



## Board of Directors Meeting Public Papers

Thursday 14<sup>th</sup> November 2024 10:15 – 14:00

Black Country and Marches Institute of Technology, Zoological Drive, Dudley DY1 4AL



Aati the Fox -

the new mascot for the Dudley Group NHS  
Charity

Apprenticeships –  
supporting local  
employment and  
growing our own



Guest Outpatients Centre  
Tipton Road, Dudley



## **BOARD MEETINGS PUBLIC INFORMATION SHEET**

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

### **1. Introduction**

This sheet provides some information about how Board meetings work.

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

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

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

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

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

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

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

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

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

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

#### 4. Debate

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

#### 5. Minutes

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

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

#### 6. Key Contacts



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



Helen Board  
Board Secretary  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321124 ext 1124  
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**PUBLIC SESSION**

**Board of Directors**  
**Thursday 14 November at 10:15am**  
**Black Country and Marches Institute of Technology, Zoological Drive, Dudley**  
**AGENDA**

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	<b>Chairman's welcome and note of apologies</b>	Verbal	Chair	For noting	10:15
2	<b>Staff &amp; Patient Story – Cancer services</b> , Helen Hill, Colorectal CNS, Melissa Bissell, Lead Nurse, ward B4 Introduced by M Morris, Chief Nurse				
3	<b>Declarations of Interest</b>	Enclosure 1	Chair	For noting	10:35
4	<b>Minutes of the previous meeting</b> Thursday 12 September 2024 Action Sheet 12 September 2024	Enclosure 2 All complete	Chair	For approval	
5	<b>Chief Executive's Overview</b>	Enclosure 3	D Wake	For information & assurance	
6	<b>Chair's Update</b> - Public questions (as submitted)	Verbal / enclosure 3a	Chair	For information	
6.1	Integrated Committee upward assurance report - Finance & Performance, Quality, People, Integration, Audit & Charity - Joint Provider Committee	Enclosure 4  Enclosure 5	G Crowe with Non-executive committee chairs	For approval	
<b>7</b>	 <b>Drive sustainability financial and environment</b> Reduce the cost per weighted activity   Reduce carbon emissions				<b>11:15</b>
7.1	Finance & Productivity matters • Finance report Month 6 (Sept '24) inc. Cost Improvement update	Enclosure 6	C Walker	For approval	
7.2	Winter planning 2024/2025 <i>Full report in further reading pack</i>	Enclosure 7	K Kelly	For approval	
7.3	Integrated Quality and Operational Performance Integrated (IQ &OP) <i>Full report in further reading pack</i>	Enclosure 8	J Hobbs/ K Kelly/ M Morris	For assurance	
<b>Comfort break (10 mins)</b>					
<b>8</b>	 <b>Deliver right care every time</b> CQC rating good or outstanding   Improve the patient experience survey results				<b>12:00</b>
8.1	Chief Nurse & Medical Director report <i>Inc IPC BAF</i>	Enclosure 9	J Hobbs / M Morris	For assurance	
8.2	Perinatal Clinical Quality Surveillance - Maternity Incentive Scheme year 6 update	Enclosure 10	C Macdiarmid/ R Uppal	For assurance	

8.3	Learning from Deaths <i>Full report in further reading pack</i>	Enclosure 11	J Hobbs	For assurance	
9	 <b>To be a brilliant place to work and thrive</b> Reduce the vacancy rate   Improve the staff survey results				12:30
9.1	Workforce Key Performance indicators <i>Full report in further reading pack</i>	Enclosure 12	K Brogan	For approval	
9.2	Workforce Plan 2024/25 <i>Full report in further reading pack</i>	Enclosure 13	K Brogan	For assurance	
9.3	Annual Medical Revalidation Report <i>Full report in further reading pack</i>	Enclosure 14	J Hobbs	For approval	
10	 <b>Build Innovative Partnerships in Dudley &amp; beyond</b> Increase the proportion of local people employed   Increase the number of services jointly across the Black Country				13:00
10.1	Primary Care Services Overview - presentation	Enclosure 15	L Martin / K Rose	For information	
10.2	University Trust Status - update	Enclosure 16	J Hobbs	For approval	
11	<b>GOVERNANCE</b>				13:30
11.1	Strategy and Annual Plan progress report – Q2 2024/25	Enclosure 17	A Thomas	For assurance	
11.2	Annual Review of Standing Financial Instructions <i>Full report in further reading pack</i>	Enclosure 18	C Walker	For approval	
11.3	Board Assurance Framework	Enclosure 19	H Board	For approval	
12	<b>Any Other Business</b>		All	For noting	
13	<b>Date of next Board of Directors meeting</b> (public session) Thursday 9 January 2025				
14	<b>Meeting close</b>				
14:00					
<b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non-executive Director					

**Register of interests 01/04/2024 - 31/03/2025**

Accessed 30/10/2024

Name	Position	Date of interest	Description	Value	Was Accepted	Percentage Of Shareholding
Elizabeth Abbiss	Director of Communications	05/06/2023	Commenced work at Sandwell & West Birmingham NHS Hospitals Trust one day per week as Strategic Communications Advisor			
Karen Brogan	Chief People Officer	19/07/2024	Nil			
Gary Crowe	Deputy Chair	01/09/2019	Independent Member, The Human Tissue Authority			
Gary Crowe	Deputy Chair	01/09/2019	Non Executive Director, University Hospitals of North Midlands NHS Trust			
Gary Crowe	Deputy Chair	01/09/2019	Occasional lecturer, Keele University			
Peter Featherstone	Non-Executive Director	23/10/2023	Associate consultant, Commercially Public Ltd, management consultant to local authorities			
Peter Featherstone	Non-Executive Director	30/07/2024	Interim Programme Design Lead - Children's Model of Care, London Borough of Hounslow			
Peter	Non-Executive Director	01/02/2024	NED, Dudley Integrated Health and Care NHS Trust			
Peter	Non-Executive Director	01/11/2018	NED, Shropshire Community Health NHS Trust			
Peter	Non-Executive Director	10/07/2008	Featherstone Management Consultancy Ltd, Managing director and company owner			100
Joanne Hanley	Non-Executive Director	01/01/2004	Executive employment with Lloyds Banking Group			
Anthony Hilton	Associate Non-Executive Director	19/07/2024	Nil			
Anthony Hilton	Associate Non-Executive Director	01/03/2020	Aston University - Pro-vice Chancellor and Executive Dean			
Anthony Hilton	Associate Non-Executive Director	01/01/2010	Director, Microbiology Consulting Limited			
William Hobbs	Medical Director - Operations	19/07/2024	Nil			
Catherine Holland	Senior Independent Director	30/08/2024	Nil			
Elizabeth Hughes	Non-Executive Director	03/09/2021	Medical Director NHS England (formerly Health Education England)			
Elizabeth Hughes	Non-Executive Director	02/08/2021	Appointed Honorary Professor at Warwick Medical School			
Elizabeth Hughes	Non-Executive Director	01/04/1990	Consultant Chemical Pathologist Sandwell and West Birmingham Hospitals NHS trust			
Elizabeth Hughes	Non-Executive Director	20/06/2021	Development of educational material for Novartis			
Elizabeth Hughes	Non-Executive Director	01/04/2018	Director Dinwoodie Charitable Company			
Elizabeth Hughes	Non-Executive Director	26/11/2021	Educational Speaker for Amgen			
Elizabeth Hughes	Non-Executive Director	08/05/2021	Educational Speaker for Sobi educational material preparation			
Elizabeth Hughes	Non-Executive Director	06/10/2020	Educational Speakers Bureau Daiichi Sankyo -occasional lecture			
Elizabeth Hughes	Non-Executive Director	01/09/2016	Honorary Professor University of Aston			
Elizabeth Hughes	Non-Executive Director	01/07/2008	Honorary Professor University of Birmingham			
Elizabeth Hughes	Non-Executive Director	01/03/2017	Honorary Professor University of Worcester			
Elizabeth Hughes	Non-Executive Director	01/06/2022	Non-executive Director - chair of Quality Committee for Birmingham and Solihull ICS			
Elizabeth Hughes	Non-Executive Director	01/01/2022	Professor of General Practice University of Bolton			
Elizabeth Hughes	Non-Executive Director	01/04/2022	Speakers Bureau Amarin occasional lecture			
Elizabeth Hughes	Non-Executive Director	01/07/2024	Speakers Bureau Novo Nordisk - Occasional lecture and preparation of educational material			
Elizabeth Hughes	Non-Executive Director	03/07/2007	Trustee HEARTUK charity			
Elizabeth Hughes	Non-Executive Director	08/03/2023	Honorary Professor (Vice Chancellor) University of Coventry			

**Register of interests 01/04/2024 - 31/03/2025**

Accessed 30/08/2024

Elizabeth Hughes	Non-Executive Director	01/12/2023	Sponsorship of community lipid clinics by Amarin			
Elizabeth Hughes	Non-Executive Director	01/12/2023	Sponsorship of nursing and admin staff for community lipid clinics within sandwell and west Birmingham for a maximum of 2 years			
Karen Kelly	Chief Operating Officer	30/08/2024	Nil			
Mohit Mandiratta	Non-Executive Director	01/01/2016	Chair Dudley Prescribing and Medicines Optimisation Sub-committee (DIHC)			
Mohit Mandiratta	Non-Executive Director	01/01/2021	GP on BBC Breakfast -			
Mohit Mandiratta	Non-Executive Director	01/01/2018	GP Partner at Feldon Practice, Halesowen			
Mohit Mandiratta	Non-Executive Director	01/06/2024	Futureproof Health Ltd- Practice based shareholding			0
Martina Morris	Chief Nurse	01/03/2024	Maintain membership of Royal College of Nursing 1342889			
Anne-Maria	Non-Executive Director	01/07/2023	Chair of small Ltd company called Nuture Care Ltd			
David Nicholson	Chairman	01/04/2023	Chair - Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust			
David Nicholson	Chairman	01/09/2022	Chair - Sandwell and West Birmingham Hospitals NHS Trust			
David Nicholson	Chairman	01/09/2022	Visiting Professor - Global Health Innovation, Imperial College			
David Nicholson	Chairman	01/01/2023	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS (full-time)			
Ita O'Donovan	Non-Executive Director	01/01/2010	Managing director - Beechgrove Associates LTD. Own company, consultancy in local government			100
Andrew Proctor	Director of Governance	10/05/2024	Trustee for The Countryside Charity (CPRE), Staffordshire. Voluntary/Unremunerated charity			
Vijith Randeniya	Non-Executive Director	06/02/2024	Commissioner for South Wales Fire and Rescue Service.			
Vijith Randeniya	Non-Executive Director	06/10/2014	Board member of Aston University			
Vijith Randeniya	Non-Executive Director	01/05/2023	Chair of Birmingham Women and Childrens facilities management company called Vital			
Vijith Randeniya	Non-Executive Director	05/10/2020	Chair, Trent Regional Flood and Coastal Committee, DEFRA			
Vijith Randeniya	Non-Executive Director	01/08/2022	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Kathleen Rose	Director of Integration	29/07/2024	Nil			
Adam Thomas	Chief Strategy and Digital Officer	01/07/2019	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Diane Wake	Chief Executive	27/04/2024 - 27/04/2024	Attended Aston Villa Game (Diane and spouse) in an executive box at an Aston Villa game -	500.00	Yes	
Diane Wake	Chief Executive	04/07/2022	Provider CEO member on the BC ICB Board			
Diane Wake	Chief Executive	01/03/2023	Spouse: Peter Williams, appointed non-executive director at University Hospitals Birmingham			
Chris Walker	Finance Director	09/10/2012	Director of Dudley Clinical Services Limited which is a 100% owned subsidiary company of the			
Lowell Williams	Non-Executive Director	01/08/2017	Chair, Dudley Academies Trust			
Lowell Williams	Non-Executive Director	01/04/2021	Director of Dudley Clinical Services Limited which is 100% owned subsidiary of the Trust			0
Lowell Williams	Non-Executive Director	01/12/2019	Lowell Williams Consulting Limited			100
Lowell Williams	Non-Executive Director	24/10/2023	Registered as Director at NCHSR Limited. National College for High Speed Rail			0
Lowell Williams	Non-Executive Director	01/04/2022	Director - Transformational Technologies Partnership Ltd (which oversees the Black Country & Marches Institute of Technology)			
Lowell Williams	Non-Executive Director	04/05/2023	Elected as a Councillor to Warwick District Council on behalf of the Green Party			



**UNCONFIRMED Minutes of the Public Board of Directors meeting (Public session)**

**held on Thursday 12<sup>th</sup> September 2024 10:00hr**

**Stourbridge Health & Social Care Centre, John Corbett Dr, Amblecote, Stourbridge DY8 4JB**

**Present:**

Liz Abbiss, Director of Communications (LA)  
Karen Brogan, Interim Chief People Officer (KB)  
Gary Crowe, Deputy Chair (CG)  
Peter Featherstone, Non-executive Director (PF)  
Liz Hughes, Non-executive Director (LH)  
Karen Kelly, Chief Operating Officer/Deputy Chief Executive (KK)  
Mohit Mandiratta, Non-executive Director (MMA)  
Anne-Maria Newham, Non-executive Director (AMN)  
Sir David Nicholson (SDN) **Chair**  
Ita O'Donovan, Associate Non-executive Director (IOD)  
Andy Proctor, Director of Governance (AP)  
Kat Rose, Director of Integration (KR)  
Adam Thomas, Executive Chief Strategy & Digital Officer (AT)  
Diane Wake, Chief Executive (DW)  
Chris Walker, Interim Director of Finance (CW)  
Lowell Williams, Non-executive Director (LW)

**In Attendance:**

Helen Board, Board Secretary (HB)  
Phil Brammer, Deputy Medical Officer (PB) [for J Hobbs]  
Helen Bromage, Deputy Chief Nurse (HBr) [for M Morris]  
Alison Fisher, Executive Officer (Minutes) (AF)  
Claire Macdiarmid, Head of Midwifery (CM) [for item 9.2]  
Leanne Mann, Frailty Advanced Clinical Practitioner [for item 2]  
Madhuri Mascarenhas, Governance Admin. Lead (MM)  
Basem Muammar, Clinical Director for Obstetrics and Gynaecology (SM) [for item 9.2]  
Rachel Ormston Matron, Older People [item 2]

**Apologies**

Joanne Hanley, Non-executive Director (JHa)  
Anthony Hilton, Associate Non-executive Director (AH)  
Julian Hobbs, Medical Director (JHo)  
Catherine Holland, Non-executive Director (CH)  
Martina Morris, Chief Nurse (MM)  
Vij Randeniya, Non-executive Director

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

Julius Adams, Member of Public  
Mr & Mrs Gibson, Members of Public [for item 2]  
Clare Inglis, Staff elected Governor, DGFT  
Karen Lewis, Chief Allied Health Professional, DGFT  
Nandi Shelembe, FT member  
Anu Singh, Chair, Black Country ICB



## **24/70 Note of Apologies and Welcome**

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

The Chair welcomed the newly appointed Black Country ICB Chair, Anu Singh to the Board meeting.

## **24/71 Staff and Patient Story – Frailty Assessment Unit**

HBr introduced the Patient Story. The meeting was joined by the Leanne Mann - Frailty Advanced Clinical Practitioner, Lead Nurse for Frailty Same Day Emergency Care (SDEC) and Frailty Virtual Ward and Rachel Ormston Matron, older people. The Board welcomed Mr & Mrs Gibson to share their experience of care.

The story focused on the treatment pathway experienced by an elderly patient with multi co-morbidities who was assessed and diagnosed with urinary tract infection, treated via SDEC and utilised virtual ward for follow up and avoided admission.

The patient was very complementary of the care and treatment received and the impact of a virtual ward model in preventing admission into hospital. Learning for the Frailty team was that of positive learning that this intervention was a success in preventing admission. The patient was able to return to Frailty Assessment Unit for further diagnostics so did not require any home visits.

PF asked how the Trust was driving admission avoidance across services. KK replied that the work was being clinically driven and proactively worked with GPs, clinical hubs and community services to continue to develop virtual wards and avoid unnecessary admissions.

The Board thanked the team for their good presentation and for the fantastic work they do for the patients of Dudley.

It was **RESOLVED** to

- Note the patient story

## **24/72 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.

## **24/73 Minutes of the previous meeting held on 11<sup>th</sup> July 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 11<sup>th</sup> July 2024**

All actions were noted to be complete.

## **24/74 Chief Executive's Overview and Operational Update**

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

The Lord Darzi report was published on the previous day providing a detailed review of the NHS and next steps for its future would closely link to the awaited 10 year NHS Plan with main focus on prevention, digital and community care.

The Dudley Integrated Healthcare Transition Agreement was moving forward with the services transferring to Dudley Group expected to take place on 1 October 2024. Documentation had been completed and was currently with Secretary of State for Health for approval. The Trust was looking forward to welcoming staff into the organisation. Staff briefings have been taking place and there was a full communications plan in place to ensure staff felt welcomed and part of the team.

Good operational performance continued and noted some ongoing challenges in emergency care pathways noting some reduction had been seen with focus from all clinical teams.

The elective recovery programme continued to be driven forward and no patient would be waiting 65+ from October. Work was ongoing to reduce 52+ weeks patients.

The had been good Diagnostic waiting times performance with improvements seen month on month.

Cancer performance remained very good and consistent with achievement of above 80% for cancer performance dataset. DW gave thanks to the staff working to ensure stage completeness was performing well.

Best practice EmLap tariff had been achieved for the period January to March 2024.

The Trust's Transfer of Care Hub had recently received a peer review which was on the whole positive with an action plan developed for recommendations made.

The Trust's Elective Hub had also recently received a peer review and again on the whole positive, with an action plan developed for any recommendations made.

DW announced that Anu Singh had been appointed as the new Integrated Care Board Chair and had joined the meeting.

The Trust had been awarded the Employers Gold award that recognised the progress related to diversity and inclusion.

LW noted the recommendations following peer review of the transfer of care hub that had raised clinical integration and asked KR for the direction of travel. KR confirmed that recommendations were being addressed with partners to review where services could be co-located to assist with joint work and improve patient pathways. Clinical teams were working to develop a joint plan which would be shared with the Dudley Partnership Group in the near future. KK commented that financial challenges can create blockers and outlined the work with partners to discharge patients appropriately or to avoid unnecessary admission.

In response to the question raised by AMN about supporting culture within Dudley Integrated Healthcare for services transferring, KR confirmed that focussed work was in train to integrate staff when they transfer adding that some team building had already taken place to ensure staff felt welcome.

It was **RESOLVED**

- To note the report and assurances provided

## **23/75 Chair's Update**

The Chair noted the publication of the Lord Dazi report that was the first of three connected elements; audit of NHS; the budget setting that was expected in the autumn and the launch of NHS 10 year plan

in 2025. He commented that the NHS had seen a very turbulent last 10 years and the report was as expected and the emphasis would be on how report was taken forward. A key item would be developing community services, creating an environment for staff to deliver services and improve productivity to deliver financial targets and improve services for patients.

### **Public questions (enclosure)**

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

The Trust provided a facility for governors and members of the public to submit any questions they might have to the Board for consideration.

The Chair summarised the questions received and noted the responses provided.

PF asked in relation to artificial Intelligence (AI) development what guidance could be given to staff to develop it confidentially. AT confirmed that guidance/learning was given to staff when developing AI within services to ensure no confidential data was openly available.

It was **RESOLVED**

- To note the report

### **24/76 Integrated Committee upward assurance report**

GC introduced the report given as enclosure four noting the new format as a consolidated report including upward assurance from each of the committees, Finance & Performance, Quality, People, Integration. He highlighted the inclusion of an assurance rating for a number of agenda items received at the respective committees. Non-executive committee chairs were invited to raise any particular items for escalation to the board.

GC summarised the highlighted key areas to assure, advise and alert for Board members to note.

GC noted the arrangements in respect of the Responsible Clinician contract and asked what the latest position was. LH confirmed that there was a contract in place noting that Black Country healthcare continued to raise issue with implementation of it. HBr clarified it related to challenges with implementation of practices required within the contract adding it was affecting all four acute/community provider trusts within the Black Country and had been escalated.

KR noted the matter of uncertainty about Family Hubs funding which had been within the Dudley Partnership/ICB as funding was only received for three years. A benefits realisation was being developed and opportunities for how the service could continue.

LW chair of the Finance & Productivity Committee made an observation that he felt the format of the consolidated report lacked the ability to fully discuss areas discussed at Committee meetings.

LH chair of the Quality Committee highlighted the good work with patients and families in relation to Patient Safety Incident Framework (PSIRF).

It was **RESOLVED** to

- to approve and note the report of assurances provided by the Committees upward reports, the matters for escalation and the decisions made

## **24/76.1 Joint Provider Committee – report to trust boards**

GC introduced the report that had been prepared to provide all partner trust Boards of the Black Country Provider Collaborative (BCPC) with:

- a) a reminder of key messages from the Joint Provider Committee meetings of the 17th of May 2024 and 21st June 2024.
- b) an opportunity for each Trust Board to consider delegating appropriate decisions to the Joint Provider Committee (“JPC”) to enable it to progress the 2024/25 and 25/26 priorities, and the underpinning workplan.

The ongoing development of JPC was positive and had an excellent dataset.

GC commented on workflow within each of the workstreams and suggested this be reviewed to redistribute to ensure no one was overburdened.

The Corporate services program was beginning to deliver early benefits.

It was **RESOLVED** to

- Receive the report as a summary update of key discussion at the 19<sup>th</sup> July meeting
- Note the key message, agreements and actions

## **24/77.1 Finance and Productivity Matters**

### **24/77.1.1 Finance Report Month 4 (July 2024)**

CW presented the Month 4 (July 2024) Finance Report given as enclosure six.

The Board noted the Month 4 Trust financial position. After technical changes the July cumulative position was a £14.088m deficit. The position was £0.364m better than the updated phased plan submitted to NHSE in June.

The Trust had overachieved on the Cost Improvement Programme plan as at the end of July by £0.812m. The Trust was forecasting that it would achieve its 2024/25 financial year planned deficit of £32.565m after technical adjustments.

The cash forecast had been reviewed so the need for cash support had been revised to £9m and whilst it was hoped that cash borrowing would not be required, the borrowing application process had been implemented.

It was noted that the Capital Emergency Department scheme spend would be split over two 2 years with the capital programme reduced by £6m in 2024/25 linked to this.

There had been excellent CIP performance noting that the delivery risk of is £6m related to workforce schemes. There was ongoing working with Divisions and corporate leaders to ensure delivery of plans.

The ICB System was in escalated financial measures.

PF commented on the excellent ERF performance and asked how sustainable exceeding it was. KK reported that super clinics and surgeries were being held. Some routine procedures and low complex, high volumes cases had been taken out. CW highlighted that ERF performance could potentially be impacted by the opening of Midland Metropolitan University Hospital (MMUH) and winter pressures. Mitigation plans were in place to ensure performance continued noting that until MMUH opened, patient choice of where to attend will not be fully known. DW reported that clinical

staff were being very flexible and working weekends and commended the performance. The Trust continued to review the productivity matrix to ensure delivery. LW noted improvements were being seen following a push on planning and redesign of services. GC asked what the main risk of non-achievement of financial plans was. LW replied that non-achievement of planned workforce reductions was the main gap. DW commented that the assurance given to Board was that the financial plan would be delivered and mitigations were being developed to offset any underachievement of workforce reduction. The Chair asked if the underlying deficit was being tracked. CW confirmed it was tracked both internally and across the ICS. The Chair SDN summed up that workforce remained the greatest risk of non-delivery of CIP noting that the Executive Team were fully committed to ensuring that mitigations were developed to ensure financial plan will be delivered.

It was **RESOLVED** to

- Note the financial performance for Month 4 (July 24) and the reported Trust and System 2024/25 financial year end position

## **24/78 Build Innovative Partnerships in Dudley and Beyond**

### **24/78.1 Integrated Performance Dashboard**

KK presented the Integrated Performance Report (IPR) for May 2024 given as enclosure seven. The full IPR was included in the reading pack associated with the meeting. The Board noted the following key highlights:

There was continued good performance across the majority of targets and standards.

Emergency pressures continued noting that the Trust was top in the region for the 4 hour standard at 78%.

Same Day Emergency Care showed excellent performance and commended the teams who worked extremely hard to see, treat and discharge patients.

Challenges remained in respect of the one hour ambulance turnaround handover target noting that the Trust worked with the ambulance service to offload patients to avoid delays. Move proactive planning taking place to assist timely admissions.

The cancer targets were all achieved and no cancer patients were cancelled during pressurised times.

Elective recovery was seeing progress with those waiting seeing a reduction. There were presently 2,500 patients waiting over 52 weeks and with 70 patients added each week, there would be an increased focus from September to reduce those numbers.

LW noted the slight improvement seen in respect of the Black Country Pathology Services and asked if they were working differently. DW acknowledged the incremental improvement seen and advised that an external review of the service was being considered.

The Chair asked about the likely consequences of the combined impact of MMUH opening, winter pressure and the ED redesign building work. KK confirmed that a robust set of mitigations had been developed with admission avoidance being the main one. The Trust was working with the ambulance services to make more use of the Dudley Clinical Hub as a lot of patients did not need acute care. There was a Flexi area available that could be opened and closed dependant on capacity. The ICB and system were working to ensure pressures were shared. There were presently 110 delayed transfer of care (DTOC) patient in the hospitals acute bed base. The Trust worked closely with out of area teams to take their patients back and also to ensure Dudley patients

had packages of care put in place. DW stated that the acute medical unit (AMU) virtual ward would be restarting and where possible 'Community First' was the main mitigation. PF enquired if the Trust were using the Bristol model of care for ED to assist with patient flow to wards. KK confirmed that a version of the Bristol model was being used and patients who had a clear care plan in place will be moved to the ward area as an additional patient whilst they wait for a confirmed discharge to take place to free up a bed. The Trust did not operate corridor care. This model supported clinical staff to discharge a patient if they no longer required acute care. DW commented that safety dashboards were in place for all key safety alerts. HBr stated that practices were in place to ensure patients were in the right place for the care they need.

It was **RESOLVED** to

- To receive the report for assurance of the Trust's performance

## **24/79 Deliver Right Care Every Time**

### **24/79.1 Chief Nurse and Medical Director Report**

HBr and PB presented the combined Chief Nurse and Medical Director Report, focussing on the quality metrics, given as enclosure eight.

This report provided an overview of key quality, safety and professional matters from a multiprofessional perspective, to demonstrate how multiprofessional teams worked collaboratively to positively influence everyday practice and focus on improving quality outcomes and patient experience. The report set out the matters given as assurance, advisory notes on a range of topics and alerts flagged relating to an increase of reopened complaints, issues regarding the error in recording of staff assigned to the correct level of safeguarding training for adults and reduced compliance for the repeat second VTE assessment for patients within 24 hours of admission.

PB noted the assurance evident in the reduction of both the SMHI and HSMR noting there was some areas that still required work and confirmed that was underway.

There had been 92% of job plans signed off with a focus on future productivity and delivery. Continuing to see patient pathway see improvement and noted the improvement seen in the Sepsis pathway related to patients receiving antibiotics within 60 minutes. He added it would be critical to maintain assurance as pressure built moving to winter and MMUH opening.

HBr highlighted that the infection control team had been put forward for an award. The quality dashboard development continued and was scheduled to be operational before December. Complaints response performance had improved noting there was sustained work to do to continue improvement. The Nursing and Midwifery Council survey had been undertaken and regional project group set up to take forward any output. The nurse staffing review acuity tool had changed with some rebalancing for some considered noting its unaffordability at this time; a risk assessment would be undertaken in January.

It was **RESOLVED** to

- 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 Strategic objectives. Report taken as assurance.

## **24/65.3 Perinatal Clinical Quality Surveillance (Maternity and Neonatal Dashboard) - Maternity Incentive Scheme year 6**

CM and SM joined the meeting to present the Perinatal Clinical Quality Surveillance Dashboard and Maternity Incentive Scheme Year 6 Report given as enclosure nine, including the matters for assurance, advisory and for alert:

CM noted that work on CNST year 6 continued and was on track to be fully compliant with all 10 areas. Saving babies lives remained a challenge and noted that regular check point meetings were taking place. Increased scanning capacity was being worked on. Listening to families' voices partnership funding involved ICB volunteers and there was an action linked to improving attendance at meetings/events. The three year delivery plan reporting was being reviewed to ensure that flagging any risk to achievement was clearer. The Heatmap score was reducing and illustrated an improving position.

LH noted the excellent progress and commended staff who were working really hard to achieve. LW asked about the alert linked to perinatal culture and leadership programme. CM advised that the programme had started but survey results were showing there remained work to be done as programme has not achieved full impact yet. Survey results only recently received and the action plan was being developed.

The Chair commented that the multiple interventions in maternity services at present made it very difficult to work through it all and asked if identification of key issues to address was robust. SM commented that medical workforce remained a challenge due to the number of junior of colleagues who had recently joined who needed support. The culture was improving and was work in progress and including bringing multi-disciplinary teams together cohesively. CM noted that some staff survey responses did raise concerns and assured those present that the data was analysed and team were responsive when necessary.

LH gave assurance that action plans were consolidated and monitored at the Quality Committee.

The Chair emphasised the need for midwives to feel that improvements were taking place and teams had ownership of the improvement actions. In response to LW question related to culture DW replied that relationships historically between midwives and medical staff was sensitive. SM commented that there was a very versatile and diverse workforce in place noting that several of overseas staff had joined and were yet to fully understand the NHS/British culture. Maternity services was in the public eye and women have a different perception of services and what care they wanted. PB noted the positive neonatal dataset that showed the Dudley team had shown they had the ability to provide an excellent service and be an exemplar to others. Culture was key to ensure all believed they were part of a successful team. LW commented that culture was so important and induction when onboarding staff from different backgrounds and cultures was key. KB confirmed that the induction had been reviewed to ensure culture was included. SM commented the full day induction included an element on culture of Obstetrics and Gynaecology within the NHS.

It was **RESOLVED** to

- Note the report and assurances provided

## **24/80 To be a Brilliant Place to Work and Thrive**

### **24/80.1 Workforce KPIs**

KB summarised the report given as enclosure 10 and highlighted the following key areas for noting as assurance, advisory and for alert:



## **Assure**

Normalised turnover (voluntary resignations) remained low, mirrored by a high retention rate. There was a renewed focus on retention for 2024/25 as part of the Trust's Recruitment and Retention Journey within the People Plan, with focus on key retention strategies such as flexible working, stay interviews and exit data and culture and bullying and harassment.

The Trust participated in the ICan Paid Work experience noting that two out of five candidates had secured employment post-work experience with work underway to support the remaining candidates into work. A further 10 candidates commenced paid work experience in September.

## **Advise**

Both the rolling 12-month average and the in-month sickness % for July had increased for the second month in a row. Sickness absence rates were RAG rated as amber being slightly above the tolerance level of 5%. The identified area of concern was short-term sickness absence. A taskforce has been established address this. Long term sickness absence over 6 months had reduced to 16 which is positive.

## **Alert**

Bank usage had been increasing month on month since April 2024, largely due to increased pressures through patient acuity, staffing unavailability being above tolerance levels and the opening of surge areas which were unbudgeted and not part of the establishment. Through grip and control measures implemented the Admin & Clerical bank usage has started to decline. Further work is in progress to improve grip and control across all staff groups. Mandatory training issue highlighted in relation to safeguarding following a change to the requirements with subsequent reduced compliance and it was noted that work was underway to identify staff who required training.

The Chair noted that the workforce was a key element of financial plan delivery and asked if it was being monitored effectively. KB confirmed it was being very closely monitored. The Chair asked if recurrent posts were being removed. KB commented that some challenges were being seen when unplanned WTE has occurred and these posts needed clear identification. DW confirmed that the executive team was working closely with divisions and corporate teams and if gaps were identified, teams had identified mitigations. These were being closely monitored and any gaps in assurance were being challenged. KB noted that WTE substantive had reduced but not at the level of plans. Skill mix had changed which has delivered WTE savings. CW added that the data needed to be very clear and systems were being put in place to address the issue to allow full analysis to drill down and challenge.

AMN raised a concern that pharmacy vacancies at 15% seemed very high and asked if taking vacancies out would have a knock on effect on being able to employ students when they finished their training. KB commented that the number of pharmacy vacancies had reduced and there was a very clear workforce plan to grow our own staff. Vacancies were only taken following an impact assessment. Conversation was taking place at an ICB level to ensure that vacancies existed for our students. For nursing staff the choice of specialty they could select has reduced adding that there was support for staff and explained that the Trust operated a "transfer window" each year to help staff move divisions/ward if they wished to. PB asked if the reasons behind the pharmacy vacancies were known and if they were within the Trust or community staff. KB advised that it was a widespread national issue with pharmacy vacancies/national shortage. The Chief pharmacist worked closely with local agencies to recruit locally. Issues with AFC paycales for Pharmacists has been raised with National team. HBr stated that Dudley Integrated Health and Care staff transition would have a positive effect.

MMA commented on the recent national civil unrest and asked if the Trust had undertaken a sense check on staff. KB confirmed that the Trust's EmBrace network had undertaken lot of work to ensure staff felt safe with good feedback from staff on the support given them.

It was **RESOLVED** to

- approve the report and note the assurances provided

#### **24/81 Strategy and Annual Plan progress report – Q1 2024/25 (5 pages)**

AT presented the report given as enclosure 11 and highlighted the following:

The report followed a new format created to report progress against the five strategic goals and the 18 in year objectives identified in the annual plan which was approved by Board of Directors at the extraordinary meeting on 2nd May.

A high proportion of the required cost improvement programme had been identified with the focus now on delivery, especially the planned reduction in workforce

Productivity metrics showed a mixed picture with overall improving trend and continued participation in GIRFT Further Faster programme.

The Trust had not yet met the agreed system-wide targets for discharge although indicators were showing improvement.

The Trust was working with third party provider and other stakeholders and had commenced a targeted lung health screening programme.

It was **RESOLVED** to

- note and approve the strategy progress report for Q1 2024/25

#### **24/81.2 Board & Committee Effectiveness review**

HB presented the Board & Committee Effectiveness review given as enclosure 13. The Board noted the following key highlights:

During quarter 4, 2023/24, the survey was circulated to all 20 board members in post and was completed by nine out of 20 (45%). Thirty five of the 37 questions received a green rating based on responses selecting 'average, above average or fully satisfactory'. There were zero responses where the 'hardly ever/poor' was selected. Throughout the year the Board met each month plus one extraordinary board meeting and met face to face where possible and during 2024/25 will also be holding a number of board meetings in community settings.

A varied Board development programme has been maintained during the year supporting the themes of working together as a Board, culture and strategy development, regulatory and risk compliance matters and a strong focus on emerging system working.

There were two questions where one responder selected 'below average' and the Board was asked to note that where items have been identified in relation to succession planning that was subject to annual review and that a periodic review of organisational culture and plan to maintain a positive culture, mitigation has either been completed or was making good progress.

After discussion on a number of points, there were no further steps to pursue in relation to the output of the review.

It was **RESOLVED** to

- note the Board & Committee Effectiveness 2023/24 review work undertaken

## **24/82 Board Assurance Framework**

HB presented the Board Assurance Framework (BAF) given as enclosure 13. The Board noted the following key highlights:

The Board Assurance Framework (BAF) provided 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. Of the nine risks listed, committee assurance ratings had not 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

The BAF and the risk appetite statement would be refreshed as part of the strategy refresh activity that would be considered at board development sessions during the year.

