staff from an ethnically diverse background (51.7%) when compared to white staff (63.1%) felt that the Trust provides equal opportunities for career progression or promotion (source indicator 7). This measure for ethnically diverse staff has improved from last year from 47.2% (an improvement of 4.5%) and for white staff the measure has remained the same.

Bespoke development programmes have been developed for our international educated nurses (Hidden Talent Programme).

3. CONCLUSION

Based on the data outlined in this report, there are clear areas where improvement is needed such as experiences around bullying, harassment and discrimination, the likelihood of entering a formal disciplinary process, access non-mandatory training and professional development and diversity of the Trust Board.

The actions to improve the Trust's WRES performance align with the Trust's strategic ambitions and priorities, in particular making Dudley Group a brilliant place to work and thrive. The required improvement aligns to the actions set out in the Trust's EDI Journey and through the Trust's commitment to becoming anti-racist organisation to address unwarranted differences in staff experience.

The areas for improvement align to key priorities set out in the Trust's EDI Journey, which has a key focus on recruitment, development and addressing bullying and harassment. The Journey seeks to make further improvements which will enhance culture and leadership within the Trust. (The detailed EDI Journey action plan can be found in appendix 1).

It is important to note that all our actions have been aligned to National standards and are measured by:

- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)
- Gender and Ethnicity Pay Gap Reporting
- NHS Staff Survey
- NHSE Improvement Plan (High Impact Actions)
- Equality Delivery System (EDS)

Please note although the Trust has provided data for WRES indicators 5-6 and 8, we cannot confirm these are accurate as we have been notified of a data quality issue. Once the issue has been rectified, we will report on these indicators.

4. RISKS AND MITIGATIONS

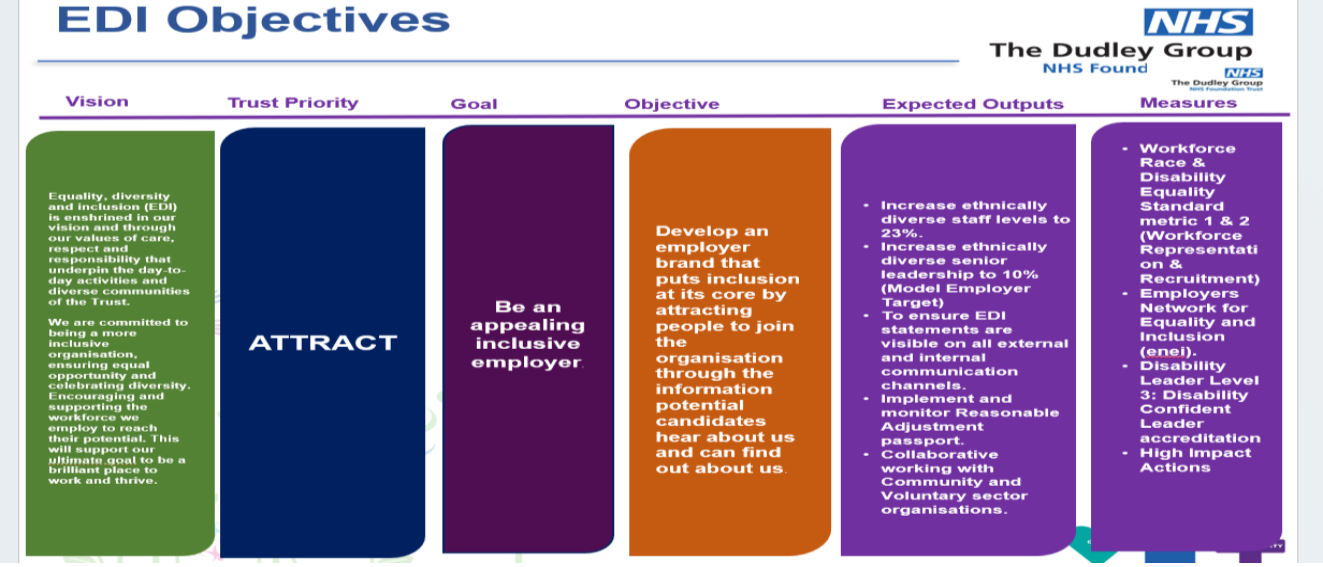
4.1 This work supports progress against the BAF (2) on risks around staff engagement and retention.

4.2 Failure to effectively deliver actions associated with this work programme will continue to limit the scope and pace of improvement against the WRES.

5. RECOMMENDATIONS

5.1 The People Committee are asked to approve this WRES data summary for 2024 prior to external submission. Data will be submitted to NHSE by 31st May 2024 and reports must be published on our external website by 31st October 2024.

APPENDIX 1


EDI Objectives
NHS
The Dudley Group
NHS Found
Vision
Trust Priority
Goal
Objective
Expected Outputs
Measures
Equality, diversity and inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust.
We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
ATTRACT
Be an appealing inclusive employer
Develop an employer brand that puts inclusion at its core by attracting people to join the organisation through the information potential candidates hear about us and can find out about us.
Increase ethnically diverse staff levels to 23%.
Increase ethnically diverse senior leadership to 10% (Model Employer Target)
To ensure EDI statements are visible on all external and internal communication channels.
Implement and monitor Reasonable Adjustment passport.
Collaborative working with Community and Voluntary sector organisations.
Workforce Race & Disability Equality Standard metric 1 & 2 (Workforce Representation & Recruitment)
Employers Network for Equality and Inclusion (enei).
Disability Leader Level 3: Disability Confident Leader accreditation
High Impact Actions