It was **RESOLVED** to

- Approve the update made since the last meeting and note the ongoing work to embed effective risk management with further Board development workshop activity being scheduled for 2024/2025

## **24/82 Any other Business**

There was none raised.

## **24/68 Date of next Board of Directors Meeting**

The next meeting would be held on Thursday 14<sup>th</sup> November 2024.

## **24/69 Meeting Close**

The Chair declared the meeting closed at 13:05 hr.

.....  
Sir David Nicholson

**Chair**

**Date:**

## Paper for submission to the Board of Directors on 14 November 2024

<b>Report title:</b>	Public Chief Executive Report
<b>Sponsoring executive:</b>	Diane Wake, Chief Executive
<b>Report author:</b>	Alison Fisher, Executive Officer

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

- Operational Performance
- Patient Feedback

#### Advise

- Black Country Provider Collaborative
- Learning and Improvement Networks and National Improvement Guides
- Change NHS: Help Build a Health Service Fit for the Future
- NHS Oversight Framework 2024/25 – Quarter 1
- Dudley Local Authority Chief Executive
- Bowel Ultrasound Training
- National Institute for Health and Care Research
- Further Faster 20
- Charity Update
- Healthcare Heroes
- Awards
- Visits and Events

#### Alert

- None

### 2. Alignment to our Vision

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

### 3. Report journey

Board of Directors

### 4. Recommendation

The Public Trust Board is asked to:

a) Note and discuss the contents of the report

### 5. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 3.0	x	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 6.0	x	Build 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

## Operational Performance

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks, and working on achieving by October. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery. The next target for focus is the 52 week wait patients being treated by the end of March 25.

## Black Country Provider Collaborative

The following are the key messages from the 9<sup>th</sup> of September 2024 Black Country Provider Collaborative 'Extended' Executive meeting and an extraordinary meeting of the Collaborative Executive held on the 16<sup>th</sup> of September 2024.

### A. Improvement

- **Clinical & Operational Productivity** – The Collaborative Executive were provided a brief update on the following key items:

- **Black Country Financial Recovery Plan delivery update** – It was noted that the system was broadly on target to hit the trajectory for month 5, which would be confirmed shortly when the validated data is made available.
- **Developing a proposed way forward for years 2 to 5** – The Black Country Provider Collaborative Managing Director presented a short paper on the rationale for the need for a 'delivery partner' to support efforts centred on yrs 2 to 5. Whilst some incremental transactional activities may be found and progressed, the consensus from the Collaborative Executive was that a delivery partner was required to support the broader identification of opportunities, but more importantly the delivery of these.

It was agreed that the Black Country Provider Collaborative Managing Director and Executive Finance Lead would seek to rapidly engage wider Executive colleagues to clarify the 'exam' question(s) we seek to address and firm up the draft specification to be used for the subsequent procurement process.

It was also agreed that the pursuit of any 'delivery partner' would be progressed on a contingent basis and must focus on 'meaningful solutions' to the significant financial challenges being faced.

### B. Transformation

- **Corporate Service Transformation** – The Black Country Provider Collaborative Senior Responsible Officer for the Corporate Service Transformation provided an update on the Corporate Services Transformation work. Key points to note included:
  - 'Scene' setting to ensure that the reasons for pursuing the Corporate Services Transformation work was consistently understood.
  - Clarity on what we are doing, and in particular the pursuit of a 'Contractual Joint Venture', what this is together with its pro's and cons'.
  - An update on the governance arrangements that will support its progression and delivery.
  - The range of activities that are actively being progressed such as 'baseline / opportunity assessment'; identifying the 'phasing' of work; communications & engagement planning; and the preparation of 'engagement' workshops for all corporate improvement staff; and
  - Understand the variety of ways in which staff can get involved in the work that will follow rapidly over the coming few months.
- **Primary Care Strategy** – The Black Country Integrated Care Board Director of Primary Care presented the draft Primary Care Strategy as part of a wider consultation currently being progressed.

It was noted that there are many strengths to this draft, but there is a strong focus on the business of Primary Care, with little direct reference to impact or importance of other healthcare segments (e.g. acute, community of Mental health care), and very little is said on the quality of care (e.g. standards, health outcomes etc).

All partners were encouraged to provide feedback, and it was hoped that these would be reflected in any revised draft.

- **Urology Cancer Services Transformation** – A two-part presentation was received by the Collaborative Executive:

- **Part 1** – was provided by the Black Country Provider Collaborative Chief Operating Officer from Dudley Group Foundation Trust who shared an update on the progress to transform Urology Cancer Care, with the initial focus on Renal cancers and their provision being centralised at Dudley Group Foundation Trust.

The Collaborative Executive was provided an overview of the Programme Governance; an insight to the challenges, risks and mitigating actions; progress with attaining Spec Comm accreditation; outputs of the public involvement and Health & Overview Scrutiny Committee support; the development of the required business case; and an anticipated transition / implementation before the end of the year.

- **Part 2** – This was complemented by a short presentation by the Black Country Provider Collaborative Chief Medical Officer who shared a range of insights on the use of (and impact of) the Surgical Robots. It was evident that activity was growing in parallel with expertise across a range of specialties, but operational constraints were currently limiting their optimal use / maximum benefit.

The long-term health outcome benefits continue to be tracked, but proxy measures such as readmission and complication rates were trending in a positive direction (i.e. early indications are that there is a reduction in both), something we will continue to monitor.

## C. Strategic & Enabling Priorities

- **Strategic Planning Framework** – The Black Country Provider Collaborative Lead Chief Strategy Officer shared a paper analysing the alignment and synergy of priorities that currently exist and could be improved through use of a standardised tool in the form of the Strategic Planning Framework.

The Collaborative Executive discussed the merits of collective planning and supported a mandate for the Chief Strategy Officers to pursue a standardised SPF approach, engaging system partners and establishing a clear ‘focal’ point for future planning and strategic endeavours.

It is anticipated that a clear annual planning process for 25/26 will emerge utilising key fixed points (e.g. Joint Board Development workshops in December 24 and March 25) with a diverse range of Executives engaged on this over the remainder of this financial year.

- **Pharmacy Aseptics** – The Collaborative Executive received an update from the Chief Pharmacists on the progress of the Pharmacy Aseptic work, with the rationale and its importance re-iterated. Progress has been steady but constrained by both capacity and capability.

The Collaborative Executive has agreed to support this work with dedicated part time seconded support (until the end of the 24/25 financial year) to focus on the development of a feasibility study alongside a procurement specification which would deliver a subsequent full business case for a Black Country Pharmacy Aseptic solution(s).

- **Agenda for Change Common Rate Card** – The Black Country Provider Collaborative system lead for Workforce presented a short paper on the Agenda or Change Common Rate Card. A number of proposals were made recognising the slight variation of approaches at each of the Black Country Provider Collaborative partners.

Following measured discussion, which took account of the varied start point of each partner Trust, the hard to staff specialties (variance at each partner Trust) and the forthcoming winter period (that may present operational challenges), it was agreed that all partners would work towards implementing a position where all staff (bank & substantive) will be paid at the lower end of the band from the 1<sup>st</sup> April 2025.

For “hard to staff” areas a set of guiding principles for minimal enhancements (e.g. £5 per hr extra) would be established by the Chief Nursing Officer’s in due course and monitored regularly.

### **Learning and Improvement Networks and National Improvement Guides**

In September, NHSE published four clinical and operational improvement guides which provide key principles of valuing patients’ and staff time along with improvement ideas to test, adapt and build on to suit our local challenges.

1. Improving flow through the emergency care pathway
2. Greater value for patients from theatres, elective surgery and perioperative care
3. Greater value for patients from outpatient services
4. Improving medical consultant job planning

We are applying the guide on Urgent and Emergency Care flow and discharge processes as we develop our winter plan. Starting with reducing ‘length of unnecessary stay’ which is the time patients are in bed after they have been recorded as medically optimised (medically fit for discharge).

We are cross-referencing the change ideas with the experience of staff working on our Frailty and Respiratory wards which currently experience the longest discharge delays. With over 40 change ideas provided in the guide, it is important that we apply our Improvement Practice approach to testing changes in our local settings to establish which have the greatest impact on our key breakthrough performance metrics.

The regional NHS England teams will be setting up regional Learning and Improvement Groups. The sponsoring chief executives for West Midlands Learning and Improvement Group is Glen Burley who will be contacting the local Trust improvement teams to help share their learning from the improvement initiatives within the guides.

Our Director of Improvement is in discussion with the improvement leads from the Black Country Provider Collaborative trusts to set up our own Learning and Improvement Network initially focussing on improving discharge effectiveness. We will share our learning and successes with the regional NHSE team.

### **Change NHS: Help Build a Health Service Fit for the Future**

The Government has launched a *Change NHS: help build a health service fit for the future* in October to start a national conversation to develop the 10 Year Health Plan. A national portal has been opened to share experiences and ideas. Face to face all-day staff engagement events will be organised in 2025 across each of the seven regions and “workshop in a box” will be provided for local events to be held with staff, patients and stakeholders.

### **NHS Oversight Framework 2024/25 – Quarter 1**

The Trust has received confirmation that NHS England Midlands Regional Support Group agreed with the Black Country Integrated Care Board’s recommendation to keep Dudley Group in segment 3 of the NHS Oversight Framework for Quarter 1. The full letter can be found appendix 1.



## **Dudley Local Authority Chief Executive**

Balvinder Heran has been appointed Interim Chief Executive from 1 October 2024 following the retirement of Kevin J'Keefe. Balvinder has been deputy Chief Executive at the authority since March 2021. She is leading on the development of the council's new operating model, a new way of working which will see council-wide improvements by reducing duplication, improving processes and maximising digital and technological opportunities to ensure services can continue to be delivered in the best interests of residents.

## **Bowel Ultrasound Training**

The International Bowel Ultrasound Group in Amsterdam has endorsed Russells Hall Hospital to become a training site. We will become the first UK centre delivering phase 2 training for bowel ultrasound led by a Gastroenterologist (the only other centre is Frimely, delivered by a Radiologist). Trainees will undergo two weeks immersive training at the Trust. A brilliant and well deserved achievement.

## **National Institute for Health and Care Research**

On the 1 October 2024 the National Institute for Health and Care Research Delivery Network launched replacing the Clinical Research Network. The Regional Research Delivery Network Directors and health care directors are in post and working through the final management of change for staff. A delivery plan giving assurance around the enablement of ongoing research delivery has been shared with partners.

## **Further Faster 20**

The Trust has been identified to receive targeted support as part of a Further Faster 20 initiative to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity. This initiative will provide resource and focus in areas where they can have substantial impact to reduce waiting lists to build on work being undertaken locally. The initiative will build on the success of Get it Right First Time and other improvement approaches to:

- Create a supportive programme that will develop and deliver in partnership with the Trust
- Build on the Further Faster programme and extend it so will not be duplicative for Trusts already part of the Further Faster programme
- Build on the existing work of our teams to identify, scale and share opportunities for further improvements we can deliver first in our Trust and into the rest of the NHS where appropriate.
- Identify areas in our pathways that have disproportionate opportunities to improve patient care. These might include: community

The team will work closely with our clinical and operational teams to ensure the work aligns with work already taking place and maintain a clinically-led, data driven approach.

## **Charity Update**

### ***Charity Launch***

Dudley Group NHS Charity recently launched a refreshed brand, new website and mascot thanks to a development grant from [NHS Charities Together](#).

The new “Smiles” branding reflects how the charity strives to bring happiness to patients and staff, and this is reflected in their new logo.

The new strapline for the charity is ‘Making every day better’, reflecting the charity’s aim to support the wellbeing and experience of patients, visitors, and staff of the Trust.

The charity now has its first standalone website [www.dgnhscharity.org](http://www.dgnhscharity.org). With an eye-catching design and user-friendly feel, the charity hopes the new site will help to increase public engagement, fundraising and awareness of the fantastic work we do as a charity and as an NHS Trust.

The charity also unveiled the newest member to their team, their new charity mascot. Aati the friendly fox was designed by twelve-year-old Laila Adams-Flash, who won a competition run by the charity for local children. The larger than life costume, which made its first appearance during the launch definitely put a smile on everyone’s faces!

We are looking for volunteers to be the ‘face’ of the Dudley Group NHS Charity as our new charity mascot, Aati the friendly fox! As a mascot volunteer, you will be representing our charity at events and promotional opportunities in Dudley and across the Black Country, where you will interact with members of the public whilst raising awareness of our cause. Your height needs to be between 5ft 6 and 5ft 10. If you have a flair for getting into character and improvisation, please email [dgft.fundraising@nhs.net](mailto:dgft.fundraising@nhs.net).

### ***Christmas Chocolate Appeal***

The Dudley Group NHS Charity is launching a Christmas chocolate appeal to provide chocolate selection boxes for all patients to enjoy over the Christmas period.

The Trust charity is appealing to local businesses, the public and staff for Christmas chocolate selection box donations to help spread joy to all our patients, who will be in hospital over the Christmas period.

Spending Christmas in hospital can be a very lonely and isolating experience. This may be a small token of appreciation, but we know our patients will appreciate the gesture throughout the Christmas period.

The deadline to receive chocolate boxes is 6<sup>th</sup> December 2024 and can be dropped off to the Charity Department, 2nd floor, South Block, Russells Hall Hospital.

If you would like to support the Christmas chocolate appeal, please contact the fundraising team on: [dgft.fundraising@nhs.net](mailto:dgft.fundraising@nhs.net).

### ***London Marathon 2025***

Would you like to be part of the world’s most popular marathon? The Dudley Group NHS Charity have secured a charity bond place for the 2025 London Marathon and are looking for a runner to fundraise for the charity.

The famous route takes in most of London’s famous landmarks including Buckingham Palace, The Cutty Sark, Tower Bridge and Canary Wharf.

We are asking for £350 deposit to secure your place and a further £1,500 to fundraise for a ward or department of your choice.

If this is you, please register your interest at: [dgft.fundraising@nhs.net](mailto:dgft.fundraising@nhs.net) and the charity team will be in touch. Alternatively, if you have already secured a place, and would like to fundraise for our charity, please contact the team.

## Healthcare Heroes

Since our last update and after a busy summer, we're sharing six amazing Healthcare Heroes.

### *Volunteer healthcare hero winner*



**Craig Williams** was nominated for being the face of our Russells Hall Hospital reception from the minute he arrives to the moment he goes home.

Nothing is ever too much to ask from him and he is always helping others whether it's members of the public, hospital patients or colleagues. His ability to remain cool, calm and collected during all situations is truly amazing.

### *Individual winners*



**Hasheem Elhossamy** was nominated by a colleague for always going the extra mile when providing patient care and for always being on hand to help the Obstetrics and Gynaecology department at Russells Hall Hospital.



**Andrea Edwards** was nominated for the invaluable education she provides to new parents on the neonatal unit and for how much support she provides to them at a very uncertain and sometimes scary time.

Andrea's nomination noted how the training she provided to a new dad potentially saved a baby's life after he was able to recall the training he had received, delivering rescue breaths to his baby daughter when she became very unwell until the paramedics arrived at his home.

Everyone admires how passionate Andrea is about her work as a STORK facilitator and how you want to further develop the service to help as many young babies and their parents as possible.



**Luke Purdy** was nominated by a colleague who wanted to highlight the work Luke has done in setting up a new Youth Service. The nomination also mentioned how passionate Luke is in wanting to help young people to deal with their long-term health conditions by using a holistic approach where possible, and by seeing young people in places that are the most comfortable for them including schools and colleges!

### **Team winners**



**The Safeguarding and Complex Vulnerabilities Team** were nominated as Healthcare Heroes for their professionalism and diligence whilst implementing the new Mental Health Act requirements. The nomination also mentioned how the team are driven to achieve the best outcome for the most vulnerable patients and how they are working collaboratively with colleagues both internally and externally across the West Midlands region.

### **Patient Feedback**

**Ward C6** - All the staff were fabulous from start to finish I felt safe and well cared for.

**Gynaecology** - Staff were amazing, friendly and supportive. Everything went smoothly and on schedule for my procedure.

**Day Case Unit, Russells Hall** - All staff were so kind and caring explaining every step of the way, they truly are amazing.

**Community Heart Failure** - I felt that I was listened to and had things explained clearly. In addition, I felt I had a voice.

**Maternity (Birth)** - Knowledgeable and friendly Midwives. From the moment I arrived I felt safe and well looked after. I could not have asked for a better birthing experience.

**Children's Outpatients** - Staff were kind, respectful and patient. I am very pleased with the service, very supportive service.

**Accident & Emergency** - Care was taken at every stage and everything was fully explained so I knew what I was dealing with.

**Dermatology** - The staff were very helpful, caring and knowledgeable and always punctual with my appointment times.

**Coronary/Post Coronary Care** - All the staff worked well together. The investigation was carried out in a thoughtful and professional manner.



## Awards



### Pharmacy Awards

World Pharmacy Day, organised by the International Pharmaceutical Federation is a day on which we can recognise and celebrate the crucial role that pharmacists and pharmacy colleagues play in building healthier communities here in Dudley. During the week we celebrated our pharmacy staff with their annual department led Pharmacy Awards



### Allied Health Professionals (AHPs) Awards

On 14th October, colleagues from across the Trust celebrated Allied Health Professionals Day.

AHP's Day is an annual opportunity for staff to come together to celebrate the 14 distinct professions. This year's theme, "Quality and Safety," highlights the vital role AHPs play in ensuring that patients receive the highest standard of care while maintaining a safe and supportive environment.

The focus of our celebrations included an opportunity for staff to showcase and present service innovations and improvements as well as insightful and inspiring personal stories and career journeys. There was also the annual AHP Awards ceremony, presented by Karen Lewis, chief AHP.



### International Bowel Ultrasound Group training status awarded to the Trust

The Dudley Group NHS Foundation Trust has become one of the first Trusts in the country to have been awarded training status from the International Bowel Ultrasound Group (IBUS) .

Dr Shanika De Silva, consultant gastroenterologist, established the Bowel Ultrasound Service at The Dudley Group following successful training and accreditation.

Since then, Dudley has become one of the first active training centres for Bowel Ultrasound within the UK. Training is organised through the International Bowel Ultrasound Group (IBUS) for trainees interested in applying. IBUS aims to advance intestinal ultrasound research, education and clinical applicability in the area of inflammatory bowel disease (IBD).

The ultrasound procedure is non-invasive for managing patients with inflammatory bowel disease, this offers and

alternative to Colonoscopy and MRI scans with no need for bowel preparation.

The patients attend for a one stop shop where they can have their outpatient appointment and bowel ultrasound in one visit. This is a quicker diagnostic and helps to expedite IBD patient pathways. There is also the potential to undertake the procedure as an inpatient.



### GP or PCN Pharmacist of the Year

Nazir Hussain's 'one stop' respiratory clinic supports GP practices across Dudley, helping to improve diagnosis and treatments for patients with lung conditions such as asthma or chronic obstructive pulmonary disease (COPD).

He was named 'GP or PCN Pharmacist of the Year' at the Chemist+Druggist (C+D) Awards 2024.

Nazir said: "I see the difference this clinic makes to patients. I want more people to have these benefits.

"We know patient experience and outcomes can improve for respiratory conditions, so I'm really pleased to be recognised in this way because this model really helps."

The clinic works by proactively identifying patients with higher risks of needing hospital treatment in future. This is done by looking at how often patients have needed help and what treatments they've been given over a set period.

Most high-risk respiratory patients seen in the clinic were successfully managed in the clinic without needing further hospital treatment.

Patients are also sent for diagnosis tests, such as spirometry which measures how much air you can breathe out in one forced breath. The clinic also offers fractional exhaled nitric oxide (FeNO) testing which measures inflammation in the lungs. Making these processes faster can help patients avoid long waits for hospital tests.

As well as winning at the C+D Awards, Nazir was also shortlisted and highly commended in the 'Rising star' and 'Hero clinical' categories at the Asian Professional National Alliance NHS Network awards.

## Visits and Events

3 September	NHSE Leadership Event
4 September	Black Country Integrated Care Board/NHSE Children and Young People Elective Recovery meeting
9 September	Black Country Provider Collaborative Extended Executive Meeting
9 September	Get it Right First Time Further Faster Senior Responsible Officer meeting
10 September	Regional Price-Cap Compliance Programme Senior Responsible Officer meeting

10 September	Black Country Integrated Care Board Chief Executive Officers meeting
11 September	Black Country Regional Performance Tier Call
12 September	Public and Private Dudley Group Board of Directors
16 September	Black Country Integrated Care System Cancer Board
16 September	Extraordinary Black Country Provider Collaborative Executive meeting
17 September	Dudley Group Executive Development Day
18 September	NHSE Tier 1: Cancer Call
18 September	Corporate Services Transformation Delivery Group
19 September	Black Country Elective and Diagnostic Strategic Board
19 September	Black Country Integrated Care Board Annual General Meeting
20 September	Meeting with Secretary of State for Health and Social Care
20 September	Black Country Provider Collaborative Clinical Improvement & Transformation RESET workshop
23 September	Dudley Group Audit Committee
24 September	Regional Access Board
25 September	NHSE Midlands NHS Leadership Meeting
26 September	Finance and Productivity Committee
26 September	Black Country Integrated Care Board
27 September	Royal Wolverhampton/Walsall Hospital Chief Executive Officer Interview Stakeholder Panel
30 September	Dudley Group NHS Charity Website and Mascot launch
30 September	Dudley Group/Summit Healthcare Board to Board
2 October	Dudley Group/Dudley Council Leaders meeting
7 October	Get it Right First Time Further Faster Senior Responsible Officer meeting
8 October	Black Country System Chief Executive Officer meeting
9 October	Black Country Regional Performance Tier call
10 October	Dudley Group Board of Directors Development workshop
10 October	Black Country Quarterly System review meeting
14 October	Further Faster 20 Introductory meeting
14 October	Targeted Health Lunch Check Launch
15 October	Black Country Integrated Care Board/Dudley Group Oversight and Assurance meeting
16 October	NHSE Tier 1 cancer call
17 October	Dudley Group Annual Members meeting
18 October	Black Country Provider Collaborative Joint Provider Committee
21 October	Black Country Provider Collaborative Corporate Services Transformation Engagement Workshop
22 October	Black Country System Chief Executive Officers meeting
23 October	NHSE Midlands Regional Director monthly update call
23 October	Black Country Regional Performance Tier call
23 October	Black Country Elective and Diagnostic Strategic Board
24 October	Remuneration and Nominations Committee
24 October	Black Country Financial Recovery System Oversight Group
24 October	Dudley Group Behind the Scenes members event
24 October	Black Country Freedom to Speak Up Conference
30 October	NHSE Tier 1 Cancer Call
31 October	Dudley Group Finance and Performance Committee



## Appendix 1

Black Country Integrated Care Board  
Civic Centre  
St Peters Square  
Wolverhampton  
West Midlands  
WV1 1SH

*Sent via Email*

Ref: MA/MS/KM/MP/94DGFT

23 September 2024

Diane Wake  
Chief Executive Officer  
The Dudley Group NHS Foundation Trust

Dear Diane,

### **NHS Oversight Framework 2024/25 – Quarter 1 outcome**

I write to you to confirm the approved Quarter 1 2024/25 segmentation for your organisation.

#### **Quarter 1 Segmentation Review Outcome**

The segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the NHS England Midlands Regional Support Group (RSG) at its meeting on 25 July 2024. It was agreed that for Quarter 1, the ICB's recommendation to keep Dudley Group NHS Foundation Trust in segment 3 of the NHS Oversight Framework was supported.

The segmentation is based on a quantitative and qualitative assessment of the five national and one local priority themes contained within the NHS Oversight Framework. It was determined that there had been no material change compared to Quarter 4 2023/24, as such the segmentation of 3 was still valid.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework.

## **Quality of care, access and outcomes**

The Trust continues to perform well against the range of oversight metrics with the majority in the top and interquartile range. The one area identified as a key concern was your deteriorating clostridium difficile infection rate which was in the bottom quartile and this situation was monitored via the System Cdiff Task & Finish Group.

## **Preventing ill health and reducing inequalities**

The Trust continues to be supportive and engaged in system wide initiatives to reduce ill health and address health inequalities at a local level and further improvements will be driven through the Dudley Health and Care Partnership in which you are playing a pivotal role. You have also shown good progress in reducing waiting times for elective, cancer and diagnostic waits which is supportive of improving this outcome.

## **Finance and use of resources**

This is the key driver for the level 3 NHS Oversight Framework segmentation rating.

The Trust submitted a 2024/25 planned deficit of £32.6m as part of a system deficit of £119.2m (4.2% of ICB allocation) which does not meet the system revenue stretch target of £90m. As a result of this, the system and its constituent organisations has been placed in the Investigation and Intervention programme by NHS England.

At month 3, the Trust reported a YTD actual deficit of £9.8m, £0.3m favourable to plan. This was driven by; overachievement of income targets due to increased ERF income, offsetting a non-pay overspend because of an increased high-cost drugs cost.

At month 3 the Trust was reporting under delivery of £0.2m against its YTD efficiency programme, with £3.4m remaining unidentified and £14.4m categorised as high risk. Although broadly on track at m3, the Trust has a growing CIP challenge in future months due to the significant increases required in efficiencies during H2

Due to the scale of this financial challenge enforcement action has been taken by NHSE and the Trust is subject to legal undertakings.

## **People**

Compared to your month 3 workforce plan you were 119 WTE above plan due to increased substantive and bank usage resulting in a 1.9% variance to plan. This was driven by increased activity and demand particularly during May and June. There are also further risks to this plan due to reduced turnover and increased retention, and impact of MMUH opening.

The response rate for the 2023 staff survey showed a 3% decline in the response rates and overall, the Trust remains at benchmark average performance across all themes and promises. You are clear that improvements for future will be focused around - we are safe and healthy, we have a voice, and we are compassionate and inclusive.

Joint workforce and finance meetings continue to take place with the BC ICB.

### **Leadership and capability**

There are no material concerns or support needs identified currently for the trust system or governance. The Trust continues to show good engagement for development of the system, and active engagement in the collaborative.

### **2024/25 Quarter 2 segmentation timetable**

NHSE have informed us that they are pausing any proactive reviews of segmentation for quarter 2 pending the implementation of the new NHS Oversight Framework expected in Autumn and therefore will not require submissions from ICBs.

Considering this decision the ICB has decided it will not undertake the formal Q2 reviews and self-assessments of providers but will continue with the scheduled Q2 meetings with all providers to ensure we continue monitoring progress against the segmentation drivers at a challenging time for our system. However, if there are any exceptional changes in circumstance, we will raise this with you and NHSE as appropriate.

Should you have any questions on any of the above, please do not hesitate to contact me or Martin Stevens ([Martin.stevens@nhs.net](mailto:Martin.stevens@nhs.net)).

Yours Sincerely



Mark Axcell  
**Chief Executive**  
**Black Country Integrated Care Board**

cc.

Rebecca Farmer, Director of System Coordination and Oversight (West Midlands), NHSE  
Katrina Boffey, Deputy Director of Strategic Transformation, NHSE

## Paper for submission to the Board of Directors on 14 November 2024

<b>Report Title:</b>	Integrated Committee Upward Assurance Report
<b>Sponsoring Executive:</b>	Gary Crowe, Deputy Chair
<b>Report Author:</b>	Gary Crowe, Deputy Chair Helen Board, Board Secretary

### 1. Summary of key issues using Assure, Advise and Alert

This paper outlines the key points of assurance and escalation from the Board Committee meetings indicated as follows: Finance & Productivity: F&P, Quality: Q, People :P, Integration: I held in September and October 2024 as indicated. The report details work commissioned as a result of discussions held and any decisions made.

#### Assure

- Black Country Provider Collaborative Workforce workstream verbal update received – Collaborative approach being taken to align workforce policies, work ongoing to align bank rates for Agenda for Change and Medical and Dental staff. P
- Medical Education National Trainee Survey Report showed clear improvement, in challenging circumstances (industrial action) and there was clear understanding of areas for future improvement. P
- The Dudley Group had a £32.6m deficit plan. £25m deficit funding had been received from NHSE and £5.7m of the ICB surplus monies. The adjusted forecast for 2024/25 was a £1.59m deficit. F&P
- Good compliance with the 3-year delivery plan for Maternity and Neonates, MIS compliance and learning from peer reviews. Q

#### Advise

- The Workforce Plan was considered at People Committee, Quality Committee and Finance & Productivity Committee and noted it was not achieving what it had intentionally set out to achieve and that revision to trajectories were expected and closer scrutiny of the Bank overspend. Noted differing assurance rating applied by each Committee reflective of the focus of the impact. F&P, Q, P
- The Committee approved the change in process to staff undertaking Exposure Prone Procedures (EPP). P
- The committee agreed to recommend the winter plan to the Board, recognising the challenging nature of the plan and the need for ongoing monitoring and flexibility. They emphasised the importance of ensuring that the Board is aware of the challenges and the efforts being made to address them. The committee requested a sensitivity analysis on the mitigations to understand the potential risks and impacts if certain mitigations do not succeed. This analysis is crucial to ensure that the Board is aware of the potential challenges and can make informed decisions. F&P
- Responsible Clinician and Mental Health Act Administration service contracts are in place, however still challenges being encountered from Black Country Healthcare NHSFT colleagues with regards to their full implementation. A meeting was held in October, with all residual concerns being addressed. The MH SOP has been updated and is with our solicitors for final review. Q
- Lessons from Nottingham mental health incidents were inconclusive, with further work required. However, some assurance regarding strengthening our understanding around Mental Health processes. Q

### Alert

- Winter plan has unfunded financial pressure. Feasibility carries high risks on deliverability of mitigating schemes, particularly given current pressure in ED and discharge and key dependencies exist with system partners. F&P
- Nineteen policies had passed their review date and were in progress. However, it was noted that national policies are being developed impacting on local policies, in addition, it had been agreed to align policies across the Acute Provider Trusts. It was also noted that The Employment Bill due in October 2024 was expected to impact on policies. P
- Whilst noting improvement the committee was only partially assured by the performance of the Black Country Pathology Service (BCPS). F&P
- Planned preventative maintenance outstanding in the Aseptic Unit placing the facility at risk, not just locally but system wide. A further update to be received in December 2024, including addendum regarding Provider Collaborative updates. Q
- Heightened focus required on the timely addressing of audit management actions or the implementation of temporary solutions to address control gaps for longer dated actions/whilst awaiting strategic solutions. AC

## 2. Alignment to our Vision

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

## 3. Report journey

Board of Directors, 14/11/2024. Committee meetings held September & October 2024

## 4. Recommendation(s)

The Public Trust Board is asked to:

- a) **Note** the assurances provided by the Board Committees, the matters for escalation and the decisions made

## 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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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	Build 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

# Finance and Productivity Committee Chairs Report

**Committee Chair:** Lowell Williams and Peter Featherstone

26 <sup>th</sup> September 2024		31 <sup>st</sup> October 2024	
Corporate Risk Register	Substantial Assurance	EPPR Core Standards	Substantial Assurance
Dudley Clinical Services Annual Report 2023/24	Substantial Assurance	Integrated Performance Report – Month 6 2024/25	Reasonable Assurance
Integrated Performance Report – Month 5 2024/25	Substantial Assurance	Black Country Pathology Service Update October 2024	Partial Assurance
Finance Update Month 5 2024/25	Reasonable Assurance	Finance Update Month 6 2024/25	Reasonable Assurance
Post Business Case Implementation Reviews	Substantial Assurance	Divisional Deep Dive – Medicine and Integrated Care	Reasonable Assurance
Workforce Update Month 5	Reasonable Assurance	Elective Recovery Fund (ERF) Deep Dive	Substantial Assurance
Digital Trust Steering Group Update	Reasonable Assurance	Workforce Plan	Partial Assurance
		Green Plan	Reasonable Assurance

## Meeting held on 26<sup>th</sup> September 2024

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"> <li>There was a concern related to the increase in ambulance handovers over 30 mins and 1 hour waits, exasperated by slower discharge.</li> <li>Workforce numbers were above target for substantive and bank.</li> </ul>	<b>MAJOR ACTIONS AGREED</b> <ul style="list-style-type: none"> <li>The committee asked for further information on risk mitigation in respect to the Admit, Transfer and Discharge (ADT) process.</li> <li>A paper was requested exploring how emergency team performance could be improved without oversight.</li> <li>A review of Whole Time Equivalent (WTE) staffing was commissioned and revised productivity performance at the next meeting in order to consider a new strategic approach.</li> </ul>
<b>POSITIVE ASSURANCES TO PROVIDE</b> <ul style="list-style-type: none"> <li>The committee took positive assurance from the strong performance against cancer standards.</li> </ul>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"> <li>The committee agreed that the risk score for BAF 4 remained at 20. Assurance level remained positive.</li> </ul>

<ul style="list-style-type: none"> <li>• ERF performance continued to be strong.</li> <li>• The review of the Community Diagnostic Centre (CDC) business case was positive and supported cancer diagnostic performance.</li> </ul>	<ul style="list-style-type: none"> <li>• The committee agreed that the risk score for BAF 7 remained at 16. Assurance level remained positive.</li> <li>• The committee agreed that the risk score for BAF 8 remained at 16. Assurance remained positive.</li> </ul>
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#### Meeting held on 31<sup>st</sup> October 2024

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Whilst noting improvement the committee was only partially assured by the performance of the Black Country Pathology Service (BCPS).</li> <li>• CIP forecast shortfall of £3.363m largely due to pay reduction scheme.</li> <li>• Workforce reduction is not being achieved; the Trust was 311.71 WTE adrift from plan which is largely driven by bank spend.</li> </ul>	<p><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>• It was asked for future quarterly strategy reports to indicate the numbers of patients represented by the figures presented.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The EPRR Team has taken appropriate action to mitigate against areas deemed as 'partially compliant' by NHS England in 2023.</li> <li>• Strong overall operational performance was seen against national standards and local recovery plans</li> <li>• Plans to mobilise the temporary Resus and ambulance entrance week commencing 4<sup>th</sup> November 24 are being finalised and both transfers have been risk assessed.</li> <li>• The Dudley Group had a £32.6m deficit plan. £25m deficit funding had been received from NHSE and £5.7m of the ICB surplus monies. The adjusted forecast for 2024/25 was a £1.59m deficit.</li> <li>• The directorates and the finance team had carried out deep dives to create financial recovery plans.</li> <li>• Continued reduction in DNA rate for outpatients and theatre utilisation above England average.</li> <li>• Financial plan delivered at month 6 with variance £3.3m better than plan.</li> <li>• NHSE have confirmed that there is a Department of Health &amp; Social Care policy position to eradicate all RAAC in buildings that provide secondary healthcare services by 2035, which will be centrally funded.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The committee approved the recommendation to upgrade only those Healthcare Support staff who are eligible from Band 2 to Band 3. Back pay is subject to collective bargaining.</li> <li>• The committee agreed that the risk score for BAF 4 remained at 20. Assurance level remained positive.</li> <li>• The committee agreed that the risk score for BAF 5 remained at 20. Assurance level remained positive.</li> <li>• The committee agreed that the risk score for BAF 7 remained at 16. Assurance level remained positive.</li> </ul>



**Extra-ordinary F & P Meeting held on 6<sup>th</sup> November 2024**

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b> <ul style="list-style-type: none"><li>• Winter plan has unfunded financial pressure</li><li>• Feasibility carries high risks on deliverability of mitigating schemes (particularly given current pressure in ED and discharge and key dependencies exist with system partners)</li></ul>	<b>MAJOR ACTIONS AGREED</b>
<b>POSITIVE ASSURANCES TO PROVIDE</b>	<b>DECISIONS MADE</b> <ul style="list-style-type: none"><li>• The committee agreed to recommend the winter plan to the Board, recognising the challenging nature of the plan and the need for ongoing monitoring and flexibility. They emphasised the importance of ensuring that the Board is aware of the challenges and the efforts being made to address them.</li><li>• The committee requested a sensitivity analysis on the mitigations to understand the potential risks and impacts if certain mitigations do not succeed. This analysis is crucial to ensure that the Board is aware of the potential challenges and can make informed decisions.</li></ul>

# Quality Committee Chair's Report

**Committee Chair: Professor Liz Hughes**

24 September 2024	
Perinatal Quality Report	Partial Assurance
Workforce Plan	Partial Assurance
AHP Workforce Deep Dive	Reasonable Assurance
Martha's Law	Reasonable Assurance
PSIRF	Reasonable Assurance
Medicines Management Aseptic Unit Inspection	Minimal Assurance

29 October 2024	
Integrated Quality & Operational Performance Report	Partial Assurance
Medical Director & Chief Nurse Report, including IPC BAF	Partial Assurance
Workforce Plan – partial assurance on plan delivery but Reasonable Assurance regarding no impact on quality and safety.	Reasonable Assurance
Perinatal Quality Report	Partial Assurance
Corporate Risk Register	Reasonable Assurance
Quality Priorities	Reasonable Assurance
Learning from Deaths	Reasonable Assurance
Patient Safety Incident Framework (PSIRF)	Reasonable Assurance

## MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- IPR flag patients' observations not being completed on time and the quality of the data.
- Tissue Viability service fragility recorded as 20 on the Risk Register, with mitigations in place.
- Learning from Claims report deferred July, August and September. Report anticipated in November.
- Planned preventative maintenance outstanding in the Aseptic Unit placing the facility at risk, not just locally but system wide.
- Lessons from Nottingham mental health incidents were inconclusive, with further work required. However, some assurance regarding strengthening our understanding around

## MAJOR ACTIONS AGREED/WORK UNDERWAY

- Responsible Clinician and Mental Health Act Administration service contracts are in place, however still challenges being encountered from Black Country Healthcare NHSFT colleagues with regards to their full implementation. A meeting took place with BCHT in October 2024, to discuss residual concerns, which have been addressed. The MH SOP has been updated accordingly and shared with our solicitors for final review.