Vision
Trust Priority
Goal
Objective
Expected Outputs
Measures
Equality, diversity and inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust.
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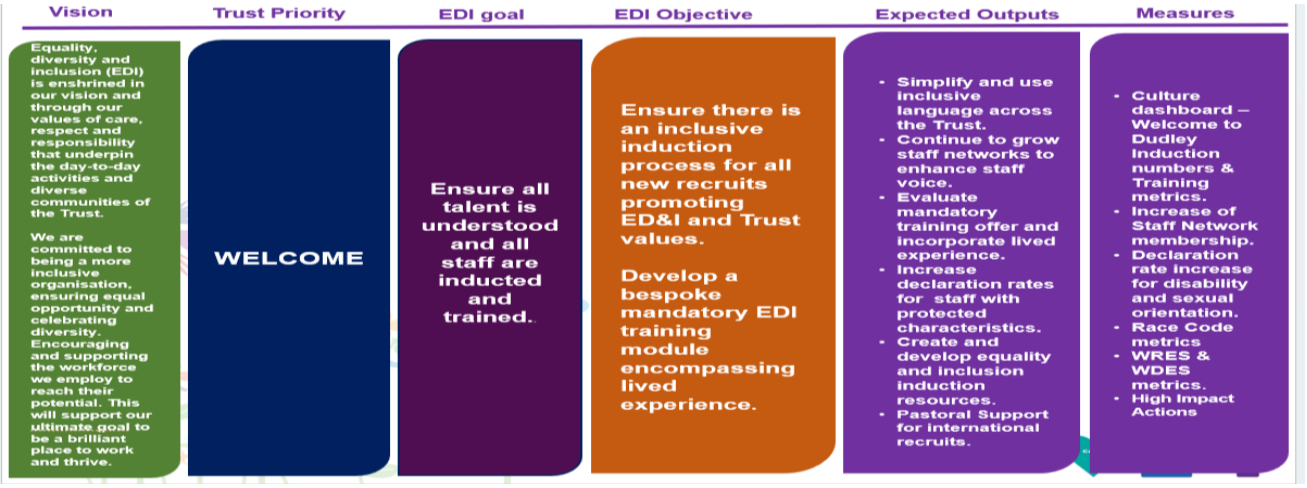
RECRUIT
Enable talent to successfully apply for career opportunities.
Overhaul recruitment practices. Ensuring people are trained on inclusive recruitment.
Develop and Promote a refreshed inclusive recruitment training programme.
Refresh the behaviour framework, ensuring a clear stance on unacceptable behaviour towards people with protected characteristics.
Equality Impact assess our recruitment practices and related policies.
Implement Inclusive Recruitment Guidelines .
Workforce Race & Disability Equality Standard metric 1 & 2 (Workforce Representation & Recruitment).
Employers Network for Equality and Inclusion (enei).
Disability Leader Level 3: Disability Confident Leader.
Race Code (Results for recruitment).
High Impact Actions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Trust Priority
EDI goal
EDI Objective
Expected Outputs
Measures
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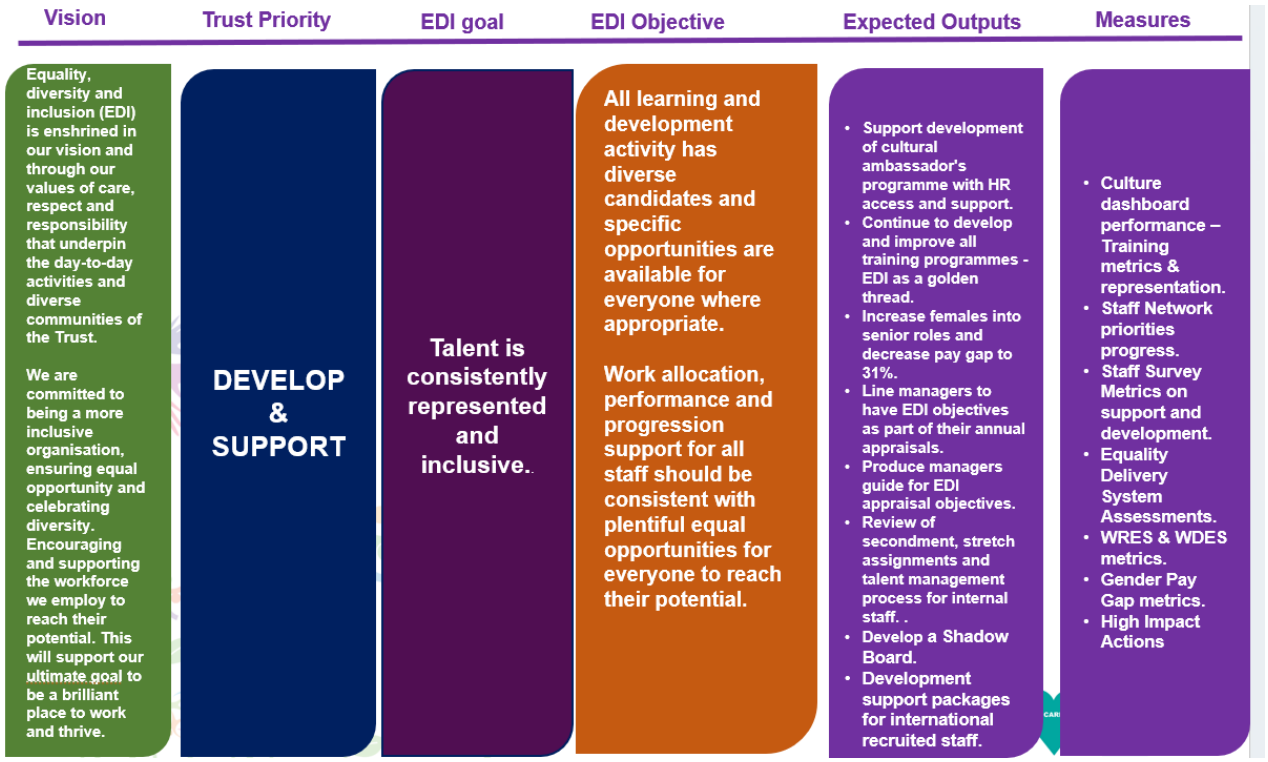
We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
WELCOME
Ensure all talent is understood and all staff are inducted and trained.
Ensure there is an inclusive induction process for all new recruits promoting ED&I and Trust values.
Develop a bespoke mandatory EDI training module encompassing lived experience.
Simplify and use inclusive language across the Trust.
Continue to grow staff networks to enhance staff voice.
Evaluate mandatory training offer and incorporate lived experience.
Increase declaration rates for staff with protected characteristics.
Create and develop equality and inclusion induction resources.
Pastoral Support for international recruits.
Culture dashboard – Welcome to Dudley Induction numbers & Training metrics.
Increase of Staff Network membership.
Declaration rate increase for disability and sexual orientation.
Race Code metrics
WRES & WDES metrics.
High Impact Actions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Trust Priority
EDI goal
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Expected Outputs
Measures
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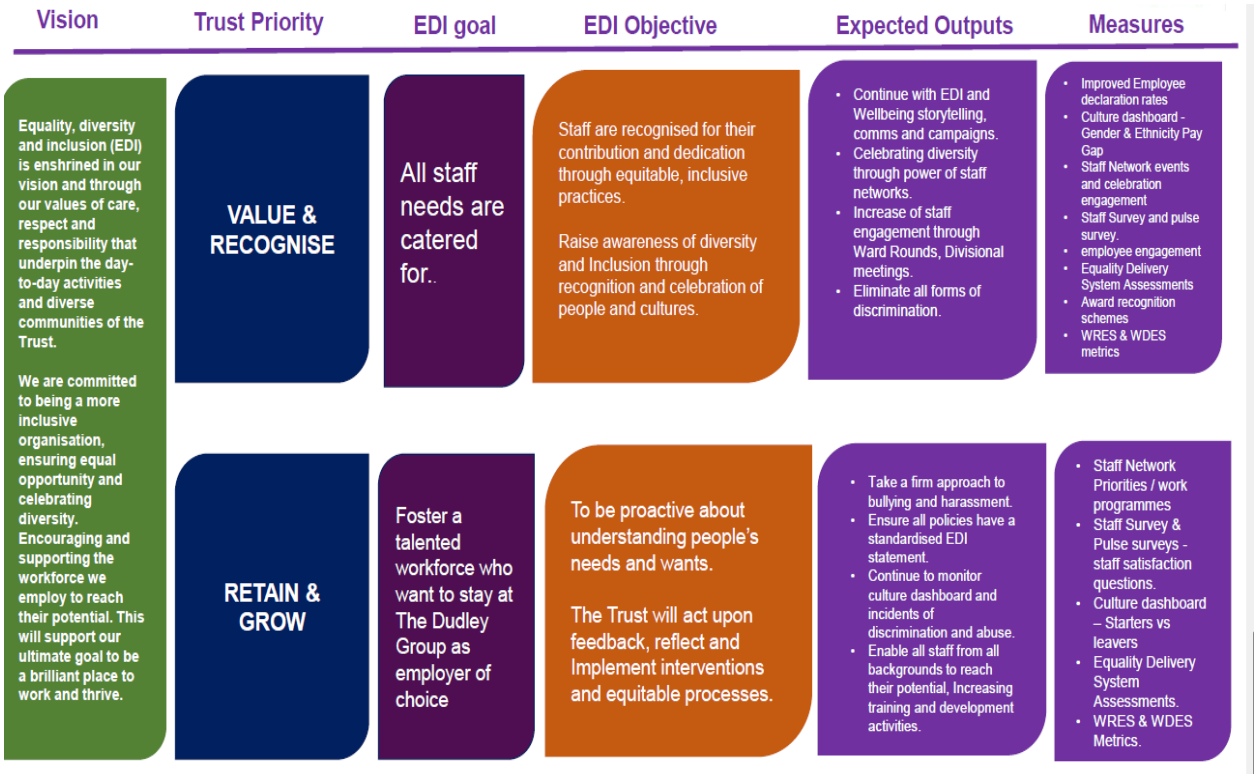
We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
DEVELOP & SUPPORT
Talent is consistently represented and inclusive..
All learning and development activity has diverse candidates and specific opportunities are available for everyone where appropriate.
Work allocation, performance and progression support for all staff should be consistent with plentiful equal opportunities for everyone to reach their potential.
Support development of cultural ambassador's programme with HR access and support.
Continue to develop and improve all training programmes - EDI as a golden thread.
Increase females into senior roles and decrease pay gap to 31%.
Line managers to have EDI objectives as part of their annual appraisals.
Produce managers guide for EDI appraisal objectives.
Review of secondment, stretch assignments and talent management process for internal staff. .
Develop a Shadow Board.
Development support packages for international recruited staff.
Culture dashboard performance – Training metrics & representation.
Staff Network priorities progress.
Staff Survey Metrics on support and development.
Equality Delivery System Assessments.
WRES & WDES metrics.
Gender Pay Gap metrics.
High Impact Actions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Trust Priority
EDI goal
EDI Objective
Expected Outputs
Measures
Equality, diversity and inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust.
We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
VALUE & RECOGNISE
All staff needs are catered for..
Staff are recognised for their contribution and dedication through equitable, inclusive practices.
Raise awareness of diversity and Inclusion through recognition and celebration of people and cultures.
Continue with EDI and Wellbeing storytelling, comms and campaigns.
Celebrating diversity through power of staff networks.
Increase of staff engagement through Ward Rounds, Divisional meetings.
Eliminate all forms of discrimination.
Improved Employee declaration rates
Culture dashboard - Gender & Ethnicity Pay Gap
Staff Network events and celebration engagement
Staff Survey and pulse survey.
employee engagement
Equality Delivery System Assessments
Award recognition schemes
WRES & WDES metrics
RETAIN & GROW
Foster a talented workforce who want to stay at The Dudley Group as employer of choice
To be proactive about understanding people's needs and wants.
The Trust will act upon feedback, reflect and Implement interventions and equitable processes.
Take a firm approach to bullying and harassment.
Ensure all policies have a standardised EDI statement.
Continue to monitor culture dashboard and incidents of discrimination and abuse.
Enable all staff from all backgrounds to reach their potential, Increasing training and development activities.
Staff Network Priorities / work programmes
Staff Survey & Pulse surveys - staff satisfaction questions.
Culture dashboard – Starters vs leavers
Equality Delivery System Assessments.
WRES & WDES Metrics.

Enclosure 17

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on Thursday 9th May 2024

Report title	Workforce Disability Equality Standard (WDES) Data Summary Report 2024
Sponsoring executive	Karen Brogan - Interim Chief People Officer
Report author/Presenter	Paul Singh - Head of Equality, Diversity, Inclusion & Workforce Wellbeing

1. Suggested discussion points

The Board are asked to approve the Workforce Disability Equality Standard (WDES) data summary for 2024 prior to external submission, data must be submitted to NHSE by 31st May 2024.

A report must be published on our external website by 31st October 2024 – this is currently being completed to ensure it is compliant with our corporate branding.

- The WDES has a set of specific measures which enable NHS organisations to compare the experiences of different staff groups.
- The WDES compares the experience of staff with and without a disability.
- The Trust has seen improvements with WDES Indicators that cover workforce representation, recruitment, staff experience, provision of reasonable adjustments and engagement.
- The WDES indicators that remain challenges for the Trust are staff experiences i.e. bullying and harassment, equal opportunities in career progression or promotion at and presenteeism.
- This year there are fewer disabled colleagues represented at Board level.

The report evidences that we have made good progress in bridging the gap between disabled and non-disabled staff experience. However, clear areas for improvement remain.

Actions to further improve the Trust's WDES performance are aligned with the Trust's strategic ambitions and priorities, in particular making Dudley Group a brilliant place to work and thrive. To meet this goal the Trust has continued to implement the EDI Journey and has committed to improve practices for disabled staff by continued engagement, supporting with reasonable adjustments and supporting inclusive recruitment.

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

Executive Directors Meeting
People Committee
Trust Board

4. Recommendation(s)

The Trust Board is asked to:

a.	Approve the WDES data summary for submission to NHS England

b.	Note the work ongoing to complete publication to the Trust's external website by 31st October 2024

5.	**Impact**							
Board Assurance Framework Risk 1.1		X	Deliver high quality, safe person-centred care, and treatment					
Board Assurance Framework Risk 3.0		X	Improve and sustain staff satisfaction and morale					
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		

REPORT FOR DECISION

Workforce Disability Equality Standard (WDES) Summary Report

Report to Trust Board on Thursday 9th May 2024

1. EXECUTIVE SUMMARY

1.1. The Workforce Disability Equality Standards (WDES) was launched with the aim of improving the workplace and career experiences of our ethnically diverse staff and staff with a disability in the NHS. The WDES has a set of specific measures which enable NHS organisations to compare the experiences of different staff groups. The WDES compares the experience of staff with and without a disability.

1.2. The Trust has seen improvements with WDES Indicators that cover workforce representation, recruitment, staff experience, provision of reasonable adjustments and engagement.

1.3. 6% (384) of the workforce across Dudley Group have a long-term condition or illness, this is an increase from 5% (329) from March-2023 and 5% of board members declared a long-term condition. The relative likelihood of an applicant with a long-term condition or illness being appointed through shortlisting has improved from 1.34 in 2022/23 to 1.16 in 2023/24. This year 36.2% of staff with a disability reported that they felt valued for their contribution.

1.4. The WDES indicators that remain challenges for the Trust are staff experiences i.e. bullying and harassment. Please note although the Trust has provided data for WDES indicator 4, we cannot confirm these are accurate as we have been notified of a data quality issue. Once the issue has been rectified, we will report on this indicator.

1.5. WDES indicators 5, indicates that there is still a significant gap in disabled colleagues believing they receive equal opportunities and career progression or promotion at work in comparison with non-disabled colleagues. Indicator 6 reports that 32% of staff with a long-term condition or illness experienced presenteeism, this is higher than the previous year and that there are less disabled colleagues represented at Board level (indicator 10).

1.6. The report evidences that we have made good progress in bridging the gap between disabled and non-disabled staff experience. However, there remains clear areas for improvement. Actions to further improve the Trust's WDES performance are aligned with the Trust's strategic ambitions and priorities, in particular making Dudley Group a brilliant place to work and thrive. To meet this goal the Trust has continued to implement the EDI Journey and has committed to improve practices for disabled staff by continues engagement, supporting with reasonable adjustments and supporting inclusive recruitment. Our plans for the year ahead are to continue to embed the priority actions resulting from the Trust-wide review of our EDI practices and the implementation of our EDI Journey. The Journey seeks to make further improvements which will enhance culture and leadership within the Trust. (The detailed EDI Journey action plan can be found in appendix 1).

2. WDES Data and Analysis

The table below provides WDES data for 2024 reporting year with a comparison since 2020.

WDES Summary

	WDES Indicator			Reporting Year 2020	2021	2022	2023	2024	Trend
1	Percentage of Disabled staff*		Overall		4%	4%	5%	6%	
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.			2.15	1.09	0.87	1.34	1.16	
3	Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff.**				1.75	6.34	0		
4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months ***	From Managers	Staff with a long lasting health condition or illness	21.7%	21.1%	14.5%	17.2%	17.1%	
			Staff without a long lasting condition or illness	15.8%	13.0%	8.7%	8.8%	9.5%	
		From Other Colleagues	Staff with a long lasting health condition or illness	28.0%	29.4%	23.3%	25.3%	25.9%	
			Staff without a long lasting condition or illness	19.4%	18.4%	14.3%	15.0%	16.6%	
		From Patients / Public	Staff with a long lasting health condition or illness	37.9%	32.3%	29.7%	33.0%	31.0%	
			Staff without a long lasting condition or illness	30.3%	24.4%	24.7%	22.6%	24.6%	
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion ***		Staff with a long lasting health condition or illness	46.1%	54.8%	51.9%	55.3%	55.5%	
			Staff without a long lasting condition or illness	56.1%	59.6%	60.3%	61.1%	61.6%	
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties ***		Staff with a long lasting health condition or illness	35.8%	33.1%	33.1%	28.3%	32.0%	
			Staff without a long lasting condition or illness	24.7%	28.7%	26.0%	20.4%	19.4%	
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work ***		Staff with a long lasting health condition or illness	30.0%	35.2%	31.5%	29.3%	36.2%	
			Staff without a long lasting condition or illness	39.6%	44.2%	39.1%	42.6%	45.5%	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work ***		Staff with a long lasting health condition or illness				66.7%	72.4%	
9a	Staff engagement score (a composite of nine questions) ***		Staff with a long lasting health condition or illness	6.3	6.5	6.4	6.3	6.5	
			Staff without a long lasting condition or illness	6.8	6.9	6.8	6.9	7.0	
9b	Percentage of trusts that facilitate the voices of Disabled staff to be heard within the organisation.				Yes	Yes	Yes	Yes	
10	Percentage of Disabled staff on Boards ****		Overall			6%	11%	5%	

** non-executive directors excluded from 2023 data*
*** 23/24 data*
**** Staff survey from previous year*
*****Total board members*
National team reviewing data

Data analysis has been broken down in themes below:

2.1 Workforce and Board Representation

In March 2024, 6% (384) of the workforce across Dudley Group have a long-term condition or illness, this is an increase from 5% (329) from March 2023 (source indicator 1).

Reporting on the number of colleagues where the disability status of unknown or not stated has improved, this year 27% of staff have a status of unknown or not stated, which is an improvement from 33% from the previous year. (source indicator 1).

The Disability Staff Network along with the EDI and wellbeing team have undertaken various campaigns and issued guidance aimed at increasing disability declaration rates across the organisation. Support offers have been promoted to support wellbeing for those declaring a disability or long-term health condition.

5% of board members declared a long-term condition or illness through ESR in 2024 (source indicator 10). This was through a targeted piece of work carried out between the ESR Manager and EDI Team.

2.2 Recruitment

In 2023/24 the relative likelihood of an applicant with a long-term condition or illness being appointed through shortlisting has improved from 1.34 in 2022/23 to 1.16 in 2023/24. A value of 1 would indicate parity. (indicator 2).

The Trust has reviewed and refreshed the Recruitment and Selection Training for managers, to raise awareness of EDI considerations and the impact of unconscious bias, as well as embedding our approach to values-based recruitment.

The Trust has continued to maintain the Disability Confident Leader (level 3) status through ensuring that recruitment opportunities are inclusive including for those with neurodiverse conditions. A Neurodiverse toolkit for staff and managers was launched early in the year.

The Trust continues to promote all available NHS career pathways, including apprenticeships, work experience and other opportunities.

2.3 Staff Experience

We have been notified of a data quality issue with some questions on the national staff survey. The national team are currently working with PICKER and expect this to be completed during April.

2.4 Career Progression

In the 2023 survey, 55.5% of staff with a long-term condition or illness believed they had equal opportunities for career progression or promotion. This is in-line with the previous year (source indicator 5).

There is still a significant gap in disabled colleagues believing they receive equal opportunities terms of career progression or promotion at work in comparison with non-disabled colleagues. This will be monitored through the EDI journey action plan and through the work the organisational development team are conducting on talent management.

The Trust continues to equality impact assess and monitor education and training opportunities to ensure our diverse staff needs are being met with consideration of protected characteristics, including neuro-diverse staff and those students who have additional needs accessing learning & development opportunities.

2.5 Presenteeism

In the 2023 survey, 32% of staff with a long-term condition or illness experienced presenteeism, this is higher than the previous year, 28.3%. While 19.4% of staff without a long-term condition or illness felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (source indicator 6).

The EDI Team and Disability Staff network have held several activities to raise awareness of the difficulties experienced by colleagues who have a disability/long-term condition. Wellbeing and reasonable adjustment support is offered, and further work is planned to ensure staff are supported.

2.6 Feeling Valued

In the 2023 survey, 36.2% of staff with a long-term condition or illness reported that they felt valued for their contribution, this is an improvement on the previous year of 29.3%. While 45.5% staff without a long-term condition or illness felt valued for their contribution (source indicator 7).

The Disability staff network has carried out various events for manager to encourage wellbeing conversations with staff. The staff network is also acting to further raise the awareness amongst staff and managers as to what the Trust can offer.

2.7 Workplace Adjustments

In the 2023 survey, 72.4% of staff with a long-term condition or illness reported they had the reasonable adjustment(s) required to perform their duties. This is an improvement on the previous year, 66.7% (source indicator 8).

This is a positive trend and is a result of the Centralising reasonable adjustment project the EDI Team have developed and implemented. Phase 1 of the project was launched in 2023 focusing on Access to work support and developing a SOP. The Trust will continue raise awareness and strive to eliminate any barriers to obtaining reasonable adjustments.

2.8 Staff Engagement

In the 2023 survey, the staff engagement score for staff with a long-term condition or illness was 6.5, this is an improvement on the previous year, 6.3. Staff without a long-term condition or illness had an engagement score of 7 (source indicator 9a).

Whilst showing improvements for disabled colleagues, our disabled colleagues are having a less positive experience than non-disabled colleagues. The Trust with the support of the Disability staff network will continue to address the areas of difference to bring about improvements.

3 CONCLUSION

Based on the data outlined in this report we have made some good progress in bridging the gap between disabled and non-disabled staff experience. However, there remains clear areas where we need to improve and do better for our colleagues.

Actions to further improve the Trust's WDES performance are aligned with the Trust's strategic ambitions and priorities, in particular making Dudley Group a brilliant place to work and thrive.

To meet this goal the Trust has continued to implement the EDI Journey and has committed to improve practices for disabled staff by continues engagement, supporting with reasonable adjustments and supporting inclusive recruitment.

Our plans for the year ahead are to continue to embed the priority actions resulting from the Trust-wide review of our EDI practices and the implementation of our EDI Journey. The Journey seeks to make further improvements which will enhance culture and leadership within the Trust. (The detailed EDI Journey action plan can be found in appendix 1).

It is important to note that all our actions have been aligned to National standards and are measured by:

- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)
- Gender and Ethnicity Pay Gap Reporting
- NHS Staff Survey
- NHSE Improvement Plan (High Impact Actions)
- Equality Delivery System (EDS)

Please note although the Trust has provided data within the table above for WDES indicators 4, we cannot confirm these are accurate as we have been notified of a data quality issue. Once the issue has been rectified, we will report on these indicators.

4 RISKS AND MITIGATIONS

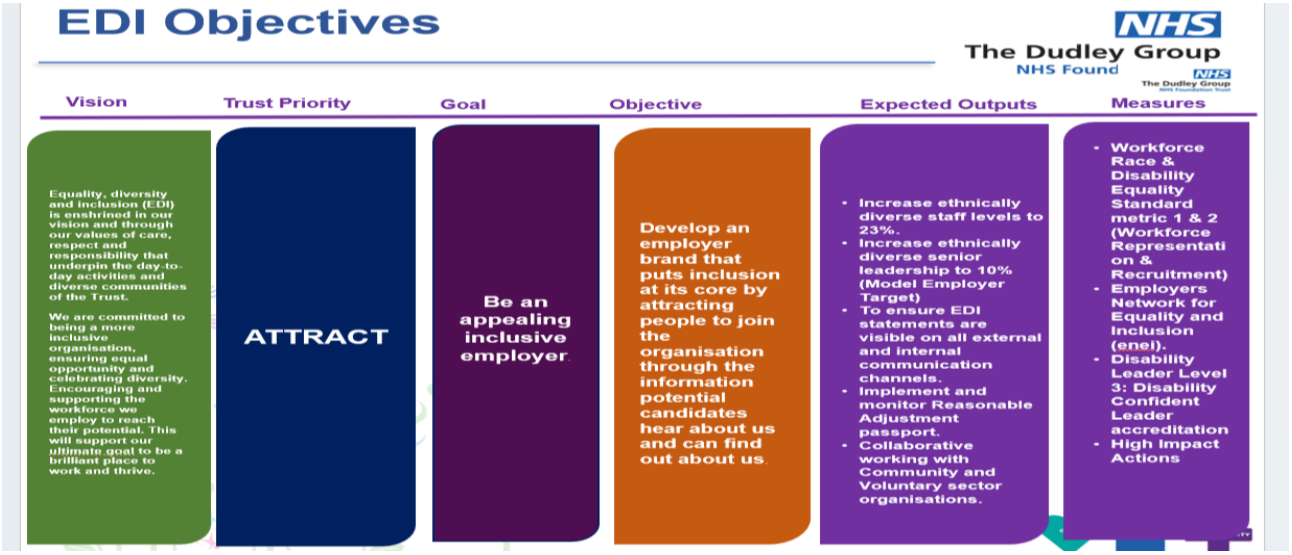
4.1 This work supports progress against the BAF (2) on risks around staff engagement and retention.

4.2 Failure to effectively deliver actions associated with this work programme will continue to limit the scope and pace of improvement against the WDES indicators.