<p>Mental Health processes. Committee to be kept apprised of important items going forward.</p> <ul style="list-style-type: none"> <li>• Following digital maturity discussions, risk of potential cyberspace attacks to be monitored.</li> <li>• Elements of inconsistency with Uniform Policy. Relaunch of the reviewed policy is being planned.</li> <li>• National Amber Alert continues for Group O red cells; comms circulated in relation to non-bleeding patients, use of emergency Group O in bleeding patients and Major Haemorrhage Protocol, Trust maintaining good practice.</li> </ul>	
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Reduction in mixed sex accommodation breaches.</li> <li>• IPC Pathways and Policies for Measles &amp; Pertussis strengthened.</li> <li>• Mpox guidance and pathways in place for clade I and clade II cases.</li> <li>• All CIP schemes on track and the QIA process strengthened.</li> <li>• No evidence of the current workforce reduction plan compromising quality and safety.</li> <li>• AHP workforce deep dive undertaken, using data to best effect, to inform opportunities.</li> <li>• Good compliance with the 3-year service delivery plan for Maternity and Neonates, MIS compliance and learning from peer reviews.</li> <li>• Martha's Law piloted and pioneered by The Dudley Group.</li> <li>• Good levels of assurance on work underway in matters relevant to their portfolio for Quality &amp; Safety, Health, Safety &amp; Fire Safety, Internal Safeguarding, Mortality Surveillance, Digital Trust Steering, Risk &amp; Assurance, Patient Experience, Research, Education &amp; Innovation and Infection, Prevention &amp; Control Groups.</li> <li>• Ward B6 achieved Ward of the Year for GSF across England, Wales and Scotland.</li> <li>• Reduction in HSMR and SHMI, with mortality improving.</li> <li>• Stillbirth and Neonatal mortality data position remain under national average, PMRT reviews continue within required timescales.</li> <li>• Maternity Safety Champions continue with bimonthly walkarounds and alternate monthly meetings; no safety concerns escalated.</li> <li>• MIS Y6 on track for full compliance across all 10 safety actions.</li> <li>• Clinical/ward accreditation programme is being developed.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The assurance level for BAF Risk 1.1 remains as inconclusive. However, the Committee has noted a positive progress across a variety of areas and actions articulated within the BAF. The key threats to fully mitigating the risk include; the current very challenging financial position; potential impact of MMUH opening and consistent application of best practice and standards. The Trust's QIA process has been further strengthened to ensure that quality impact is understood and fully mitigated as required.</li> <li>• The assurance level for BAF Risk 1.2 remains as positive.</li> <li>• Revised PSIRF Policy and plan recommended.</li> <li>• The Committee reviewed, discussed, and approved the following documents: <ul style="list-style-type: none"> <li>- Terms of Reference: Health, Safety and Fire Assurance Group</li> </ul> </li> </ul>

# People Committee Chairs Report

**Committee Chair: Peter Featherstone**

<b>1<sup>st</sup> October 2024</b>	
<ul style="list-style-type: none"> <li>Workforce Plan not achieving what it set out to achieve, however clear understanding of areas of challenge and actions in place to mitigate variance.</li> </ul>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>Alignment between the corporate risks and Board Assurance Framework and positive feedback from Governance regarding the ownership, grip, and accountability of risk management.</li> </ul>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>Equality, Diversity &amp; Inclusion (EDI) with significant work underway providing a very structured approach and committee was very assured about developments in this area. There remain concerns about staff experiencing harassment, bullying (including sexual harassment), – but assurance that there are actions in place and further actions identified to address this issue.</li> </ul>	<b>Reasonable Assurance</b>

<b>29<sup>th</sup> October 2024</b>	
<ul style="list-style-type: none"> <li>Workforce Key performance Indicators continue to provide a good picture overall, with reasonable assurance that appropriate actions are in place.</li> </ul>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>Workforce Plan, there were no material changes or evidence of adverse impact associated with the current measures to achieve the financial and transformational improvements, however given that turnover has reduced, and retention is high this will impact on the efficiencies available to be released.</li> </ul>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>Job Planning Update - latest job planning round had seen job plan completion by consultants reach 93%, with 81% achieving full sign-off. AHP round launched April 2024, as of October 52% of AHPs had a plan within the system, with 28% achieving full sign-off.</li> </ul>	<b>Reasonable Assurance</b>
<ul style="list-style-type: none"> <li>Continuing Improvement Development using NHS Impact – assurance that NHS IMPACT, the NHS England Best Practice Guide on how to create a culture of continuous improvement, was being used to develop Dudley's own improvement practice approach.</li> </ul>	<b>Reasonable Assurance</b>

<b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b>	<b>MAJOR WORKS COMMISSIONED/ACTIONS AGREED</b>
<p><b>September</b></p> <ul style="list-style-type: none"> <li>Workforce reduction is not being achieved; the Trust was 301.65 adrift from plan. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the total impact of ERF (using WLI information as a proxy) reduces the adverse WTE variance to 211.58.</li> <li>63.7% of the over plan figure is driven by bank usage (this excludes Surge and ERF), with substantive contributing 35.6% and agency 0.7%.</li> </ul>	<p><b>September</b></p> <ul style="list-style-type: none"> <li>Bank usage – The Committee were aware that work is underway to deep-dive into bank usage and spend and requested that report is brought back to Committee to update on the governance and grip and control aspects.</li> </ul> <p><b>October</b></p> <ul style="list-style-type: none"> <li>Agreed uplift of eligible current Care Support Workers Band 2 staff to Band 3, and for presentation of the recommendation to the Finance &amp; Productivity Committee.</li> </ul>

<ul style="list-style-type: none"> <li>Equality, Diversity &amp; Inclusion (EDI) – the experience of bullying and harassment from patients, managers, and colleagues was raised in the 2023 Staff Survey and remains an area of challenge but is a key focus area with actions already completed (the anti-racist statement, information gathering on bullying and harassment, behaviour framework) and commitment to further significant action.</li> </ul> <p><b>October</b></p> <ul style="list-style-type: none"> <li>Workforce reduction is not being achieved; the Trust was 311.71 adrift from plan. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the total impact of ERF (using WLI information as a proxy) reduces the adverse WTE variance to 195.78, with an adverse variance of £2.358m.</li> <li>Standard Mandatory training compliance in respect of Safeguarding Adults Level 3 (RAG rated red due to a training needs analysis which had increased levels for some staff) and Resus (RAG rated red for September), but significant work planned to address this.</li> <li>19 policies had passed their review date and were in progress. However, it was noted that national policies are being developed impacting on local policies, in addition, it had been agreed to align policies across the Acute Provider Trusts. It was also noted that The Employment Bill due in October 2024 was expected to impact on policies.</li> </ul>	<ul style="list-style-type: none"> <li>Although there are clear plans to progress our NHS IMPACT scores, there are dependencies for success on all leaders to support these actions.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p><b>September</b></p> <ul style="list-style-type: none"> <li>Black Country Provider Collaborative Workforce workstream verbal update received – Collaborative approach being taken to align workforce policies, work ongoing to align bank rates for Agenda for Change and Medical and Dental staff.</li> <li>Workforce KPI's continue to provide a good picture overall with clear oversight of areas requiring actions and assurance that the correct actions are planned or in place.</li> <li>Equality, Diversity &amp; Inclusion (EDI) Journey update received with significant work underway providing a very structured approach and committee were assured that in the last 12 months, Trust has overhauled and significantly strengthened its work around Equality, Diversity, and Inclusion (EDI), with a consolidated action plan in place.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <p><b>September</b></p> <ul style="list-style-type: none"> <li>Agreed to retain BAF Committee assurance levels as 'Positive for BAF 2 and 3.</li> <li>The Committee agreed with the closure of the risk relating to occupational health.</li> <li>The Committee approved the change in process to staff undertaking Exposure Prone Procedures (EPP).</li> </ul> <p><b>October</b></p> <ul style="list-style-type: none"> <li>Agreed to retain BAF Committee assurance levels as 'Positive for BAF 2 and 3.</li> </ul>

- Committee noted new working group established 'Being a Brilliant Place to Work and Thrive' and received an update - progress reports will follow.
- Medical Education National Trainee Survey Report showed clear improvement, in challenging circumstances (industrial action) and there was clear understanding of areas for future improvement.

#### **October**

- Turnover, Retention, vacancies, and mandatory training are all within the Trust targets and remain stable.
- NHS England best practice guidance is being applied to continuous development of The Dudley Group Improvement system – “Dudley Improvement Practice.”
- Whilst not achieving forecast on the workforce plan - there were no material changes or evidence of adverse impact associated with the current measures to achieve the financial and transformational improvements, however given that turnover has reduced, and retention is high this will impact on the efficiencies available to be released.
- A new draft policy for anti-bullying/anti-discrimination and for Sexual Misconduct both had been positively received, it was planned to launch the policies – this will contribute to changing the culture.

# Integration Committee Chairs Report

**Committee Chair: Vij Randeniya & Anthony Hilton**

25 <sup>th</sup> September 2024	
DIHC Transaction Update	<b>Substantial Assurance</b>
Dudley Health and Care Partnerships Annual Report	<b>Substantial Assurance</b>
University Hospital Trust Application	<b>Substantial Assurance</b>
Targeted Lung Health Check	<b>Substantial Assurance</b>
Dudley Winter Plan	<b>Reasonable Assurance</b>
Primary Care Overview	<b>Reasonable Assurance</b>

30 <sup>th</sup> October 2024	
Board Assurance Framework – BAF Risk 6 – Build Partnerships	<b>Substantial Assurance</b>
DIHC Transaction Update	<b>Substantial Assurance</b>
Health Inequalities Group Update	<b>Reasonable Assurance</b>
Strategy Report Update	<b>Substantial Assurance</b>
Dudley Quality Outcomes for Health Framework Update	<b>Substantial Assurance</b>
Community Services Plan Update	<b>Substantial Assurance</b>
Life in Lye Project	<b>Substantial Assurance</b>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	Major works commissioned/ actions agreed
<p><b>25<sup>th</sup> September 2024</b></p> <ul style="list-style-type: none"> <li>No key matters of concern were raised at the Integration Committee meeting on the 25<sup>th</sup> September.</li> </ul> <p><b>30<sup>th</sup> October 2024</b></p> <ul style="list-style-type: none"> <li>The chair noted the challenge within Health Inequalities, where we are focussing on elements, to look challenging ourselves on how we measure the inequalities.</li> <li>No key matters of concern were raised at the Integration Committee meeting on the 30<sup>th</sup> October.</li> </ul>	<p><b>25<sup>th</sup> September 2024</b></p> <ul style="list-style-type: none"> <li>L Martin agreed to provide information in relation to the Primary Care Research to support the University Trusts Application.</li> <li>Ref presentation on Primary Care, work should be done by J Hobbs and L Martin to gather the feedback following visits to GP Practices and collate the themes and present back to the committee.</li> </ul> <p><b>30<sup>th</sup> October 2024</b></p> <ul style="list-style-type: none"> <li>A Hilton to work with L Martin on how we can utilise resource from Aston University to support the Dudley Quality for Health Outcomes Framework (DQOF).</li> <li>A Thomas to work with J Pritchard from the 'Life in Lye' project, to support the barrier with project management and utilise Dudley Improvement Practice to support continuous improvement.</li> </ul>



## POSITIVE ASSURANCES TO PROVIDE

### 25<sup>th</sup> September 2024

- Positive Assurance was received by the committee on DIHC Transaction update, noting DIHC is planned to be dissolved with all services transferring over to DGFT. Positive assurance was achieved on the work underway ahead of the transfer on the 1<sup>st</sup> October 2024.
- Dudley Health and Care Partnerships received positive assurance from the committee, on the work undertaken and noted the work ongoing to develop relationships with the voluntary and community sector.
- Positive assurance was received by the committee on the work ongoing to submit the application for the University Hospital Trust.
- The Targeted Lung Health check received positive assurance following the launch of the service.
- The committee shared positive assurance following a presentation on Dudley Winter Plan.
- Positive assurance was received following an update on Primary Care, and the work ongoing following the services transferring into the Trust.

### 30<sup>th</sup> October 2024

- The DIHC Transaction provided the committee with positive assurance following the successful transfer, noting the lessons learnt.
- The update on health inequalities noted positive assurance around system partnerships.
- Positive assurance was received on the work underway within Strategy, noting the 'ICan' Project have achieved target, the first scans of the Targeted Lung Health Check Programme and the improvement of discharge performance.
- The committee shared the positive assurance on the work underway with the Dudley Quality for Health Outcomes Framework (DQOF).
- The Community Services Plan received positive assurance, also identifying possible opportunities for resource.
- 'Life in Lye' project received positive assurance on the work that has been completed to date, the work underway and next steps.

## DECISIONS MADE

### 25<sup>th</sup> September 2024

- The committee agreed that BAF (Board Assurance Framework) Risk 6 assurance level remains the same - positive.

### 30<sup>th</sup> October 2024

- The committee approved the amended Terms of Reference for the Health Inequalities core working group, with a note to add a communications lead.
- The committee agreed that BAF (Board Assurance Framework) Risk 6 assurance level remains the same.



# Audit Committee Chairs Report

**Committee Chair:** Joanne Hanley

**23<sup>rd</sup> September 2024**

RSM INTERNAL AUDIT PROGRESS REPORT 2024/25	<b>Reasonable Assurance</b>
CYBER COMPLIANCE	<b>Substantial Assurance</b>
LCFS PROGRESS REPORT 2024/25	<b>Substantial Assurance</b>
DATA QUALITY AND STANDARDS REPORT	<b>Substantial Assurance</b>
RISK MANAGEMENT FRAMEWORK	<b>Reasonable Assurance</b>

## MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Charitable Funds Annual Accounts 2023/24 to be tabled at November Board for approval (fully supported by Audit Committee and underpinned by unqualified External Audit Report - recommendation to approve).
- Heightened focus required on the timely addressing of audit management actions or the implementation of temporary solutions to address control gaps for longer dated actions/whilst awaiting strategic solutions.

## MAJOR ACTIONS AGREED

- Deep dive into Pharmacy stock rights offs and assessment of benefits realisation from the Pharmacy Robot.

## POSITIVE ASSURANCES TO PROVIDE

- Internal Audit activity is progressing well, positive assurance provided around Complaints Framework design and the progress made around Patient Experience which needs to continue, partial assurance around the disciplinary framework with documentation requiring enhancement and Wait List initiative/locum payments in relation to correct rate application.
- Substantial Assurance provided around Cyber Compliance and the development of a Trust level strategy.
- Unqualified External Audit opinion expected for the Trust Charity, key item of note is a review required of the items to be funded to validate whether they are all still live.

## DECISIONS MADE

- Minor changes to Internal Audit Plan agreed with 2 items (Patient Safety Incident Response Framework and CQC Self-Assessment) deferred from Q4 into Q1 2025/26 to allow focus on grip and control review activity.
- Changes agreed to the Standing Financial Instructions including a new provision aligning to grip and control measures.

# Charity Committee Chairs Report

**Committee Chair:** Gary Crowe

26 <sup>th</sup> September 2024	
Fundraising Update	Substantial Assurance
Trust Staff Initiatives	Reasonable Assurance
Finance Update	Substantial Assurance
Fund Managers Spending Plans	Reasonable Assurance

**Meeting held on 26<sup>th</sup> September 2024**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS AGREED
	<ul style="list-style-type: none"> <li>Training would be held with fund managers across the Trust, to ensure that charitable funds are being spent appropriately.</li> <li>Mr Walker and Ms Wake would use delegated authority for approving requests under £5000 and report quarterly.</li> </ul>
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> <li>The committee provided Mrs Patel and colleagues with a steer on the fundraising strategy for the future. They were encouraged to be bolder whilst ensuring an appropriate use of the funds.</li> <li>Mrs Patel announced the arrival of a new mascot costume, sparking excitement among the team. The costume's size was notably large, indicating its significance for the team's branding and engagement efforts.</li> <li>The successful charity relaunch also had a new website, this would sell stock and branded charity items.</li> <li>NHS Charities Together had released the second instalment of their grant for the staff wellbeing rooms, these were progressing, and a working group had been set up.</li> </ul>	<ul style="list-style-type: none"> <li>The committee the decisions for following staff initiatives: <ul style="list-style-type: none"> <li>Long service awards for staff would continue.</li> <li>Subsidised meals would continue.</li> <li>Christmas meals for staff would continue.</li> <li>Christmas chocolates would continue.</li> <li>Shopping vouchers for staff were not agreed, it would be reconsidered if these were stopped completely or incentivised. This would be taken outside the meeting for discussion.</li> <li>The pathology spending plan was supported.</li> </ul> </li> <li>Ms Anderson and Mrs Patel discussed the importance of securing funding for a youth worker role, emphasising its impact on supporting</li> </ul>

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| <ul style="list-style-type: none"> <li>The Glitterball was planned for November 14th with £23k already raised, this was a £15k profit. Mrs Patel was confident that this would reach the £20k income mark, with the appeal going towards the dementia appeal.</li> </ul> | <p>vulnerable youth during transitions. The committee agreed to support the role for one year from charitable funds, highlighting the need for a sustainable funding solution.</p> <ul style="list-style-type: none"> <li>Raghvinder proposed refurbishing the mortuary space to create a more comforting environment for grieving families, with the committee agreeing in principle, subject to ensuring that costs are appropriately allocated.</li> <li>The committee agreed to move forward with Brewin Dolphin's investment strategy option 6, aiming for moderate investment choices to ensure the charity's funds are managed effectively.</li> <li>Mrs Bland introduced a new reserves policy, which was approved by the committee. The policy aims to ensure the charity's financial stability and compliance with best practices.</li> <li>It was proposed to allocate realised gains to the general fund, allowing for more flexible use of funds. The committee agreed, emphasising the importance of using gains to support broader charitable activities.</li> <li>The committee reviewed and considered the Charity Annual Report for 2023/24, with recommendation to Board for approval.</li> <li>The committee approved the funding bid for calm bags to the value of £1,800. These contained sensory resources to support people to maintain/manage their sensory overload and distress when in an unfamiliar and stressful environment.</li> </ul> |
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## Assurance descriptors

	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>

## Joint Provider Committee – Report to Trust Boards

Date: 18th October 2024

Agenda item: all Boards

TITLE OF REPORT:	Report to Trust Boards from the 18 <sup>th</sup> of October 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 18 <sup>th</sup> of October 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC &amp; Group Chair of DGFT, SWBH, RWT, &amp; WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and all three CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> <li>A progress update from the BCPC CEO Lead with a particular focus on resetting the Clinical Improvement Programme, implementing the urological cancer services transformation work, and the proposed Clinical Summit.</li> <li>Progress update on the Corporate Services Transformation work, with a focus on the preparations for the first Engagement Workshop.</li> <li>Delivery against the FRP is broadly on target at month 6 but will become increasingly challenging over the latter part of the plan.</li> <li>Request to review R&amp;D arrangements across the four partners with a proposal for a way forward to be presented to the JPC in the near future.</li> </ol>
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> <li><b>RECEIVE</b> this report as a summary update of key discussions on the 21<sup>st</sup> of June 2024 JPC meeting.</li> <li><b>NOTE</b> the key messages, agreements, and actions in section 2 of the report.</li> </ol>
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:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

## 1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 18<sup>th</sup> of October 2024 Joint Provider Committee.

## 2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 18<sup>th</sup> of October 2024. The meeting was quorate with attendance by the Chair, three CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 On behalf of the JPC the Chair congratulated SWBH on their significant efforts to successfully open the new Midland Metropolitan University Hospital, and also DGFT & WHCT in supporting this process.
- 2.4 The following is a summary of discussions with agreements noted:

### a) Items for Approval / Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
  - Positive and productive workshop held in September with the BCPC Clinical Leads, CMO's, CNO's and COOs to re-invigorate / reset the Clinical Improvement Programme, which will be further engaged on at the forthcoming Clinical Summit on the 29<sup>th</sup> November 2024. Slight concern expressed over the recent development of the Primary Care Strategy, which appears to have not been engaged on with secondary care.
  - Significant progress is being made with the establishment of new arrangements for urological cancer services, which should see the full service commence from December 24 / January 25. This should help the system improve access to urological cancer services quicker, which in turn should support much needed improvements with cancer health outcomes.
  - Work is due to commence to better align operational and strategic planning processes for the ICS, led by the new BC ICB Chair. This will be a focus of the next Joint Board Development Workshop in December, with a desire to establish a system health strategy with clear vision and goals over a medium-term period.

### b) Items for Discussion

- **Corporate Services Transformation** – Positive progress was reported in preparing for the forthcoming first Corporate Services Transformation Engagement Workshop. Primary purpose is to ensure all corporate service leaders have a common understanding of the drivers and intentions of the programme of work that we will pursue over the remainder of 24/25, with registration from all partners very strong.
- **Financial Recovery** – The JPC received an update on progress, which was largely to plan. Future months may be more challenging with a “stepped change” in the delivery expectations. Attention is fast turning to the requirements for yr 2, which currently remains equally challenging.

A proposal for potentially pursuing a 'delivery partner(s)' in parallel to existing capacity is to be considered by the Collaborative Executive shortly and brought to the next JPC.

### c) Any Other Business

- **Research & Development** – The Chair brought to the attention of the JPC a need to review arrangements for Research & Development across the four partners, requesting

the Collaborative Executive to discuss and return with a proposal for consideration in the near future.

### 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 18<sup>th</sup> of October 2024 JPC meeting.
  - b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

## Paper for submission to the Board of Directors on 14<sup>th</sup> November 2024

<b>Report title:</b>	Month 6 Financial Position
<b>Sponsoring executive / presenter:</b>	Chris Walker – Interim Director of Finance
<b>Report author:</b>	Chris Walker – Interim Director of Finance

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

1. The Board is asked to note the Month 6 (September 2024) Trust financial position. After technical changes the September cumulative position is a £1.490m deficit. This position is £3.322m better than the updated phased plan agreed by NHS England in September.
2. Performance against the Elective Recovery Fund continued to be positive in September.
3. The Trust has overachieved on the Cost Improvement Programme plan as at the end of September by £0.677m.
4. The Trust is forecasting that we will achieve our 2024/25 financial year planned deficit of £1.590m after technical adjustments.

#### Advise

1. The Black Country Integrated Care System has now received £119.2m of non-recurrent deficit funding from NHS England. This now means the System's financial plan is a breakeven position. Revised phased plans have been submitted to NHS England for all providers. The Trust's revised financial plan is now a £1.590m deficit (previously £32.565m).
2. The Board is asked to note the Black Country Integrated Care System September 2024 financial position and year end deficit plan of breakeven. Following the submission of the 'Investigation and Improvement' review to NHS England the System is now working through the improvement initiatives to ensure the financial plan is achieved.

#### Alert

1. Pay expenditure to the end of September showed an overspend of £2.358m against plan. Substantive and bank whole time equivalent reductions were not achieved compared to the September plan after taking into consideration income backed workforce additions.
2. Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £3.363m.
3. A deep dive of the financial forecast position has taken place in October which highlights the risks and mitigations to achieve the financial plan.

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

<b>Deliver right care every time</b>	<b>X</b>
<b>Be a brilliant place to work and thrive</b>	<b>X</b>
<b>Drive sustainability (financial and environmental)</b>	<b>X</b>



<b>Build innovative partnerships in Dudley and beyond</b>	<b>X</b>
<b>Improve health and wellbeing</b>	<b>X</b>

<b>3. Report journey</b>
Month 6 (September 2024) detailed finance report presented to the Finance and Productivity Committee on the 31 <sup>st</sup> October 2024.
Summary Month 6 financial report presented to Executive Directors on 15 <sup>th</sup> October 2024.

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
a) Note the financial performance for the month of September 2024.
b) Note the reported Trust and System 2024/25 financial year end position.

<b>5. Impact</b>		
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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2024/25 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
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

## REPORTS FOR ASSURANCE AND DECISION

### FINANCE REPORT

#### REPORT TO PUBLIC BOARD OF DIRECTORS ON 14 NOVEMBER 2024

#### 1. EXECUTIVE SUMMARY

- 1.1 After technical changes the **September cumulative position is a £1.490m deficit**. This position is £3.322m better than the updated phased plan agreed by NHS England in September.
- 1.2 The actual position in September is better than the revised plan. This is largely due to the Trust receiving £2.786m of income relating to the 2023/24 Elective Recovery Fund final settlement and £0.526m of income relating to Industrial Action funding from NHS England. Both being one-off items received in September and not in the plan. Without these items the Trust would be in a similar position to M4 and M5 being slightly ahead of plan.
- 1.3 Performance against the Elective Recovery Fund continued to be positive in September. Estimates for September year to date activity show a predicted over performance of £5.946m against the assumed Elective Recovery Fund NHS England target. This is also £0.524m higher than the Trust internal plan which includes Elective Recovery Fund CIP schemes.
- 1.4 Pay expenditure to the end of September showed an overspend of £2.358m against plan. Although substantive whole time equivalent reductions were not achieved compared to plan as at the end of September substantive pay costs are £0.190m below plan. This relates to a high-cost mix of staff costs being used in the plan relating to the workforce reduction scheme. Bank expenditure has continued to exceed plan up to September with bank now being overspent by £2.482m. Agency usage remains low but has increased in September and is £0.066m overspent against plan.
- 1.5 Non pay spend continued to exceed the budget in September. This was partly attributable to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and the maternity improvement scheme year two repayment.
- 1.6 The phased Cost Improvement Programme plan to September equated to £12.140m. Achievement to September totals £12.817m which is better than plan by £0.677m. All the total Cost Improvement Programme target of £31.896m has been identified as at the end of September. The risk is now the delivery of the program, especially the workforce related elements.
- 1.7 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. A deep dive of the forecast position has taken place in October which highlights the risks and mitigations to achieve the plan.
- 1.8 The Integrated Care System reported an actual aggregate deficit of £39.839m for September. This is £10.409m worse than the revised plan agreed with NHS England in September.
- 1.9 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). Following the submission of the 'Investigation and Improvement' review to NHS England the System is now working through the improvement initiatives to ensure the financial plan is achieved.

## 2. INCOME AND EXPENDITURE

- 2.1 After technical changes the **September cumulative position is a £1.490m deficit**. This position is £3.322m better than the updated phased plan agreed by NHS England in September.
- 2.2 The actual position in September is better than the revised plan. This is largely due to the Trust receiving £2.786m of income relating to the 2023/24 Elective Recovery Fund final settlement and £0.526m of income relating to Industrial Action funding from NHS England. Both being one-off items received in September and not in the plan. Without these items the Trust would be in a similar position to M4 and M5 being slightly ahead of plan.
- 2.3 Performance against the Elective Recovery Fund continued to be very positive in September. Estimates for September activity show a predicted over performance of £5.946m against the assumed Elective Recovery Fund NHSE target. This is also £0.524m higher than the Trust internal plan which includes Elective Recovery Fund CIP schemes. The Trust also received confirmation that it will receive an additional £2.786m Elective Recovery Fund income relating to 2023/24 following final sign off on the position from NHS England.
- 2.4 Substantive staff are 175.79 Whole Time Equivalents (WTE) above the target in September (July 74.15 WTE above the target). Allowing for increased Deanery and externally funded posts reduces the shortfall to 135.85 WTE. Despite the adverse position, the finance position is £0.190m better than plan. This is largely due to pay awards funded in the plan and the high-cost mix of staff being used to establish the plan compared to the actual costs of WTE's.
- 2.5 Bank has continued to overspend against the cumulative plan to September and above the target by 131.82 WTE (July 108.37 WTE above the target). The Trust continues to operate large amounts of surge bed areas open due to the pressures of emergency activity and bank usage to deliver the Elective Recovery Fund. There is a cumulative overspend of £2.482m against plan at the end of September.
- 2.6 Agency usage is low but has increased over the past two months and is above the target by 4.10 WTE resulting in a cumulative overspend of £0.066m. Agency usage remains predominantly medical staff. Overall agency remains very low with Trust spend of 0.7% of pay costs versus the NHS England target of 3.2%.
- 2.7 Non pay spend continued to exceed the budget in September. This was partly attributable to cost pressures including Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and the maternity improvement scheme year two repayment.
- 2.8 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. A deep dive of the forecast position has taken place in October which highlights the risks and mitigations to achieve the plan. This remains a challenging plan for the Trust to achieve with several one-off cost pressures in the final six months of the financial year.

## 3. CAPITAL AND CASH

- 3.1 The cash position at the end of September was £0.579m lower than the previous month's forecast. Non-patient income receipts were £0.565m below forecast. This related to the timing of non-healthcare contract payments from other NHS bodies where contracts remain unsigned, and invoices have been delayed. Payments to suppliers were only £0.260m above forecast which was a minimal movement and was a timing difference. Capital payments were £0.266m below forecast

which related to the timing of receipts of invoices.

- 3.2 The cash forecast has increased from last month with an increase of £21.441m. The Trust has now had confirmed both the deficit funding allocation and the remaining Integrated Care Board surplus allocation. Both totalled £30.975m. Borrowing of £9m has now been removed from the cash flow forecast. Downside currently shows the Trust forecasting circa £6m lower cash than the most likely forecast.
- 3.3 Compliance with the Better Practice Payment Code was 96.4% in terms of number of invoices paid to non-NHS suppliers and 95.4% for NHS suppliers as at 30th September 2024.
- 3.4 In month 6 there was capital expenditure of £7.764m against a planned spend of £13.767m. The Emergency Department scheme was the main contributor to the underspend and has now been reprofiled. Community Diagnostic Centre and medical equipment also added to the underspend but were timing differences due to delays in delivery of equipment. The System agreed the revised capital allocations for 2024/25 in July following the reduction in System capital funding from NHS England. The Trust finalised the Emergency Department scheme forecast and agreed with NHS England that all the funding can be drawn down in 2024/25 even though £6m of the scheme will not be expended until 2025/26. The System have agreed to top slice £6m from the 2025/26 System allocation as a first call to the Emergency Department scheme. This all now means the Trusts capital forecast is £26.556m for 2024/25 a reduction of £6.074m from plan.

#### **4. COST IMPROVEMENT PROGRAMME**

- 4.1 The phased Cost Improvement Programme plan to September equated to £12.140m. Achievement to September totals £12.817m which is better than plan by £0.677m.
- 4.2 Of the total Cost Improvement Programme target of £31.896m the full amount has now been identified with additional schemes also now in place to mitigate non-delivery of the original schemes. Of the identified amount 83.4% is recurrent.
- 4.3 83 schemes have passed through the QIA process (83% of the programme).
- 4.4 Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £3.363m. This relates to the current estimated shortfall on delivery of the workforce reduction scheme (£7.337m) offset by additional schemes most notably additional Elective Recovery Fund. Divisions continue to work through mitigating schemes to reduce the delivery shortfall.

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

- 5.1 The Integrated Care System reported an actual aggregate deficit of £39.839m for September. This is £10.409m worse than the revised plan agreed with NHS England in September. This predominantly relates to two providers.
- 5.2 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). The 'Investigation and Improvement' review has now been submitted to NHS England. The System is now working through the improvement initiatives to ensure the financial plan is achieved.

#### **6. RECOMMENDATIONS**

- 6.1 The Trust Board is asked to note the financial performance for the period up to September 2024.

Chris Walker  
Interim Director of Finance October 2024



## Paper for submission to the Board of Directors 14 November 2024

<b>Report title:</b>	DGFT 2024/5 Winter Plan
<b>Sponsoring executive:</b>	Karen Kelly, Chief Operating Officer (COO)
<b>Report author:</b>	Rory McMahon, Director of Operations, Medicine Amandeep Tung-Nahal, Director of Operations, CCCS Karen Hanson, Deputy Director of Integration

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

The Finance & Productivity considered the Winter Plan at an extraordinary meeting held Thursday 6<sup>th</sup> November 2024 and recommend to the board for approval.

The Divisions have worked together in order to maximise admission avoidance to the DGFT bed base, and have come within 15 beds of the assurance required by the ICB in terms of combined winter and Midland Metropolitan University Hospital (MMUH) combined. The Executive Committee and Board have been sighted on the governance surrounding the development and reporting of the MMUH impact modelling and mitigations planning.

The combined cost for both will be £2,637k, with a notional split of £1,581k for MMUH and £1,057k for winter.

As per figure 1, assuming adherence to ICB base starting occupancy, this should be sufficient to sustain the Trust during the winter.

The ICB have modelled a gap of 29 beds for MMUH, and 76 beds for winter.