5 RECOMMENDATIONS

5.1 The Board are asked to approve this WDES data summary for 2024 prior to external submission. Data will be submitted to NHSE by 31st May 2024 and reports must be published on our external website by 31st October 2024.

APPENDIX 1


EDI Objectives
NHS
The Dudley Group
NHS Found
Vision
Trust Priority
Goal
Objective
Expected Outputs
Measures
Equality, diversity and inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust.
We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
ATTRACT
Be an appealing inclusive employer.
Develop an employer brand that puts inclusion at its core by attracting people to join the organisation through the information potential candidates hear about us and can find out about us.
Increase ethnically diverse staff levels to 23%.
Increase ethnically diverse senior leadership to 10% (Model Employer Target)
To ensure EDI statements are visible on all external and internal communication channels.
Implement and monitor Reasonable Adjustment passport.
Collaborative working with Community and Voluntary sector organisations.
Workforce Race & Disability Equality Standard metric 1 & 2 (Workforce Representation & Recruitment)
Employers Network for Equality and Inclusion (enei).
Disability Leader Level 3: Disability Confident Leader accreditation
High Impact Actions


Vision
Trust Priority
Goal
Objective
Expected Outputs
Measures
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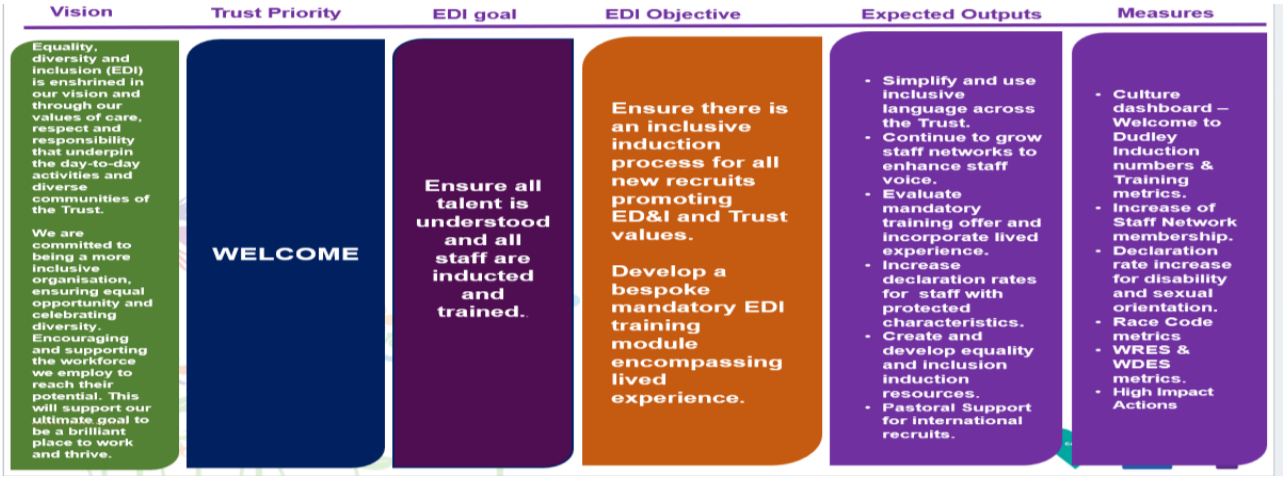
RECRUIT
Enable talent to successfully apply for career opportunities.
Overhaul recruitment practices. Ensuring people are trained on inclusive recruitment.
Develop and Promote a refreshed inclusive recruitment training programme.
Refresh the behaviour framework, ensuring a clear stance on unacceptable behaviour towards people with protected characteristics.
Equality Impact assess our recruitment practices and related policies.
Implement Inclusive Recruitment Guidelines .
Workforce Race & Disability Equality Standard metric 1 & 2 (Workforce Representation & Recruitment).
Employers Network for Equality and Inclusion (enei).
Disability Leader Level 3: Disability Confident Leader.
Race Code (Results for recruitment).
High Impact Actions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Trust Priority
EDI goal
EDI Objective
Expected Outputs
Measures
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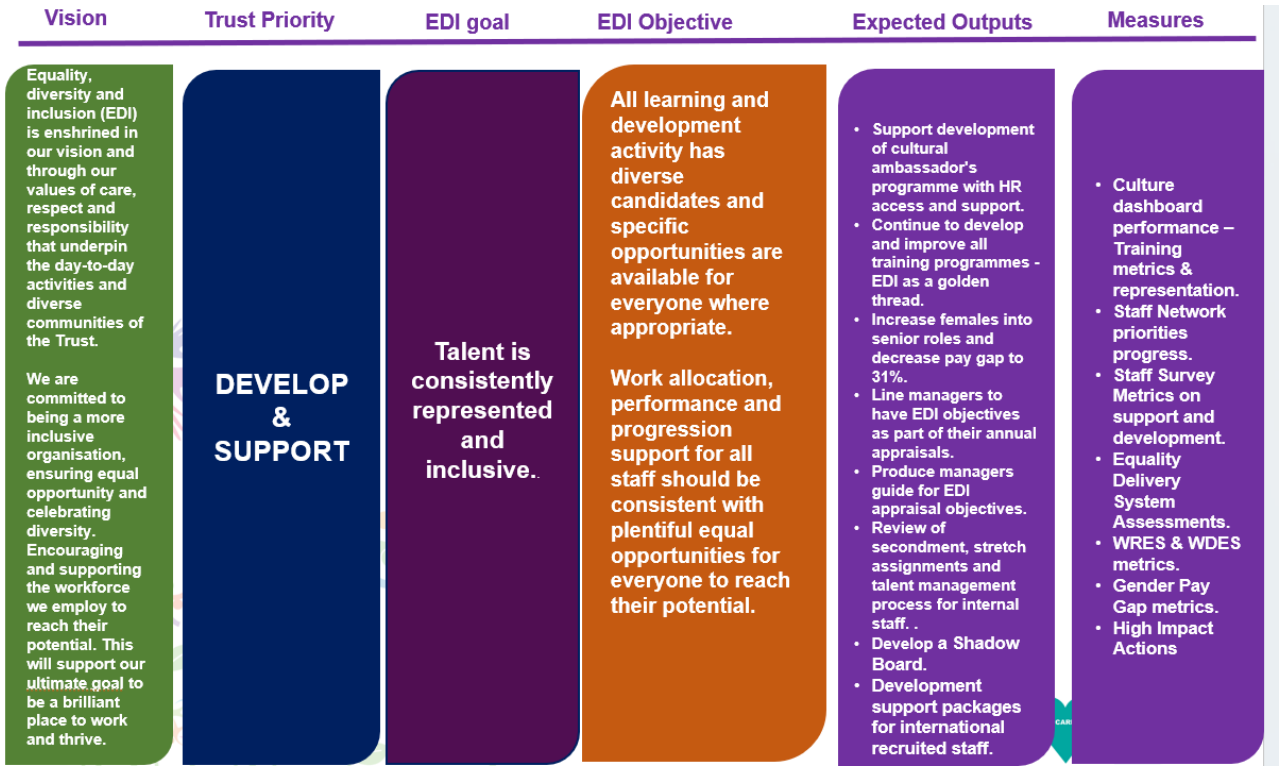
WELCOME
Ensure all talent is understood and all staff are inducted and trained.
Ensure there is an inclusive induction process for all new recruits promoting ED&I and Trust values.
Develop a bespoke mandatory EDI training module encompassing lived experience.
Simplify and use inclusive language across the Trust.
Continue to grow staff networks to enhance staff voice.
Evaluate mandatory training offer and incorporate lived experience.
Increase declaration rates for staff with protected characteristics.
Create and develop equality and inclusion induction resources.
Pastoral Support for international recruits.
Culture dashboard – Welcome to Dudley Induction numbers & Training metrics.
Increase of Staff Network membership.
Declaration rate increase for disability and sexual orientation.
Race Code metrics
WRES & WDES metrics.
High Impact Actions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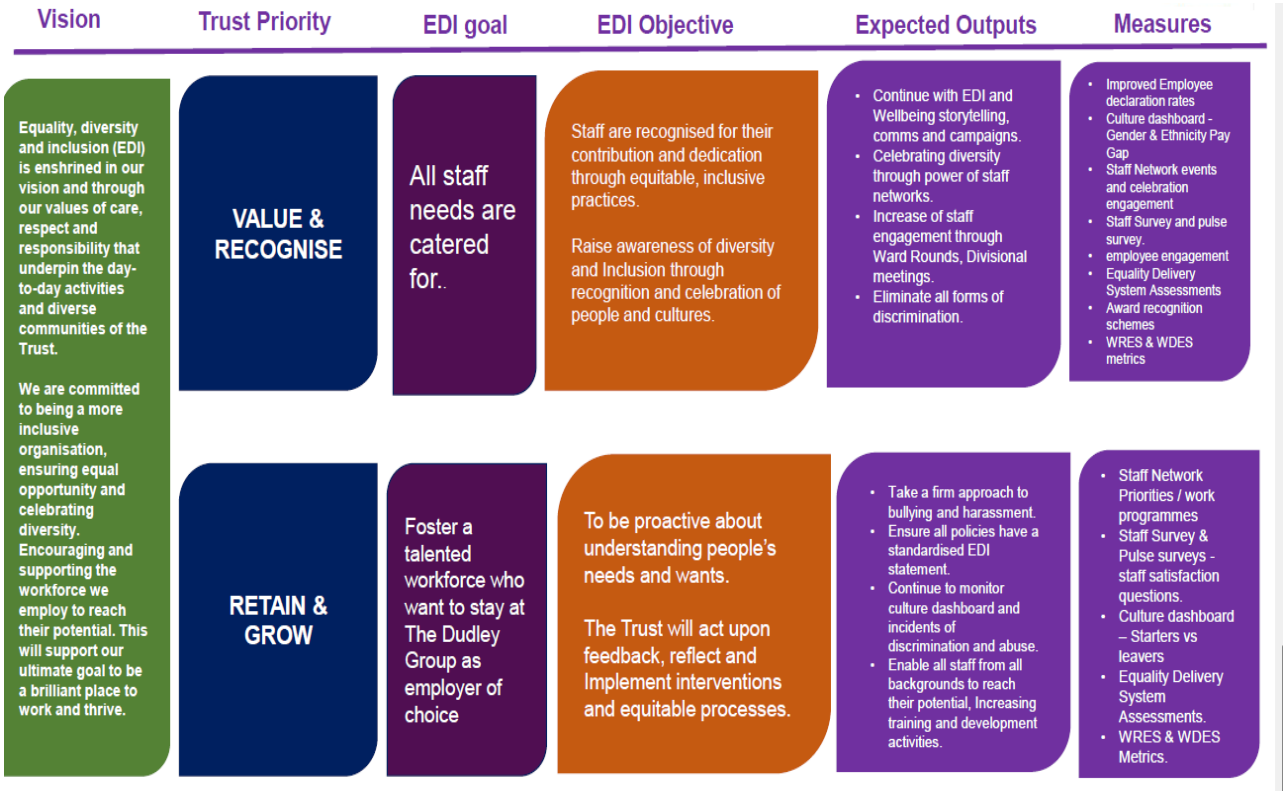
DEVELOP & SUPPORT
Talent is consistently represented and inclusive..
All learning and development activity has diverse candidates and specific opportunities are available for everyone where appropriate.
Work allocation, performance and progression support for all staff should be consistent with plentiful equal opportunities for everyone to reach their potential.
Support development of cultural ambassador's programme with HR access and support.
Continue to develop and improve all training programmes - EDI as a golden thread.
Increase females into senior roles and decrease pay gap to 31%.
Line managers to have EDI objectives as part of their annual appraisals.
Produce managers guide for EDI appraisal objectives.
Review of secondment, stretch assignments and talent management process for internal staff. .
Develop a Shadow Board.
Development support packages for international recruited staff.
Culture dashboard performance – Training metrics & representation.
Staff Network priorities progress.
Staff Survey Metrics on support and development.
Equality Delivery System Assessments.
WRES & WDES metrics.
Gender Pay Gap metrics.
High Impact Actions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We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our ultimate goal to be a brilliant place to work and thrive.
VALUE & RECOGNISE
All staff needs are catered for..
Staff are recognised for their contribution and dedication through equitable, inclusive practices.
Raise awareness of diversity and Inclusion through recognition and celebration of people and cultures.
Continue with EDI and Wellbeing storytelling, comms and campaigns.
Celebrating diversity through power of staff networks.
Increase of staff engagement through Ward Rounds, Divisional meetings.
Eliminate all forms of discrimination.
Improved Employee declaration rates
Culture dashboard - Gender & Ethnicity Pay Gap
Staff Network events and celebration engagement
Staff Survey and pulse survey.
employee engagement
Equality Delivery System Assessments
Award recognition schemes
WRES & WDES metrics
RETAIN & GROW
Foster a talented workforce who want to stay at The Dudley Group as employer of choice
To be proactive about understanding people's needs and wants.
The Trust will act upon feedback, reflect and Implement interventions and equitable processes.
Take a firm approach to bullying and harassment.
Ensure all policies have a standardised EDI statement.
Continue to monitor culture dashboard and incidents of discrimination and abuse.
Enable all staff from all backgrounds to reach their potential, Increasing training and development activities.
Staff Network Priorities / work programmes
Staff Survey & Pulse surveys - staff satisfaction questions.
Culture dashboard – Starters vs leavers
Equality Delivery System Assessments.
WRES & WDES Metrics.