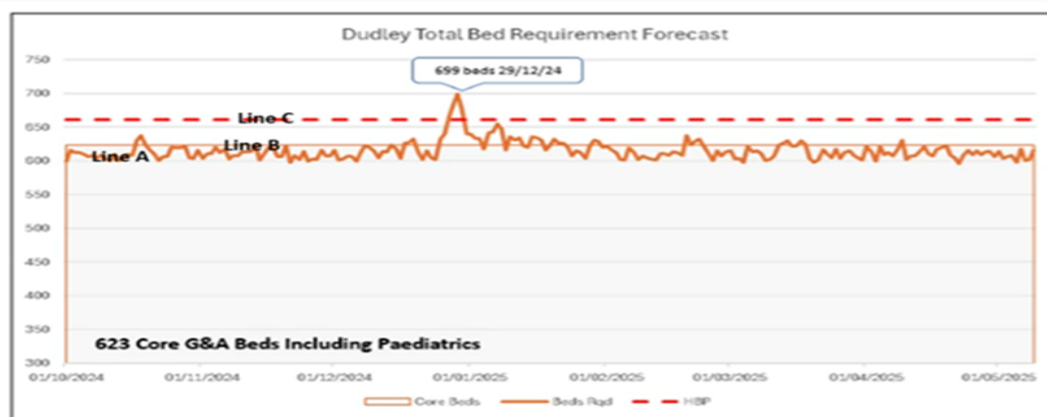
The focus of the mitigations that the Trust has put in place and that are outlined within this plan has taken a 'Community First' approach.

#### Figure 1: Variance to ICB Modelling

Element of winter plan	Variance to peak	Variance to ICB winter assurance level
MMUH	-15	
Winter	-27	
ICB Multiplier	-5	
Total	-47	-15

The impact of MMUH will be tracked via the ICB, and partially funded from a central ICB risk pot should the activity materialise and be sustained. The Trust will ill measure against the plan by ICB attendance plan and ICB MMUH dashboard, and Trust leadership are debriefed weekly on this.

#### Figure 2: Dudley total and peak bed requirement and ICB assurance: ICB forecast



NB: It is important to note that, due to factors explained within this paper, the Trust is currently not operating to the ICB modelling. This is due to both factors related to MMUH activity and MOFD explained within this paper

The indications for the success of the model of mitigations deployed is strong, if viewed independently from the complications of the MMUH impact. Line C, above, indicates the required level of ICB assurance. The level of mitigation achieved is only marginally lower than this, and Line C is, for the majority of winter, around 35 beds clear of the level of actual activity at the Trust.

The bar for assurance is thus relatively high, when actual modelled activity is taken into account.

**Figure 3: Winter and MMUH Bed Mitigations Summary**



## Sensitivity Analysis of Mitigations

Mitigation	Size of Mitigation	Tracking Indicator	Deliverability Within timeframe	What if the mitigation is unsuccessful?	Likely impacted number of patients per month, failure	Rectification plan	Likely cost of rectification (Lost Income to Surgery Division) Per month
Community Hub	39	Calls to community hub	been implemented, the success of this scheme will be Dependent on demand of calls and impact of the engagement with Care Homes, GP and WMAS (call before you convey). Work has already commenced to begin optimising engagement and pathways optimisation to enable this.	160 patients with a 7.9 day LOS losing 39 beds	160 + unquantified waits in ED and ambulance	Failure = Use of surge beds and then Surgical Bed base	£3,983,345
Frailty Virtual Ward	20	Admissions to frailty VW	Negative: Significant Sickness in frailty b7s, Integral to running virtual ward	80 patients with an average 7.9 day LOS enter the bed base losing 20 beds	80 + unquantified waits in ED and ambulance	Urgent submission of substantive posts to exec VAR Failing this, use of surge beds and then surgical bed base	£2,042,741
Acute Med Virtual Ward	10	Admission to Acute Med VW	Positive - Delivered	NA	NA	NA	£1,021,370
Rowley Stroke beds	15	Admissions to bed base	Options Appraisal Under Way RE: Site: no major obstacles scoped	60 patients with an average 9.23 LOS losing 20 beds	60 + unquantified waits in ED and ambulance	Failure = Use of surge beds and then Surgical Bed base	£1,532,056
35/20 Discharge KPI	15	Complex discharges	Dependent on adequate capacity and resource within LA and optimising ward process to optimise discharges	75 patients with a 7.9 day LOS losing 15 beds	75 + unquantified waits in ED and ambulance	Failure = Use of surge beds and then Surgical Bed base	£1,532,056

## Advise

The Trust is currently under a high, unexpected level of front door pressure due to MMUH (both related to the site movement and unexpected levels of attendance from BSOL to MMUH) and winter, and is taking action to mitigate this at the front door, as described in this paper. The trust is not alone in this extra front door pressure within the Black Country; Walsall and RWT are experiencing similar pressures.

The Trust requires 89 discharges per day (103 in winter) in order to provide requisite bed space/flow to ensure timely ambulance handovers at the front door – this is currently not being achieved, due to factors detailed within this paper.

For the first time in a number of years no additional funding has been made available to NHS or Health Care partners, such as the local authority, to support implementing initiatives to mitigate the impact of winter.

## Alert

No funding exists for any of the schemes within this paper, and all proceed 'at risk'.

There is one complicating factor; and this is **that the Trust is currently not adhering to the bed model of 623 beds signed off by the ICB: the Trust is actually at 670 beds, all of which are full.**

A contributory factor to this is that MMUH impact (so far) is in advance of ICB expectations; Trust modelling to this point in time shows 50.4 extra beds are occupied as a result of MMUH, and ICB modelling shows in excess of 56.

A further contributory factor as explained in the following paper, is an excess of complex MOFD (Medically Optimised Fit for Discharge) at the Trust, which sits at between 23 and 27% (25% was the figure identified in the recent Trust census led by our Medical Director). The national average is 16.6%; An exemplar, such as our neighbour and ICB Partner Walsall, is 9-10%. This manifests in 50-60 extra MOFD within the Trust bed base, the causes of which (and the solutions to which) are multifactorial and involve multiple divisions and external agencies.

The Trust will operationalise most of the mitigations after the opening of the Midland Metropolitan University Hospital (MMUH).

Activity related to the MMUH/Winter combination is also, on early evidence, higher than that which the ICB have modelled. The causation of this is complex and involves increased activity into the ICB from BSOL, which was beyond the scope of the original modelling completed by the ICB.

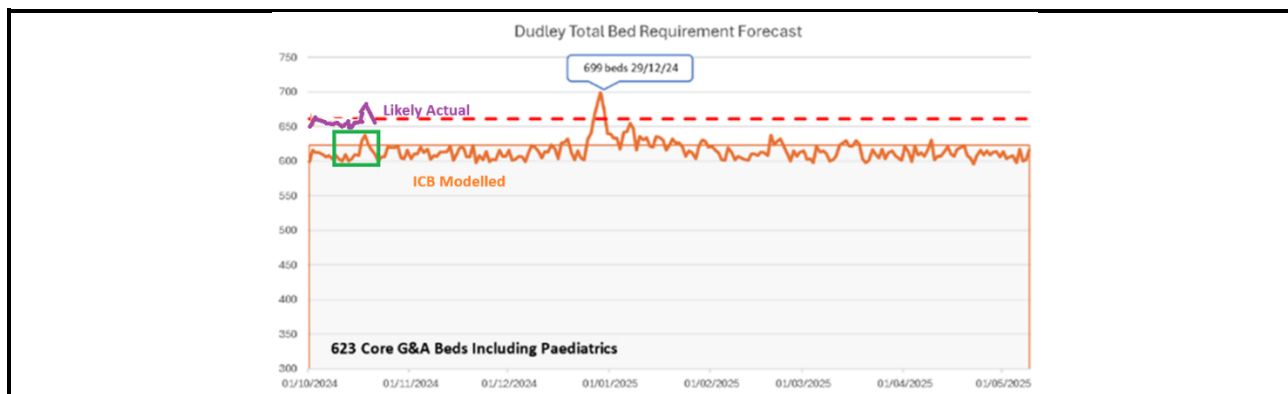
As of 24/10/24, the Trust is experiencing 27 extra walk-ins per day; this means 5.4 admissions per day (based on a previous/subsequent 16-day period, at an agreed 0.2 Conversion Ratio)  
The Trust is experiencing an average of two extra ambulances per day – this equates to 1 additional admission per day.

This, at a 7.9 Length of Stay (LOS) (the LOS agreed with the ICB at modelling stage) means 44.8 admissions per week – creating a 50.4 bed gap within the Trust.

**The likely modelled impact (below) is thus partial causation of the current scenario the Trust finds itself in. This conclusion has been agreed by the ICB.**

## Figure 4: Likely Actual versus ICB Winter Modelling





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)	X
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	X

3. Report journey
Trust Executive on 22/10, 29/10, 5/11 Extraordinary meeting of the Finance & Productivity Committee 6/11/24

4. Recommendations
a) Note the modelling and mitigation work done pursuant to the winter plan and MMUH, and the interrelationship of both
b) Approve the mitigations and Winter plan in view of the wider trust strategy
c) Note the compromised starting position and additional work to remedy

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

**Paper for submission to the Public Trust Board 14<sup>th</sup> November 2024**

<b>Report title:</b>	Integrated Quality and Operational Performance Report.
<b>Sponsoring executive:</b>	Martina Morris – Chief Nurse / Julian Hobbs – Medical Director Karen Kelly – Chief Operating Officer
<b>Report author:</b>	Jo Wakeman – Deputy Chief Nurse Debbie Pook – Deputy Chief Operating Officer Jack Richards – Director of Operations - Surgery, Women and Children's Amandeep Tung-Nahal – Director of Operations - Community with Core Clinical Services Rory McMahon – Director of Operations - Medicine and Integrated Care

**1. Summary of key issues using Assure, Advise and Alert**

This report provides an integrated overview of key quality and operational metrics for the month of September 2024. Please see Appendices 1 and 2 for more details.

**Assure**
**Quality and Safety - various**

- All complaints were acknowledged within 3 days.
- 4963 Friends and Family Test (FFT) responses were received with 84% participants stating that our services were good/very good.

**Urgent and Emergency Care**

In September ED 4-hour performance was at 81.2% vs the national target of 78%.

ED have reconfigured the treatment areas following the floor works and ahead of the planned building works and now have a dedicated triage space and we are monitoring performance daily.

**Cancer Performance**

The 28 day Faster Diagnostic Standard (FDS) achieved 83.8% (August 24 validated) against the constitutional standard of 77%.

31-day combined decision to treat performance achieved 89.7% in August against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 71.5% in August which is above the national target of 70%.

**DM01 Performance**

September's DM01 performance achieved 86.2%. Diagnostic wait trajectories for each modality have been submitted to ICB to deliver 95% NHSE target by end of March 2025.

**Clinical Hub Performance**

June Urgent Community Response (UCR) performance reported was 86% against a target of 70%.

### **Black Country Pathology Service (BCPS)**

E-requesting went live on the 07/08/2024. Based on initial response, compliance is forecasted to improve from 35% currently.

### **Cancer Outcomes & Service Dataset (COSD)**

As a Trust we achieved above 80% stage completeness in the Cancer Outcomes and Services Dataset (COSD) submissions for the whole of 2023. Feedback received from the NHS National Disease Registration Service (NDRS) "As you are aware we have been monitoring this work and your provider has made a significant achievement and is directly attributable to the hard work of clinical and administrative staff in your cancer teams. We would like to express our sincere thanks for this work".

### **Elective Restoration & Recovery**

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks, we managed to clear September with 3 breaches and are on track to achieve in October. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

The next target for focus is the 52-week wait patients being treated by the end of March 25. We are now looking to book all 52-week first outpatient appointments that would breach in March 25 by the end of November 24. This is a challenging ask, but the teams are currently working on plans to achieve.

The divisions are working hard on projects to improve productivity in order to increase the clearance rates further, this is already proving successful in Pain, Orthopaedics and General Surgery.

September RTT position 57.5% vs 92% national target, a continued improvement month on month.

## **Advise**

### **Quality and Safety - various**

- Achieving the target of 90% of complaints being responded to within 30 days remains challenging, with the latest compliance being 49.3%.
- The number of patient safety incidents reported has increased slightly and it is acknowledged that this may be monthly natural variation, but a plateauing of the previously noted downward trend may be emerging. The number of incidents reported to result in significant harm (moderate/severe/death) has remained low and consistent with previous reporting periods (natural variation applicable across the period).
- Mixed sex accommodation breaches increased due to further increased operational pressures across the organisation and demand for beds.
- Dementia screening compliance is currently at 69.22% and local engagement will be critical to drive improved compliance.
- There were 2 adult patients detained at the Trust under the Mental Health Act. One patient under a section 5(2) and one under a section 17 (admitted from a mental health unit). In terms of Children and Young People (CYP), 5 were detained under a section 136. From this number, 1 was transferred to Penn Hospital and the other 4 were assessed and discharged home.
- The Trust is more than 85% compliant against the majority of safeguarding training requirements except for adult safeguarding level 3 training compliance which is currently at 77%. However, the compliance continues to improve.
- Falls incident numbers remain similar to the previous months. Wards C5 and C6 had the highest rate of falls.
- There were 57 pressure ulcers reported for category 3,4 or unstageable, with 2 recorded as severe harm relating to two category 4 pressure ulcers. Adoption of the new pressure ulcer

categorisations has been revoked nationally however there remains support to move from Waterlow scoring over to Purpose T.

- The 2024/25 Infection Prevention and Control Thresholds have now been set for each Trust. *Pseudomonas aeruginosa* BSI threshold has been set at 12 cases and the Trust has already reached this threshold. However, 5 reported cases relate to the same patient. No specific themes have been identified and ongoing focus on ensuring learning from individual cases remains.
- Stroke data is compliant in all areas except high-risk Transient Ischaemic Attack (TIA). However, this data is currently unvalidated.
- There has been an increase in treatment escalation and resuscitation plan being documented, with 79% containing DNACRP decisions (33% of patients), which correlates with a reduction in cardiac arrests.
- Sepsis screening and administration of antibiotics within the hour was at 67% in ED and 69% within the general wards. A variety of triggers within EPR are available to support our teams with providing timely treatment.
- The compliance for observations (vital signs) on time demonstrates an improvement with 52.93% of all vital signs recorded in the past 4 weeks, and a further 9.46% of the 4 hourly vital signs being recorded within 15 minutes of the target time. Focusing on breaking down some historical practices and ensuring regular checking are some of the key interventions in driving improvements.
- In terms of VTE assessments, the previously reported cases of possible harm following a delay in assessment will be reviewed as part of reporting to the Risk and Assurance group in November 2024.
- Ward B6 has won the Ward of the Year award for GSF accreditation across England, Wales and Scotland.

### **ED Triage**

September's Overall Triage position 75% vs 95% national target.

Arrivals via ambulances and front triages were high limiting the front triage performance, along with high acuity of patients.

### **Ambulance Handover**

This month's activity saw 9,195 attendances. This has decreased when compared to the previous month of August with 8,663. 19 out of the 30 days saw >300 patients.

2934 patients arrived by ambulance; this shows a decrease from the 3187 ambulances that attended last month.

257 of these offloads took <1hr (9%). This shows an improvement when compared with last month's performance of 3%.

Over the month, the average length of stay (LOS) in ED was 211 mins for non-admitted patients and 426 mins for those waiting for a bed following a decision to admit. This is a 13% (57 minute) increase in waiting time for patients to be admitted compared to last month at 369 minutes.

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

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.

31-day combined decision to treat performance achieved 89.7% in August against the national target of 96%. This is mainly driven by surgical capacity.

### 31 day combined & 62 combined actions

- Prostate: CNS is leading straight to test pathway for suitable patients and co-ordinated by care navigator. Trial has now started. LATP training in progress with plans for an extra nurse to commence training.
- Head and Neck: demand and capacity review commenced with RWT.
- Gynae: unable to recruit to hysteroscopy nurse. Extra capacity has reduced first appointment waiting times.
- CDC Dermoscopy service continues for suspected cancer patients. Patients receive imaging in the community setting to support robust triage of referrals to ensure that we rapid access capacity is utilised appropriately.

There is robust monitoring of patients over 104 days, reported externally for any potential harm reviews.

### **DM01**

September's DM01 performance achieved 86.2% and is below trajectory.

CT, Dexamethasone, Echo and Endoscopy are all performing above 90%.

Sleep Studies, Audiology and NOUS are most challenged areas. MRI has recently seen an increase in waits over 6 weeks.

Sleep studies performance is 53.5% in September. Due to change in NICCE guidance, demand now considerably outweighs capacity. Recovery plan to improve sleep studies using bank shifts impacted by low staff uptake. Respiratory CDC from January 2025 in development and recruitment underway.

Audiology has improved from 65.96% to 73.59% in September. 2 vacancies filled in August and staff now in post. Both staff are new/recent graduates and require training before they can see patients autonomously. Plan to recover in December 2024.

NOUS in September is 86.2% and is impacted by ENT specialist scans. Additional provision sourced with plan to achieve 90% revised to November. System mutual aid is provided to SWBH (600 slots a month).

MRI is 88.06% in September. Long waits primarily for cardiac patients. System mutual aid requested. Recent offer from RWT in progress with planned start date in November (tbc).

13 week diagnostic breaches monitored weekly by NHSE. DM01 for September shows 132 patients waiting over 13 weeks. This is a reduction compared to 151 in August. Of the 132 patients, longest waits are MRI (56 breaches) and NOUS (64 breaches).

### **Elective Restoration & Recovery**

The next target for focus is the 52 week wait patients being treated by the end of March 25. We are now looking to book all 52 week first outpatient appointments that would breach in March 25 by the end of November 24. This is a challenging ask, but the teams are currently working on plans to achieve.

### **Elective Recovery Programme – NHSE Midlands 13.09.24**

### **Black Country ICB Performance Summary – Completed Pathways to 08.09.24**

## Elective Recovery | Performance Summary

Activity Metrics	Region	Value Weighted Activity	Completed Pathways	Published Performance Figures	Region	RTT	Cancer Activity	FDS	DM01					
		04-Aug-24	08-Sep-24					Latest Published Data July 24						
	MIDLANDS	110.0%	▲		124.7%	▼	57.1%	▲	63.2%	▲	63.2%	▼	24.9%	▲
	BIRMINGHAM AND SOLIHULL ICB	28.7%	▼		137.3%	▲	48.1%	▼	57.2%	▲	57.2%	▼	21.7%	▼
	BLACK COUNTRY ICB	24.8%	▼		121.2%	▲	51.0%	▼	64.4%	▲	64.4%	▼	16.1%	▼
	COVENTRY AND WARWICKSHIRE ICB	24.7%	▼		100.5%	▲	53.6%	▼	61.9%	▲	61.0%	▼	17.4%	▲
	DERBY AND DERBYSHIRE ICB	20.0%	▼		112.4%	▲	54.4%	▼	70.3%	▲	70.3%	▼	27.8%	▲
	HEREFORDSHIRE AND WORCESTERSHIRE ICB	32.1%	▼		140.4%	▼	47.0%	▼	66.1%	▲	66.1%	▼	29.5%	▼
	LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	22.2%	▼		113.7%	▼	54.6%	▼	55.5%	▼	55.5%	▼	23.7%	▲
	LINCOLNSHIRE ICB	26.8%	▼		108.0%	▼	63.4%	▲	64.1%	▼	64.1%	▼	30.3%	▲
NORTHAMPTONSHIRE ICB	31.1%	▼	144.8%	▼	61.0%	▼	68.9%	▲	68.0%	▼	13.3%	▲		
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	30.9%	▼	117.8%	▲	58.6%	▲	64.6%	▲	64.6%	▼	28.0%	▼		
SHROPSHIRE, TELFORD AND WREKIN ICB	5.9%	▼	203.2%	▲	50.1%	▼	54.4%	▲	54.4%	▼	36.1%	▲		
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	28.4%	▼	101.3%	▼	57.0%	▲	63.4%	▲	63.4%	▼	31.5%	▲		

	104+	78w+	65w+	>62ww Cohort (Sep 2024 65ww)	52w+	Total List	<18ww performance							
Region				w-e 08 Sep 24 (un-published)										
MIDLANDS	16	▲	233	▲	5,939	▼	10,086	▼	48,281	▲	1,283,662	▼	54.4%	▼
BIRMINGHAM AND SOLIHULL ICB	0	▲	2	▲	147	▲	628	▼	7,235	▲	187,104	▼	50.5%	▼
BLACK COUNTRY ICB	5	▲	19	▲	770	▼	1,333	▼	7,437	▲	243,422	▲	54.9%	▼
COVENTRY AND WARWICKSHIRE ICB	1	▲	18	▲	539	▼	926	▼	5,160	▼	134,465	▲	56.8%	▼
DERBY AND DERBYSHIRE ICB	3	▲	45	▲	858	▼	1,369	▼	5,606	▼	139,171	▼	52.4%	▼
HEREFORDSHIRE AND WORCESTERSHIRE ICB	0	▲	16	▲	423	▼	639	▼	3,004	▼	85,511	▲	53.5%	▼
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	4	▲	11	▲	212	▲	368	▲	2,381	▲	112,196	▼	54.7%	▼
LINCOLNSHIRE ICB	0	▲	11	▲	572	▼	937	▼	3,541	▼	72,209	▼	49.6%	▼
NORTHAMPTONSHIRE ICB	0	▲	2	▲	133	▼	222	▼	1,467	▼	70,613	▲	64.3%	▼
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	0	▲	4	▲	583	▼	1,073	▼	4,373	▼	129,016	▼	56.7%	▼
SHROPSHIRE, TELFORD AND WREKIN ICB	0	▲	82	▲	1,116	▼	1,683	▼	4,819	▼	65,355	▼	48.2%	▼
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	3	▲	23	▲	586	▼	879	▼	3,258	▲	74,600	▲	53.9%	▼

Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0		Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0		Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

## Enclosure 9

### Paper for submission to the Public Trust Board 14<sup>th</sup> November 2024

<b>Report title:</b>	<b>Chief Nurse and Medical Director's Joint Report</b>
<b>Sponsoring executive:</b>	Martina Morris – Chief Nurse and Director of Infection, Prevention & Control Dr Julian Hobbs – Medical Director
<b>Report author:</b>	Jo Wakeman – Deputy Chief Nurse and various Specialty Leads
<b>Meeting title:</b>	Public Trust Board
<b>Date:</b>	14 <sup>th</sup> November 2024

#### 1. Summary of key issues using Assure, Advise and Alert

This bi-monthly 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. The data presented relates to August and September 2024.

##### Assure

- SHMI remains at 99.59 and HSMR at 85.76, demonstrating a sustained position and remaining better than the national average.
- Wards C5 and C6 have recently achieved the Gold Standard Framework (GSF) accreditation and wards C1A, B6 and C4 have achieved re-accreditation. In addition, ward B6 won the Ward of the Year award for GSF accreditation across England, Wales and Scotland.
- Clinical shifts and visits continue to be undertaken by senior Nursing/Midwifery and AHP staff within and out of normal working hours to maintain senior leadership presence and oversight of the standards of care.
- A ward accreditation programme has been developed and is due to be piloted in November 2024.
- The latest Infection Prevention and Control Board Assurance Framework confirms overall Trust compliance with the requirements, with no red rated actions and one amber rated action which relates to Carbapenemase-producing Enterobacteriaceae (CPE) screening not following the latest Department of Health and Social Care guidance due to the funding gap within the Black Country Pathology Service. Mitigations are in place to manage this risk.
- Vaccination programme 2024 has commenced and the uptake has been positive thus far.
- A review of progress against the 26 measures of success aligned to the 6 objectives within the Nursing, Midwifery and AHP Strategy 2023-2026 has demonstrated activity and progress in all areas.

##### Advise

- Working collaboratively with our HR and workforce colleagues, a variety of actions are being taken with regards to N, M and AHP staff recruitment and retention. Recent examples include, focus on ensuring that our nursing/midwifery/AHP graduates are able to secure posts within the Trust; taking forward recommendations from the recent Cavendish Review Ten Years on: Are Support Workers Still Visible?; strengthening governance with regards to oversight of professional and conduct matters, amongst many other activities. In addition, the corporate nursing team continues to ensure that the safer staffing reviews are undertaken in line with requirements, with recent reviews undertaken within neonates, critical care and theatres, which will be reported in November 2024.



- Agency use continues to be extremely low (predominantly required for mental health specialist support). Bank usage increased in August due to an increase in annual leave but has returned to usual levels in September 2024. Weekly bank use oversight meetings, chaired by the Chief Nurse, are in place to drive reduction in Bank use where safe to do so.
- Staffing fill rates on day shifts remain a challenge, with less shifts filled in September when compared to August 2024. Ongoing dynamic risk assessments remain in place, including escalation, to maintain safe staffing levels.
- In terms of individual diagnostic groups, Fractured Neck of Femur (#NOF) SHMI has increased since the last update to 123 (118 in the previous quarter). However, some good progress has been reported in achieving the agreed actions as part of the quality priorities work. In terms of stroke, SHMI has significantly improved to 100 (118 in the previous quarter). The achievement of SSNAP category B status clearly correlates with the reduction in SHMI. There is ongoing work regarding #NOF and stroke mortality outlier position which is overseen by the Mortality Surveillance Group.
- Various activities took place in September 2024 as part of the sepsis and falls prevention awareness month, including a series of learning events for the public and staff.
- Altered level of consciousness was the highest trigger for a 2222 call, accounting for 36% of calls in August, with 75% of these calls receiving a senior medical review.
- Hospital cleaning standards continue to be closely monitored with monthly oversight meetings in place to ensure they continue to improve.
- 313 patients have had a length of stay greater than 7 days, with 5 readmissions within 7 days and 18 readmissions within 30 days. Ongoing focus remains with regards to patients discharges and understanding for readmissions.
- The Trust is more than 85% compliant against the majority of safeguarding training requirements except for adult safeguarding level 3 training compliance which is currently at 77%. However, the compliance continues to improve.
- Additional measures have been implemented to ensure the Trust is compliant with the Mental Health Act, with only one outstanding requirement remaining with regards to medical scrutiny or medical recommendations pertaining to patient detentions. Ongoing work is progressing to close this gap.
- Next phase of the Right Care, Right Person initiative was originally being introduced on 21<sup>st</sup> October, which will enable police to hand over patients on a section 135/136 to the Emergency Department, if safe to do so. However, the launch has now been moved to the 18<sup>th</sup> November 2024.
- Nursing quality dashboard has been developed and is being piloted. Matron in patient audit has scored 83.7% for September 2024, following a review of the audit questions. Actions are in progress to address areas for improvement.
- A quality focussed visit was completed by NHSE and ICB representatives within the Emergency Department in October 2024, with positive verbal feedback received and no quality and safety concerns raised. A formal feedback letter is awaited.
- The national adult inpatient survey 2023 has now been published. The results demonstrate a much-improved picture since the 2022 survey. In August, staff engagement sessions chaired by the Chief Executive Officer and Chief Nurse were held to further strengthen staff engagement in patient experience. A further subject matter specific sessions have continued during September and October 2024.

#### Alert

- No points to escalate/alert pertaining to the reporting period.

## 2. Alignment to our Vision

Deliver right care every time	X
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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. Previous consideration

Trust Management Group and Quality Committee – October 2024.  
Public Trust Board – November 2024.

### 4. Recommendation

The Trust Management Committee and Quality Committee are asked to:

- a) Draw assurance from 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.

### 5. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 02	x	Address critical shortage of workforce capacity
Board Assurance Framework Risk 03	x	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 04	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 05	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		



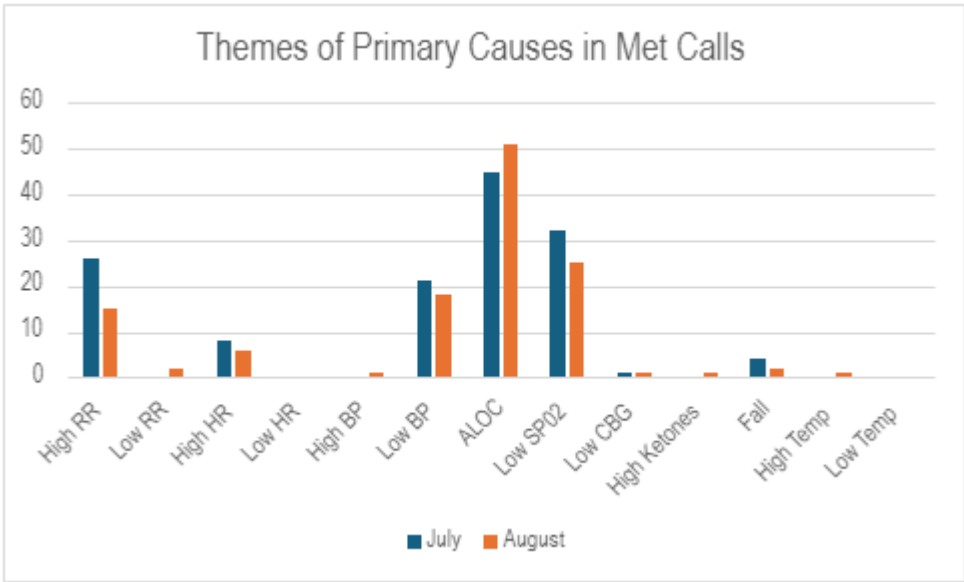
Trust Strategy - Deliver the right care every time

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.

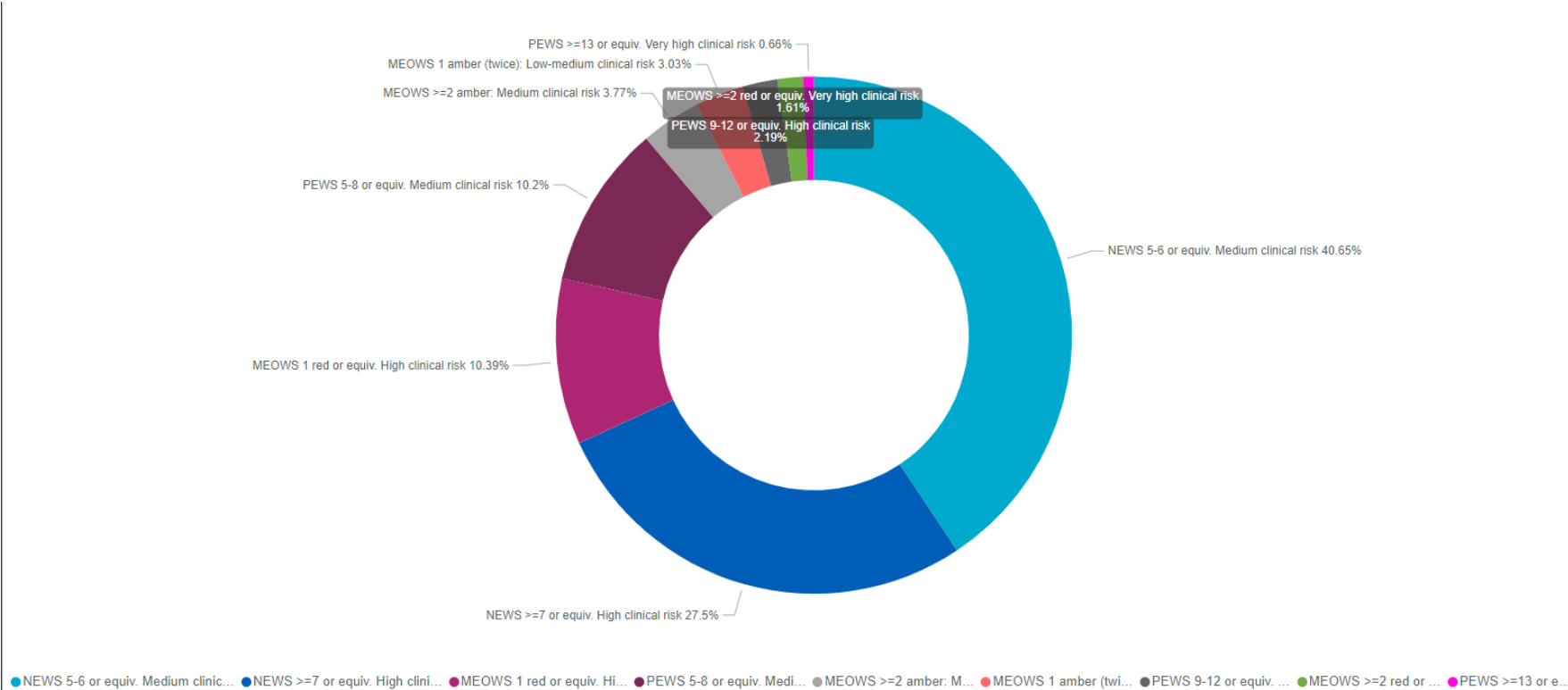
Deteriorating patient pathway (DPP)

September was a sepsis awareness month, with World sepsis day being the 13<sup>th</sup> September 2024, to raise awareness of Sepsis and it consequences with staff and the public. The Deteriorating Patient Team raised awareness of signs and symptoms to the public in the health hub; broadcasted the face-to-face UK Sepsis Trust education programme for our medical trainees live from DGFT and across the Black Country network and provided 5-minute refresher training on the Deteriorating Patient Pathway (DPP) in all the clinical areas on the RHH site.

Thematic review of the 2222 calls in quarter 2 revealed that the predominant reasons for deterioration has been an altered level of consciousness (July 27.8%, Aug 35.7%) and respiratory issues (July 35.8%, Aug 29.4%). A NEWS 2 of 7+ (triggers a MET call) accounts for 27.5% of the patients triggering the DPP (Q2 until 25/09), with the majority (40.6%) scoring a NEWS of 5 or 6. Senior clinical reviews (SCR) following a 2222 call occurs immediately due to the presence of an ST3+ on the team 50.6% (Q2 to 25/09) of SCR are documented within 60mins of the point of deterioration with a further 24.4% documented outside of the 60 mins. There is room for improved documentation for 25% of cases. These patients may have had a senior review, but this has not been documented.



Thematic review of 2222 medical emergency calls in July & August 2024 by patient count (data via DPTeam)



Breakdown of triggers for the Deteriorating Patient Pathway (DPP) in July & August 2024 (data via EPR).

Mortality

Most recent mortality data has maintained the previously noted reductions of SHMI (99.59) and HSMR (85.76), both remaining better than national average. In terms of individual diagnostic groups, Fractured Neck of Femur (#NOF) SHMI has increased since the last update to 123 (118 in the previous quarter). However, some good progress has been reported in achieving the agreed actions as part of the quality priorities work. In terms of stroke, SHMI has significantly improved to 100 (118 in the previous quarter). The achievement of SSNAP category B status clearly correlates with the reduction in SHIMI. There is ongoing work regarding #NOF and stroke mortality outlier position which is overseen by the Mortality Surveillance Group.

In terms of Structured Judgement Reviews (SJRs), there have been 130 cases referred review in 2024. 66% of these cases have been reviewed of which 88% showed average to excellent care with the exception of 1 case, where the avoidability of death was slight to none. The case where harm and avoidability was identified was referred for a further investigation. The Medical Examiners Service became statutory from 9<sup>th</sup> September 2024.

Safeguarding

Safeguarding supervision

All Midwives and Paediatric Nurses are required to be in receipt of regular safeguarding supervision. This compliance is reportable to the Integrated Care Board (ICB). The latest compliance with supervision is as follows:

- Maternity - 97% (+2)
- Community midwives - 88% (-3)
- Neonatal Unit (NNU) - 92% (-6)
- Paediatrics - 84% (+4)

Supervision to community midwives remains a challenge due to capacity issues within the service. However, ongoing focus remains to improve this position.

**Safeguarding Training**

Safeguarding Adults L1	96%
Safeguarding Adults L2	89%
Safeguarding Adults L3	77%
Safeguarding CYP L1	97%
Safeguarding CYP L2	86%
Safeguarding CYP L3	88%
Prevent	96%
WRAP	92%

An issue was discovered in early August 2024 whereby over 350 staff have not been assigned to the correct level of safeguarding training for adult. Rectification actions have been taken to ensure that all staff receive the top up training required. A review of the safeguarding children training has been undertaken with minimal changes. The compliance ratings above are based on ICB compliance requirements. These have changed from April 2024 and the Trust can now demonstrate compliance in all areas except for L3 safeguarding adults which has been subject to review as stated above. The Trust’s Training report available via the Hub needs to be updated to reflect this change once it has been discussed and agreed by the Executive Team.

Data pertaining to safeguarding referrals and Deprivation of Liberty Safeguards (DoLS) is contained in the Integrated Quality and Performance Report provided to the Quality Committee and Trust Board separately.

**Transfer of Dudley Integrated Health and Care NHST (DIHC) safeguarding services**

Safeguarding services were due to transfer from DIHC to DGFT in July 2024, but this transfer was delayed. The safeguarding team within the DIHC has been significantly depleted and challenged since January 2024 due to vacancies and long-term sickness. To support mitigations against these risks, the DGFT Safeguarding Team have been providing support to DIHC under the auspices of a Memorandum of Understanding. DGFT have also provided staff bank resources from within the team with a recharge in place to recuperate these funds. The services have now fully transferred to DGFT, following the disestablishment of DIHC on 1<sup>st</sup> October 2024.

Dudley Adult Social Care have amalgamated the MASH questionnaires to avoid duplication. The DIHC safeguarding team have responsibility for completing MASH checks for all GPs across Dudley. This amalgamation will reduce replication and ensure resources are used more efficiently.

**Mental Health Act (MHA)**

A significant amount of work has taken place since April 2024, to ensure that the Trust is compliant with Mental Health Act requirements. This included, for example, development of a Responsible Clinician service provision contract with Black Country Healthcare NHSFT (DGFT was the first Trust in the Black Country to have this contract mutually signed); development and agreement of a contract for the provision of Mental Health Act Administrator (signed and established in collaboration with RWT & WHT); a significant review of Trust MH policies and associated paperwork; provision of staff training across the organisation; establishment of daily MH sitreps; a look back to 2020 to ensure that no patients have been detained by DGFT unlawfully (the legal review has confirmed that no patient was detained unlawfully); significant engagement with our solicitors throughout this process to check our system and processes and ongoing efforts to foster collaborative working with BCHT, which has remained to be challenging at times.

Following the review of the Trust’s Mental Health Act Standard Operating Procedure (SOP) by the Trust solicitors, the SOP has been updated and returned to the solicitors for final sign off. There remains one gap, which relates to a medical scrutiny of detention papers. The Trust is working with BCHT and our system partners to close this gap.

In terms of the Mental Health Act training, sessions have been provided to on-call managers and Executives, site team, matrons and senior nurses. To date, 60% of these staff have accessed the training. A total of 26 doctors have received the Section 5(2) training as this is now provided on new doctors' induction. The clinical site team will receive separate training around scrutiny and accepting of mental health paperwork.

Details regarding patient detentions under the MHA and Children and Young People mental health activity are contained in the Integrated Quality and Performance Report provided to the Quality Committee and Trust Board separately.

**Right Care, Right Person**

The next phase of the new police approach to supporting members of the public with mental health conditions was originally due to be launched 21<sup>st</sup> October 2024. This phase introduces police handover of patients on a Section 135/136 within one hour of attendance at ED. ED staff, alongside the Head of Safeguarding and Trust MH Lead are collaborating with partners to ensure that this approach is implemented legally and safely with patient and staff safety at the forefront. Overarching Memorandums of Understanding have been approved by DGFT and more detailed documentation is being developed as part of system working. However, on Monday 14<sup>th</sup> October it was agreed across the system that the launch will reschedule to the 18<sup>th</sup> November, to provide West Midlands Police colleagues with enough time to deliver their training across their police force, and to develop their S136 MHA mobile app. This will also provide our Black Country system an opportunity to attend WMP training, and further align our procedures and processes ready for the launch.

**Nottingham Mental Health Report**

Following the conviction of a Nottinghamshire mental health patient in January 2024, who killed 3 people, the CQC were commissioned to complete a rapid review in relation to the events surrounding the case. The CQC report identified areas where poor decision-making, omissions and errors of judgement contributed to a situation where a patient with very serious mental health issues did not receive the support and follow up that they required.

Taking the findings of the CQC report, the Trust Lead for Mental Health and Complex Vulnerabilities and the Trust Compliance Manager reviewed processes within the DGFT. A report was subsequently presented to the Executive Team and Quality Committee in September 2024.

Four recommendations were made:

- The need for Trust staff to recognise the importance and value of patient care who have a mental health issue, and the importance of contacting relevant services before a patient is discharged, to ensure an appropriate and safe discharge.
- Understanding the value of an effective handover of patient care to highlight which agencies, services and family should be supporting a patient discharge.

- The requirement to complete Mental Capacity Assessments when there are concerns to support safe care and discharge planning. People have the right to make unwise decisions, but this must be assessed in relation to the wider risk for self and others and assessing if the individual can understand, retain, evaluate and communicate this.
- The continued work to improve relationships between DGFT, wider services and Black Country Healthcare NHS Foundation Trust.

The Trust continues to proactively strengthen its processes and collaborative working with BCHT.

**Patient Length of Stay (LOS)**

LOS broken down into Divisions/Elective/Non-elective categories (data as of 26.09.24)

Average LOS Medicine – Non-elective	3.13
Average LOS Surgical – Non-elective	2.60
Average LOS Surgical – Elective	2.77

Trust staff work daily with capacity and discharge teams to ensure patients LOS is in line with their clinical needs. However, some patients exceed the average LOS due to their clinical condition or the need for provision of ongoing care support, e.g., care packages, residential/nursing homes. As of 26.09.24, the extended LOS position is:

Extended LOS patients 7-14 days	138
Extended LOS patients 15 –21 days	75
Extended LOS patients >21 days	100

**Patient readmissions**

Re-admission data as of 26.09.24

Number of readmissions within 7 days of discharge	5
Number or readmissions within 30 days of discharge	18

Readmissions are benchmarked and reviewed at specialty and consultant level within Divisions. A readmissions audit is included in the audit forward plan for Q3.

**Nursing/Midwifery Quality dashboard**

Work continues with the informatics team to interface the differing audit/reporting systems, producing data on one page that will enable finance, workforce and quality metrics to be viewed in one place. Informatics estimate this work will be finalised for use during October 2024.

The Matron group requested changes to the Matron inpatient audit (commenced 1<sup>st</sup> September 2024) following identification of additional areas related to patient care that required review. Compliance scoring reduced to 83.7% as a result. The new questions include safe care; deteriorating patient trolley checks; sepsis screening; administration of first dose of IV antibiotics within 1 hour for sepsis; ward cleaning regimes; incidents; risk management.

There is also a greater focus on asking the patient questions during the Matron inpatient audit, which are shown in the table below:

Question	Mar	Apr	May	Jun	Jul	Aug	Sep
Speak to the patient – do they confirm the content of the lead nurse daily quality review? <i>(information the lead nurse/shift lead should discuss with the patient every shift – covers patient treatment plan; pain; skin integrity; fluid intake; nutrition; elimination; patient experience)</i>	93%	95.75%	96.2%	100%	100%	98.8%	100%
Ask the patient if they feel well cared for	New question						97.6%
Ask the patient if staff are compassionate, respectful and have treated them with dignity	New question						97.6%
Ask the patient if they are getting enough to eat and drink	New question						98.8%

The Lead Nurse inpatient audit questions are also due for a scheduled review/update. Meetings between Lead Nurses, Matrons and the Quality Lead have started to progress this. This is anticipated to be complete ready for the 1<sup>st</sup> November audit schedule. Divisional Nursing, Midwifery and AHP leads receive a monthly update on quality metric findings that are discussed within Division Governance and the Senior Nursing/Midwifery/AHP meetings. Action plans are implemented and monitored monthly.

**Q2 Pain Management Update**

The patient experience/volunteer team complete independent real time inpatient satisfaction surveys Trust wide on behalf of ward staff. Question 15 within this audit asks the patient ‘do hospital staff do everything they can to help control your pain’. 97% of patients responded positively to this question, an improvement on Q1. A further in-depth review of our patients experiences of pain demonstrated that 64.2% of our patients believed their pain was well managed, identifying further work is required to achieve consistency. This feedback has been provided to Lead Nurses on wards where patients stated their pain was not managed well, and action plans are in place to address the issues identified. It is pleasing to see the overall improvement especially as the pain management has featured as one of the areas for improvement in the annual adult inpatient survey.

**Senior Nursing, Midwifery and AHP presence within clinical areas**

A joint Surgery and Medicine Division action plan has been implemented following Quarter 2 ‘Back to the Floor’ and ‘nighttime visits’ by the senior nursing/midwifery/AHP team. Key themes in this plan focus on improving medicines management; infection prevention and control; staff concerns; environment and communication. The updated matron inpatient audit, and a new medicines management audit completed by lead nurses, are now in place to monitor the environment and patient related concerns identified.

**Ward/unit Accreditation**

Accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. The Chief Nurse has been championing this approach and there is a plan to introduce it at DGFT to drive nursing, midwifery and AHP excellence, quality and safety. The draft ward accreditation process has been built within AMaT, with the intention of piloting it on a ward early November once the draft version is approved. Plans for roll out of the process across all ward areas will then be formulated.



Safer Nursing and Midwifery staffing August & September 2024

Safer Staffing Summary AugDays in Month31

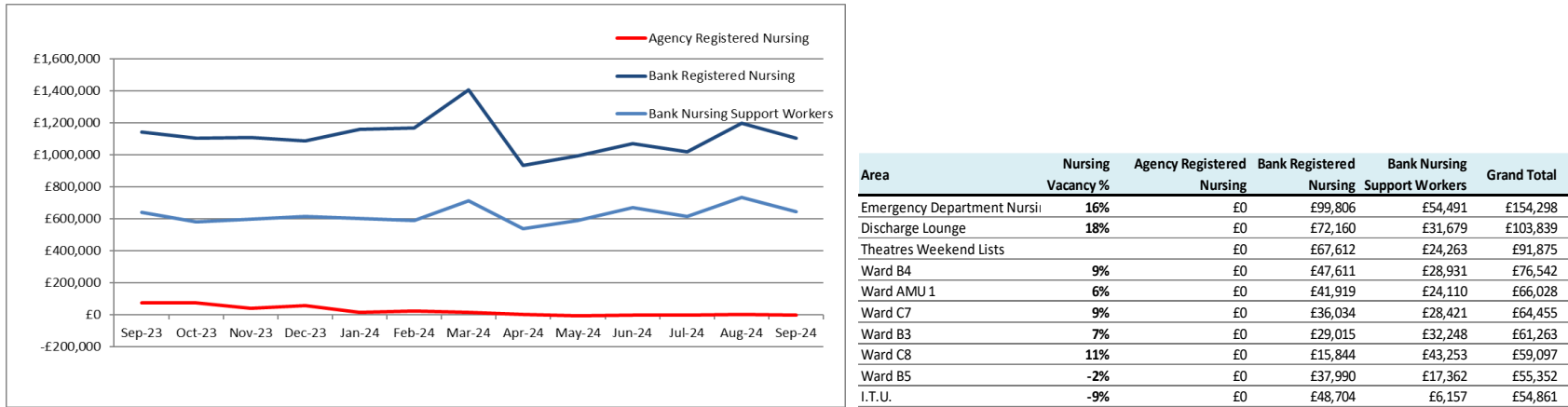
	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	RN Day %	CSW Day %	RN N %	CSW N %	Sum 24:00 Actual CHPPD Occ			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered	Care staff	Total	
B1	120	107	61	68	65	63	51	41	90%	111%	97%	80%	415	4.67	2.98	7.65
B2(H)	124	114	198	179	93	91	186	182	92%	90%	98%	98%	740	3.33	5.73	9.05
B2(T)	125	103	156	139	95	84	130	123	83%	89%	88%	95%	730	3.08	4.31	7.39
B3	196	187	185	160	186	184	162	155	95%	87%	99%	96%	1,137	3.83	3.33	7.15
B4	229	181	259	230	186	166	215	202	79%	89%	89%	94%	1,281	3.18	4.04	7.22
B5	248	217	163	162	239	217	97	92	88%	100%	91%	95%	977	5.45	3.04	8.49
B6	97	86	72	49	63	63	71	64	89%	67%	100%	90%	496	3.52	2.72	6.24
C1 A	129	129	128	122	95	92	109	104	100%	95%	97%	95%	733	3.53	3.69	7.22
C1 B	129	122	160	138	93	92	125	115	94%	86%	99%	92%	738	3.40	4.02	7.42
C2	282	236	67	67	248	213	66	75	84%	100%	86%	113%	447	11.79	3.72	15.51
C3	217	211	392	384	186	173	375	370	97%	98%	93%	99%	1,608	2.87	5.51	8.37
C4	207	181	73	56	124	101	63	78	87%	77%	81%	123%	671	4.90	2.32	7.22
C5 A	121	95	135	123	93	92	104	97	78%	91%	99%	93%	738	3.07	3.58	6.65
C5 B	162	160	125	117	155	155	95	89	99%	93%	100%	94%	733	5.05	3.36	8.41
C6	96	87	98	92	93	85	69	64	91%	93%	91%	93%	568	3.55	3.29	6.84
C7	218	160	186	168	155	152	186	179	74%	90%	98%	96%	1,106	3.31	3.76	7.07
C8	259	238	225	192	219	209	187	174	92%	85%	95%	93%	1,319	3.98	3.33	7.30
CCU_PCCU	249	237	65	54	221	220	33	30	95%	83%	100%	91%	729	7.37	1.38	8.75
Critical Care	542	477	119	88	540	481			88%	74%	89%		525	21.89	2.01	23.90
AMU	488	483	404	371	409	443	406	390	99%	92%	108%	96%	2,165	5.02	4.22	9.24
Maternity	852	812	268	216	527	509	155	147	95%	80%	97%	95%	1,406	8.97	3.02	11.99
MECU	93	93	45	43	94	94			100%	95%	100%		198	11.33	2.36	13.70
NNU	388	257			270	224			66%		83%		438	13.14	0.00	13.14
TOTAL	5,570	4,974	3,584	3,216	4,449	4,203	2,886	2,770	89%	90%	94%	96%	19,898	5.31	3.57	8.88

Safer Staffing Summary SeptDays in Month30

	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	RN Day %	CSW Day %	RN N %	CSW N %	Sum 24:00 Actual CHPPD Occ			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Registered	Care staff	Total	
B1	114	105	59	65	63	63	38	38	92%	110%	100%	100%	412	4.63	2.84	7.47
B2(H)	120	107	188	171	90	90	180	173	89%	91%	100%	96%	714	3.31	5.67	8.98
B2(T)	119	105	132	120	90	85	105	98	88%	91%	94%	94%	711	3.21	3.69	6.89
B3	190	178	196	158	182	176	166	151	94%	81%	97%	91%	1,110	3.75	3.34	7.09
B4	220	175	243	207	181	167	194	183	79%	85%	92%	94%	1,262	3.18	3.71	6.89
B5	241	192	168	159	232	218	106	97	80%	95%	94%	92%	1,024	4.90	2.92	7.83
B6	94	72	64	57	60	60	65	57	77%	89%	100%	88%	480	3.24	2.85	6.08
C1 A	123	121	132	113	90	89	105	99	99%	86%	99%	94%	714	3.45	3.56	7.01
C1 B	125	121	143	127	90	89	107	103	97%	89%	99%	96%	715	3.45	3.76	7.21
C2	273	228	65	69	243	220	63	69	83%	106%	90%	109%	580	9.06	2.79	11.84
C3	210	210	385	361	180	165	371	360	100%	94%	92%	97%	1,539	2.93	5.51	8.44
C4	200	172	66	58	120	104	60	72	86%	87%	86%	120%	649	4.97	2.31	7.28
C5 A	117	92	133	118	90	89	99	97	79%	88%	99%	98%	714	3.07	3.61	6.68
C5 B	155	143	120	118	150	150	91	85	92%	99%	100%	93%	708	4.87	3.44	8.31
C6	94	85	116	96	90	84	92	83	90%	83%	93%	90%	556	3.56	3.85	7.41
C7	210	176	182	159	150	146	181	176	84%	88%	97%	97%	1,074	3.51	3.75	7.26
C8	250	231	218	183	210	197	185	176	92%	84%	94%	95%	1,285	3.90	3.35	7.25
CCU_PCCU	244	223	59	52	213	209	32	30	91%	88%	98%	94%	718	7.07	1.37	8.44
Critical Care	509	412	114	90	510	418			81%	79%	82%		488	20.41	2.21	22.62
AMU	470	456	391	344	390	429	393	373	97%	88%	110%	95%	2,106	4.93	4.09	9.02
Maternity	829	760	257	210	510	482	150	138	92%	82%	94%	92%	1,266	9.37	3.21	12.58
MECU	90	90	33	29	90	90			100%	88%	100%		222	9.72	1.43	11.15
NNU	376	250			259	212			67%		82%		346	15.98	0.00	15.98
TOTAL	5,373	4,704	3,463	3,064	4,284	4,030	2,782	2,658	88%	88%	94%	96%	19,393	5.19	3.50	8.69

Fill rates on day shifts remain a challenge, with less shifts being filled in September when compared to August. It is important to note that this may be further exacerbated by the standardisation of bank pay rates across the system as this will lead to a reduction in bank pay rates albeit minimal.

Bank and Agency usage



Weekly oversight meetings for Bank use, chaired by the Chief Nurse, are in place to focus on opportunities for Bank use reduction. Agency use remains nil or very minimal across nursing and midwifery and relates predominantly to the need for a mental health specialist support.

Safer Staffing Reviews

Safer staffing reviews for theatres, neonates and critical care have been completed and a resultant report will be available in November 2024.

**Graduate Nurse Recruitment**

The recruitment of graduate nurses who have been placed with DGFT during their training has continued to be more challenging during 2024 due to reduced band 5 vacancies across all areas of the organisation. Since November 2023, 39 band 5 staff nurse vacancies have been identified as suitable for graduate nurses who have had 3<sup>rd</sup> year placements during their training with DGFT and priority has been given to them to apply. This process is currently ongoing as we continue to support our graduate nurses to have the best opportunity to gain employment with DGFT.

**GRADUATE NURSE RECRUITMENT POSITION – SEPTEMBER 2024**

Total number of students placed with the Dudley Group graduating in 2024	Total number offered a job with The Dudley Group	Total NOT yet secured job offer with The Dudley Group
88	28	60

In summary:

- We have already secured the employment of 32% of the 88 graduate nurses due to qualify in 2024.
- 25% are currently engaged with us and continuing to seek employment with us.
- The remaining 43% are not actively seeking employment with DGFT or have secured employment elsewhere.

**Patient Experience**

In August 2024, the Trust held a staff engagement session hosted by our CEO, Diane Wake and Chief Nurse, Martina Morris, to share feedback from our national surveys and agree how we can all work together to drive continuous improvements and sustain them. Over 70 staff attended to share what patient experience means them and actions we can collectively take. Further sessions are taking place over the next three months to share learning and obtain views and ideas on how we can improve our communication with patients, the discharge process, pain management and nutrition and hydration.

Adult inpatient Survey 2023 – key headlines

- The results demonstrate a much-improved picture since the 2022 survey where a number of sections and questions were performing ‘worse’ or ‘somewhat worse’ than other Trusts nationally, and question scores have improved in comparison to the 2022 survey.
- In 2022, the Trust was performing ‘worse’ than average for 14 questions in comparison to 4 in 2023.
- Questions for patients feeling there were enough nurses on duty and having someone to contact if they were worried about their condition or treatment have significantly improved since 2023.
- The question regarding staff doing everything they could to control the patient’s pain has seen an improvement in 2023 at 8.6 in comparison to 8.2 in 2022 where the score was performing ‘much worse’ than other trusts nationally and scored ‘worse’ in 2021.
- All questions in the ‘doctors’, and ‘nurses’ sections have seen an improvement in 2023.
- The overall patient experience score for the Trust has improved from 7.8 in 2022 to 8.1 in 2023, and from 8.8 in 2022 to 9.1 in 2023 for patients feeling that they were treated with dignity and respect.
- There are three out of four questions that are performing ‘worse’ than expected and are recurring themes from the previous year. These were around patients bringing in their own medication which is a recurring theme since 2020. Being given notice of when they were going to leave hospital, a recurring theme since 2021 and being given information on what they should or should not do after leaving hospital, a recurring theme since 2021.

Individual improvement actions pertaining to the survey will be monitored by the Patient Experience Group.

Data pertaining to complaints is contained in the Integrated Quality and Performance Report provided to the Quality Committee and Trust Board separately.

**Gold Standard Framework**

Wards C5 and C6 have recently achieved accreditation and wards C1A, B6 and C4 have achieved re-accreditation. In addition, ward B6 won the ward of the year award for GSF accreditation across England, Wales and Scotland. National awards were presented in London on 27/9/24.

There is work ongoing to replace the GSF document with a GSF bundle.

**Nursing, Midwifery and Allied Health Professionals Strategy 2023-2026 quarterly report**

A review of progress against the 26 measures of success aligned to the 6 objectives within the Nursing, Midwifery and AHP Strategy has demonstrated activity and progress in all areas. The intention to provide demonstrable positive change across all areas of the organisation in the relation to workforce, quality and safety, and efficiency.



**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.

**Job Planning (Medical)**

Medical job plans were open for editing between January-March 2024. As of 02/10/2024, 92% of consultants are signed off or in the sign off process. Team Job Planning has commenced, and all individual Job Plans will reopen in January. The outcome of an internal RSM led audit has been received and noted clear progress and embedding of actions since the previous audit in 2021. The full report will be discussed at People Committee in November 2024.




**Job Planning (AHP)**

AHP Job Plans are currently open for editing with 18% fully signed off, 31% awaiting sign-off, 50% in discussion and 1% locked down. The AHP Job Planning Policy is fully ratified and published. As per Medical Job Planning, the outcome of an internal RSM led audit has been received and noted clear progress and embedding of actions since the previous audit in 2021. The full report will be discussed at People Committee in November 2024. Ongoing work is in progress with software supplier RL Datix to optimise outputs of AHP e-job planning. Case study write-up for NHSE Demand & Capacity tool is now published on NHS Futures Website. Acknowledgement of DRS Rehab team, DRS Neuro team, Interventional Radiology team, Acute Therapies Front Door team and CMAPS Guest team for their input.

**Clinical Leadership Development**

A programme of engagement with Clinical Leaders was undertaken over the Summer to identify development needs. The work identified opportunities in the induction process, coaching and mentoring and the development of skills development workshops. The first workshop was held in September with a focus on finance and was attended by 40 members of staff. Monthly sessions are scheduled to cover business case development, strategic job planning and critical thinking.

**Support Workforce**

	<p>The findings of Professor Richard Griffith’s “The Cavendish Review - Ten Years on” demonstrate that support workers in the NHS often feel an undervalued and invisible part of the workforce. The Trust recognises that our unregistered staff play a crucial role in delivering direct patient care and are a vital part of our workforce now and in the future. In response to the national findings in the report, the Lead AHP Support Worker for the Trust is engaging in an organisational review of the support workforce to understand how it feels to work for The Dudley Group NHS Foundation Trust and what we as an organisation can do to further support, develop and retain these team members. The project will launch on 27th of November with the establishment of an advisory group of the trusts support workers across the range of professionals and services and will span acute and community.</p> <p>The scope of the review will include</p> <ul style="list-style-type: none"> <li>• Workforce Analysis: Provide an in-depth analysis of the support workforce size, demographics, diversity, and vacancy rates.</li> <li>• Attrition and Retention: Understand the factors contributing to attrition and retention among support workers.</li> <li>• Learning and Development: Review the current learning and development opportunities available, including formal and CPD (Continuous Professional Development) opportunities.</li> <li>• Best Practices and Improvement: Identify and share best practices while highlighting areas needing improvement, supporting the Trust in meeting the CQC requirement for a well-led organisation.</li> </ul> <p><b>Uniform and Workwear policy</b></p> <p>The Trust’s Uniform and workwear policy has been reviewed and is due to be launched in October. The new policy has been strengthened to ensure compliance with Infection Prevention and Control measures, Health and Safety, and the maintenance of a professional public image. There is also a recognition of the diversity of cultures, religions, disabilities and beliefs of our employees and the policy therefore employs a sensitive approach when this affects uniform and dress requirements. The relaunch will include staff drop-in sessions and Trust wide communications.</p>
 <p><b>Trust Strategy - Drive sustainability and financial environment</b></p> <p>Links to sustainability and growth.</p>	<p><b>Complex Nutrition</b></p> <p>The Complex Nutrition team will be fully established following the successful appointment of an experienced administrator. This will increase capacity and provide better coordinated care.</p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>➤ A multidisciplinary team (MDT) meeting for complex patients has been created between UHB and DGFT Nutrition team which has resulted in sharing of resources and improved pathways and outcomes for patients. The first patient was using DGFT's day case service six days a week, but thanks to the MDT, he can now manage his own care at home and eliminate hospital day case visits. Only the supporting ties between the hospitals and remote monitoring make this possible.</li> <li>➤ The creation of clinical supervision and learning opportunities between UHB and DGFT Complex Nutrition teams.</li> <li>➤ There is a steady increase of patients with complex disordered gut brain interaction (DGBI) disorders with severe under nutrition requiring extensive multiprofessional working. There is increased partnership working with the Safeguarding team, Psychiatry and Psychology. We have strengthened relationships with specialist centres for rare conditions.</li> </ul> <p><b>Leadership/Virtual Ward</b></p> <ul style="list-style-type: none"> <li>➤ A trail period for expansion of VW remit will start in October, with addition of Gastrointestinal bleeding as an accepted criterion.</li> <li>➤ Support is being provided to the University Hospital Birmingham (UHB) Nutrition Team to create their own virtual ward. This is beneficial to reduce admissions for cross-county patients and shared learning.</li> </ul> <p><b>Research</b></p> <ul style="list-style-type: none"> <li>➤ A primary research project poster completed by Izzie Gibson (ACP) was presented at the European Society of Parenteral and Enteral Nutrition (ESPEN) to increase international the profile of the complex Nutrition Team and organisation across Europe.</li> <li>➤ Two research articles have been submitted to Gastrointestinal Nursing Journal by Izzie Gibson.</li> <li>➤ Links with Professors in research and Nursing have been established.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>➤ Education sessions on complex Nutrition for Medical Staff scheduled for the remaining year.</li> <li>➤ Education provided at the Gastrointestinal multidisciplinary meetings.</li> </ul> <p><b>Celebrations:</b></p> <ul style="list-style-type: none"> <li>➤ Graduation in September for ACP Masters.</li> <li>➤ Nomination for parliamentary award.</li> <li>➤ Application to HSI virtual award.</li> </ul>
 <p><b>Trust Strategy - Build innovative partnerships in Dudley &amp; beyond</b></p> <p>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.</p>	<p><b>University Hospital Status</b></p> <p>The working group continues to meet with support from our partners at Aston University as a core component of the UHS application process. The Trust has drafted a letter to the University Hospital Association formally expressing our interest in becoming a University Hospital Trust and outlining the achievements in research and innovation to date.</p> <p><b>Medical Student Placements</b></p> <p>As of 2/10/2024, there are 132 medical students on placement at the Trust from a range of higher education providers including University of Birmingham, Aston, Three Counties and St Georges. Work continues with St Mary’s University regarding the placement of students. The Research, Education and Innovation Group reviewed a paper outlining options to accommodate increasing numbers of placements in the next five years including the establishment of community and voluntary sector placements, extended placement hours and increased supervision capacity.</p> <p><b>MTI scheme</b></p> <p>Our successful Medical Training Initiative Scheme continues with 57 MTI doctors currently working at the Trust. Further posts have been recruited to in vascular, urology and neurology with interviews scheduled for posts in paediatrics and acute medicine.</p> <p><b>University of Worcester</b></p> <p>A new cohort of 25 Adult student nurses has started on the Dudley campus, with the trust as the main practice partners, we will be looking forward to them coming out on placement in a few months.</p>
 <p><b>Trust Strategy - Improve health and wellbeing</b></p> <p>Links to listening and learning for improvement</p>	<p><b>Infection Prevention and Control (IPC)</b></p> <p><b>IPC BAF</b></p> <p>The latest iteration of the IPC BAF is enclosed as an Appendix. The version has been updated to V1.3 to include PSIRF framework for incident investigation. The latest iteration of BAF confirms overall Trust compliance with the requirements, with no red rated actions and one amber rated action which relates to Carbapenemase-producing Enterobacteriaceae (CPE) screening not following the latest Department of Health and Social Care guidance due to the funding gap within the Black Country Pathology Service. Mitigations are in place to manage this risk.</p>



**IPC improvement actions**

An overarching improvement plan remains in place with good progress being demonstrated. IPC masterclass for the matrons is planned for October and a follow up NHSE IPC visits is due to take place during late November 2024.

**Winter Vaccination Campaign**

The winter vaccination programme for staff and patient has commenced. Specific vaccination programme in maternity (RSV, flu and pertussis) commenced in September and the staff vaccination programme (flu and Covid) for all staff including volunteers commenced on Monday 7<sup>th</sup> October 2024. Publicity campaign has commenced, and the Vaccination hub established at the main RHH entrance to deliver the vaccines. SHAW will deliver flu vaccinations to the over 65s. SHAW will also deliver pertussis vaccinations for staff in high-risk groups 1,2 and 3 and RSV for staff aged 75 –79. The maternity pilot vaccination programme is fully funded by NHS England for our maternity services under the building innovative partnerships to improve the health of our communities.

Data pertaining to IPC indicators is contained in the Integrated Quality and Performance Report provided to the Quality Committee and Trust Board separately.

**Paper for submission to the Public Board of Directors 14 November 2024**

<b>Report title:</b>	Perinatal Quality Report, including Maternity safety champions and 3 Year Delivery Plan.
<b>Sponsoring executive:</b>	Martina Morris- Chief Nurse Julian Hobbs- Medical Director
<b>Report author:</b>	Claire Macdiarmid- Director of Midwifery Basem Muammar- Clinical Director for Obstetrics and Gynaecology

**1. Summary of key issues using Assure, Advise and Alert**
**Assure**

Stillbirth, Neonatal and overall mortality data position remains under the national average. Perinatal Mortality Review Tool (PMRT) reviews continue to occur and are all currently within the required timescales.

Maternity safety champions meetings continue to occur with bimonthly walkarounds, and alternate monthly meeting attended by the executive and non-executive safety champions. There have been no safety concerns escalated through this route to date.

Heat map score for October 2024 has reduced by 1 with a score of 22 (2<sup>nd</sup> position in the Midlands).

Maternity and Neonatal service user meeting took place in October 2024 at Mary Stevens Park. The Maternity CQC action plan was discussed with service users within the meeting. All attendees that contributed to the conversation were in agreement with the themes and actions. Their main areas for suggested action were:

- Visiting hours for birth partners to be increased to 24 hours.
- Infant feeding support to be reviewed.
- Care whilst on the postnatal ward to include hydration and nutrition.
- Better preparation for parenthood/ expectations for Induction of Labour (IOL)/Labour.

**Advise**

An annual analysis of Maternity specific complaints has been undertaken to highlight themes, trends and learning that has occurred since the complaint and inform further improvements.

Work towards achieving requirements of the Saving Babies Lives (SBL) version 3 remains ongoing. The trust is currently declared as 94% complaint and two touchpoints (checks) held with the LMNS have confirmed this position. Work remains ongoing to ensure 100% compliance, with specific actions related to preterm birth.

Claims scorecard data from September 2024 is contained as a triangulated position against complaints and incidents. Associated learning has been identified and is included.

MIS year 6 is due for completion by the 30/11/24. All 10 safety actions are on track to be fully compliant by this date and a deep dive will be presented to the Quality Committee in December, in readiness for sign off at Public board meeting in January 2025. Three aspects are currently marked as Amber as are awaiting further information but are on a trajectory for full compliance.

**Alert**

Safety action 5 relating to Midwifery staffing has a business case being presented to the Executive directors in November and a subsequent Workforce review due to be presented to Quality Committee later in the month. Details of the mitigations in place are contained within the report, to ensure quality and safety is maintained at all times.

**2. Alignment to our Vision**

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

**3. Report Journey**

Board of Directors November 2024

**4. Recommendation(s)**

The Public Trust Board is asked to:

- Accept assurance within this report against compliance with MIS year 6 and SBLV3
- Accept the information contained as current position with incidents and perinatal mortality rates.

**5. Impact**

Board Assurance Framework Risk 1.1	<b>x</b>	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 2.0	<b>x</b>	Effectively manage workforce demand and capacity

## REPORT FOR ASSURANCE

### Perinatal Clinical Quality Surveillance.

#### Report to Public Board of Directors 14<sup>th</sup> November 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 Quality 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 3-year delivery plan and progress made in response to any identified concerns at provider level.

**1.2** In line with the perinatal surveillance model, the Trust is required to report the information outlined in the data measures proforma monthly to the trust board. Data contained within this report is for **August and September 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 death rates combined.