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 09 May 2024

Report Title	General Medical Council Improved Staffing Levels/Survey Results. NETs - National Education and Training Survey)
Sponsoring Executive/ presenter	Julian Hobbs, Medical Director
Report Author	Atiq Rehman, Director of Medical Education

1. Suggested discussion points

Review of NETs Survey results - improvements linked to increased staffing
(NETs - National Education and Training Survey)

Specialties for close monitoring are:
- Obstetrics & Gynaecology
- Paediatrics
- Foundation Training - Medicine

Additional areas of focus:

- Workload
- Culture and Communications
- Sick Leave
- Academic Success

2. Alignment to our Vision

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

3. Report journey

People Committee, 30/04/2024

4. Recommendation(s)

The Public Trust Board is asked to:

a. Note the assurance that the training survey results are being monitored through the Education Team quality assurance processes. Action plans/Improvement plans will be put in place as a continuing process of managing medical quality assurance of training and education in the Trust, led by the Director of Medical Education.

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						
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		

REPORT FOR ASSURANCE

National Education and Training Surveys (including Quality Assurance Processes for junior doctors in training)

Report to Public Trust Board, 09/05/2024

1 EXECUTIVE SUMMARY

1.1 This report provides an update on previous National Training Survey reports and internal Pulse Survey reports.

The recent NETs Survey took place during November 2023. The results were made available to the Trust mid-March 2024. The results are showing improvements in many areas and are detailed in the Multiple Years NETs Survey data chart in **Appendix 1**, which is based on the number of domains achieved in each quartile, over 5 surveys, for comparison.

Improvements to staffing, can be identified as being responsible for some of the improvement, especially in Medicine.

Our high scoring areas in the recent NETs Survey are:

ACCS - Anaesthetics (Team Working);
Clinical Radiology (Facilities; Overall Experience; Team Working);
Foundation Training - Surgery (Facilities);
General Practice - GP Medicine (Facilities);
Haematology (Quality of Care);
Obstetrics and Gynaecology (Induction);
Respiratory Medicine (Facilities; Induction; Quality of Care; Supervision);

Areas of concern and receiving red flags are:

Foundation Training - Medicine (Overall experience and Supervision);
General Paediatrics - (Facilities; Team Working and Workload).

There were 10 domains surveyed in 2023:

Bullying and Undermining; Facilities; Induction; Overall Experience; Quality of Care; Supervision; Teaching & Learning; Teamworking; Workload plus a new domain of Sexual Safety was added in 2023.

2 BACKGROUND INFORMATION

2.1 Quality Measures

The quality of the trainee experience is a continuous round of monitoring, by both NHSE and the Trust's Medical Education Team through national surveys, internal pulse surveys, review visits by both NHSE and Internally through the Medical Education Team structure of DME, College Tutors, Foundation Training Programme Managers, Specialty Tutors and Administrative Team, reporting into the Director of Medical Education monthly meeting for discussion for action and improvement planning.

2.2 New Intervention Areas Since the Last Report

i) Improved Staffing

a) Changes have been made across Medicine as follows, since April 2023.

- The medical registrar on-call rota now operates at 1:28 instead of the previous 1:19 since April 23;
- The GIM on-call rota; (IMT1&2s, and LEDs), frequency has dropped from 52% of time to 36% of time spent on-call, allowing for more time spent by trainees in their own specialties since August 23.

b) Improved staffing in O&G has resulted in no red or pink flags in the latest survey results with the specialty receiving an upper quartile result for their Induction programme.

ii) Facilities

Work continues to improve the facilities for the junior doctors, with ASCOM chosen to introduce an end to end communication system to replace the bleep system working alongside the Trust IT Department. This should be in place by August 2024.

3 CURRENT STATE

- Requests for action plans to improve performance have been made to all College Tutors, following the recent NETs Survey results for all areas receiving red and/or pink flags.

- The Final Report re the O&G Learner Review held on 24/11/23 is still outstanding. A Trust Improvement Plan, detailing an improved position and highlighting the recent positive NETs survey results for O&G, will be provided on receipt of the final report.

4 RISKS AND MITIGATIONS

The following risks are identified in relation to the junior workforce;

i) **Obstetrics & Gynaecology** - A Trust Improvement Plan will be required on receipt of the final report, following the Learner Review visit of 24/11/23.

ii) **Paediatrics** - The 3 red flags received for this specialty in the November NETs survey maybe indicative of further targeted improvements being required for this area. The College Tutor, however, has already overseen many improvements since the time period of the NETs survey in regards to: Facilities; Teamworking and Workload and we should see these improvements reflected for these areas in the results of the currently running GMC NTS survey.

iii) **MTI Scheme** - In order to maintain the improvements with on-calls in Medicine and front-door experience of both trainees and patients, the MTI scheme needs to be supported and funded appropriately as this group of doctors has made up the bulk of the increased workforce in this area.

The Local Action Plan for Mitigation and Monitoring of Progress is provided in **Appendix 2**.

5 RECOMMENDATION

We ask the Board to accept our assurance that through the continuing work to review quality assurance data, to action plan, monitor progress of interventions and improvements by the Director of Medical Education, supported by the College Tutors, Foundation Programme Directors, Champions and Medical Education Department we will continue to build robust processes to monitor progress and change to attain the standards set by the GMC for postgraduate medical education.

We recommend reporting progress and survey trends to continue on a six-monthly basis following National Training Survey results.

The GMC/NTS survey is currently underway. It opened on 19 March and will close on 02 May 2024. These results will be reported to Trusts June/July 2024.

Prof Atiq Rehman/Barbara White
Director of Medical Education/Medical Education Programme Manager
April 2023

Appendices

Appendix 1 - NETs Survey Multiple Years Comparison Chart

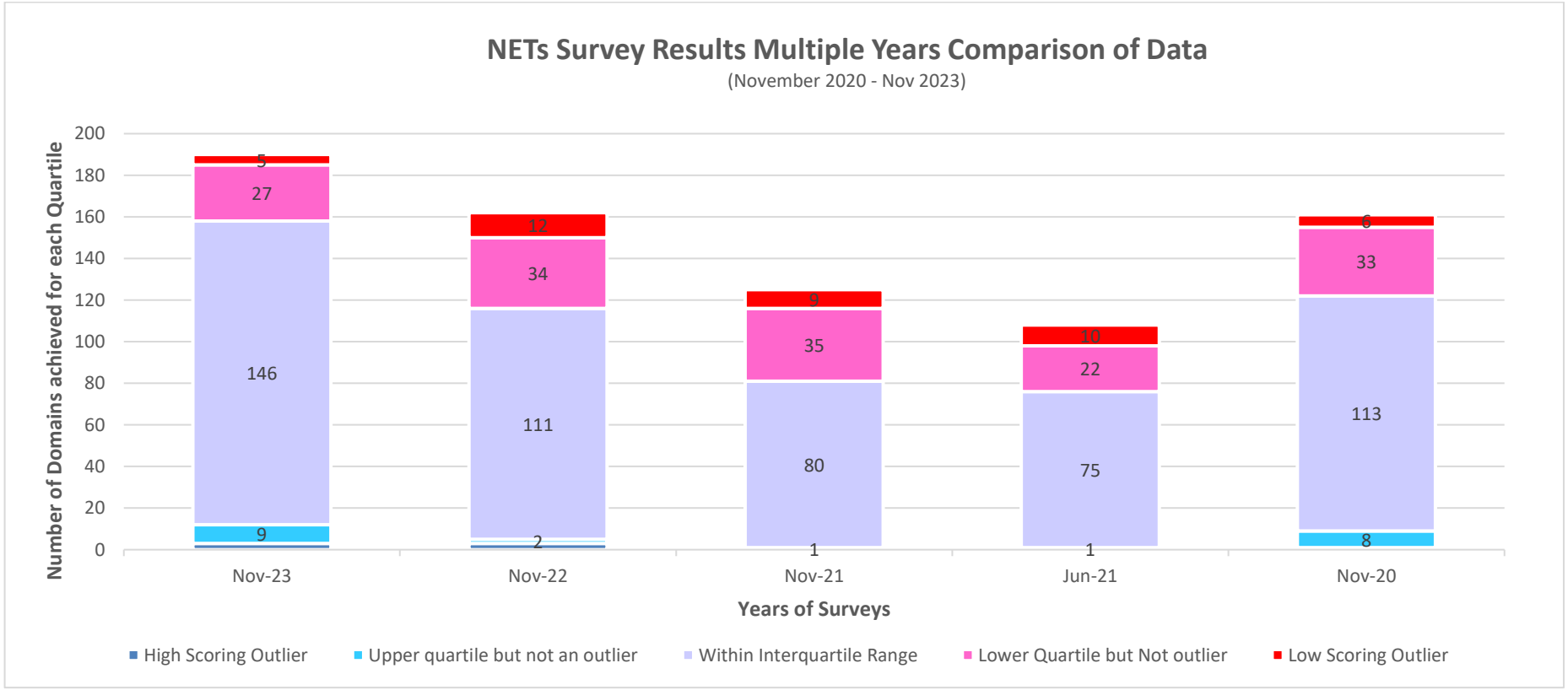
Appendix 2 - Local Action Plan for Mitigation and Monitoring Progress

Appendix 1

This chart shows a year on year comparison of the Trusts results for the annual NETs surveys for each of the five quartiles:

For 2023

- we had the most numbers of trainees responding to the NETs survey;
- we increased our `Within Interquartile' score;
- we have the fewest `Low Scoring Outlier' results;
- we have the highest number of `Upper quartile but not an outlier' results;
- we have reduced our number of `Lower quartile but not an outlier' results.



Appendix 2

Local Action Plan for Mitigation and Monitoring Progress

	Action Plan	Lead	Date for Completion		Rag Rating /Comments/Updates
Induction	Induction feedback continues to be collated and analysed following each August Induction with amendments/actions taken where needed	Atiq Rehman /Barbara White/ Kate Holmes/ Jessica Haycock	Ongoing every year		
Facilities	**Doctors Mess x 2** Members of the Mess Committee and Junior Doctors Committee are represented on the Director of Medical Education Committee and raise any issues/concerns re these facilities	Becky Edwards /Kate Holmes	On going		Current Issues – Mess requires 1 x desk top computer and 3 chairs. Fund4s are being sought for this.
	Wifi Effective WiFi and any issues will continue to be monitored.	Education Team	On going. Continued monitoring required	January 2024	Dedicated WiFI in Undergraduate Centre is no-longer working and medical students have been requested to use the NHS WiFi. Recent reports from students that many issues with connectivity and dropping out are occurring. Issues reported to IT.
	IT Lack of PCs in some ward areas	A Rehman	August 23		Currently remains an issue is some areas. Atiq Rehman continues to highlight with IT and Trust.
	Contact App	A Rehman	August 24	August 2024	Contact App provider agreed as ASCOM Funding agreed and IT working with Provider to introduce and end to end communication system to replace the bleep system by August 2024.
	Monitoring of all facilities will continue via the Junior Doctor Questionnaire and engagement with the Junior Doctors Committee	Kate Holmes	Bi monthly questionnaire		
	Return of on-call rooms back into Medical use		A Rehman		On-call room for Surgery has now been returned for medics use. On-call rooms for Medicine are still waiting to be vacated and return to medics use
Teaching and Supervision	Specialty Tutor Roles – Medicine. These are in place	K Holmes/ A Rehman			Medicine Specialty Tutors in place. Recruitment for Specialty Tutors in Surgery is on hold as no funding currently available.
	Junior Doctor questionnaire to continue to survey trainees.	K Holmes	Bi-monthly May 24		The questionnaire lacks engagement by the majority of the trainees. Highest number of responders 25. Questionnaire sent to over 400 doctors. A new question for `Sexual Safety is to be added to this questionnaire.

	O&G External Virtual Review on 24/11/24	Hashem El-Hossamy	Under close monitoring by Education Team and NHSE		Report from Virtual Review on 24/11/23 pending. A Trust Improvement Plan will be required on receipt of final report. In place since visit: Patient Safety concerns raised and responded to in January 2024 re Teaching and Supervision. • All Tier 1 doctors have assigned educational supervisors and the College Tutor directly oversees their educational needs and progression. This also includes weekly protected teaching organised by the department. • The on-call bleep is now being held by registrars and, along with the on-call consultant, as part of the on-call team, all Tier 1 doctors have direct supervision on the wards at all times. • When Tier 1 doctors are not on-call, they are provided with structured opportunities to attend theatres, clinics and various other learning opportunities, all conducted under the direct supervision of consultants. • Tier 1 doctor on nights
Workload	• Trust Wellbeing Champion meets with all Foundation Trainees each year to monitor, assess and support trainees' wellbeing and any issues. • Exception reporting discussed at every Induction. • Postgraduate Team provide an Exception report regularly to be discussed at Directorate level.	Richard Alleyne Kate Holmes			• Numbers of exception reports received each month are discussed at monthly DME meeting and any delay with resolving of issues or dealing with a report highlighted to DME to escalate.
	SDEC Divisional Business Priorities for 23/24, a full review of the medical registrars across the division is planned, to reduce on-call frequency and ensure robust middle-grade cover through the 24 hour period.	Tamar Saeed/ Finance Team	Completed but to be monitored		i) The registrar medical on-call rota now operates at 1:28 instead of the previous 1:19 since April 23; ii) The GIM on-call rota frequency has dropped from 52% of time to 36% of time spent on-call, allowing for more time spent by trainees in their own specialties since August 23. iii) Continuance of MTI recruitment to be added to Risk Register, to recognise the importance of this group of doctors who have enabled much of the improvements in the Medical on-call rotas.
Culture and Communication – Active listening	This is monitored through a mixture of sources: • NETs and NTS Survey results • Junior Doctor bi-monthly questionnaire • Trust Staff Survey	A Rehman/J Hobbs	Continual process throughout each year.		

to Trainees	• NHSE visits to specialties • Trust Wide Junior Doctor Forums • Local specialty junior doctor forums • Junior Doctors Committee Members • Educational Posts (DME; College Tutor; Training Programme Directors; Educational Supervisors; Specialty Tutors; Wellbeing Champion, LTFT Champion; Return to Training Champion, Education Postgrad Team). • Junior Doctors Newsletter				
Protected Time in Winter Plans	Will be monitored each winter.	A Rehman	In place		HEE support a `Natural Break' in teaching programmes during December and January.
Sick Leave	Deanery Trainee sick leave to be monitored 3 times per year	A Rehman/B White	4 monthly	Update	Most specialties now using Medirota which currently appears more comprehensive than ESR. Work is still being undertaken to link Medirota to ESR. The aim is to build a map of `hot spots' that can be analysed and used to build a strategy to assist improvements. The first year of the data collection will end Aug 24. The aim is to continue collection so that a comparison of data can be carried out to track any trends and hot spots.
Academic Success	A list of Trust staff published work is presented annually to the Board. Copies of these lists are available from Library Services on request. A dedicated searchable repository is under development to further facilitate communication of published work within the Trust.	Alison Huggan, Library Manager	December 23		The Web access is now live and updates are ongoing. Currently it is linked from the Library HUB pages under `Research' or can be accessed direct Dudley Group NHS Foundation Trust (openrepository.com)

Enclosure 19

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

Report title	Upward Assurance Report from Audit Committee
Sponsoring executive / presenter	Joanne Hanley, Audit Committee Chair
Report author	Zoe Harris, Executive Assistant to Director of Finance

1.	**Suggested discussion points**
Summary of key issues discussed and approved by the Audit Committee on 18th March 2024	

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

3.	**Report journey**
Board of Directors – 9th May 2024	

4.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	Approve and note the contents of the report.

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

UPWARD REPORT FROM AUDIT COMMITTEE
Date Committee met: 18th March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Board Assurance Framework (BAF) would be linked with the strategic planning process for 2024/25 cycle and ensuring that this continued to evolve and embed as needed. • The Discharge Management internal audit provided a partial assurance, a consistent approach and cultural shift was needed around discharge management and recording of estimated date of discharge.	• External Audit financial accounts and Value For Money audits were due to begin. • The committee effectiveness review work was underway and would provide an assessment of the committee.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Two internal audit reports provided assurance. Cyber was a partial assurance but positive assurance was taken from having actions in place to support. • Good process was noted on the internal audit plan. • Positive assurance was received from the deep dive on staff overpayments, leading to follow up actions from a staff management and a budgetary perspective. • IFRS 16 Technical Adjustment applied in line with NHSE guidance, further future assurance to be provided through external audit review.	• The internal audit plan and Local Counter Fraud plans were agreed for 2024/25 • The changes to accounting procedures policy were approved. • The segmental analysis was supported and approved. • The committee approved the 2023/24 external audit plan.
Chair's comments on the effectiveness of the meeting: It was reflected by the committee that Mrs Hanley chaired her first meeting well.	

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

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

1. Suggested discussion points

Two formal Integration Committee meetings took place on the 28th of March and 24th of April 2024.

In the meeting in March, we received an update on the programme of work on the Dudley Community Information Directory (DCID). Sarah Owens from the Public Health team at the Dudley Council joined the committee to share an update, raising the profile of the directory, this is something that all system partners can participate. The committee supported the directory and will promote it amongst health care practitioners and consider how staff can be involved to shape the service specification. The committee also received an update on Health and Care Partnerships, which the committee noted. An update on DIHC Transaction was noted with supporting documents such as Communications and Engagement Plan, benefits realisation, Implementation plan, risk register, reporting structures and self-certification template. The committee approved and agreed the recommendations, noting positive assurance with the comprehensive plan, noting the identified risks, and ongoing work with the staff engagement and cultural communication plan. The committee also received a Terms of Reference review where the changes were approved. The BAF risk 6 was noted to remain unchanged. The Chair shared the Committee Effectiveness Review with the group for consideration asking for any feedback.

The meeting in April was the committees first face to face visit to the community and voluntary sector. The meeting had taken place at The White House Cancer Support unit. The BAF risk 6 was noted to remain unchanged and agreed to amend the frequency in which the BAF is reviewed to every other month. The committee received an update on Community Services. The committee noting positive assurance on the work undertaken since the last meeting. The DIHC Transaction update was taken as read, noting the positive feedback received from DIHC staff, inviting them to the next Leadership Conference. The committee also received an update on Health and Care Partnerships, which was noted. A quarterly strategy report was updated to the committee, which was noted. The updated committee workplan was shared and agreed. To finish the meeting an update was received on the work that is undertaken by the White House.