**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 Jan	2024 Feb	2024 March	2024 Apr	2024 May	2024 Jun	2024 Jul	2024 Aug	2024 Sep
PMRT	Perinatal Mortality Review Tool cases opened in month	1	0	4	1	1	2	0	2	0
	PMRT reviewed in month	2	1	2	2	2	2	2	0	2
HSIB/ MNSI	Number of cases referred to and accepted by MNSI (with 72 hr review)	0	0	0	0	0	0	0	0	0
	Reports received from MNSI	0	0	0	1	2	0	1 (SWBH)	0	1 (RWT)
	MNSI investigations ongoing	4	4	4	3	1	1	1 (RWT)	1 (RWT)	0
PSIRF	MNSI open action plans	0	0	0	1	1				
	The number of incidents logged as moderate or above:	1	0	1	0	0	2	0	1	0
	PSII Reported	0	1	0	0	0	4	0	1	0
	PSII Completed	0	0	0	2	0	1	0	0	0
	PSII Ongoing	2	3	3	1	1	4	4	5	5
	Outstanding Investigation Actions - overdue	7	3	3	5					
	Outstanding Investigation Actions - open			6	7					
	Maternity Incidents Improvement Plan - overdue actions					12	12	10	13	18
	Maternity Incidents Improvement Plan - open actions					13	15	18	28	24
	Clinical Outcome measures	Stillbirth rate (National crude rate 3.54 per 1000 births)	2.44	2.43	3.4	2.9	2.62	2.62	2.63	2.39
Neonatal Death Rate 1.65 (> 22+0 - up to 28 days post delivery)		2.44	2.19	2.19	2.18	1.67	1.67	1.68	1.2	1.2
Neonatal death rate only including babies born over 24/40				1.21	1.21	0.96	0.95	0.96	0.72	0.72
	Total Perinatal Mortality Rate (MBRRACE figure 5.19 per 1000 births)	4.88	4.62	5.59	5.08	4.29	4.29	4.3	3.52	3.13
Appraisals	Avoidable term admission to NNU (reported quarterly)	3			4					
	All Maternity staff (90%) (Appraisal window April-July)						93% (16.7.24)	94.30%	94.30%	
Midwifery Training	Fetal Monitoring Training (90%)*	99%	97%	98%	96%	96%	99%	98.00%	98.00%	99.00%
	Obstetric Emergency Simulation Training (PROMPT) (90%)*	99%	97%	96%	96%	98%	99%	99.00%	97.00%	99.00%
	Safeguarding (level 3) Adult (90%) (Database not accurate)	84%	83%	77%	70%	83%	78%	85.00%	90.00%	90.00%
Obstetrics Training	Safeguarding (level 3) Children (90%)	78%	79%	82%	79%	83%	80%	90.00%	94.00%	95.00%
	Neonatal Resuscitation (90-95%)*	93%	92%	90%	86%	90%	87%	88.00%	90%	90.00%
	Adult Resuscitation (90 - 95%)*	94%	93%	91%	86%	84%	88%	90.00%	91.00%	92.00%
	Fetal Monitoring Training (90%)*	97%	100%	100%	95%	95%	98%	98.00%	97.00%	97.00%
	Obstetric Emergency Simulation Training (PROMPT) (90%)*	92%	97%	97%	95%	100%	100%	98.00%	97.00%	97.00%
	Safeguarding (level 3) Adult (90%)	81%	73%	73%	80%	80%	93%	93.00%	94.00%	100.00%
	Safeguarding (level 3) Children (90%)	68%	68%	71%	72%	80%	80%	80.00%	86.00%	66.00%
	Neonatal Resuscitation (90-95%)*	86%	85%	80%	90%	92%	87%	90.00%	92.00%	90.00%
	Adult Resuscitation (90 - 95%)*	86%	85%	91%	88%	90%	91%	90.00%	91.00%	90.00%
Safe staffing	Obstetric consultant cover on delivery suite	91	91	91	91	91	91	91	91	91
	Vacancies midwifery (WTE)	0	0	0	0	0	0	0	0	0
	Obstetric Consultant vacancies (WTE)	0	0	0	0	0	0	0	0	0
	Total Red flag data: Total number of red flags (As per acuity tool)	5	1	0	14	14	12	8	2	6
	Shift Leader supernumary at start of shift : % of time	100%	100%	100%	100%	100%	100%	100%	100%	100%
	1:1 care in labour achieved	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service user feedback	Birth Before Arrival (BBA)	2	1	1	3	2	2	1 (unbooked)	1	
	MVP (Quarterly)	-	-	6.3.24	-	-	6.6.24	-	-	16.09.24
	MNVP Extraordinary meetings* Bereavement / Neonatal / EDI	-	-	21.3.24	25.4.24	-				
Engagement	Response Rate (%)	7.00%	11.00%	25.00%	33.00%	17.00%	20.00%	19.00%	12.00%	26.00%
	Recommendation Response Rate (Good/ Very Good %)	17.00%	86.00%	81.00%	82.00%	77%	89.00%	88.00%	84.00%	83.00%
Safety Champion	PALS	3	9	5	3	4	9	5	7	8
	Complaints	5	5	3	6	4	6	4	1	7
	Compliments	71	65	70	72	67	67	59	65	65
	Maternity Safety champions walk- about	None	Cancelled	None	none	13.5.24		24.7.24		25.9.24
	Maternity and Neonatal Safety Champion Meeting	None	28/2/24	None	24.4.24		26.6.24		28.8.24	
	Maternity Incentive Scheme meeting (previously Maternity Quad)	None	None	None	25.4.24	Kornferry	None	1.7.24	28.08.24	23.9.24
External	MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the trust	0	0	0	0	0	0	0	0	0
Legal	Legal cases (Maternity only- Including Coroners cases and ENS claims)	1 closed	0	0	3	0	2	0	0	1
Annual Response										
	Proportion of Midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	60.60%								
	Proportion of all doctors responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours	57.10%								
	Speciality OBS/Gynae with 'Good' or 'Excellent' for support	Awaiting								

## 2.2 Perinatal Mortality overview

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.

All stillbirths and neonatal deaths are reviewed using the National Perinatal Mortality Review Tool (NPMRT) which includes parent's perspectives and questions as part of the review. The system allows for a report to be produced covering all aspects required as part of Maternity incentive scheme (MIS) Safety Action 1.

The neonatal death rate has decreased as per table 1 below. There has been a month-on-month reduction over the last 11 months. The Trust rate is now at 1.20 per 1000 births (September 2024), the national rate is 1.65 per 1000 births. It should be noted that from 01.10.2023 to 30.09.2024, there were 5 neonatal deaths (22+0 weeks gestation to 28 days following birth), 3 of these were >24 weeks gestation.

\*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 0.72 per thousand births.

**Table 1:**

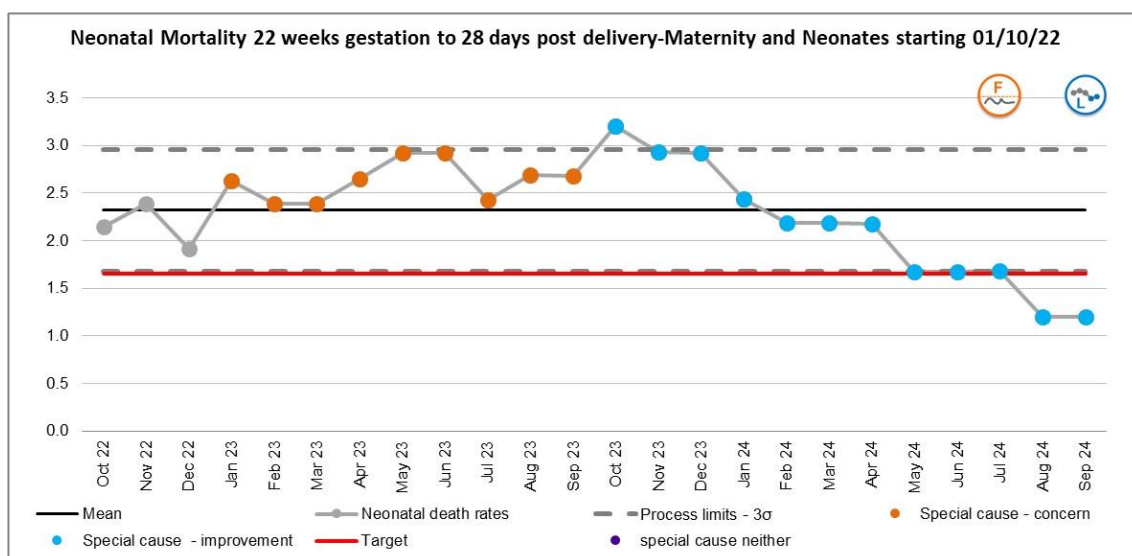
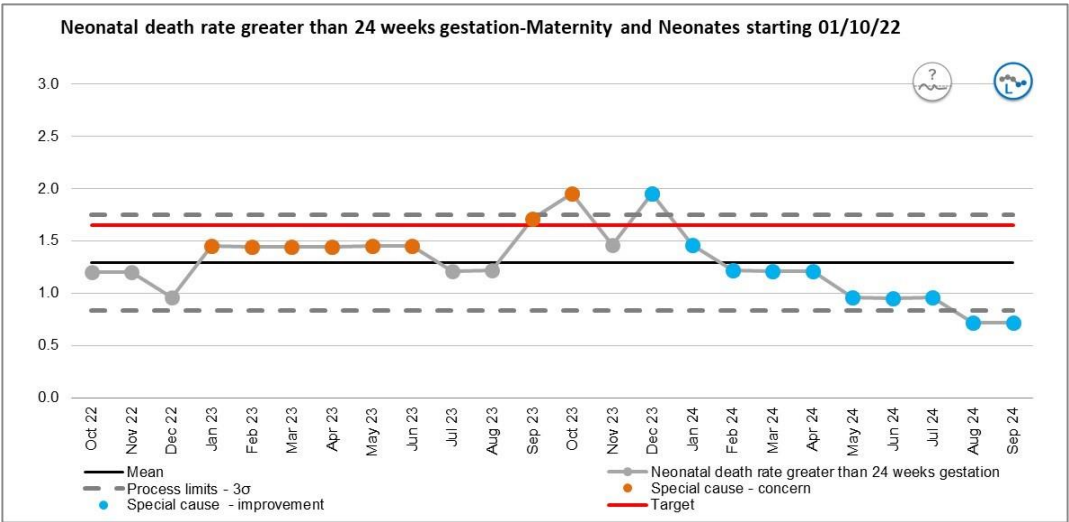


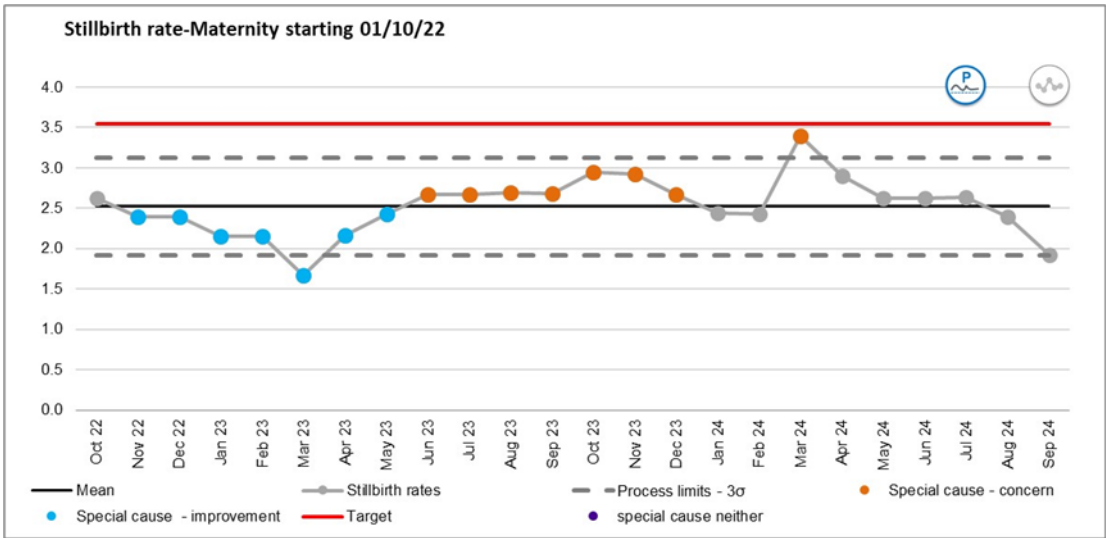
Table 2 demonstrates Trust neonatal deaths >24 weeks gestation and the national crude rate. MBRRACE (2023) neonatal death crude rate (1.65) only includes NND from 24 weeks gestation. When DGFT rate is recalculated including NND >24 weeks gestation the rate for August 2024 and September 2024 as 0.72, significantly lower than the national crude rate.

Table 2:



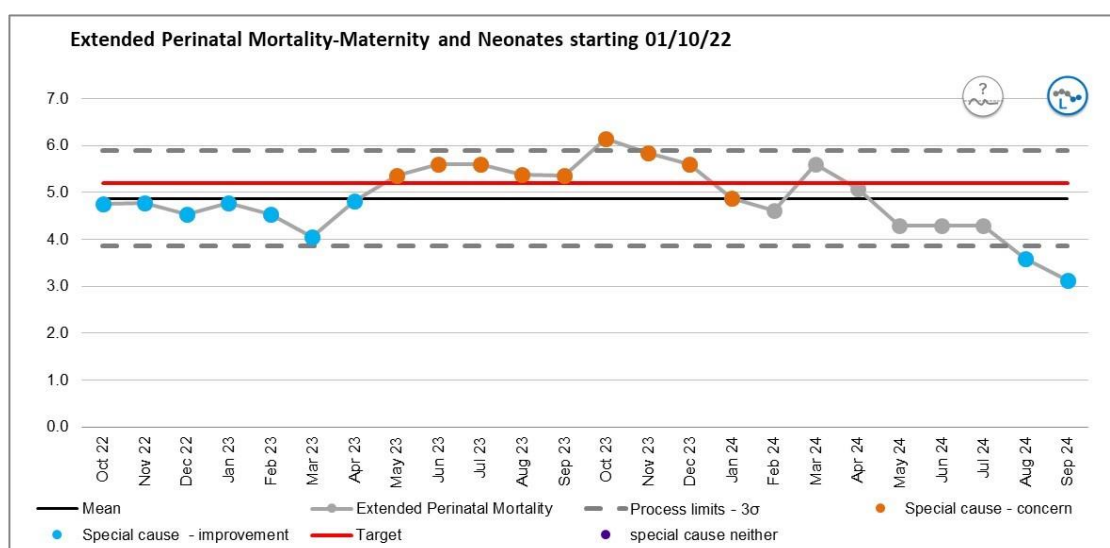
The Trust's stillbirth rate increased during March 2024 to 3.4 per 1000 births, however, has now returned to a rate below the national average of 1.92 per 1000 births, demonstrated in table 3. The trust has consistently remained below the national crude stillbirth rate of 3.54 per 1000 births. There were 8 stillbirths occurring between 1/10/23 and 30/9/2024.

Table 3:



Extended Trust perinatal mortality rate is now at 3.13, below the national rate of 5.19 per 1000 births.

**Table 4:**



There have been 1 stillbirth and 1 Late neonatal death at 23+3 weeks gestation in August 2024 and 0 during September 2024. Both deaths will be investigated via the perinatal mortality review tool and will seek the views of the family to form the themes of the investigation.

## 2.3 Serious incidents and Maternity and Newborn Safety Investigations

There have been no cases referred to the Maternity and Newborn Safety Investigations (MNSI) during August and September 2024, by the Trust.

There has been 1 new Patient Safety Incident Investigations (PSII) commenced during August and September 2024. This related to a delay in care and treatment required for a neonate as no neonatal alert referral from scan findings was completed. This led to a baby requiring additional treatment. This will be reported through the risk and assurance process. Immediate actions/learning were implemented as necessary.

There have been no investigations concluded during August and September 2024.

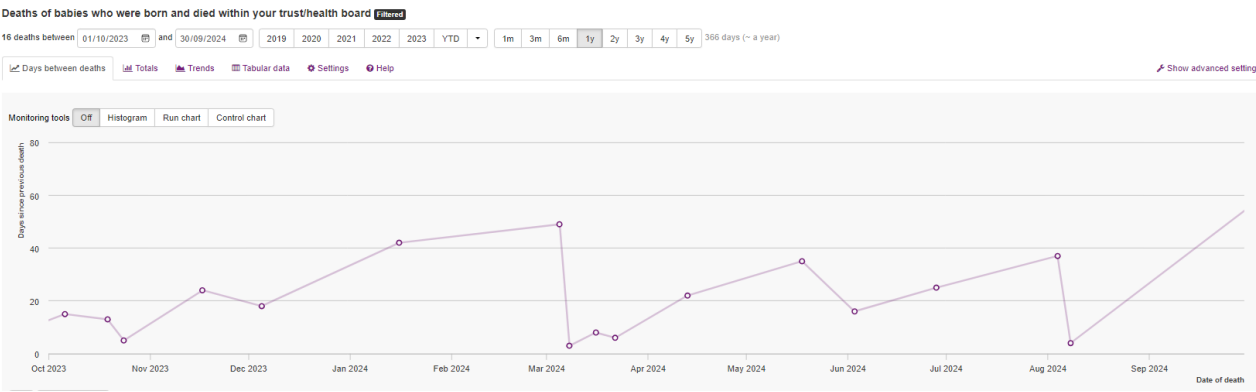
## 2.4 Perinatal Mortality Review tool (PMRT)

### 2.4.1 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.



MBRRACE Chart 1:



The **line chart above**, shows the number of days between consecutive deaths, to help you identify unusual patterns of deaths.

MBRRACE chart 2

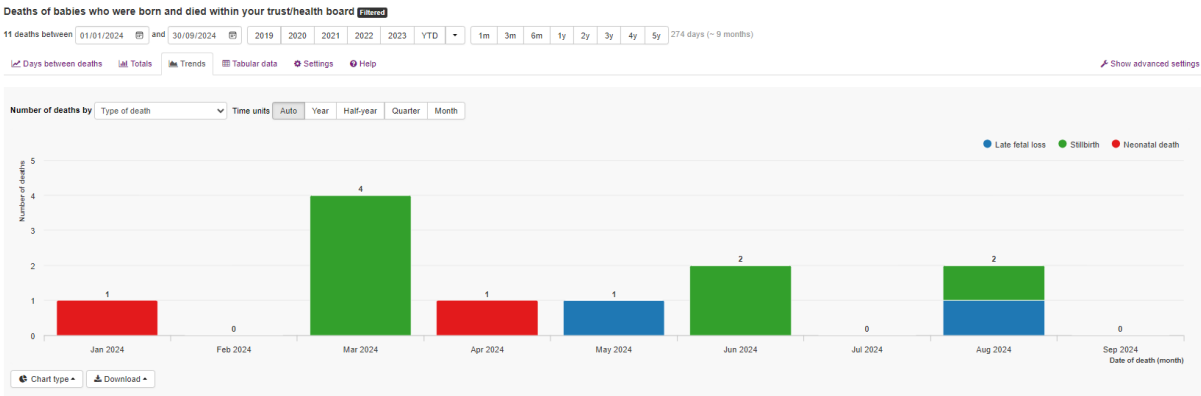


Chart 2 above, shows types of death since January 2024.

MBRRACE chart 3:

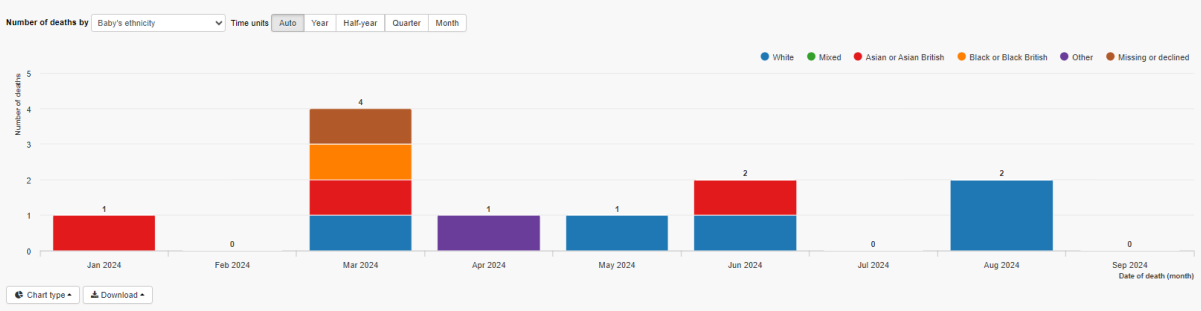


Chart 3 above demonstrates the ethnicity of the babies that died. Further analysis into this has been undertaken in the quarterly mortality reports.

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 August or September 2024.

**2.6 Claims Scorecard:** Claims scorecard can be found as appendix 3. This table been updated in September 2024 to reflect most recent claims, complaints and incidents.

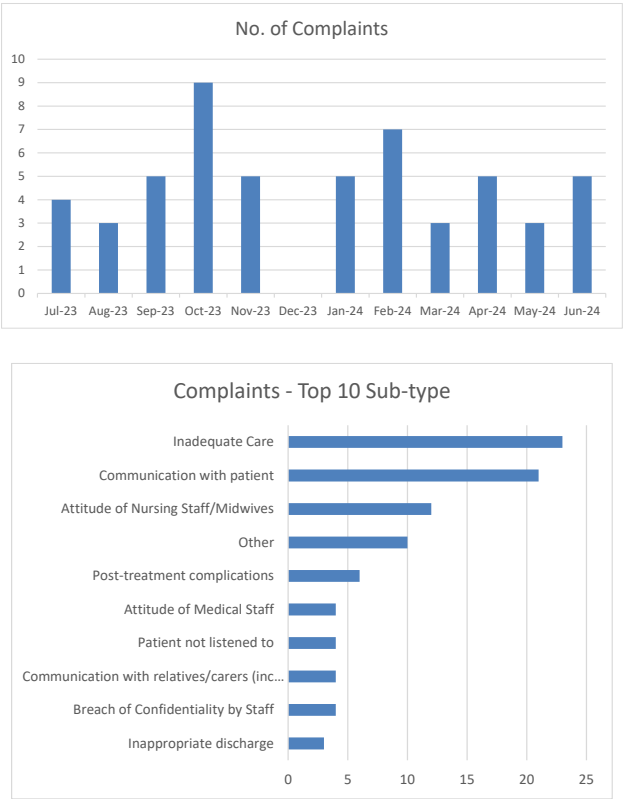
Themes for this quarter include:

- Women not feeling listening to.
- Maternal readmission with wound infections.
- Supporting women with complex needs and safeguarding input.
- Use of neonatal alerts.

Learning has been implemented to address all actions and can be found in more detail in the document attached.

**Maternity Complaint Themes**

Maternity services received 54 complaints during the 12-month period of 01/07/2023 to 30/06/2024. The highest recorded reasons for the complaints were inadequate care, communication and staff attitude.



A theme throughout complaints, as well as national reports, is often women not feeling listened to by healthcare professionals. To support and improve hearing the woman's voice, a dedicated session was incorporated into the 2023/24 PROMPT training day, with patient perspectives and previous cases used to highlight the importance of listening to our women. Moving forward, patients' voice has been incorporated into the Saving Babies Lives study day for 2024/25 and the PROMPT 2024/25 programme has a focussed session on the latent phase of labour, again highlighting the importance of listening to women.

Maternity Triage featured in several complaints, particularly around listening to the woman. This has been and continues to be a focus of improvement work, with embedding and monitoring of the BSOTS triage system, recording and quality monitoring of telephone calls and a gap analysis of the RCOG Maternity Triage Good Practice Paper, with an associated action plan.

Birth preferences were also highlighted as a concern within the complaints received. Birth preferences boards have been implemented on Delivery Suite, as well as a pathway for referral to the Consultant Midwife for women whose preferences may differ to local or national guidance. Women are supported to make informed decisions about their care, with risks and benefits fully explored and explained, and comprehensive birth plan completed. Feedback is sought from patients utilising the Consultant Midwife clinic, with outcomes being collated and reported on a quarterly basis.

Induction of labour (IOL) was a focus of some complaints, for varying reasons, and significant improvement work has been undertaken in relation to this. Improvements have included, information provided to patients, the waiting times for induction to commence, an introduction of outpatient IOL where clinically appropriate and preferred by the woman, removing visiting restrictions for women being induced, and a daily review by the Lead Midwife for all women undergoing an IOL. These improvements are monitored through a monthly Quality Management System meeting and monthly patient surveys.

Women feeling that they did not receive enough support with breast feeding in the early postnatal period was noted to be a theme within complaints. A service review and mapping event is being planned, with a particular focus on improving the inpatient support. Several service users are supporting to develop 'what good looks like' for a patient to inform this work.

Complaints are shared with staff involved and the wider department as appropriate through newsletters and huddles, to encourage improving our women's care and experience.

## **2.7 Maternity Safety Champions**

Maternity safety champions met on the 28th August 2024. Issues discussed were:

- Verbal update for Maternity and Neonatal Safety and Quality Dashboard
- MIS year 2 reverification
- Saving Babies Lives following LMNS update
- Neonatal Staffing Paper
- Neonatal Quality Improvement Launch/ Update
- MNVP – next meet September Maternity Survey
- Training needs analysis
- Heatmap update and issues requiring attention
- Single delivery plan
- Ockenden Update
- Neonatal Safety Champion update

- Maternity safety champions listening session date

Items escalated from the meeting were:

Neonatal medical and nursing staff to ensure reports are submitted as per guidance from MIS year 6 within compliance period.

Next meeting is to be held 30<sup>th</sup> October 2024.

## Walkaround September 2025 cancelled due to operational challenges - rescheduled for 4/11/24

Despite the Safety walkaround not occurring, the Chief Nurse undertook an out of hours visit to the Maternity unit on the 30<sup>th</sup> August 2024. No concerns were found within the department with staff, environment or equipment. Staff voiced no concerns during this visit. Staff were aware of a letter of praise sent out from the Safety champion team to Maternity and neonates to express their thanks and praise regarding the improving position within the department, including improving mortality rates. The MSC team praised staff's efforts to make improvements and positive ethos based on supporting vulnerable patients,

## 2.8 Saving Babies Lives

As part of the Three year delivery plan for maternity and neonatal services, NHS trusts are responsible for implementing SBLCBv3 and integrated care boards (ICBs) / Local Maternity and Neonatal Systems (LMNS) are responsible for agreeing a local improvement trajectory with providers, along with overseeing, supporting, and challenging local delivery.

Confirmation received from LMNS regarding first touchpoint in compliance period, on 25th July 2024, evidence saved to files. Following a second touchpoint with LMNS 19<sup>th</sup> September 2024, our confirmed compliance is currently 94%, this has improved from our previous submission in both December and March (Table 5). We are on track to be 100% compliant with all elements by March 2025.

Table 5:

Chart Title					
Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Intervention Fully Implemented (LMNS Validated)
Element 1	Smoking in pregnancy	Fully implemented	100%	Fully implemented	100%
Element 2	Fetal growth restriction	Fully implemented	100%	Fully implemented	100%
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%
Element 5	Preterm birth	Partially implemented	89%	Partially implemented	85%
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%
All Elements	TOTAL	Partially implemented	96%	Partially implemented	94%

SBL quarterly discussion was delayed from September to October at Maternity Governance Group. It has now been discussed, see Appendix 2.

## 2.9 Maternity and Perinatal incentive scheme (MIS) year 6

The NHS Resolution's (NHSR) Maternity Incentive Scheme Year 6 compliance period is 2<sup>nd</sup> April to 30<sup>th</sup> November 2024, with a deadline of a self-certification, declaration from the Trust Board to NHS resolution by 3<sup>rd</sup> March 2025. Full compliance for all safety actions is expected against the updated guidance, amended in July, alongside the audit tool.

The Trusts current position is reflected in table 6. The submission of papers and evidence continue to relevant committees and Board to provide assurance in line with guidance from NHSR.

**Table 6: Trust Current position MIS year 6**

Safety Action	Safety Action Title Theme	RAG rating as of October 2024.
1	Perinatal Mortality review tool	
2	Maternity Services Dataset (MSDS) (awaiting publication of results October)	
3	Transitional Care and and Quality improvement	
4	Clinical Workforce	
5	Midwifery Workforce	
6	Saving Babies Lives	
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	
8	Training	
9	Board Assurance	
10	Maternity and Neonatal Safety Investigations and Early Notification Scheme	

**\*RAG rating reflects actions completed to date. Please note further actions are required within each of the 10 actions to become fully compliant.**

### **Current success**

**Safety Action 2** - MSDS – July data now complete, fully compliant with safety action.

**Safety action 5:** Maternity escalation SOP now ratified to support supernumerary status and mitigate any shortfalls. Evidence of 100% compliance with supernumerary status of ward co-ordinator at start of each shift and 1:1 care in active labour continues to be reported on the perinatal surveillance tool.

\*Revised Workforce paper being presented to November Quality committee following outcome of business case.

**Safety Action 9** - Board Assurance, improved claims scorecard presented to Quality committee/ Board.

### **Actions required**

**Safety Action 4** – Clinical Workforce, Obstetric Long term locum workforce evidence to be presented to board, alongside evidence of Obstetric non-attendance to Trust board, MSC and LMNS. Neonatal Medical and Nursing staffing compliance with BAPM to be presented this month.

**Safety Action 5** – Midwifery Workforce report was presented to July's board. It is a requirement bi-annually to comply with MIS requirements. We are currently non-compliant with Birthrate plus recommended calculation for Midwifery staffing with a shortfall of 8.29 WTE funded midwifery posts. A business case is being presented to the Executive team on 12 November 2024. Following the outcome of the business case, a workforce paper and action plan will be presented to November's Quality Committee for their approval.

To note, mitigation is in place to maintain safety of the unit due to temporary funded posts and over-establishment in inpatient areas which will remain in post until March 2025. NICE recommended red flags, compliance with 1:1 care in labour, supernumerary status of shift leader as well as acuity figures and triangulated incident and complaint data are monitored monthly to ensure there is no compromise to the quality and safety of the care provided.

**Safety Action 7** – Listening to women, parents and families using maternity and neonatal services and coproduce services with users. Discussions around Gateways ability to provide the correct provisions for compliance continue between the Trust, Gateway and LMNS. Awaiting funding and service evidence.

## **2.10 Maternity Regional Heatmap (Appendix 1)**

Appendix 1 demonstrates current trust's position with the regional Maternity Heatmap for October 2024. The lower the score, the less the number of concerns has been raised about the Trust. DGFT is achieving a green score of 22 which has decreased by one this month. Actions are in progress to further reduce this score, which relate to leadership structure and patient experience.

## **2.11 Service user feedback- Maternity and Neonatal voices partnership**

An MNVP meeting was held in October 2024 in Mary Stevens Park. This was well attended by Maternity staff and service users.

The CQC Maternity survey action plan was discussed within this meeting on an individual basis with the attendees for their viewpoint on the plan and whether any additional actions should be added. All attendees that contributed to the conversation were in agreement with the themes and actions. Their main areas for suggested action were:

- Visiting hours for birth partners to be increased to 24 hours.
- Infant feeding support to be reviewed.
- Care whilst on the postnatal ward to include hydration and nutrition.
- Better preparation for parenthood/ expectations for IOL/Labour.

The action plan already considers all these points and attendees were very pleased to hear about the introduction of the hydration trolley on the postnatal ward, review of infant feeding services underway and review of parent education to include family hub practitioners and hub locations for the classes. The CQC action plan remains ongoing and will be updated via PEG, GAME and Maternity safety champions.

### **2.11.1 Service user feedback- Friends and Family results August and September 2024**

Friends and family response rate for September was 26%. Examples of feedback included:

“The staff were exceptional, Karen and Sophie were great and super reassuring, Jessica our midwife throughout delivery was amazing, couldn't have asked for more, she went above and beyond. All Mat staff especially evening team were helpful, supportive and reassuring especially around breastfeeding. Thank you to everyone involved in our case.”

“Ellen is such a great Midwife and I am so glad she is my Midwife. She is so lovely, supportive and knowledgeable. She always has the time to answer all my questions and to put me at ease.”

“Was able to come and have a scan, have my vaccine and get information about antenatal classes. Thank you to Maria and Anne-Marie for helping me with information.”

“Staff of neonatal was friendly and I felt comfortable to ask any questions. When doctors are handing over information to the mother, it needs to be delivered in a better manor as I felt it was rushed and wasn't given in detail.”

“Everyone we met along our c-section journey has been so helpful, kind, friendly and supportive when we were struggling and not ready to discharge. People went above and beyond to ensure baby and I were okay, we were able to get feeding established and some rest at we were listening to and supported.”

“Long wait prescribing antibiotics before labour, resulting in a longer wait for waters to break midwife left waiting around.”

“Communication between staff as I was told by NICU staff that my baby was okay to be discharged and be told 24 hours later that he wasn't.”

“Consultants could consider individuals rather than comparing statistics.”

“Space on ward tight.”

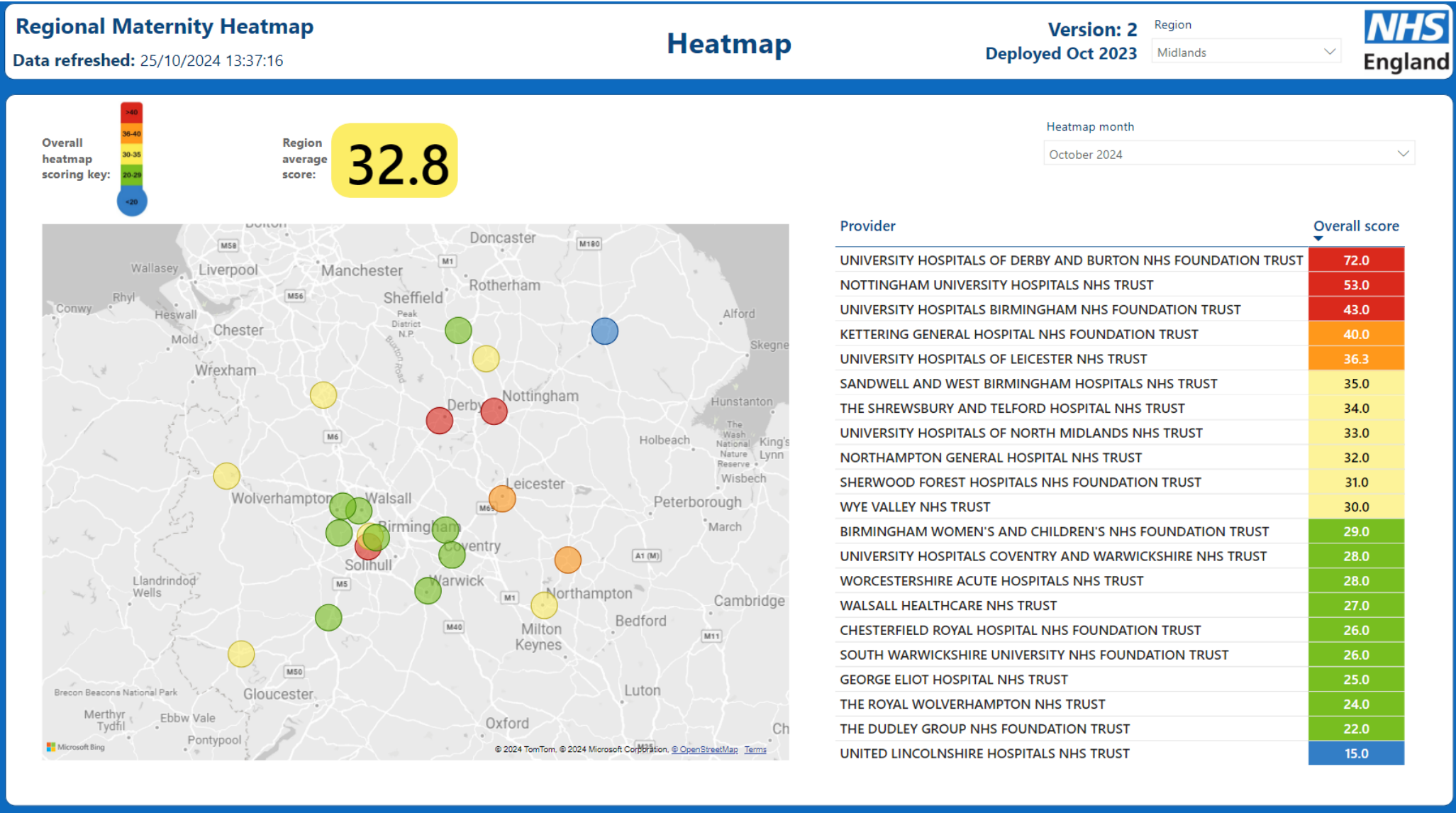
“A little leeway when leaving recovery @ 7am to allow partners to set up area when still numb just to dress/put nappy on baby.”