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	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
26th March 2024 • The DIHC Transaction updated noted the identified risks. **24th April 2024** • There were no matters of concern or risks to escalate following the April committee meeting.	**26th March 2024** • DIHC Transaction updated noted the identified risks. **24th April 2024** • None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
26th March 2024 • Positive Assurance was noted following the presentation of Dudley Community Information Directory (DCID). • The work undertaken within Dudley Health and Care Partnerships received positive assurance. • DIHC Transaction update provided the committee with positive assurance on the comprehensive plan. **24th April 2024** • The committee received positive assurance on the progress of work made with Community Services. • The DIHC Transaction process highlighted positive assurance on the progress made. • The Voluntarty and Community sector update and visit was positive assurance received to the committee.	**26th March 2024** • The updated Terms of Reference were approved. **24th April 2024** • The update committee workplan was approved.
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 21

Joint Provider Committee – Report to Trust Boards

Date: 15th March 2024

Agenda item:

TITLE OF REPORT:	Report to Trust Boards from the 15th of March 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 15th of March 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 & Group 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. The approval of the Collaborative Executive recommendation for the pursuit of a scoping exercise on PACs / RIS. c. A refocus of the 24/25 BCPC workplan required in light of recent regional and national reviews of the systems FRP. d. Receipt of proposed new schedules and revisions for the Collaboration Agreement. e. An active discussion on the recent FRP developments with proposed plans for a way forward discussed. f. Update received on corporate services consolidation, with request to progress at pace.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions at the15th March 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 ▪ The BCPC 24 / 25 annual workplan ▪ Corporate Services consolidation
Risk Assurance Framework	The following agenda items have a potential risk implication: ▪ Financial Recovery Plan – mitigations are being identified ▪ The BCPC 24 / 25 annual workplan ▪ Corporate Services consolidation
Policy and Legal Obligations	N/A
Health Inequalities	The following agenda item has a potential health inequalities implication: ▪ Financial Recovery Plan – delivery against target and trajectories
Workforce Inequalities	The following agenda item has a potential health inequalities implication: ▪ Financial Recovery Plan – potential workforce reductions may impact on health inequalities
Governance	The following agenda item has a potential health inequalities implication: ▪ Corporate Services Consolidation – decision making may have potential governance implications for sovereign Trusts.
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 15th of March 2024 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 15th of March 2024. The meeting was quorate with attendance by the Chair, all three CEO's and all four Deputy Chairs.

2.2 The minutes of the previous meeting were accepted as an accurate record. The Action Log was reviewed, with updates for most of the actions on the agenda.

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

a) **Items for Approval / Noting**

- CEO Leads update report – a general update from the recent 'Extended' Collaborative Executive was provided, noting continued progress across many of the Clinical Networks, and continued focus on the FRP, Corporate Services and the development of the BCPC workplan for 24/25.
- BCPC PACS/ RIS – The JPC approved the recommendation of the Collaborative Executive to pursue a 'twin-track' approach to the scoping of the PACs / RIS options for future convergence.
- BCPC24/25 Workplan – The JPC received a draft 24/25 BCPC workplan, but recognised the recently changed environment, requesting some further work to be undertaken. There remains a commitment to retain the strong clinical focus / engagement of the collaborative work, with a need to ensure that there is alignment with the requirements of the FRP work, together with a greater focus on corporate services consolidation. The Collaborative Executive will review further, and an updated proposal will be presented to the JPC in due course.
- Collaboration Agreement (CA) – The JPC received proposed additional schedules and revisions for the CA for their review and comment. The JPC approved the proposed enhancements and look forward to receiving the final draft for approval.

b) **Items for Discussion**

- Financial Recovery Plan – The JPC discussed recent developments for the BC ICS following some regional and national meetings, with options for a way forward debated by the Chairs and CEOs. Further work will be progressed in earnest, and a robust comms plan to be developed and established.
- Corporate Services – We continue to progress plans for consolidation, with progress being made in payroll, procurement, MAST, Clinical Contracting and Recruitment. In parallel, a review paper is being established to determine an option for the 'end point' solution, with a view to proceeding further, faster. This will be presented and reviewed by the Collaborative Executive shortly.
- Joint Board Development Workshops – The proposed programme for the 19th April 2024workshop was discussed. It was agreed that given recent events this needed to be adjusted to focus on the key (FRP) challenges being faced. It was also agreed to extend the invite to the BC ICB, Primary Care Collaborative, and Black Country Healthcare NHS Trust. An updated programme will be shared shortly.

c) Any Other Business

- It was agreed that the JPC would seek to meet face to face where possible at least bi-monthly.

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 15th of March 2024 JPC meeting.

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

Enclosure 22

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

Report title	Charity Committee Summary Report
Sponsoring executive	Julian Atkins, Charity Committee Chair
Report author	Julian Atkins, Charity Committee Chair

1.	**Suggested discussion points**
Summary of key issues discussed and approved by the Charity Committee on 15th April 2024	

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

3.	**Report journey**
Board of Directors – 9th May 2024	

4.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	Note the contents of the report.

5.	**Impact**							
Board Assurance Framework Risk 1.1		x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 3.0		x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0		x	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 5.0		x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets					
Corporate Risk Register								
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 CHARITY COMMITTEE
Date Committee met: 15th April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There were no matters of concern to escalate.	• Mrs Whorton, Matron for the outpatients department and specialist surgery, attended to present the proposed spending plan for the ophthalmology fund. It was agreed that more clarity was required in respect of the future strategy for ophthalmology and Ms Wake agreed to pick this up with divisional management. • Mrs Patel updated the committee on the Charity rebranding work that was underway which included a new mascot, logo and strapline. • The committee were informed that two funding applications were underway in which the Charity was involved. The first of these was for a Black Country volunteering programme, 'Volunteering for Health', which was being led by Black Country Healthcare on behalf of system partners with a total value of £550k. The second application, 'Innovation Challenge', aimed to address health inequalities in children and young people. The committee were informed that the intention was to set up a work experience programme for 14 to 16 year olds. A joint bid, with Sandwell and West Birmingham's charity, would be submitted for circa £200k. • It was noted that BlackRock investment managers had given notice on an investment account and that Mr Atkins, Mr Walker and Mrs Taylor were conducting meetings to select new investment managers.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Mrs Patel confirmed that NHS Charities Together had agreed that funding of £121k received for the 'Staff Wellbeing Hub' project could now be used for a 'Staff Wellbeing Room' project. Planning work was reported to be underway. • The committee were informed that three people were running the London Marathon on behalf of the Charity and it was hoped to raise £5k from this. • It was reported that George Green solicitors, a corporate partner, had raised just over £6k for the Charity. • Mrs Taylor reported that since the beginning of April 2023 the Charity had received income of £515k and spent £600k. Total fund balances remained at circa £2.5m. • Mr Atkins and Mrs Taylor were thanked for their service to the committee, given that it was their last meeting.	• The committee approved a new spending plan template for fund managers. • The committee approved the new mascot, logo, strapline and associated guidelines. • Mr Crowe agreed to lead a review of the Charity's strategy which would include an updated reserves policy. • Two requests for funding were received: • - the bid for medicine storage bins was approved (£3,548). - the bid for a NIPPY2 cough assist product was also approved (£1,500).
Chair's comments on the effectiveness of the meeting: The meeting was quorate and effective.	

Enclosure 23

The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors on 9th May 2024

Report title	Strategy progress report – Q4 2023/24
Sponsoring executive	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
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 April.

The committees received the reports as being a comprehensive reflection.

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

- Increase planned care and screening for the most disadvantaged groups. The (unvalidated) figure for breast screening for Q3 which is the most recent data (68%) is below the acceptable uptake rate (70%). 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 April
Relevant sections to all four committees – 24th, 25th, 30th April 2024
Public Trust Board – 9th May 2024

3. Recommendation(s)

The Board of Directors are asked to:

a. To note the strategy progress report for Q4 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 – Q4 2023/24

Report to Board of Directors on 9th May 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 April.

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 April 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:

- Increase planned care and screening for the most disadvantaged groups. The (unvalidated) figure for breast screening for Q3 which is the most recent data (68%) is below the acceptable uptake rate (70%). All other RAG ratings remain unchanged.

Progress to highlight from quarter 4 2023/24

- Vacancy rate remains stable as 5% thereby meeting the target;
- The results of the annual staff survey have been published. The trust is at or slightly below the benchmark and has demonstrated improvement in 4 our of 9 people promises/themes. Action plans will be developed.
- Cost Improvement Programme forecast to over-perform with 51% of schemes being recurrent;
- Trust continuing to participate in Getting It Right First Time (GIRFT) Further, Faster initiative to transform outpatient services and improve waiting times;
- Work placements as part of the 'ICan' pre-employment programme have started;
- 'Behind the Scenes' event held for local schools held in March to promote career opportunities in the health sector;
- Good progress with the transaction process of staff and services managed by Dudley Integrated Health & Care. Self-certification material went to committees in March ahead of sign-off at Board of Directors;
- Material to promote research and innovation developed and launched via the Hub to promote. Successful research and innovation seminar held in February.

Areas of challenge during quarter 4 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;
- Ongoing pressures around urgent & emergency care and use of surge capacity;
- Trust faced pressures in achieving 31-day cancer treatment target.

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 Q4 2023/24.

Ian Chadwell
Deputy Director of Strategy
25th April 2024

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	No change in ratings during quarter Good progress is being made with action plans in response to the inspection reports for Urgent Care and Children's services reports. Importantly these have been fed back to the CQC through an engagement meeting this quarter – positive assurance shared and no concerns were raised. Timely responses to CQC enquiries continue without significant concern/exceptions. Ward to Board walkabouts recommenced in Q4 to build upon engagement with staff and assurance levels There were no new inspections.		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Family and Friends Test (FFT) largely unchanged from previous quarter. New approach to treating minors in ED hopes to improve patient experience		
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	Benchmark average across all People Promises. Improvement against historic performance in 4 out of 9. Improved scores on recommend as a place to work.		
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 the current year set to over-perform with increase in recurrent savings to 51% of the programme		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	First Green Week for nurses and midwives; some remanufactured devices implemented saving cost and carbon; 229 staff redeemed codes for free bus travel from National Express		
Build innovative partnerships in	Increase the proportion of local people employed	Target: 70% by Mar-2025	This proportion has increased from 66% in September 2021 to 68% currently; first placements on the 'ICan' pre-employment programme started.		

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Dudley and beyond	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; On track with DIHC transaction and development of Dudley Health and Care Partnership		
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 Q3 showed 44% of patients diagnosed at stage I, II; business case for targeted lung health checks progressing through governance process and delivery group established		
	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 (unvalidated) uptake for Q3 is 68% so does not meet the acceptable level; mobile unit in place at Dudley Central and service continues to work with stakeholders to put on community events		

Enclosure 24

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th May 2024

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

1. Suggested discussion points

- Positive assurance in terms of the risk associated with the ongoing infrastructure project.
- Positive assurance on cybersecurity Care
- The Digital Team have been successful in achieving Gold Partner status with the British Computer Society (BCS) and was awarded a HTN award for the development and deployment of an alternative approach to Maternity Services
- BAF assurance rating remains positive
- Agreed work plan, and Steering Group Terms of Reference
- Recommend final assurance on ongoing corporate governance arrangements are presented to the May committee.
- Note the recommendation for the dissolution of the Digital Committee was approved at the June meeting of Board (private session).
-

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: 20th March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Nil.	• A review and assurance on committee workplan items mapped to corporate governance. • Ensure that risk COR2205 relating to collaborative opportunities in the black country to manage IT spend is addressed through relevant forum and linked to financial plans • Note ongoing work of the Medicine division with support of the electronic and biomedical engineering (EBME) / facilities team to secure a refresh of the telemetry system. Procurement award will proceed via executives to F&P in accordance with corporate governance.
POSITIVE ASSURANCES TO PROVIDE • Positive assurance on the management of the risks associated with the infrastructure project. • Positive assurance provided by the ongoing CareCERT management. • The Digital, Data and Technology Team have achieved Gold Partner status with the British Computer Society (BCS) for professional IT • Skills for the Information Age (SFIA) 'Corporate User' recognition for work to build a skills framework including entry into digital healthcare for T-Level students and apprentices from local colleges. • HTN award for 'Solution Supporting Digital NHS Trusts' for the development and deployment of an alternative approach to achieving digital maturity in Maternity Services	**DECISIONS MADE** • Recommendation to dissolve the Digital Committee with the final meeting scheduled for May 2024 (face-to-face) • BAF assurance rating will remain positive, noting the delays in national funding. • Approved stepping down risk COR1843 (relating to staff resources to deliver strategic projects) to divisional risk register target score met • Approved Terms of Reference (ToR) for the Digital Trust Steering Group • Agree the committee workplan and proposed governance arrangements once the committee disbands after May.
Chair's comments on the effectiveness of the meeting: An enjoyable and informative meeting. Members and attendees reflected on how much success has been delivered and reported to the committee over the years and how well the meeting has been conducted to address strategic challenges. It is felt that the committee has achieved its goals and wider maturity in digital decision making exists across the Trust.	

Enclosure 25

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 9th May 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 reflect audit recommendations issued in quarter 4 and have been 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 – March 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 changed from the previous summary report:

- Eight (was six) assigned a 'positive' rating
- One (was three) 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 30/04/24 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 is reduced to 12 (3x4) the target score - reflective of completion of majority of actions where 'likelihood' has moved from 'likely' to 'possible'. The target score is 12 (3x4) The target is to reduce the likelihood score to 'possible' whilst the impact remains major.

The work to finalise the 'review and reset' work for 2024/2025 is nearing completion with identification of Gaps in Key Controls updated and mitigating actions developed.

Items to note

All completed actions in the period 2023/24 have been collated into one table. There are three completed actions in the current year:

- Actions to improve outcomes for patients with fractured neck of femur, Stroke, Diabetes and neonates
- Consistency in staff applying principle of early recognition of patient deterioration, Sepsis, End of life care and Trust escalation plans
- Quality priorities for 24/25 agreed, using information triangulated with patient harm events, audit and performance information and complaints
- All other actions are either on track or not due.

The links to risks that are held on Trust risk registers that have been listed (now 18, was 21) that include risks that score 20 or above (red risks) that are closely monitored at sub committees of the board.

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 30/04/24 and agree to retain a 'positive' committee assurance level.

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

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 30/04/24 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).

There remain challenges around data quality, impacting on workforce planning for current and future workforce requirements (including number of staff, skill-mix, and training) which may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives.

Target score has been revised to 9 (3x3) (was 6 (1x5)). The target risk will remain under consideration given the detailed workforce plan and potential risk.

Items to note

Strategic measures updated to include:

- 4% reduction in substantive workforce
- 25% reduction in bank and agency

Items completed include:

- Implement monthly reporting schedules to maintain data quality and monitor in particular assignments that hold professional registration and temporary right to work status
- Ensure robust horizon scanning for upcoming and potential industrial action, Ensure a strike committee/working group is in place to plan for any upcoming strike action, Ensure templates and FAQs are up to date
- Embed the Trust's Health and Wellbeing Journey with a focus on health promotion

Links to the Trust's Risk register have been updated to reflect those risks that are scored 20 or above.

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 30/04/24 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 6 (Minor/Possible) during 2024/25.

There has been improved staff retention, reduced vacancy levels and stable sickness absence. The Trust has remained stable in terms of staff survey results, with scores performing around benchmark position for all people promises and staff engagement and morale themes.

For 2023, the Trust remains at benchmark average performance across all themes and promises. There are slight differences with four promises almost the same as benchmark, four slightly lower than benchmark (by 0.1) and one slightly above. 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).

Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change; the Trust becoming a clinically led organisation; staff being supported in their career development and to maintain competencies and training attendance; staff retention; and the Trust being a "well-led" organisation under the CQC domain.

A failure to develop and maintain our culture in line with the Trust values and the NHS People Promise (which includes being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety, and wellbeing of staff, working flexibly, supporting learning and development, promoting equality, diversity and inclusivity and fostering a team culture) could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.

To support the Trust's financial plan, the workforce plan assumes a 4% reduction of substantive workforce and a 25% bank and agency reduction. The delivery of the above presents risks around the ability to recruit to persistent vacancies or to retain staff which could lead to the quality and quantity of healthcare being impaired; pressure on existing staff and decreased resilience, health and wellbeing, and staff morale and loss of the Trust's reputation as an employer of choice. Mitigating actions are in place, i.e. delivery of the people plan and associated actions.

Increased financial scrutiny and additional restrictions to support delivery of the financial recovery plan are likely to negatively impact staff engagement and morale. The transfer-in of DHIC staff is an unknown impact on engagement and this will need to be closely monitored to support proactive action.

The target score is 6 (2x3), the aim is to move the likelihood to 'Possible,' whilst the impact of the risk will be Minor.

Items to note

Strategic measures updated to include:

- 4% reduction in substantive workforce
- 25% reduction in bank and agency

Mitigating actions remain on track with one delay noted for Annual promotion of Prospectus prior to Annual Review window date updated to 30/04/24 (was 31/03/24).

Links to the Trust's Risk register have been updated to reflect those risks that are scored 20 or above.

BAF Risk 4 – Financial Sustainability

Overseen by Finance & Productivity Committee, last reviewed 25/04/24 and received a 'positive' 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. The Trust is currently forecasting a £4.588m surplus for 2023/24 after technical adjustments. This includes £23.6m non-recurrent cash support income meaning the underlying deficit for 2023/24 remains as per the original plan. The medium-term financial plan currently shows a deficit of £43.8m for 2024/25 with further work taking place at a system level.

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 fully identified CIP plan for 2024/25 and a clear medium-term plan showing financial sustainability.

Items to note

Key points to note are:

- The Trust achieved a £6.807m surplus for 2023/24 after technical adjustments. This includes £23.6m non-recurrent cash support income. The Trust was therefore £2.219m better than plan.
- Elective Recovery Fund (ERF) performance ahead of revised plan at M12 by £4.817m. This is now a fixed position with any changes now being transacted in 24/25.
- Cost Improvement Plan (CIP) plan fully achieved for 2023/24. At month 12 there is a £0.815m overachievement of the CIP plan
- Review and rest of BAF 4 will complete to reflect the 2024/25 plan

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.

Overseen by Finance & Productivity Committee, last reviewed 25/04/24 and received a 'positive' committee assurance level.

The current risk score is 12 (3x4). This is because we still developing our understanding of what actions will have the biggest change on carbon emissions. A baseline has been published but actions particularly around decarbonisation of the estate will only demonstrate impact over a longer time frame. The impacts of climate change are here now, and the Trust needs to adapt to ensure risk and impact are mitigated. The target score is 8 (4x2). The Trust needs to develop appropriate plans to ensure that this is unlikely, whilst the impact would remain major.

Items to note

- no significant changes from the previous document updated November 2023.

- Key controls
    - inclusion of the Trust's travel plan
- Gaps in key controls
    - update to 2; carbon trajectories set, investment yet to be established

The Committee agreed to receive an update every six months with the next report due 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 24/04/24 and retained a 'positive' committee assurance level.

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 document has been subject to a review with actions closed during the year replaced with new actions to address gaps in key controls as a reset for 2024/25. There are no overdue actions.

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 25/04/24 and received a 'positive' committee assurance level.

The current risk score remains 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

Completed actions collated and moved to separate table within the document. Remaining actions will be updated or rolled forward as part of the BAF review and reset to reflect the roll over into the new financial year 2024/25.

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 20/03/24 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.

Items to note

The Committee reviewed and endorsed the following proposals:

- Delayed action - Clinical Safety Officer (CSO) role is still being progressed via the job matching process. The Medical Directors Office are following up with Recruitment
- Delayed action – Finance team activity to devolve the software application budgets to the divisions will now start in April 2024. Expected completion by June 2024
- Delayed action - the inclusion of protected time for key clinicians to undertake digital leadership work and professional development. Expected June 2024
- Delayed action – Establishment of Digital Leaders Network, proposal is with the National Team with an internal meeting schedule for April 2024
- Delayed action - Monitoring and tracking of corporate risks continues with good progress on cloud migration. Revised update - June 2024
- Delayed action – New DMA assessment to be published in April 2024. New submission date is June 2024
- Overdue action. None

The Committee will meet for the final time on 22 May 2024 where agreement will be sought for reassignment of BAF risk 8 which is currently under review.

Next Steps

Further Board development workshop activity being scheduled for 2024/2025.

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 received full BAF documents – March 2023

4. Recommendations

The Public Trust Board is asked to:

a.	**Approve** the updates made since the last meeting
b.	**Note** ongoing work embed effective risk management with further Board development workshop activity being scheduled for 2024/2025.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	

Appendix 1

The Dudley Group NHS Foundation Trust

Summary Board Assurance Framework (BAF): April 2024 update

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'*

					Ratings as at April 2024				
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 resulting in incidents of avoidable harm and poor clinical outcomes.	Medical Director Chief Operating Officer Chief Nurse	Quality	**20** (4x5)	**16** (4x4)	**12** (3x4)	**Cautious**	**Inconclusive** *30/04/24*
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action	Director of Governance	Quality	**20** (4x5)	**9** (3x3)	**6** (2x3)	**Open**	**Positive** *30/04/24*
2	Workforce	Failure to effectively manage workforce demand and capacity to deliver Trust Strategic Objectives	Chief People Officer	People	**20** (4x5)	**9** (3x3)	**6** (1x5)	**Seek**	**Positive** *30/04/24*
3	Staff satisfaction	Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.	Chief People Officer	People	**15** (3x5)	**12** (3x4)	**6** (2x3)	**Open**	**Positive** *30/04/24*
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**	**Positive** *25/04/24*
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** *25/04/23*
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Director of Strategy	Integration Committee	**16** (4x4)	**12** (3x4)	**8** (2x4)	**Open**	**Positive** *24/04/24*
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**	**Positive** *28/03/24*
8	IT and Digital Infrastructure	Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation	Executive Chief Strategy & Digital Officer	Digital until May 2024	**25** (5x5)	**20** (4x5)	**16** (4x4)	**Open**	**Positive** *20/03/24*

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