### **3. RECOMMENDATION**

**3.1** The Board is invited to accept the assurance provided in this report as current position with perinatal mortality, Serious incidents and learning, Regional Maternity heatmap scoring, and progress with MIS year 6 (including SBLV3)

**Claire Macdiarmid, Director of Midwifery**  
**Basem Muammar, Clinical Director for Obstetrics and Gynaecology**  
**4<sup>th</sup> November 2024**

Appendix 1: Regional maternity Heatmap October 2024





# Regional Maternity Heatmap

Data refreshed: 25/10/2024 13:37:16

## Scoring

Region

Midlands



Heatmap month

October 2024

Provider	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Coroner reg 28	Mat Oversight	MIS	CNST repay ment	Eth. DQ	CQC Mat Survey	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
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	29.0	1.0	1	0	0	0	0	0	0	0	0	3	3	2	2	4	0	0	0	0	5	5	3
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	26.0	3.0	1	0	0	0	0	2	3	0	0	0	3	2	0	1	1	5	0	0	1	1	3
GEORGE ELIOT HOSPITAL NHS TRUST	25.0	1.0	0	0	0	0	0	0	0	0	3	3	3	1	1	5	1	0	0	0	1	3	3
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	40.0	3.0	4	0	0	0	0	5	2	0	0	3	3	3	2	1	1	0	0	0	5	5	3
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	32.0	3.0	1	0	0	0	0	0	2	0	0	3	3	2	4	5	0	0	0	0	3	3	3
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	53.0	3.0	6	0	0	5	0	5	4	0	3	2	5	3	4	4	0	0	0	0	3	3	3
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	35.0	1.0	5	0	0	0	0	2	0	0	0	3	3	3	5	4	0	0	0	0	3	3	3
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	31.0	1.0	3	0	0	0	5	0	0	0	0	2	3	1	2	5	0	0	0	0	3	3	3
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	26.0	1.0	0	0	0	0	0	0	0	0	3	3	3	1	5	1	0	0	0	0	3	3	3
THE DUDLEY GROUP NHS FOUNDATION TRUST	22.0	1.0	2	0	0	0	0	0	0	0	0	4	3	0	0	0	0	5	0	0	1	3	3
THE ROYAL WOLVERHAMPTON NHS TRUST	24.0	1.0	0	0	0	0	0	0	0	0	0	3	3	0	0	3	1	0	0	0	5	5	3
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	34.0	3.0	3	0	0	0	0	5	0	0	0	2	3	0	1	3	1	0	0	0	5	5	3
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	15.0	1.0	1	0	0	0	0	0	0	0	0	2	3	0	2	0	0	0	0	0	0	3	3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	43.0	4.0	6	5	0	0	0	5	3	0	0	5	3	1	0	0	0	0	0	0	5	3	3
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	28.0	1.0	0	0	0	0	0	0	0	0	3	4	3	3	1	4	0	0	0	0	3	3	3
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	72.0	5.0	6	10	5	5	4	5	5	0	0	3	5	0	0	0	0	5	0	1	5	5	3
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	36.3	2.3	3	0	0	0	0	3	0	0	0	4	3	2	1	5	0	0	0	0	5	5	3
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	33.0	3.0	1	5	0	0	0	2	0	0	0	3	3	2	1	0	0	0	0	0	5	5	3
WALSALL HEALTHCARE NHS TRUST	27.0	3.0	2	0	0	0	0	0	0	0	0	3	3	1	3	1	0	0	0	0	5	3	3
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	28.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	4	0	0	0	0	0	3	3	3
WYE VALLEY NHS TRUST	30.0	1.0	0	0	0	0	0	2	0	0	0	3	5	0	3	1	1	5	0	0	3	3	3

## APPENDIX 2:

### Claims Scorecard Incident date 01/04/2014 to 31/03/2024

<b>Top injuries by volume:</b> Stillborn (6) Adtnl/unnecessary operation (5) Brain damage (5) Unnecessary pain (5) Not specified (5)	<b>Top injuries by value:</b> Brain damage (5) Hypoxia (2) Cerebral palsy (1) Not specified (5) Amputation - upper (1)
<b>Top causes by volume:</b> Fail/ delay in treatment (17) Inappropriate treatment (5) Failure/ delay in diagnosis (4) Fail to recognise complication (4) Delay in performing operation (2)	<b>Top causes by value:</b> Fail to monitor 2 <sup>nd</sup> stage labour (2) Fail/ delay treatment (17) Failure/ delay in diagnosis (4) Failure to recog. Complication of (4) Inappropriate treatment (5)

### Complaints Quarter 2 2024-25

11 complaints in total  
6 Patient care  
2 Clinical care/ treatment  
2 Values and Behaviours  
1 Appointments/ delay/ cancellation

### Incidents Quarter 2 2024-25

1 MNSI incident (RWT case)  
1 PSII incidents (delayed care/ treatment)  
3 PMRT cases (2 x late pregnancy loss, 1 x stillbirth)  
37 unexpected term admissions to NNU  
15 massive obstetric haemorrhage >1500mls  
14 delays in care/ treatment  
12 maternal readmissions  
6 third degree tears  
5 workload/ staffing

### Maternity Incentive Scheme – SA9

Quarterly review of Trust's claim scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at Trust level (Board or directorate) quality meeting.

### Themes Quarter 2 2024-25

Listening to women  
Maternal readmissions with wound infection  
Timely stepdown from NNU to TC  
Utilisation of management plans  
Supporting women with complex needs/ safeguarding concerns  
Use of Neonatal alerts

### Learning/ Actions Quarter 2 2024-25

Training sessions within mandatory training incorporating patient voice  
Patient awareness of wound care (development of patient information leaflet)  
Raising awareness within medical team via teaching sessions, regarding timely review and stepdown to TC.  
Commencement of social complexities CMW to caseload the most vulnerable  
Guideline update to include fetal monitoring during monofer infusions due to risk of fetal bradycardia  
Raising awareness of when to raise a neonatal alert and how to do this in Sunrise.

**Paper for submission to the Public Trust Board on 14 November 2024**

<b>Report Title:</b>	Learning from Deaths
<b>Sponsoring Executive:</b>	Dr Julian Hobbs, Medical Director
<b>Report Author:</b>	Dr Philip Brammer, Deputy Medical Director Nuala Hadley, Mortality Co-ordinator Rebecca Edwards, Directorate Manager

**1. Summary of key issues using Assure, Advise and Alert**
**Assure**

The report was considered at the Quality Committee in October 2024 noting good assurance illustrated by a further reduction in the 12-month rolling Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) is reported. SHMI is currently 100.3 and HSMR is currently 85.76. Both are now within the expected range, with HSMR as a positive outlier. The full report is located in the further reading pack associated with this meeting. Significant quality improvement work has also taken place in pneumonia, deteriorating liver disease and acute kidney injury (AKI).

**Advise**

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgment 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. Maternal and Neonatal services have pursued a wide-ranging review of their processes and services with improving mortality parameters.

**Alert**

The work within the surgical division related to Fractured Neck of Femur is ongoing and we continue to pursue sustained improvements through quality improvement work. Both Stroke and Fractured Neck of Femur (#NoF) are showing a decrease in SHMI with Stroke now at 103 and #NoF at 123.

**2. Alignment to our Vision**

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

**3. Report journey**

Quality Committee, 29/10/2024  
 Public Trust Board, 14/11/2024

**4. Recommendation**

The Public Trust Board is asked to:

- a) Note the ongoing work in relation to mortality in the Trust.

**Paper for submission to the Board of Directors on 14<sup>th</sup> November 2024**

<b>Report title:</b>	Workforce KPI Report
<b>Sponsoring executive:</b>	Karen Brogan - Interim Chief People Officer
<b>Report author:</b>	Hannah White - Head of People

**1. Summary of key issues using Assure, Advise and Alert**
**Assure**

- Normalised turnover (voluntary resignations) remains low, mirrored by a high retention rate. and harassment.
- Positive assurance around robust long-term sickness management,
- Reduction in bank usage this month

**Advise**

- Short-term sickness remains a challenge and continues to be a key area of focus. The in-month sickness % for September has increased. Sickness absence rates are RAG rated as amber being slightly above the tolerance level of 5%.

**Alert**

- For statutory and mandatory, Performance overall is stable and above target. Challenges remain with safeguarding and resus; safeguarding adults Level 3 has now recovered to pre-review levels of compliance and work continues to reach target on this subject. There have been some declines in Resus training but there is significant activity planned during October (Restart a Heart campaign) which will improve this position.

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

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

**3. Report journey**

People Committee

**4. Recommendation(s)**

The Public Trust Board is asked to:

- Receive the report for assurance

**5. Impact**

Board Assurance Framework Risk 1.1	<b>X</b>	Deliver high quality, safe person-centred care, and treatment
Board Assurance Framework Risk 1.2	<b>X</b>	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	<b>X</b>	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	<b>X</b>	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	<b>X</b>	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	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		



# Workforce KPI Report – Summary

September 2024



The Dudley Group  
NHS Foundation Trust



# Summary

Metric	Rate	Target	Trend	
Absence – In Month	5.18	<=5%		<p><b><u>Sickness Absence</u></b></p> <p>In-month sickness absence for September 2024 is 5.18% an increase from 5.08% in August 2024.</p>
Absence - 12m Rolling	5.10%	<=5%	=	<p>The rolling 12-month absence has remained static at 5.10% in September 2024.</p>
Turnover	7.57%	<=8%		<p><b><u>Turnover</u></b></p> <p>Turnover (all terminations) has decreased from 7.82% in August 2024 to 7.57% in September 2024.</p>
Normalised Turnover	3.06%	<=5%		<p>Normalised Turnover has decreased from 3.23% in August 2024 to 3.06% in September 2024.</p> <p>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.</p>
Retention (12 month)	91.6%	>=80%		<p><b><u>Retention</u></b></p> <p>The 12-month retention rate increased slightly from 91.5% in August 2024 to 91.6% in September 2024.</p>
Vacancy Rate	5%	<=7%		<p><b><u>Vacancy Rate</u></b></p> <p>The vacancy rate has reduced from 6% in August 2024 to 5% in September 2024.</p>
Mandatory Training	92.22%	>=90%		<p><b><u>Mandatory Training</u></b></p> <p>Statutory Training decreased slightly from 92.6% in August 2024 to 92.22% in September 2024. Overall, it has remained above 90% target for a sustained period.</p>

# Exceptions/Improvement/Actions



**The Dudley Group**  
NHS Foundation Trust

<u>METRIC</u>	<u>SUMMARY</u>
<b>Sickness</b>	Sickness continues to remain RAG rated as amber, with the in-month figure for September 2024 increasing compared to August 2024. There are no long-term sickness cases over 12 months, but the number of cases between 6 and 12 months have increased. HR teams have produced robust plans with divisions for managing cases between 6 and 12 months in duration. Work is underway with the sub-group to look at how ESR can be utilised to record the stages individuals are on across the Trust to monitor compliance with implementation of the sickness policy. The Trust's Occupational Health function is currently under review alongside staff support and counselling services and staff Physio services to address higher levels of stress/anxiety/depression and MSK related absences.
<b>Bank</b>	The number of requests for bank shifts has reduced in September 2024 across all staff groups (excluding medical), except Healthcare scientists. However, fill rates have also declined slightly from 87% in August 2024 to 86% in September 2024. Agency remains low. Bank usage continues to be above expected levels when compared with the workforce reduction plans. In November 2024, further controls are being explored such as blocking bank if an individual has a net hours owed positive balance and reinforcing unpaid breaks during a shift.
<b>Statutory and Mandatory training</b>	Performance overall is stable and above target. Safeguarding Adults Level 3 has now recovered to pre-review levels in the summer and work continues to reach target on this subject. There have been some declines in Resus training but there is significant activity planned during October (Restart a Heart campaign) which will improve this position.
<b>Work Experience and Apprenticeships</b>	There has been an increase in apprenticeship sign-ups to reach 56 at Q2. This leaves significant work required in Q3 and Q4 but these are generally higher sign-up months. We have planned activity on CSWs and Maternity Support Workers that mean Q3 activity will be significantly higher. Details are awaited on the national review of Apprentice Levy – to be the Growth and Skills Levy which will enable better utilisation of that funding. No Levy funds have expired in the last 3 months. ICan continues to be an area of success with Paid Work Experience and CSW placements starting in September.





## Paper for submission to Trust Board on Thursday 14<sup>th</sup> November 2024

<b>Report title:</b>	Workforce Plan
<b>Sponsoring executive:</b>	Karen Brogan – Interim Chief People Officer Chris Walker – Interim Director of Finance Martina Morris – Chief Nurse
<b>Report author:</b>	Karen Brogan – Interim Chief People Officer Richard Price – Deputy Director of Finance Martina Morris – Chief Nurse

### 1. Summary of key issues using Assure, Advise and Alert

#### Advise

The Trust plan assumed 4% efficiency (228 WTE posts by end October) for Substantive staff, 25% reduction in bank (153 WTE by end September) and a 25% reduction in agency (3 WTE by end September).

The full report (located in the reading room) was presented to People Committee, Finance and Productivity Committee and Quality committee and was rates as follows:

People Committee	Reasonable Assurance
Quality Committee	Partial Assurance
Finance and Productivity Committee	Partial Assurance

#### Alert

Overall, in comparison to August's (M5) position there has been a reduction of 59.04 WTE.

However, performance against plan at M6 is 311.71 adrift from plan. The cumulative finance position for Substantive, Bank and Agency now shows an adverse variance of £2.358m.

Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the total impact of ERF (using WLI information as a proxy) reduces the adverse WTE variance to 195.7 WTE, a small reduction on August's position which was 211.58 WTE (Adjusted).

The substantive WTE has increased in September (12 WTE). There remains an underspend of £190k (RN/CSW). Average cost £71/person/month lower than plan, the underspend is reducing month on month.

Bank shows a significant reduction in September but remains more than plan (131.82 WTE), after adjustments this remains 55.81 WTE over plan. Finances are now £2.482m overspent.

Agency increased again in September and now 4.10 WTE over plan resulting in cumulative overspend of £66k. It should be noted that total agency usage is 13.77 WTE. Overall, agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The main driver for the increase over August and September relates to Aneasthetics. medical staff.

				ADJUSTMENTS				
	TARGET	ACTUAL	DIFF	INCOME	DEANERY	SURGE	ERF	NET
Substantive	5,517.09	5,692.88	-175.79	15.89	24.05			-135.85
Bank	459.72	591.54	-131.82			24.09	51.92	-55.81
Agency	9.67	13.77	-4.10					-4.10
Total	5,986.48	6,298.19	-311.71	15.89	24.05	24.09	51.92	-195.76

## Assure

Analysis of the data confirms that it is unlikely that the plan will be achieved, and a revised plan has been forecast. The initial plan was an overall 6.1% reduction, our revised forecast is a 2.7% reduction.

This is a 167.9 WTE reduction overall compared to March 24 position (made up of 129.09 WTE substantive staff, 33.9 WTE bank staff and 4.91 WTE agency staff.

	Baseline	Mar-25	% Reduction Forecast	% Plan Reduction
Subs	5,702.09	5,573.00	2.3%	4.0%
Bank	612.90	579.00	5.5%	25.0%
Agy	12.91	8.00	38.0%	25.1%
Total	6,327.90	6,160.00	2.7%	6.1%

Work is underway with the divisions to review the trajectories based on the amended forecasts and to develop alternative plans for costs out to ensure we meet our financial plan.

## 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)	X
Build innovative partnerships in Dudley and beyond	X
Improve health and wellbeing	X

## 3. Report journey

Executive Directors, People Committee, Quality Committee, Finance & Productivity Committee Trust Board

## 4. Recommendation(s)

The Finance and Productivity Committee 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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

## Paper for submission to Public Trust Board on 14 November 2024

<b>Report Title:</b>	Annual Medical Revalidation Report
<b>Sponsoring Executive:</b>	Dr Julian Hobbs, Medical Director
<b>Report Author:</b>	Dr Nick Parry, Associate Medical Director - Professional Standards

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

Dr Julian Hobbs is both the Executive Medical Director for The Dudley Group NHS Foundation Trust as well as the Responsible Officer for this designated body. He has held this role throughout the review period of this report. The Trust has allocated support and infrastructure to deliver the function. Quality Assurance, using the ASPAT audit process of appraisal output forms, has been increased from an annual review of 20 examples, to a quarterly review of the same number. As such, 80 output forms have been assessed in the review period and feedback offered to the whole appraiser group. The Medical Revalidation team continue to use the official GMC MPIT (Medical Transfer of Information) forms between relevant Responsible Officers forms to ensure the appropriate information is transferred. The complete return is located in the further reading pack associated with this meeting.

#### Advise

A revised Policy was ratified during the reporting period and an Oversight Group established to meet on a monthly basis.

#### Alert

As part of the return a series of improvement actions have been acknowledged for 2024/25. This will form the basis if the Appraisal Group's workplan. Preparatory work to review the remuneration for appraisers, ultimately to support an increase in their number as well as to improve the ability to maintain high quality outcomes, is underway. Further focus on GMC connections for doctors on our Locum Staff Bank is planned as well as a review of the registration processes onto the Bank to ensure appropriate connections.

### 2. Alignment to our Vision

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

### 3. Report journey

People Committee, 01/10/2024  
Public Trust Board, 14/11/2024

### 4. Recommendations

The Public Trust Board is asked to:

- Note the assurance provided in the return to NHS England.
- Note the actions outlined for the coming 12 months.

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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	x	Ensure Dudley is a brilliant place to work
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

## Paper for submission to the Board of Directors on 14<sup>th</sup> November 2024

<b>Report title:</b>	Primary Care Overview
<b>Sponsoring executive:</b>	Kat Rose, Director of Integration
<b>Report author:</b>	Dr Lucy Martin, Chief of Primary Care Daniel King, Head of Primary Care

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

- The following presentation provides an overview of primary care services and functions that transferred from Dudley Integrated Health and Care NHS Trust (DIHC) into The Dudley Group NHS Foundation Trust on the 1<sup>st</sup> of October 2024, specifically:
  - an overview of the primary care services transferring to DGFT
  - risks and mitigations for those services
  - opportunities for development and growth
- A Primary Care Development Plan for 2024/25 and 2025/26 is in the process of being developed, in conjunction with development sessions of the Dudley Primary Care Collaborative.
- The intention is to have Primary Care Development Plan that seeks to address and respond to the Black Country Primary Care Strategy.

#### Advise

- The primary care services and functions to be provided within the place division presents an opportunity to adopt and develop a strategic and operational approach to the following:
  - Delivering a sustainable model of primary care, achieved through the development and growth of the registered list of patients
  - An operating model that makes best use of community and primary care workforce
  - A set of development and improvement activities to support and enable primary care to contribute to reducing acute demand whilst delivering improvements in the management of long-term conditions, and consequently reduction in health inequalities.

#### Alert

- There are no significant matters of concern or key risks to escalate to the Board

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

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

### 3. Report journey

Executive Committee, The Dudley Group NHS Foundation Trust, 6<sup>th</sup> August 2024

4. Recommendation(s)	
The Public Trust Board is asked to:	
a)	To receive the supporting information and appendices for information
b)	To note that a Primary Care Development Plan will be presented to the Integration Committee in November 2024
c)	To consider a Board Development session in future with a theme of Primary Care

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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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	Build 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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

# Purpose

- To provide an overview of the primary care services now transferred to DGFT
- To share risks and mitigations for those services
- To share opportunities for development and growth
- To set out the next steps for progressing the opportunities

# Primary Care Services to DGFT

Sub Contracted by General Practice and PCNs	Contracted from the ICB
Chapel Street Surgery – General Medical Services (GMS)	Primary Care Development – via a Goods and Services Contract <ul style="list-style-type: none"><li>- Dudley Quality Outcomes for Health Framework (DQOFH)</li><li>- CQC Quality Improvement Support</li><li>- PCN Development</li></ul>
PCN services <ul style="list-style-type: none"><li>• Additional Role Reimbursement Staff (ARRS)</li><li>• Enhanced Care in Care Homes</li><li>• Extended Access Appointments</li><li>• PCN CD Employment (x2 CDs)</li></ul>	High Oak – Alternative Personal Medical Services (APMS) <ul style="list-style-type: none"><li>- Special Allocation Service(SAS)</li><li>- Primary Care Research</li><li>- PCN Lead Practice (Banker)</li></ul>

## Notes:

- APMS contracts allow for practices to provide an extended range of primary medical services i.e., the Special Allocation Service (SAS)
- Enhanced Care in Care Homes and SAS are annual contracts
- 1 CD role is likely to cease from November 2024, and potential for the PCN Lead Practice to cease over next few months



# High Oak and Chapel Street

	High Oak	Chapel Street
Services	<ul style="list-style-type: none"> <li>• 4252 registered patients</li> <li>• Primary Medical Services</li> <li>• Dudley Acute Respiratory Infection (ARI) Access Hub</li> <li>• Research Hub</li> <li>• Special Allocation Scheme</li> <li>• Extended Access for PCNs</li> <li>• Operates under an “Alternative Personal Medical Services (APMS)” contract</li> <li>• The APMS contract provides approx. 30% additional funding over and above a General Medical Services (GMS) contract.</li> <li>• The APMS contract ends in 2030, ICB intend to review contract down to +5% sooner than 2030</li> </ul>	<ul style="list-style-type: none"> <li>• 3571 registered patients (907 in care homes at end of quarter 1)</li> <li>• Primary Medical Services</li> <li>• Enhanced Care in Care Homes Team</li> <li>• Operates under a “General Medical Services” contract.</li> <li>• A GMS contract must have a GP on the contract</li> <li>• Dr Lucy Martin is the GP partner who sub-contracts to DGFT</li> <li>• DGFT indemnify Dr Martin to hold the contract</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• The GPs operate across both sites</li> <li>• High Oak: 12/14 GP sessions recruited + 2 sessions of long-term locum, 1 session of remote locum on Saturday morning is additional (15<sup>th</sup> session)</li> <li>• Chapel Street: 8/10 GP sessions recruited + 2 sessions of long-term locum</li> <li>• Some nursing and admin staff now work across both sites</li> <li>• The enhanced care home team are hosted by Chapel Street (patients registered under GMS)</li> </ul>	

# High Oak and Chapel Street

	High Oak	Chapel Street
Performance	<p>CQC - Good</p> <ul style="list-style-type: none"><li>• DQOFH improvement from 69% to 77% from 2022/23 to 2023/24</li><li>• Loss making to profitability from 2022/23 to 2023/24</li></ul>	<p>CQC – Requires Improvement</p> <ul style="list-style-type: none"><li>• DQOFH improvement from 54% to 74% from 2022/23 to 2023/24</li><li>• Loss making to profitability from 2023/24 to 2024/25</li><li>• Practice was taken on by DIHC to ‘turnaround’ and drive improvement</li><li>• Full report of improvement activity and action plan for High Oak and Chapel Street appended.</li><li>• Practice expected to move from Requires Improvement to Good at next CQC inspection</li></ul>

# Enhanced Care Home Team

Services	<ul style="list-style-type: none"><li>• The Enhanced Care Home Team cover 31 care homes and 907 patients with plans to take on 4 more homes in the next 3 months</li><li>• The team also provide a vaccination service to the care homes for both flu and covid vaccination programmes</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>• Weekly home 'ward' round</li><li>• Support with Personalised Care Plans</li><li>• Completion of the Comprehensive Geriatric Assessment (CGA)</li><li>• End of Life Management plans</li><li>• Dementia diagnosis</li><li>• Referral to specialised teams</li><li>• Effective management of Long-Term Conditions</li><li>• Linked Pharmacist support</li><li>• Plus all GMS services</li></ul>
Staff	<p>4 salaried GPs providing 12 sessions (1.2 WTE)</p> <p>5 nurse &amp; ANPs, 1 x admin and ARRS pharmacists providing MDT support into the service</p>

# Special Allocation Scheme (SAS)

Services	<ul style="list-style-type: none"><li>• The Special Allocation Scheme (SAS) supports GPs, healthcare professionals and practice staff who are unable to manage a patient within a GP primary care setting due to their inappropriate, unacceptable or violent behaviour.</li><li>• Face to face GP appointments provided at Chapel Street Surgery every Wednesday (pm)</li><li>• As at 6<sup>th</sup> August 2024, the SAS supports 14 patients.</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>• To provide a secure, stable environment to receive primary care for patients deregistered by their community-based GP due to their behaviour</li><li>• To provide a safe environment for individuals involved in delivering that care/treatment</li><li>• To provide a package of care and support aimed at addressing any underlying causes of a patient's inappropriate or aggressive behaviour</li><li>• To support stabilisation and repatriation of excluded patients back to community-based GP practices and into mainstream primary care</li></ul>
Staff	<ul style="list-style-type: none"><li>• 1 GP (regular locum) providing 1 session per week</li><li>• Pre-bookable appointments administered by High Oak Surgery staff</li></ul>

# Additional Roles Reimbursement Scheme (ARRS)

Services	<ul style="list-style-type: none"><li>• The ARRS scheme enables PCNs to claim for specific additional roles</li><li>• Range of clinical, AHP and non-clinical roles provided to Brierley Hill &amp; Amblecote PCN, Dudley &amp; Netherton PCN and Halesowen PCN supporting approx. 148k patient population across 23 practices totally approx. £2.5million annual claim</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>• Offering additional appointments to support patient population across PCNs including:<ul style="list-style-type: none"><li>• Dietician, Occupational Therapist, Paramedic, First contact Physiotherapy, First contact Podiatry</li><li>• Care co-ordinators, Health &amp; Wellbeing Coaches, Social Prescribing Link Workers, Listening &amp; Guidance</li><li>• Physician Associates, Enhanced Nurses, Nursing Associates, Advanced Nurse Practitioners, GP Assistants</li></ul></li><li>• Brierley Hill &amp; Amblecote PCN and Dudley &amp; Netherton PCN have commenced organising their ARRS resources into specific teams to support specific cohorts of patients, eg, housebound</li></ul>

# Additional Roles Reimbursement Scheme (ARRS)

Staff	<ul style="list-style-type: none"><li>• PCN / Operations Manager responsible as part of Operations Service supported by 3 x PCN Deputy Operations Managers (1 per PCN)</li><li>• 55 staff (clinical and non-clinical roles) offering services to patients</li></ul>
Governance	<ul style="list-style-type: none"><li>• The development of ARRS staff is <b>not included</b> in the Goods and Services contract with the ICB - the responsibility for ARRS development sits with the employer</li><li>• There are 3 PCNs that will sub-contract the employment of their ARRS staff to DGFT and DGFT will assume responsibility for operationally managing and developing the ARRS staff to work effectively on behalf of the PCNs</li><li>• An NHS standard sub-contract between DGFT and each PCN will be in place and enacted upon transfer of ARRS to DGFT employment</li><li>• A PCN engagement group is in place and co-ordinating work to operationally integrate ARRS and oversee the delivery of the sub-contract, and how we work together to improve ARRS services</li></ul>

# Research

Staff	<ul style="list-style-type: none"><li>• 0 employed staff</li><li>• Locum GP hours (5 per month) and LM / Lloyd Baron as Principal Investigators</li><li>• CRN support with no-cost manager / staff support team until end Sept 2024</li></ul>
Governance	<ul style="list-style-type: none"><li>• Monthly steering group</li><li>• Links with DGFT / RWT teams</li><li>• CRN</li></ul>
	<ul style="list-style-type: none"><li>• Started from zero in summer 2022</li><li>• Mix of non-commercial and commercial studies</li><li>• Income generation</li><li>• Research integration agreement with other practices</li><li>• National interest in model</li><li>• Vaccine pipeline</li><li>• Different health professionals involved in delivery (medical, nursing, pharm etc)</li></ul>
Future	<ul style="list-style-type: none"><li>• Employed staff</li><li>• Development of hub at High Oak Pensnett site 'hub and spoke'</li><li>• Partnership with Dudley College / Academic sites</li></ul>

# Primary Care Development

- Primary care development is the responsibility of the ICB under the NHS Act 2006
- The ICB delegated some of their responsibilities to DIHC in relation to primary care development under a Goods and Services contract
- The Goods and Services contract transferred (novated) to DGFT
- The Goods and Services contract does not have a financial value for the provision of primary care development functions
- The TUPE of staff from DIHC to DGFT provides the resource to deliver the primary care development function
- Primary Care Development within the Goods and Services contract essentially covers three areas
  - The Dudley Quality Outcomes for Health Framework (DQOFH)
  - Care Quality Commission (CQC) Support
  - PCN Development



# Primary Care Development – The DQOFH

The ICB Goods and Services contract delegates the following functions to DIHC

- Develop and recommend the population health outcome measures to be commissioned by the ICB
- Set up and roll out of EMIS templates for practices to record and capture data
- Set up systems and processes to monitor and report performance
- Develop and organise a workforce model to support the delivery of DQOFH i.e., community partnership teams

Notes:

- The DQOFH has requirements over and above the National QoF related to access (number of appts per '000 and same day access for under 5 and over 75s) and continuity and co-ordination of care – outcomes to targets for patients with Long Term Conditions(LTCs)

# Primary Care Development – CQC Support

- There is a standard operating process (SOP) within the Goods and Service contract that defines 3 levels of support
  - Level 1: low-level; advice, guidance, information sharing
  - Level 2: intermediate; practice visits, writing action plans, undertaking audits, implementing systems and process
  - Level 3: complex; typically related to a practice being unsustainable without significant intervention i.e., caretaking arrangements
- The support is co-ordinated through a joint working group with the ICB

# Primary Care Development – PCN Support

- Support PCNs to review and update their network agreements (network agreements set out membership and governance arrangements)
- Support PCNs to complete an ICB governance assurance framework, and produce a service development plan (SDF)
- Support PCNs to produce and submit bids to the ICB to access funding to support implementation of the SDF
- Work with the ICB to ensure that PCNs are aware and are meeting their requirements to produce annual workforce and development plans, and estates strategies
- Work with the ICB to ensure that PCNs have data sharing agreements in place with the ICB to access ICB population health analytics and business intelligence

# PCN Lead Practice and CD Employment

- All PCNs have a lead practice (or nominated payee) practice who act as the PCN accountant and host the bank account. For Brierley Hill & Amblecote PCN this is High Oak Surgery and this function was provided by DIHC Finance team members and they transferred into DGFT
- All PCNs have a Clinical Director (CD) funded for 0.2 or 0.25 FTE to lead the PCN. The CD can be employed by the lead practice however for 2 x PCNs in Dudley they chose to have CD employment from DIHC which has transferred to DGFT. One PCN is likely to cease this arrangement from November 2024
- All PCN contractual arrangements and working arrangements are defined in their network agreement which is a multi-party agreement signed by each practice within the PCN. DGFT will be signatories to the Brierley Hill & Amblecote PCN and Stourbridge, Wollescote and Lye PCN network agreements through their role with High Oak and Chapel Street surgeries

# Risks and Mitigations

Service	Risks	Mitigations
High Oak & Chapel Street	<ul style="list-style-type: none"> <li>• Single point of failure and recruitment challenges - one GP lead on GMS contract</li> <li>• Estates – having a presence in Pensnett and long-term suitability of Chapel Street</li> <li>• Loss of APMS contract premium in 2030</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the provision of GMS practices</li> <li>• Shared workforce with one leadership structure</li> <li>• Linked to acquisition of more practices to bring increased GP leadership</li> <li>• Business case to take on additional clinical rooms in a pharmacy development in Pensnett being prepared for consideration of ICB</li> <li>• Engaging with ICB on PCN Estates Strategy</li> </ul>
ARRS	<ul style="list-style-type: none"> <li>• Problematic management structure and culture</li> <li>• Clinical leadership and supervision</li> <li>• Change in CD at Brierley Hill PCN</li> <li>• Loss of lead practice within Brierley Hill PCN</li> </ul>	<ul style="list-style-type: none"> <li>• Integration with community services</li> <li>• Effective operating model for line management, supervision and development of ARRS staff with staff fully utilised and meeting practice needs</li> <li>• Developing a model that is attractive to other PCNs to consider in the management and provision of ARRS</li> </ul>

# Risks and Mitigations

Service	Risks	Mitigations
DQOFH	<ul style="list-style-type: none"> <li>• ICB committed to review and replace in 2024/25 but timescales are challenging</li> <li>• DQOFH established since 2016 in Dudley – could destabilise delivery model and Long Term Condition (LTC) management</li> <li>• Replacement could effect sustainability of General Practices due to loss of income for staff</li> <li>• Replacement could result in population health needs in Dudley not being addressed</li> <li>• Payment by results</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to influence ICB with learning from DQOFH i.e., part of review group</li> <li>• Involvement in decision making on replacement framework i.e., Dudley primary care collaborative&gt;Black Country primary care collaborative&gt;ICB Board</li> <li>• GP leadership essential to delivery</li> </ul>

# Risks and Mitigations

Service	Risks	Mitigations
Research	<ul style="list-style-type: none"> <li>No dedicated, substantive, employed research team</li> </ul>	<ul style="list-style-type: none"> <li>Clinical leads take responsibility as part of other roles TUPE to DGFT</li> <li>Integration of research functions with DGFT but maintain independence to access primary care specific funding</li> <li>Medical workforce – Aston University</li> <li>Primary Care workforce – Dudley College</li> <li>Significant income potential</li> </ul>
SAS	<ul style="list-style-type: none"> <li>Annual contract</li> <li>ICB review with potential to commission one service across the Black Country</li> <li>Difficult to fill GP session</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide; explore potential to provide at DGFT sites</li> <li>Opportunity to develop to manage LTCs for SAS patients, not just their urgent needs</li> <li>Stable locum but increased rate of pay</li> </ul>



# Opportunity: increasing the provision of primary medical services

- Can be achieved by growing our existing registered population, and / or fully integrating more practices at their request
- Developing an alternative and more sustainable model of primary care (increasing numbers of GPs not pursuing traditional partnership option) and practices meeting all the requirements of CQC and expectations of a Modern General Practice
- Developing and implementing one leadership structure across the Trust practices
- Developing a standardised, evidence based operating model for general practice and community services that delivers improvements in access, continuity and co-ordination of services
- Developing and integrating a primary care and community workforce model
- Increasing the provision of primary medical services i.e., developing a caseload to reduce urgent care attendances with dedicated support and access into primary care (to be scoped and piloted this winter) for high intensity service users
- Improved integration of primary care and secondary care data to inform business intelligence for population health management
- Developing at scale back-office functions for primary care as the registered list grows
- Generating and improving profitability for re-investment into primary and community services

# Further Opportunities

Service	Opportunity
Care Homes	<ul style="list-style-type: none"> <li>• Securing additional contracts for enhanced care in care homes from more practices – currently support 907 beds out of 2300.</li> <li>• Integration of all services across primary, community and secondary care for care homes (pilot will commence November 2024)</li> </ul>
ARRS	<ul style="list-style-type: none"> <li>• Securing additional contracts for the management of ARRS service from more PCNs</li> <li>• Integration of ARRS with Community Teams</li> </ul>
Urgent Care	<ul style="list-style-type: none"> <li>• Developing solutions to support urgent care to decrease attendances at UTC and DGFT front door</li> <li>• Understanding high intensity service users and options to develop further services through High Oak and Chapel Street, including potential for patient registration</li> </ul>
Research	<ul style="list-style-type: none"> <li>• Securing additional contracts for research</li> <li>• Commercial vaccine and other pipelines</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Integration of nursing workforce across primary care and community services – to build resilience and integration</li> <li>• Develop portfolio careers for clinical workforce to further expand knowledge, increase capacity and improve retention</li> </ul>

# How GP Practices are Funded

The main sources of income for GP Practices are shown below

Income Type	Description	Price per unit	Method	Received From
Global Sum (GMS)	The core payment to a GP Practice for essential services paid at the national rate per weighted patient	107.57	Paid monthly, adjusted quarterly to latest weighted list size	ICB via PCSE Online
Global Sum (APMS)	The core payment to a GP Practice for essential services paid at the national rate per weighted patient	141.98	Paid monthly, adjusted quarterly to latest weighted list size	ICB via PCSE Online
Care Home DES	Payment of £120 per annum for each care Home Bed supported. Currently Support 907 beds	10.00	Paid Monthly at £10 per bed via invoice	PCN
Dudley Quality Outcomes framework (DQOF)	Paid on the final achievement of DQOF points in the year - an aspiration payment of 80% achievement is paid monthly		80% Aspiration Paid Monthly based on Prior year Achievement - final payment made once calculated (next financial year)	ICB
Local Enhanced Services	There are a number of services a GP Practice is able to sign up and provide:- Basket of Services COPD GTT Testing Phlebotomy 24hr ECG Palliative Care		Basket of Services is paid monthly if practice has agreed to provide the service. Reminder paid on activity	ICB
Vaccinations	Payment for a variety of vaccines including Flu COVID and Childhood Immunisations		Paid for based on activity reported	ICB
Premises (GMS)	Practices receive funding for Rent (notional or Cost) and Water rates. There are no premises costs in the APMS contract with High Oak GP Practice occupying space on a peppercorn rent basis.		Paid Monthly with Global Sum Payment	ICB via PCSE Online
Drugs & Professional Fees	Income received for dispensing drugs		Paid Monthly with Global Sum	ICB via PCSE Online
Other	There are a number of additional income streams ranging from payments for attending meetings to income from patients for medical reports.		Paid on an ad hoc basis	Invoiced
PCN DES	See PCN DES Tab - GP practices receive a share of the PCN DES where applicable			

# Next Steps

- Primary Care Collaborative and Place Division Development half day on 13<sup>th</sup> November to agree Primary Care Development work plan for 2024/25 and 2025/26
- Monthly reporting into the Executive Committee and Integration Committee on the development and delivery of the Primary Care Development work plan for 2025/25 and 2025/26
- Board development around Primary Care Opportunities

## Paper for submission to the Board of Directors on 14 November 2024

<b>Report Title:</b>	University Trust Status - update
<b>Sponsoring Executive:</b>	Dr Julian Hobbs, Medical Director
<b>Report Authors:</b>	Claire Phillips, Head of Research & Innovation

### Summary of key issues using Assure, Advise and Alert

#### Assure

Work is progressing well to meet the requirements of University Hospital application, over a 5 year period. University collaborations are advancing, and we continue to develop and support these further, to increase our research activity.

#### Advise

We are collating a letter to formally request a change to the Trust name to incorporate 'university'. The 5 year plan will continue in parallel to meet the UHS application requirements. We currently have 1 University Principal Investigator, who has successfully secured funding to support some additional research staff. There has been a considerable increase in funding applications (compared to previous 5 years), however success to date has been limited.

#### Alert

Further support is required from the Trust to increase clinical academic posts, to enable grant applications to increase. This would have a positive impact on several of the UHS criteria required for successful application.

### 2. Alignment to our Vision

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

### 3. Report journey

Integration Committee, 25/09/2024

Public Trust Board, 14/11/2024

### 4. Recommendation(s)

The Public Trust Board is asked to:

Note the progress and continued work demonstrated in the Research & Innovation Trajectory Report to implement the Trust's strategic plan to achieve University Hospital Status.

### 5. Impact

Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

## **Progress Report: Working towards University Hospital Status**

### **Background**

Achieving University Hospital Status (UHS) and becoming a member of the UHS Association is awarded to those organisations which promote a culture of excellence in medical education and provide high quality clinical training (UHS, 2019). A research culture is also fundamental, thus increasing recruitment and retaining the best staff through the provision of opportunities for career development. Research opportunities for patients are also known to provide better outcomes (DHSC, 2021).

### **Introduction**

The multidisciplinary working group chaired by Dr Julian Hobbs MD and Professor Liz Hughes meet monthly with an agenda incorporating previous work achieved against the criteria required to achieve university hospital status (UHS). Professor Anthony Hilton provides representation on behalf of Aston University. In addition, there is patient public involvement representation within the group. The fundamental areas required to demonstrate evidence in support of specific criteria are Research, Education, and Innovation. The primary collaborating university is Aston University. Each department head (research, innovation, medical and non-medical education) present feedback against the criteria, identifying work in progress and work achieved.

There are a number of other affiliations with additional universities (i.e. Wolverhampton, University of Birmingham, Birmingham City University, University of Warwick) for the purpose of research studies and educational input from many consultant colleagues.

The plan to obtain UHS has been revised to apply for the name change to University NHS trust initially, followed by continuation of the work to meet the UHS application criteria within 5 years.

### **Criteria**

The criteria with achievements and items in progress (**Appendix 1**).

### **Current Activities**

#### **Research**

Poster presentation competition 'service evaluation, research, education and training, innovations' May, 2024, in collaboration with Sandwell and Birmingham was a successful event, with extremely positive engagement and feedback from both Trusts.

Black Country Research Showcase Event to be held on 21st November 2024, The Hawthorns Stadium, West Bromwich. All Black Country Trusts and ICB contributing.

Dr Sunil Nadar awarded NIHR Scholarship for research into hypertension (2 year scholarship, 2024-2026), work is progressing towards a NIHR research funding application.

NIHR Grant application June 2024 – Osteoarthritis in collaboration with primary care, Dr Gail Parsons – unsuccessful. Collaborations with Imperial College to re-submit to alternative funding stream once amendments to the project configured.

Mentorship Support Programme, Vascular Surgery Funding Application, Mr Matt Popplewell – pending outcome

NIHR Capital Funding Bid, Claire Phillips, – successful, £323,488. Business case to be submitted to Executive Team for acceptance of funding.

Stoma Project, Phase 1 audit/proof of concept, Mr Akinfemi Akingboye, commercial funding from SALTS Healthcare – successful £32,787

2 x match-funded PhD studentships with Aston University – 1 vascular project open to participant recruitment (Mr Mike Wall; student Jake Cooke); 1 project collating feasibility data (Mr Akinfemi Akingboye; student Muhammad Kamran)

## **Education**

Both medical and Nursing/Allied Health professional education is progressing well against the UHS criteria. Student access from Aston University is increasing along with additional university collaboration.

## **Innovation**

A register of Innovations is maintained and updates on progress are recorded. There are currently 29 innovations which are at various stages of development. Those requiring support to progress further are supported by the research and innovation team.

Regular meetings are held with Health Innovation Network West Midlands and Midtech.

Dr Julian Sonksen's innovation QI Notify (App) has submitted ethics application to University of Warwick. This project is pending Trust Senior Executive approval to continue to next stage.

Two new innovation projects based within primary care are to be submitted for funding via the British Heart Foundation funding call (submission early November 2024), addressing cardiovascular risk prevention and screening.

## **Timeline to Achieving Success**

Our five-year trajectory will focus on:

- Securing and supporting clinical academic contracts (to increase academic research and funding applications)
- Increasing research capability funding (RCF) (successful grant applications 250k over 2 consecutive years required).
- Research excellence framework (REF). All research to be REF returnable

## **References**

Department of Health and Social Care (DHSC) (2021) Saving and Improving Lives: The future of UK Clinical Research Delivery. <https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery> Accessed 12/9/2024.

University Hospital Status (2019) Defining University Hospitals. [www.universityhospitals.org.uk](http://www.universityhospitals.org.uk). Accessed 12/9/2024.



## Appendix 1

Criteria	Current Status	Action required	Owner	Target date
<b>Research</b>				
The Trust shall have in place with the University a Memorandum of Understanding (MOU) on Joint Working for Effective Research Governance; it will actively investigate joint Research Offices to foster more efficient working.	MoU completed. Joint appointments to be confirmed.	Actively explore joint appointments	Gail Parsons Mike Wall Claire Phillips	Complete
The Trust shall demonstrate that it is working collaboratively with the faculty to develop agreed joint research strategy;	Research and Innovation strategy completed.	Regular meetings/project work	Gail Parsons Claire Phillips	Complete
There shall be evidence of significant research activity within the Trust, much of which will involve collaboration with university staff.				
A core number (20) of university principal investigators. There must be a minimum of twenty consultant staff with substantive contracts of employment with the university with a medical or dental school which provides a non-executive director to the Trust Board. These individuals must have an honorary contract with the Trust in question.	This now refers to university staff working in the Trust. We currently have Professors in Gastroenterology, Neurology and Vascular but others referenced R&D Strategy have retired/moved. It is possible to hold honorary contract with more than 1 university. 30+ consultants hold honorary lecturer position with U of B. The key is to attract people with academic interests when making appointments	1 current University PI (with UoB)  Continue to identify individuals wishing to formalise collaborative work.	Gail Parsons Mike Wall Claire Phillips	Ongoing  Potential Individuals Identified.  2024/2025
The research output to be Research Excellence Framework (REF) returnable;	Framework available	Framework assessment	Gail Parsons Mike Wall Claire Phillips	Ongoing Review monthly.
For Trusts in England, an average Research Capability Funding allocation of at least £200k average p.a. over the previous two years	Trust currently receives the minimum £25k funding. Method of funding allocation may change in the future. Successful applications to NIHR programme grants are required to increase this funding	To increase this we would need to support joint clinical academic researchers Successful applications to	Gail Parsons Mike Wall	

		NIHR programme grants are required to increase this funding		
<b>The Faculty and University Hospital shall maintain strategic links and a close working relationship, which shall include:</b>				
University representation on the Trust's Local Awards Committee for considering nominations for Clinical Excellence Awards;	Professor Anthony Hilton	NA	Awards not applicable currently	NA
University representation on the Trust's Advisory Appointments Committees for Consultant posts.	Professor Anthony Hilton			Complete
Board membership of a non-Executive Director from the Faculty;	Trust Chair and Non-Exec Director are members of Faculty Board of Aston University. Professor Anthony Hilton, Non-exec Director.			Complete
The Trust's Chief Executive attending formal meetings with the Faculty Dean's Advisory Committee.	Diane Wake attending Aston University Faculty Committee			Complete

**Paper for submission to the Board of Directors  
on 14<sup>th</sup> November 2024**

<b>Report title:</b>	Strategy & Annual Plan progress report – Q2 2024/25
<b>Sponsoring executive:</b>	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
<b>Report author:</b>	Ian Chadwell, Deputy Director of Strategy

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

- Mortality performance continues to be good.
- Continued reduction in DNA rate for outpatients and theatre utilisation above England average.
- Vacancy rate remains below the target of 7% with the rate for nursing and midwifery now standing at just 3%.
- Financial plan delivered at month 6 with variance £3.2m better than plan.
- 'ICan' programme to support local employment on course to achieve target.

#### Advise

Trust had not eliminated all 65+ week waiters by the end of September with four patients showing at the end of the month. This target will be achieved from October onwards.  
First scans as part of the Targeted Lung Health Check programme in Dudley started in August.

#### Alert

Number of complaints and response times are not reducing as originally planned.  
Planned reduction in bank usage has not been delivered, in part due to the continued use of surge areas and waiting list initiatives to deliver elective targets.  
The cost improvement programme is forecast not to meet its target at year end largely due to the risks associated with delivering a reduction in substantive workforce and divisions are being asked to mitigate this risk.

This summary report is supported by additional information available in the reading pack.

### 2. Alignment to our Vision

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

### 3. Report journey

Executive Directors – 15<sup>th</sup> October 2024

Relevant sections to all four committees – 29th, 30, 31st October 2024

Public Trust Board – 14<sup>th</sup> November 2024

### 4. Recommendation(s)

The Public Trust Board is asked to:

a) To note the strategy progress report for Q2 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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

# STRATEGY PROGRESS REPORT – Q2 2024/25

Report to Board of Directors on 14<sup>th</sup> November 2024

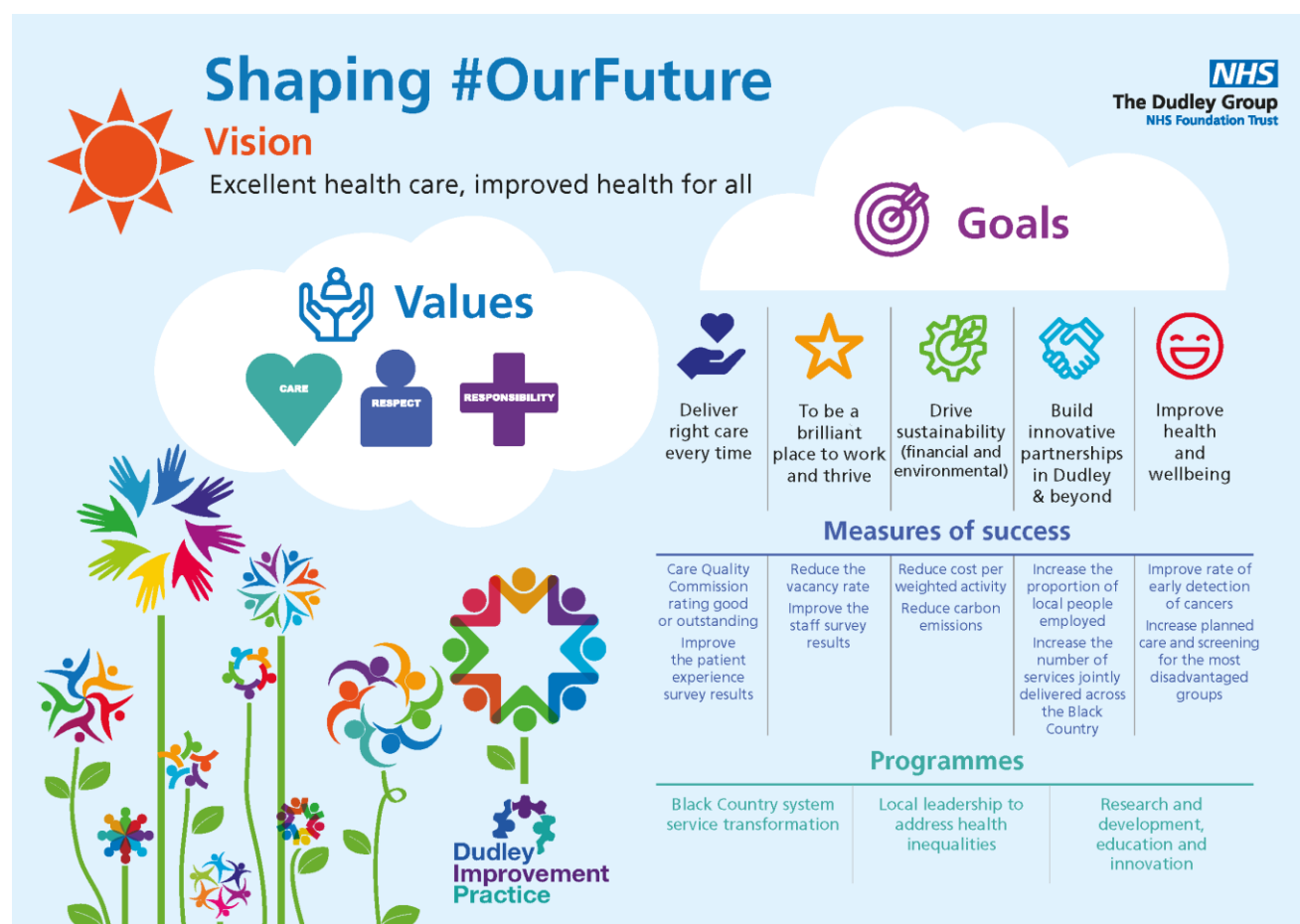
## EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture' and the annual plan 2024/25. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during October.

The committees received the reports as being a comprehensive reflection.

## BACKGROUND INFORMATION

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



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

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

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

#### Progress to highlight from quarter 2 2024/25

- Mortality performance continues to be good.
- Continued reduction in DNA rate for outpatients and theatre utilisation above England average.
- Vacancy rate remains below the target of 7% with the rate for nursing and midwifery now standing at just 3%.
- Financial plan delivered at month 6 with variance £3.2m better than plan.
- 'ICan' programme to support local employment on target to achieve target.
- Trust had not eliminated all 65+ week waiters by the end of September with four patients showing at the end of the month. This target will be achieved from October onwards.
- First scans as part of the Targeted Lung Health Check programme in Dudley started in August.
- Number of complaints and response times are not reducing as originally planned.
- Planned reduction in bank usage has not been delivered, in part due to the continued use of surge areas and waiting list initiatives to deliver elective targets.
- The cost improvement programme is forecast not to meet its target at year end largely due to the risks associated with delivering a reduction in substantive workforce and divisions are being asked to mitigate the substantive risk.

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

#### **RISKS AND MITIGATIONS**

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

#### **RECOMMENDATIONS**

To note the strategy progress report for Q2 2024/25.

Ian Chadwell  
Deputy Director of Strategy  
4<sup>th</sup> November 2024

#### **APPENDICES:**

Appendix 1 – Summary progress against strategy and objectives in the annual plan 2024/25

Appendix 2 – Strategic Planning Framework 2024/25 as agreed by Board of Directors

## Summary progress against strategy and objectives in the annual plan 2024/25

Goal, success measure and objective from annual plan	RAG rating	
	This quarter	Last quarter
<b>Deliver right care every time</b>		
Measures of success		
CQC good or outstanding		
Improve the patient experience results		
Achieve NHS constitution targets		
Objectives from the annual plan		
Reduce complaints by 15% compared to 23/24		
90% of complaints to be responded to in 30 days		
Increase responses to patient experience survey by 20%		
Reduction in incidents resulting in significant harm		
Standardised hospital mortality index (SHMI) better than England average		
Re-admission within 28 days better than England average		
Eliminate 65 week waits by September 2024 and reduce 52 week waits		
Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation 85%)		
<b>Be a brilliant place to work and thrive</b>		
Measures of success		
Improve the staff survey results to better than England average		
Reduce the vacancy rate to 7% or below		
Objectives from the annual plan		
Improve retention rates for nursing, midwifery and AHP groups		
Bullying and harassment – staff survey results better than England average		
Raising concerns – staff survey results better than England average		
Recommend trust as a place to work – staff survey results better than England average		
<b>Drive sustainability</b>		
Measures of success		
Reduce cost per weighted activity to better than England average		
Reduce carbon emissions (year-on-year decrease to achieve net zero by 2040)		
Objectives from the annual plan		
Deliver financial plan (deficit of £32.565m)		
Deliver recurrent cost improvement programme of £31.896m		
Reduction in use of bank by 25%		
<b>Build innovative partnerships in Dudley and beyond</b>		
Measures of success		
Increase proportion of local people employed to 70% by Mar-25		
Increase the number of services delivered jointly across the Black Country		
Objectives from the annual plan		

A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)		
Improve discharge processes		
<b>Improve health and wellbeing</b>		
Measures of success		
Improve rate of early detection of cancers (75% of cancers diagnosed at stages I,II by 2028)		
Increase planned care and screening from disadvantaged groups		
Objectives from the annual plan		
Achieve acceptable coverage for breast screening (70%) and work towards achievable level (80%)		



## Strategic Planning Framework 2024/25

	DRIVE SUSTAINABILITY	RIGHT CARE EVERY TIME		INNOVATIVE PARTNERSHIPS	HEALTH & WELLBEING	BRILLIANT PLACE TO WORK
	Finance	Experience	Quality	Access	Inequalities	Workforce
Success Measures	Achieve financial sustainability	Improve our patient experience results	CQC rated good or outstanding	Achieve NHS Constitution targets (Referral to treatment, diagnostics, cancer, emergency access)	Improve rate of early detection of cancers	Staff survey results above England average
	Reduce cost per weighted activity to better than average			Increase the number of services delivered jointly across the Black Country	Increase planned care and screening from disadvantaged groups	Reduce vacancy rates
	Reduce Carbon Emissions				Increase proportion of local people employed	
In year objectives	Deliver financial plan (deficit of £32.565m)	Reduce complaints by 15% compared to 2023/24	Reduction in incidents resulting in significant harm (moderate, severe, death)	Eliminate 65 week waits by Sept 24 and reduce 52 week waits	Achieve acceptable coverage for breast screening (70%) and work towards achievable coverage (80%)	Improve retention rates for Nursing, Midwifery and AHP groups in particular retain 80% of our internationally recruited workforce
	Deliver recurrent cost improvement programme of £31.896m	90% of complaints to be responded to in 30 days	Standardised Hospital Mortality Index (SHMI) (quarterly) better than England average	Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation at 85%)	A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)	Bullying and harassment - experience of bullying from managers - staff survey results better than England average experience of bullying from colleagues: staff survey results better than England average
	Reduction in use of bank by 25%	Increase responses to patient experience survey by 20%	Re-admission within 28 days better than England average	Improve discharge processes (30 discharges per day from MOFD list, 90% of patients to be discharged within 24 hours once known to system partners, reduce number of incomplete discharges on the complex list – no more than 5% failed per day, 30% of In-patient's discharges are home for lunch for each RHH ward		Raising concerns - I feel safe to speak up staff survey results better than England average
						Recommend trust as a place to work staff survey results better than England average
Multi-year commitments	Delivery of Digital 3 year Plan					
	Work collaboratively to increase elective capacity					
	Delivery of Financial Recovery Plan					
	Productivity (outpatient transformation, theatre utilisation, discharge)					
	Delivery of People Plan and associated journeys (Recruitment and Retention, EDI, Wellbeing, OD and leadership)					
	Delivery and Implementation of Community Diagnostic Centre					
	Implement Delivery plan for maternity and neonatal services					
	Transformation and integration of community services					
Task and finish	Consolidate payroll function across provider collaborative	Redevelopment of resuscitation area in ED	Embedding of Patient Safety Incident Response Framework (PSIRF)	Transfer services from DIHC into DGFT	ICan (pre-employment programme)	Establishment and embedding of the Brilliant Place to Work group to deliver actions associated with the Culture and Learning journey
	Corporate improvement programme	Discharge, Nutrition, hydration and pain quality improvement programmes established	Provision of more services in the Family Hubs to provide better services to families	Establish structures to support DGFT becoming Lead Provider for Dudley Health and Care Partnership by March 2026	Develop policies and procedures around patient equality	An improvement project to be included in each staff appraisal as part of embedding the Dudley Improvement Practice
		Development and implementation of dementia and delirium and autism and learning disability strategies			Contribute to design of Health Innovation Dudley and the range of courses offered	Establishment and embedding of the recruitment and retention group to deliver actions associated with the journey
		Shared across Joint Provider Committee (Black Country)		Shared across Dudley Health & Care Partnership		

## Paper for submission to the Board of Directors on 14<sup>th</sup> November 2024

<b>Report title:</b>	Annual Review of Standing Financial Instructions
<b>Sponsoring executive:</b>	Chris Walker – Interim Director of Finance
<b>Report author:</b>	Chris Walker – Interim Director of Finance

### 1. Summary of key issues using Assure, Advise and Alert

#### Assure

- The Audit Committee received this report at its meeting on 23rd September 2024 and discussed its contents in detail. The Audit Committee accepted the report and recommended that the Trust Board approve the changes to the SFI's and Scheme of Delegation
- The Standing Financial Instructions and Scheme of Delegation detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government Policy to achieve probity, accuracy, economy, efficiency and effectiveness. It is recommended good practice that the Standing Financial Instructions and Scheme of Delegation are reviewed annually to take account of the changing control environment and additional financial governance arrangements

#### Advise

- The paper contained within the further reading pack highlights the changes that have been proposed to the Standing Financial Instructions and Scheme of Delegation following consultation with key stakeholders.

#### Alert

- Due to the current financial position of the Trust and Integrated Care System the Trust is currently operating under enhanced financial 'grip and control'. The paper highlights the temporary suspension of the Scheme of Delegation and the current controls in place.

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

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

### 3. Report journey

Audit Committee 23<sup>rd</sup> September 2024

### 4. Recommendation

The Private Trust Board is asked to:

- a) Approve the proposed changes to the SFI's and Scheme of Delegation

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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		Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0		Ensure Dudley is a brilliant place to work
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		Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

**Paper for submission to the Board of Directors 14 November 2024**

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

**1. Summary of key issues using Assure, Advise and Alert**

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 the BAF at its public meetings, given in appendix 1.

**Summary of changes since the last report – September 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 not changed from the previous summary report:

- Eight (was eight) assigned a 'positive' rating
- One (was one) assigned an 'inconclusive' rating
- None (was 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.

The current risk score Q2, 24/25 is 12 (3x4) as there is a variation in ownership and embedding of key actions and learning. The Q4 2024/25 target score is 9 (3x3). The target is to reduce the likelihood score to 'possible' whilst the impact remains major. Note: Quality and Safety links to patient flow articulated in BAF 7.

**Items to note**

- Mental Health contract and SOP arrangements - SOP further updated following legal advice. The SOP and legal advice shared with BCHT ahead of meeting scheduled on 23<sup>rd</sup> October to review and finalise the SOP. One outstanding action, which will require resolution, is the provision of medical scrutiny of MH section paperwork. This will be discussed with BCHT at the meeting in October. Risk register updated accordingly.
- Quality Impact Assessment policy finalised and is being ratified.

- Safe discharge management - ongoing work remains in progress to maximise daily discharges. Discharge Improvement Group remains in place to drive improvements, including patient experience.
- Patient Experience and complaints framework - ongoing oversight and actions focussing on improving patient experience, early resolution of complaints and responsiveness to complaints remain in place.
- Quality account and agreed quality priorities – integrated IPR developed and submitted to committee. Positive progress against quality priorities reported to Quality Committee at the end of October 2024.

**BAF Risk 1.2: Compliance and Regulatory:** Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action.

The current risk score is 12 (3x4). Updated August 24 (was 9).

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

- Announced Inspection of Maternity (Apr23) **increased** to **Good** overall. This **increased** Trust Safe Domain to **Requires Improvement**
- Unannounced inspection of ED (May 23); report published Nov 23. Improvement in 2 domains to **Good**; however, the overall rating remained as **Requires Improvement**
- Unannounced inspection of Children and Young People (Jun23) Report published Nov 23, overall rating **increased** to **Good**.

Score remains at 12 due to:

- Quality and Safety Review schedule paused due to capacity pressure and re-focused support for the self-assessment process
- The self-assessment process timeframe extended
- Mental Health Act scrutiny still requires strengthening
- Limited internal assurance regarding compliance of new services transferred from DIHC to CQC quality standards
- Uncertainty around CQC's approach to inspection and their processes may negatively impact on reinspection timing

The target score is 6 (2x3) as there is potential for possible breaches of standards and performance challenges, but these would not be considered to pose significant challenges to resolve/recover.

#### Items to note

- The CQC self-assessment of the services transferred from DIHC are pending
- Alignment of DIHC policies and procedures to DGNHSFT are underway with completion date of December 2024
- Development well-led review extended to March 2024 and await clarity around CQC approach to inspection

**BAF 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.**

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

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

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 9 (3x3) (Moderate x Possible). The target risk will remain under consideration given the detailed workforce plan and potential risk. Assigned Risk appetite 'seek'.

#### Items to note

Proposed completion dates extended or exceeded for the following actions:

- Optimisation of ESR – monthly reporting scheduled implemented, Go Live with applicant and employee Self Service partially complete, soft launch of employee access to view and download their pension benefits and remuneration package.
- HR Business partners have prioritised service level plans with divisional VAR panels now established.
- Outreach and engagement to upskill rostered areas in effective rostering and roster maintenance complete but ongoing as part of business as usual.
- Review of Band 2 CSW's in line with national profile changes, in progress, scoping undertaken – Likely to implement changes before the end of year.

#### **BAF Risk 3 – Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.**

The current risk score is 12 (3x4). Given the improvements in key indicators of staff satisfaction the likelihood is deemed to be 'Possible' The impact of this risk, should it be realised, would be 'Major.' There are a range of mitigating actions in place, which will reduce the risk score (Post Mitigation Risk Score) to 6 (Minor/Possible) during 2024/25.

Whilst there has been improved staff retention and 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 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 (Care Quality Commission) domain.

A failure to develop and maintain our culture in line with the Trust values and the NHS (National Health Service) 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 & 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

Proposed completion dates extended or exceeded for the following actions:

- Pilot flexible working profiles within job adverts completed and has been replaced by a recruitment poster.
  - Undertake a review of the PWP role in SWC (Surgery, Women & Children) Division and identify if there are any funding opportunities to expand to other areas of the Trust - – no funding available. Reviewing counselling provision longer term instead.
  - Establish Task and Finish Group on Bullying and Harassment - formal group delayed but actions on policy, mediation and training commenced. Group to be established in Sept 2024.
  - Develop and launch dedicated career and development portal (accessible via intranet and external web page) - review and design underway with task and finish group.
- Aligned to wider website redesign 30/9/2024. Revsed date of 31/01/2025.

#### BAF Risk 4 – Financial Sustainability

The current risk score is 20 (5x4) based on an almost certain and major impact assessment. The Trust has set a deficit plan of £32.6m which is extremely challenging. To achieve this plan the Trust is required to deliver £31.9m CIP. The Trust will need revenue cash support of £14m from NHSE in 2024/25. The medium-term financial plan requires further work at a system level to substantiate future years efficiency plans.

The target risk score is 12 (4x3). This is based on a reduction in likelihood (from 4 to 3) 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

- The Trust is £3.322m ahead of its plan at the end of Month 6 with the receipt of £2.8m of 2023/24 Elective Recovery Fund (ERF) and £0.5m of industrial action funding being the main reason for the variance from plan.
- The full CIP plan of £31.896 has been identified (with further schemes above this identified to mitigate non-delivery). Of the identified £28.299m is recurrent. However, at



month 6 delivery of the identified CIP plan is currently forecast to be a shortfall of £3.363m.

- At the end of Month 6 the Trust is above its workforce plan by 312 WTE's. While there are some mitigations for this increase the delivery of this CIP is now a high risk with divisions forecasting circa £6m shortfall.

### **BAF Risk 5 – Carbon Emissions Reduction**

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

The 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. Note that the BAF is submitted to committee in April and October.

#### **Items to note**

- Key controls – additional items added:
  - inclusion of the Trust's Green Plan 2020-2025
  - The Climate Change Adaptation Plan 2023 to 2030 travel plan
- Gaps in key controls
  - update to Action 2: carbon trajectories set, Request quotes to conduct feasibility studies for decarbonising the estate. Using the quotes for Heat Decarbonisation Plan the Trust applied for Heat Decarbonisation Plan, the cost of this work was £114,000, this would include carrying out studies to understand what technologies would work for the estate. The application is on the reserve list and should hear back in November. If unsuccessful we will resubmit in March/April 2025. Led by: Energy and Estates Sub-Group
  - update to Action 3: decarbonisation plan - further work would be required to engage the PFI Stakeholder to understand what level of investment they are willing to contribute. Led by: Energy and Estates Sub-Group
  - Update to Action 4: Climate Change Adaptation Plan (CCAP) - due to changes in Trust resource the timescale within the CCAP need adjusting
  - Update Action 5: overarching environmental and energy policy for the Trust - Review examples from other Trusts for the formatting of the policy/policies. Develop a draft policy to support with the implementation of the Green Plan. Led by: Sustainability Lead. Due: 24/25

### **BAF Risk 6 – Build Partnerships**

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



To note that BAF 6 residual score for is unchanged at 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'. Risk appetite is Open. There are no operational risks linked to this BAF.

#### Items to note

The following updates have been applied.

- The following items are complete and removed from the list of actions:
  - o Development of the 2024/2025 priorities and workplan for the Dudley Health and Care Partnership and any resulting services transformation where required in line with NHS guidance.
  - o Development of the 2024/2025 priorities and workplan for the Provider Collaborative and any resulting services transformation where required in line with NHS guidance.
  - o Review membership of the Trust Integration Committee to include representatives from primary care network

The following mitigation actions are now complete:

- o Programme of work to be established for the Trust to obtain University Status.
- o Develop work plan of opportunities to work with Dudley College and Dudley Academy Schools
- o MOU to be agreed between Dudley Health and Care Partnership and the ICB

The following actions where planned completion date has been amended:

- o Trust developing a clinical services plan moved to March 2025
- o Black Country System developing a refresh strategy and clinical services transformation plan date moved to March 2025
- o Dudley Stakeholder map and management plan to be updated and refreshed regularly moved to December 2024

Key controls updated

- Item relating to the dissolution of the Dudley Integrated Health and Care NHS Trust updated to reflect transfer of a number of services and a new Place division having been created on 1<sup>st</sup> October 2024.
- Removed 'DIHC Transaction Project team to oversee the transfer of DIHC services to the Trust as the 'host' of Dudley Place Partnership. Which will report to Integration Committee and Trust Board

**BAF Risk 7 – Achieve Operational Performance/Strategic goals** Failure to achieve operational performance requirements and deliver strategic goals with potential to be subject to regulatory action.

The current risk score is 16 (4x4). This is on the basis that the current likelihood is "likely". The impact of this risk, should it be realised for the Trust's services, is 'major'.

#### Items to note

- A number of mitigating actions completed related to monitoring of performance that has seen development of integrated reports and increased oversight via the Finance & Productivity Committee and the Quality Committee
- Winter plans developed and to be submitted to November 2024 Board of Directors

**BAF Risk 8** – If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack.

Following the dissolution of the Digital Committee in May 2024, it was agreed that BAF 8 would now be reviewed and monitored bi-monthly by the Finance & Productivity Committee; the document will be submitted to the September meeting and bimonthly thereafter.

#### Items to note

A number of actions are due for completion by the end October 2024 and are currently in progress with timescale under review.

#### Next Steps

To note that the Trust's Risk Management Framework has been subject to review and was submitted to the Audit Committee in late September with roll out to follow.

There will be further Board development workshop activity in December to finalise the BAF risks and appetite aligned to the work underway to refresh the Trust strategy.

2. Alignment to our Vision		
Deliver right care every time		<b>x</b>
Be a brilliant place to work and thrive		<b>x</b>
Drive sustainability (financial and environmental)		<b>x</b>
Build innovative partnerships in Dudley and beyond		<b>x</b>
Improve health and wellbeing		<b>x</b>
3. Report journey		
Audit Committee – 23 <sup>rd</sup> September 2024, Public Trust Board – 14 <sup>th</sup> November 2024		
4. Recommendations		
The Public Trust Board is asked to:		
a) <b>Approve</b> the updates made since the last meeting		
b) <b>Note</b> ongoing work embed effective risk management with further Board development workshop activity being scheduled for 2024/2025		
5. Impact		
Board Assurance Framework Risk 1.1	<b>X</b>	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	<b>X</b>	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	<b>X</b>	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	<b>X</b>	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	<b>X</b>	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	<b>X</b>	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	<b>X</b>	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	<b>X</b>	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	<b>X</b>	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

## Summary Board Assurance Framework (BAF): August 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 reported at October 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)	→ 12 (3x4)	9 (3x3)	Cautious	Inconclusive 29/10/24
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)	→ 12 (3x)	9 (3x3)	Open	Positive 29/10/24
2	Workforce	Failure to effectively manage workforce demand and capacity to deliver Trust Strategic Objectives	Chief People Officer	People	20 (4x5)	→ 9 (3x3)	9 (3x3)	Seek	Positive 29/10/24
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 29/10/24
4	Finance	Failure to remain financially sustainable in 2024/25 and beyond	Director of Finance	Finance and Productivity	20 (4x5)	→ 20 (5x4)	12 (4x3)	Open	Positive 31/10/24
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 31/10/24
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Chief Integration Officer	Integration Committee	16 (4x4)	→ 12 (3x4)	8 (2x4)	Open	Positive 30/10/24
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	25 (5x5)	→ 16 (4x4)	12 (3x4)	Open	Positive 31/10/24
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	Finance and Productivity	25 (5x5)	→ 16 (4x4)	16 (4x4)	Open	Positive 31/10/24

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 <i>descriptors updated March '23</i>	
Positive	The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.
Inconclusive	Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.
Negative	There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision
This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.	

Risk Appetite	Descriptor
None	Avoidance of Risk is a key organisational objective
Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
Cautious	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential
Open	Willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward
Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust