The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 7 January, 2016 at 9.30am
Clinical Education Centre

Meeting in Public Session
All matters are for discussion/decision except where noted

	Item	Enc. No.	By	Action	Time
1.	**Chairmans Welcome and Note of Apologies – A Becke**		J Ord	To Note	9.30
2.	**Declarations of Interest**		J Ord	To Note	9.30
3.	**Announcements**		J Ord	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 3 December 2015	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 3 December 2015	Enclosure 2	J Ord	To Action	9.30
5.	**Patient Story**		L Abbiss	To Note & Discuss	9.40
6.	**Chief Executive's Overview Report**	Enclosure 3	P Clark	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Chief Nurse Report	Enclosure 4	D Wardell	To Note & Discuss	10.00
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.15
	7.3 Charitable Fund Report	Enclosure 6	D Wulff	To Note	10.25
	7.4 NHS Preparedness for a Major Incident Report	Enclosure 7	P Bytheway	To Note	10.35
8.	**Finance and Performance**				
	8.1 Finance and Performance Committee Exception report	Enclosure 8	J Fellows	To Note & Discuss	10.45
	8.2 Integrated Dashboard Report	Enclosure 9	A Baines	To Note	10.55
	8.3 Cost Improvement Programme and Transformation Overview Report	Enclosure 10	A Baines	To Note	11.05
9.	**Any other Business**				11.15
10.	**Date of Next Board of Directors Meeting** 9.30am 4 February 2016 Clinical Education Centre		J Ord		11.15

11.	**Exclusion of the Press and Other Members of the Public** To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Ord		11.15

The Dudley Group **NHS**
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 3rd December, 2015 at 9:30am in the Clinical Education Centre.

Present:

David Badger, Chairman
Richard Miner, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Taylor, Director of Finance and Information
Ann Becke, Non Executive Director
Paula Clark, Chief Executive
Paul Bytheway, Chief Operating Officer
Dawn Wardell, Chief Nurse
Doug Wulff, Non Executive Director
Paul Harrison, Medical Director
Jenni Ord, Associate Non Executive Director
David Bland, Non Executive Director

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
Glen Palethorpe, Director of Governance/Board Secretary
Anne Baines, Director of Strategy and Performance
Jeff Neilson, Head of Research and Development (item 15/123.8)

15/117 Note of Apologies and Welcome

Apologies were received from Julie Bacon.

15/118 Declarations of Interest

There were no declarations of interest.

15/119 Announcements

The Chief Executive announced that it was David Badger's last meeting. She expressed her grateful thanks to David for his outstanding service to the Trust as a Non Executive Director and then Chairman during the last 15 years. The Chairman confirmed that it was a wonderful feeling to be retiring when the Trust is in such a strong position and stated that this was down to the Board and staff at the Trust.

The Chairman also confirmed that this was David Bland's final meeting as a Non Executive Director. He confirmed that David had witnessed some interesting times at the Trust over the last 5 years and he confirmed that he was very grateful for David's contribution and wished him well for the future.

15/120 Minutes of the previous Board meeting held on 5th November, 2015 (Enclosure 1)

The action point in the minutes was amended at item 15/113.2 Nurse Staffing Report on page five to read "A decision to be made on international recruitment by the end of November 2015."

With this amendment the minutes of the previous meeting were agreed by the Board as a true and correct record of the meetings discussion and signed by the Chairman.

15/121 Action Sheet, 5th November, 2015 (Enclosure 2)

15/121.1 Item 15/102.4 Integrated Performance Report

The Chairman will raise the infection control issue with David Hegarty at their next meeting on 22nd December, 2015.

15/121.2 Item 15/113.2 Nurse Staffing Report

The Chief Nurse confirmed that a meeting had been arranged for the following week to look at the position in relation to international recruitment.

All other items appearing on the action sheet were noted to be complete, for update at a future Board meeting or appeared on the Board agenda.

15/122 Patient Story

The Director of Governance/Board Secretary presented the patient story. The story was less positive than previous stories and related to a patient who had been presented at ED following a fall and had then been transferred to ward C8. The patient had Parkinson's Disease and had presented at the Trust with a list of prescribed medication. The patients spouse had offered to go home and collect the Parkinson's medication but had been told that this was not possible. The day after admission the patient was noted to be not as bright and by the 3rd day when the patient's spouse visited she was told by the Occupational Therapist working on discharge plan that he could not go home as had not received his Parkinson's medication. It took a further 10 days for patient to recover from missing his medication.

An Investigation is taking place and an action plan is being produced to provide clarity around the handling of urgent drug requests. Staff will be reminded of the importance of drug administration and the effects that a break in drugs can have. Staff have also been reminded that the on-call pharmacist can and should be contacted.

The Director of Governance/Board Secretary confirmed that the Trust has responded to the patient's family regarding the outcome with complaint.

The Chief Executive asked why the family were not able to bring in the patient's medication as they were competent with managing this. The Chief Nurse confirmed that this was because it was in a blister pack. The Medical Director stated that there is a wider opportunity to raise awareness of Parkinson's Disease across the organisation.

Mrs Becke, Non Executive Director commented that she was aware that there had also been a problem with insulin administration so there was a wider issue with patients on systematic medication.

The Director of Governance/Board Secretary to ask Pam Smith, who is organising the learning event, to invite the Parkinson's Disease Society to the event to present to staff.

The Chairman and Board noted the patient story and the key issues to learn from. The Trust will also look to address it ensures people on systematic medication are managed. The Board noted that the Trust will also contact the Parksinson's Disease Society to present at the learning event.

The Trust to invite the Parkinson's Disease Society to present at the learning event.

15/123 Chief Executive's Overview Report (Enclosure 3)

The Chief Executive presented her Overview Report, given as Enclosure 3, including the following highlights:

- **Friends and Family:** The Board noted the dip in Community although this should be back on track for October as the Trust continues to push hard in this area. Inpatients continue to do well. ED performance was better than the national average, along with maternity, although a dip was noted for November. Outpatients continues to be an issue and the Director of Strategy and Performance and her team are working to scope this as a piece of transformation work.

  The Chairman asked whether there was an issue with low response rates. Liz Abbiss confirmed that the Trust was looking at the use of a messaging service.

- **Junior Doctors' Industrial Action:** The Board noted the last minute agreement to suspend the action. The Chief Executive thanked the team who had worked very hard to ensure that the Trust would not be placed at risk. The Director of Finance and Information asked about the number of cancelled appointments. The Chief Operating Officer confirmed that the Trust had lost 168 outpatient appointments which had now been rescheduled. The Medical Director confirmed that the deadline to resolve the action is 13th January, 2016.

- **Awards:** The Board noted that the Trust had won or been shortlisted for a number of awards. It was also noted that Jacqui Howells was the regional winner at the Good Nurse Awards, which was a public nomination. The Board noted that the HSJ award will start on a relay around the Trust the following next week.

  The Board noted that the staff survey had now closed. Liz Abbiss confirmed that the Trust had finished above the national response rate. The Chief Executive passed her thanks to the Communications Team for their hard work.

The Chairman and Board noted the report and the continued good Friends and Family performance and that the Trust is looking to use a messaging service to improve response rates. The Board noted the actions around the junior doctors strike and noted the awards.

The Chairman confirmed that he will write to Jacqui Howells congratulating her on her award. The Board also noted the good news on the staff survey response rates.

Chairman to write to Jacqui Howells to congratulate her on her award.

15/124 Patient Safety and Quality

15/124.1 Infection Prevention and Control Exception Report (Enclosure 4)

The Chief Nurse presented the Infection Prevention and Control Exception Report given as Enclosure 4.

The Board noted that infection control had been discussed in detail during the Matron's presentation.

The Chief Nurse presented on the key issues, including:

MRSA: No post 48 hr MRSA bacteraemia cases since 27th September, 2015.

C.Diff: 30 cases noted against the 29 case tolerance level for the year.

Norovirus: Now in season but no cases experienced within the Trust.

The Chief Nurse stated that every single member of staff must see infection control as a priority.

The Board noted the detailed 10 point action plan included in the report.

The Chairman and Board noted the report and confirmed that it was content that the Trust was taking appropriate action. Mr Bland, Non Executive Director, commented that the Trust had been out of step previously around antibiotic usage with other Trusts. The Medical Director confirmed that the issue was a complex situation and the Trust is currently doing a detailed piece of work around this.

15/124.2 Safer Care Nurse Tool/Nurse Staffing Report (Enclosure 5)

The Chief Nurse presented the Safer Care Nurse Tool/Nurse Staffing report given as Enclosure 5.

Safer Nurse Tool

The Board noted that this is a 6 monthly review to look at establishments against dependency of patients. The Chief Nurse confirmed that there were no current concerns.

Mr Fellows, Non Executive Director, commented that the report does not cover A&E and Elderly care. The Chief Nurse confirmed that there is a lot of activity around developing the tool next year for ED, elderly and community.

The Chairman and Board noted the report.

Nurse Staffing Report

The Board noted that this was the third month to experience a reduction of amber areas. No serious shortfalls were noted in the month and no red shifts. The Chief Nurse confirmed that Maternity had seen a huge improvement. A group of new nurses had commenced in September and will become registered in December. There remains a challenge around the 65 vacancies for ward level posts. There is a meeting the following week to consider international recruitment. The Trust is looking at how it can retain its nurses.

The Board noted that there were 15 leavers in October.

The Chief Nurse had made enquiries with HEE about Magnet Hospitals as discussed at the previous Board meeting.

Mr Miner, Non Executive Director, asked about exit interviews and whether given the issues in the local health economy the Trust could take staff from other organisations. The Chief Nurse confirmed that the Trust was starting to see some movement from other organisations.

The Chairman and Board noted the report, graph, amber shifts and list of mitigations. The Board confirmed that they were assured by the mitigations detailed in the paper. The Board also noted the initiatives around recruitment and retention.

15/124.3 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 6)

Dr Wulff, Committee Chair, presented the Clinical Quality Safety Patient Experience Committee Exception Report, given as Enclosure 6. The Board noted the following key areas from the previous meeting:

- Positive Assurances: Operational management assurance was provided with regard to the actions being taken in respect of choose and book and that there were no quality issues around manual triage process. Assurance was provided in respect of the Stroke co-location and that the move had improved patient experience and improved the MDT working in that area and also access to medical staff and continuity of lead clinician for each patient. Executive management assurance was provided in respect of the outcome of the investigation into the second potential never event and agreement was reached that this incident did not meet the criteria for a never event. Executive management was received via the Quality and Safety Group in respect of the Trust's improved Nursing Care Indicator process, discussed earlier in the meeting, and that the outcomes of pharmacy audits are being reported to this group. Executive assurance was received via the Internal Safeguarding Board in respect of Tier 4 CAMHS beds and the Committee supported the continued challenge regarding provision at every possible opportunity. Executive management assurance was received via the Patient Experience Group on the undertaking of internal quality and safety reviews and latest Voices survey.

- Decisions Made/Items Approved: The Committee had considered the proposed quality priorities and metrics for the forthcoming year and agreed that the priorities would remain as Patient Experience, Pressure Ulcers, Infection Control and Nutrition/Hydration. In light of the assurance that the process is embedded, the Committee proposed the removal of mortality provided the Medical Director agreed.

The Committee proposed to add two or three new priorities from either Pain Management, Medicine Management or Falls. A proposal will be presented at the next meeting and then to Governors in December. The Committee agreed that the quality metrics be investigated and the feasibility of a MET call measure rather than just cardiac arrest, of the readmission rate into medicine rather than surgery and of the percentage of elective admissions being replaced by the number of ED admissions with a fractured neck of femur treated within 2 hours be considered and reported back to the next meeting. The Committee asked that the Divisions through their performance management framework be reminded of the need to provide assurance that actions are closed in a timely manner given the increase in open actions that have passed their agreed dates.

- Actions to come back to the Committee: The Committee is to receive a further update on the Trust infection prevention and control action plan and receive a final report on the Trust quality priorities and metrics at the next meeting. The Committee asked that the outcome of the work in respect of blood bank sample audits especially any further issues regarding non identification of patients is reported to the next meeting. The Committee asked that once RCAs had been concluded in respect of two recent Radiology SIs that these be reported in the SI report so that the Committee can have more detail on the root causes and actions being taken. The Committee asked that a report be presented on the potential impact of the neonatal review being undertaken across the West Midlands and that the potential risk is reflected in the Corporate Risk Register.

Mr Miner, Non Executive Director, commented that at the last Board meeting the Director of Governance/Board Secretary introduced the new syle Assurance Framework, and asked how the Committee receives assurance. Dr Wulff confirmed that the Committee interrogates all assurances. Mr Bland, Non Executive Director, confirmed that there is an expectation that there is appropriate interrogation.

Mr Fellows, Non Executive Director, asked that with regard to Choose and Book, the Board recognises the efforts of the operational management team.

- Items referred to the Board for Decision or Action: The Board is asked to note that the Committee supports the Executive's view that the risk to the Trust of the current neonatal review across the West Midlands be assessed and included in the Corporate Risk Register.

The Chairman and Board noted the report and assurances received, decisions made, items approved and actions back to Committee and that the Antenatal Review be incorporated into the Risk Register.

15/124.4 Integrated Performance Report (Enclosure 7)

The Director of Strategy and Performance presented the Integrated Performance Report given as Enclosure 7.

The report covered the Trust's performance to October 2015, and included the following highlights:

- Overall performance to the end of October

- Emergency Access Target: The Trust continues to deliver well against the target.

- Cancer: The Trust is where it confirmed it would be at the last meeting. There has been a slow down in work at Wolverhamton but this has not put Q3 at risk. The Trust achieved 88.7% for October.

- Infection Control: Covered earlier on the agenda. There is a growing concern that the Trust will breach last year's forecast outturn.

- Activity Issues: Outpatient performance down. The Board noted the capacity issues impacting on the Trust for certain specialties. The Chief Executive suggested that we should investigate referral patterns. The Chairman stated that the Trust must respond to practice needs.

- Never Event: Discussed earlier on the agenda.

- Diagnostic Performance: Deterioration noted particularly around non-obstetric ultrasound. There are risks around capacity for MRI scanning.

The Director of Strategy and Performance confirmed that the Trust is looking at performance reporting and will be producing new reports that will be circulated to NED and Executive teams on Committees, feedback will be gathered before a broader discussion on the new format. The new system is anticipated to be available in February for reporting on January data but this depends on the building of the model, the system will certainly be in place for the beginning of the new financial year.

The Chairman and Board noted the report and key issues, noted the performance for CDiff, cancer, choose and book and the need to progress dialogue with individual practices. The Board noted the issues and actions around diagnostics and accepted the move towards revised reporting structure.

The Chairman asked about community staffing. The Chief Operating Officer confirmed that the level of vacancies had been high but static and the Trust was receiving more positive feedback.

15/124.5 Black Country Alliance Report (Enclosure 8)

The Chief Executive presented the Black Country Alliance (BCA) Report given as Enclosure 8.

The report was provided for information to enable the Board to keep up to date with BCA progress.

The Board noted the following key issues:

- Stroke: The Stroke review had been discussed at the Overview and Scrutiny Committee and the Chief Executive had been clear that the Trust did not want the reconfiguration of hyper acute stroke units and the Trust wants to ensure its pathways are robust.

- Interventional Radiology: Work is being undertaken across all 3 BCA organisations and there is also linkage into Wolverhampton.

- Rheumatology: The locum consultant will be leaving in 2 weeks time, there had been no interest in substantive posts, this will leave Walsall without a service.

- Procurement: The Lord Carter Review information had been received and this was being worked through.

The Chairman and Board noted the report and actions identified, the situation with Rheumatology and the Carter Review and that the Trust was performing well in terms of the national benchmark for procurement. The Board also noted that the BCA are looking at how the Trust can improve procurement. Interserve had offered support on how they could help the Trust regarding procurement. The Board noted that Carter was also covered in the Transformation Report.

15/124.6 Charitable Fund Report (Enclosure 9)

To be presented at the January Board meeting.

Charitable Fund Report to be presented at the January Board meeting.

15/124.7 Quality Accounts Update Report (Enclosure 10)

The Chief Nurse presented the Quality Accounts Report given as Enclosure 10.

The Board noted that this was an update on Q2 performance.

The Board noted the following key issues:

- Pressure Ulcers: There is an issue with the apportionment of avoidability and this takes time discussing with the CCG. The RCA system had changed and it was hoped that this will shorten the time between identification, apportionment and learning.

- Nutrition and Hydration: The Trust continues to achieve 97%.

The Board noted that the quality priorities going forward had been discussed under the Clinical Quality, Safety, Patient Experience Committee report.

The Chief Nurse confirmed that Deloitte had looked at last year's Quality Report and all assurances had been signed off.

The Chairman and Board noted the report and the proposed priorities for 2016/17 will be presented to the Council of Governors the following Thursday and then to the Clinical Quality, Safety, Patient Experience Committee on 22nd December, 2015, then a recommendation to the Board at its January meeting. The Board noted that the actions from the external review were now complete.

15/124.8 Workforce Committee Exception Report (Enclosure 11)

Mrs Becke, Committee Chair, presented the Workforce Committee Exception Report given as Enclosure 11.

The Board noted the following key issues:

- Staff Friends and Family Test: The number of staff who recommend the Trust as a place to receive care increased from 77% to 84% and as a place to work from 47% to 66%.

- Workforce KPIs: Appraisal compliance had fallen.

- Medical Appraisals and Revalidation: independent verification visit by NHS England in February 2016.

- Nurse Agency Rules for Staying on Framework: Performed well. The Board noted that the more recent price cap will be challenging. The Chief Executive confirmed that the agency rate was down to £40 per hour from £52 in April and this is a cost avoidance of around £1m for the organisation.

- Physician's Associates: Some concern around recruitment.

- Decisions by the Committee: The Health and Wellbeing Group will no longer report to the Workforce Committee. It will now report directly to the Health and Safety Group.

The Chairman and Board noted the report, decisions made, assurance received and items approved and noted the comment on nurse agency and potential savings.

15/124.8 Research and Development Report (Enclosure 12)

The Head of Research and Development presented the Research and Development Report given as Enclosure 12.

The Board noted the following key issues:

- Activity: A copy of the NIHR report was included in the papers. The graphs on the first page of the report detail the number of patients recruited into studies and the second table looks at activity based funding.

The Trust is undertaking a lot of complex studies so should expect a significant increase in funding but Dr Neilson confirmed that he could not see any clear increase in relation to funding units.

- New Trials: The Trust had received £100k following bidding for new trials.

- Oncology Research: The Trust is in a period of change for oncology research.

- Case Note Issue: The problem had improved.

- Research Device Issue: Some devices being provided by the clinical trial sponsors had issues with their usage and the PFI contract. This will be picked up with PFI partners.

- Research Nurses: Issue with nurses in the Directorate being clearly identifiable by using different coloured epaulets. The Chief Nurse confirmed that she will resolve the issue.

The Chairman and Board noted the report and the PFI issue with research devices. The Chairman asked that this issue is fed into the PFI Contract Liaison Group through Chris Walker. The Board also noted that the Chief Nurse will resolve the identification issue.

Mr Miner, Non Executive Director, commented that Margaret Marriott reports to the Audit Committee and there was some duplication with the report to Board. Mr Miner to discuss with the Director of Governance/Board Secretary.

The Chairman confirmed that it is useful to have half yearly updates to the Board.

The Medical Director commented on the activity based funding model. He confirmed that he was in favour of moving to this model but it is was extremely complex. A compromise had been reached.

The Chairman thanked Dr Neilson for his presentation.

The PFI issues with research devices to be fed into the PFI Contract Liaison Group.

Chief Nurse to resolve the Research Nurse identification issue.

Mr Miner and the Director of Governance/Board Secretary to meet to discuss R&D reporting format for Board and the Audit Committee.

15/125 Finance

15/125.1 Corporate Performance Report (Enclosure 13)

Mr Fellows, Committee Chair, presented the Corporate Performance Report, given as Enclosure 13.

The report provided a summary of the November Finance and Performance Committee meeting.

The Board noted the key highlights as follows:

Assurances Received :

- Well ahead of budget and the £3.1m deficit looks to be deliverable. Costs of agency staff is a consideration issue.

- Performance against KPIs continues to be very good. Diagnostic waits are below target as discussed earlier in the meeting. Recovery plans are due to be presented back to the Committee.

- CIP is extremely close to plan. The Trust has delivered its highest level of CIP ever achieved in a single year.

- Work to develop CIP plans for next year is progressing well. Monitor are reviewing the Trust's plans the following Wednesday.

- The performance target for cancer continues to be a challenge the Q2 target had been narrowly missed and Q3 was dependant on Wolverhampton.

Mr Fellows confirmed that there were concerns about the ability of the Trust's PFI partner to effectively manage the Trust's electrical and other systems. An independent 3rd party report had been produced and there were a number of recommendations.

There were a number of actions to come back to the Committee including the mapping of expected starters and leavers in Nursing and the recovery plans for diagnostic waits.

The Chairman and Board noted the report and the current position. The Chairman noted the phenomenal performance on CIP and gave his congratulations to the organisation for achieving this. The Board noted the assurance, decisions and actions.

15/125.2 Cost Improvement Programme and Transformation Overview Report (Enclosure 14)

The Director of Strategy and Performance presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 14.

The Board noted the high level position as follows:

- Year to Date: The Trust is currently ahead of target and the Board noted the year end improved deficit and the plans in place to close the gap.

- 2016/17: The Trust had now developed PIDs that have been approved by Finance and the Executive team for 95% of the value for next year. The PIDs still need to go through the QiA process. Amongst the schemes there are some with transformational elements and the Trust will review these schemes and whether increased benefit could be achieved. There has been an engagement process with organisation with a survey monkey questionnaire provided to all staff, around 150 ideas had been generated and some effective responses. There had been 25 interactions directly to the Director of Strategy and Performance. The Transformation Workshops had been completed and the Trust had engaged with over 200 people in 8 events both functionally and divisionally and this had produced around another 150 ideas. The Trust is trying to build capacity through the organisation to deliver transformation.

  Mr Fellows commented on the level of non-recurrent CIP and stated that it was a terrific achievement to get the level down to 6%.

- Carter: Against the new benchmarking indicator the Trust is delivering its services comparatively at a reduced cost. A response is required by end of the week to accept the numbers. Trust representatives are attending a series of workshops to look at opportunities. BCA proposals will be shared with the Board. The Director of Finance and information confirmed that the Trust has not received directly comparative information.

The Chairman and Board noted the report, and the projected year end position and actions taken to meet the year end target. The Board noted that the Trust had received the Carter Report and was accepting of the figures although there was a lot of work to do on the detail. The Board asked for their thanks to be passed to the three Divisions for their work on CIP.

15/126 Any Other Business

There were no other items of business to report and the meeting was closed.

15/127 Date of Next Meeting

The next Board meeting will be held on Thursday, 7th January, 2016, at 9.30am in the Clinical Education Centre.

Signed ……………………………………………………………………………………………

Date …………………………………………………………………………….............

The Dudley Group **NHS**

NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 3 December 2015

Item No	Subject	Action	Responsible	Due Date	Comments
15/102.4	Integrated Performance Report	Chairman to raise infection control as a whole Health Economy issue at his next meeting with David Hegarty.	C	22/12/15	Done
15/091.10	Annual Plan Quarter 1 Updates	Review of the work around the Clinical Strategy to be presented at the Board Workshop in November.	AB	7/12/15	Done
15/112	Chief Executive's Report	The Chairman, Director of Governance and Chief Nurse to follow up outstanding environment issues on the Forget Me Not Unit outside of the Board meeting.	C/GP	22/12/15	Done
		The Chairman to write a congratulation letter to Maudie McHardie regarding the SEQOHS accreditation.	C	3/12/15	Done
15/123	Chief Executive's Overview Report	Chairman to write to Jackie Howells to congratulate her on her award.	C	7/1/16	Done
15/124.6	Charitable Fund Report	Charitable Fund Report to be presented at the January Board meeting.	DW	7/1/16	On Agenda
15/122	Patient Story	The Trust to invite the Parkinson's Disease Society to present at the learning event.	DW	4/2/16	
15/124.8	Research and Development	The PFI issue with research devices to be fed into the PFI Contract Liaison Group.	CW	2/6/16	
		Chief Nurse to resolve the Research Nurse identification issue.	DW	2/6/16	
		Mr Miner and the Director of Governance/Board Secretary to meet to discuss R&D reporting format for Board and Audit Committee.	RM/GP	2/6/16	

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Public Board Meeting – 7th January 2016

TITLE:	Chief Executive Board Report		
AUTHOR:	**Paula Clark, CEO**	**PRESENTER**	**Paula Clark, CEO**

CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Friends and Family
- Junior Doctors' Industrial Action
- Review of 2015

IMPLICATIONS OF PAPER:

RISK	No		Risk Description:
	Risk Register: No		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: Effective, Responsive, Caring
	Monitor	No	Details:
	Other	No	Details:

ACTION REQUIRED OF BOARD / COMMITTEE / GROUP: *(Please tick or enter Y/N below)*

Decision	Approval	Discussion	Other

RECOMMENDATIONS FOR THE BOARD: The Board are asked to note and comment on the contents of the report

CORPORATE OBJECTIVES : *(Please select for inclusion on front sheet)*

SO1:	**Deliver a great patient experience**
SO2:	**Safe and Caring Services**
SO3:	**Drive service improvements, innovation and transformation**
SO4:	**Be the place people choose to work**
SO5:	**Make the best use of what we have**
SO6:	**Plan for a viable future**

CARE QUALITY COMMISSION CQC) : *(Please select for inclusion on front sheet)*

Care Domain	Description
SAFE	**Are patients protected from abuse and avoidable harm**
EFFECTIVE	**Peoples care, treatment and support achieves food outcomes, promotes a good quality of life and is based on the best available evidence**
CARING	**Staff involve and that people with compassion, kindness, dignity and respect**
RESPONSIVE	**Services are organised so that they meet people's needs**
WELL LED	**The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture**

The Dudley Group NHS
NHS Foundation Trust

Chief Executive's Report – Public Board – January 2016

Patient Friends and Family Test:
Owing to the timing of the report some of the figures as provisional and will be updated verbally at the Board.

Community FFT (November 2015)
Based on the latest published NHS figures (October 2015) the Trust met the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members. Response rates remain low.

Date range	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15
Community Nursing Services – percentage recommended	100%	100%	95%	83%	94%	94%	97%	96%
Number of responses	5	24	58	24	33	65	79	2
Rehab and Therapy services – percentage recommended	100%	100%	100%	100%	96%	92%	95%	92%
Number of responses	9	11	20	47	45	48	44	25
Specialist Services – percentage recommended	95%	95%	95%	100%	75%	92%	100%	0
Number of responses	22	20	38	19	4	12	3	0
Combined score – percentage recommended	97%	98%	96%	96%	94%	93%	97%	95%
Total number of responses	36	55	116	90	82	125	126	92
National average percentage recommended	96%	95%	95%	95%	94%	95%	95%	n/a*

*national data not published at time of writing this report

Inpatient FFT (01.12.15 – 13.12.15 provisional)
The Trust continues to achieve the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015 Provisional
Inpatient FFT percentage recommended	96%	97%	98%	97%	99%	97%	97%	97%	99%
Inpatient response rate	16%	16%	14%	15%	20%	20%	13%	20%	17%
National average percentage recommended	95%	96%	96%	97%	99%	96%	96%	n/a*	

*national data not published at time of writing this report

Key for inpatient RAG rating

% of footfall (response rate)	<25%	25-30%	30-40% +	40%+ ★
FFT percentage recommended	<95%	96%+	97%+	
FFT scores based on Nov 14 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts	

A&E FFT (01.12.15 – 13.12.15 provisional)
The percentage of patients who would recommend the Trust's A&E to friends and family during the period 1st – 12th December shows an increase to 92% compared to 91% for October. The latest published NHS England figures (October '15) show The Dudley Group scored 95% which is higher than the national average of 87%.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015 Provisional
A&E FFT recommended percentage	90%	90%	92%	90%	95%	90%	95%	91%	92%
A&E response rate	8%	15%	12%	7%	6%	3%	8%	6%	6%
National average percentage recommended	88%	88%	88%	88%	95%	88%	87%	n/a*	

Key for A&E RAG rating

% of footfall (response rate)	<15%	15-20%	20%+
FFT percentage recommended	<94%	94%	95%+
FFT scores based on Nov 14 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts

Maternity FFT (01.12.15 – 13.12.15 provisional)

The Trust continues to score well and remains in the top 30% of trusts nationally with those who say they are extremely likely or likely to recommend our maternity services to friends and family with the exception of antenatal services that have received scores in October lower than the top 30% of trusts.

Maternity Area	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015 Provisional
Antenatal , percentage recommended	95%	96%	98%	99%	99%	97%	94%	98%	85%
National average percentage recommended	95%	96%	96%	95%	96%	95%	96%	n/a*	n/a*
Response rate	30%	39%	24%	37%	38%	36%	49%	26%	33%
Birth, percentage recommended	100%	100%	100%	100%	99%	100%	98%	99%	100%
National average percentage recommended	97%	97%	97%	97%	97%	97%	94%	n/a*	n/a*
Response rate	26%	20%	14%	21%	25%	27%	30%	47%	19%
Postnatal ward, percentage recommended	100%	100%	98%	99%	99%	100%	100%	98%	96%
National average percentage recommended	94%	93%	93%	94%	94%	93%	95%	n/a*	n/a*
Response rate	26%	20%	14%	21%	25%	28%	4%	47%	19%
Postnatal community, percentage recommended	100%	100%	93%	96%	92%	100%	100%	100%	100%
National average percentage recommended	98%	98%	98%	98%	98%	98%	98%	n/a*	n/a*
Response rate	8%	10%	12%	8%	4%	6%	30%	2%	5%

national data not published at time of writing this report

Key for maternity RAG rating

% of footfall (response rate)	<15%	15%+	
Antenatal	100%	96-99	<95
Birth	100%	97-99	<96
Postnatal ward	98+%	93-97	<92
Postnatal community	100%	97-99	<96

FFT scores based on Jan 15 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts

Outpatients FFT

The Trust has not met the quality priority target of monthly scores that are equal to or better than the national average for the percentage of patients who would recommend the service to friends and family members.

FFT Outpatients Services	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015
Number of respondents	49	93	82	66	67	742	721	403
Outpatients recommended percentage	84%	82%	82%	88%	90%	89%	88%	84%
National average percentage recommended	92%	92%	92%	92%	92%	92%	92%	n/a*

national data not published at time of writing this report.

The Patient Experience Team is working closely with managers to address 'You said, we have' actions to improve the patient experience in response to feedback received. Recent actions include:

- ENT OPD appointment templates to be revised to spread patient appointment time instead of calling all patients in at the same time for that clinic
- More comfortable chairs to be installed in women's and children's OPD waiting area
- 'You, said we have' boards are being deployed in all patient waiting areas across the Trust's outpatient departments to update patients about the actions we have taken in response to their feedback

Junior Doctors' Industrial Action:

The Junior Doctors' strike action was suspended in December pending conciliation discussions at ACAS. All parties have committed to "reaching an agreement that improves safety for patients and doctors and therefore NHS Employers have agreed to extend the timeframe for the BMA to commence any industrial action by four weeks to 13 January 2016 at 17:00, to allow negotiations to progress".

Within that timetable, the BMA agreed to temporarily suspend its proposed strike action and the Department of Health agrees similarly to temporarily suspend implementation of a contract without agreement.

As we enter the New Year we will continue to ensure plans are robust to ensure continuity of services and patient safety in the event of a breakdown in talks and strike action being reinstated.

Review of 2015:

As we close 2015 I wanted to reflect on the outstanding performance that has been delivered by our teams across the Trust for patients both in the community and in our hospital services. Staff have worked incredibly hard to ensure our patients have had the best possible service and care we can deliver. This has been done across the board and in the face of staff shortages in some areas.

In the run up to the Christmas and New Year break Trust staff and partners in Social Services and the CCG worked seamlessly together to ensure as many patients as possible could enjoy Christmas back at home and that also meant we were then able to meet Jim Mackey's challenge to have 20% of our bed stock empty as we went into the holiday period.

A verbal update on Christmas and New Year performance will be provided at the Board.

To close the report I would like to record my thanks and that of the Board to all our staff for their hard work, care and dedication throughout the year.

The Dudley Group **NHS**

NHS Foundation Trust

Paper for submission to the Board of Directors on 7th January 2016 - PUBLIC
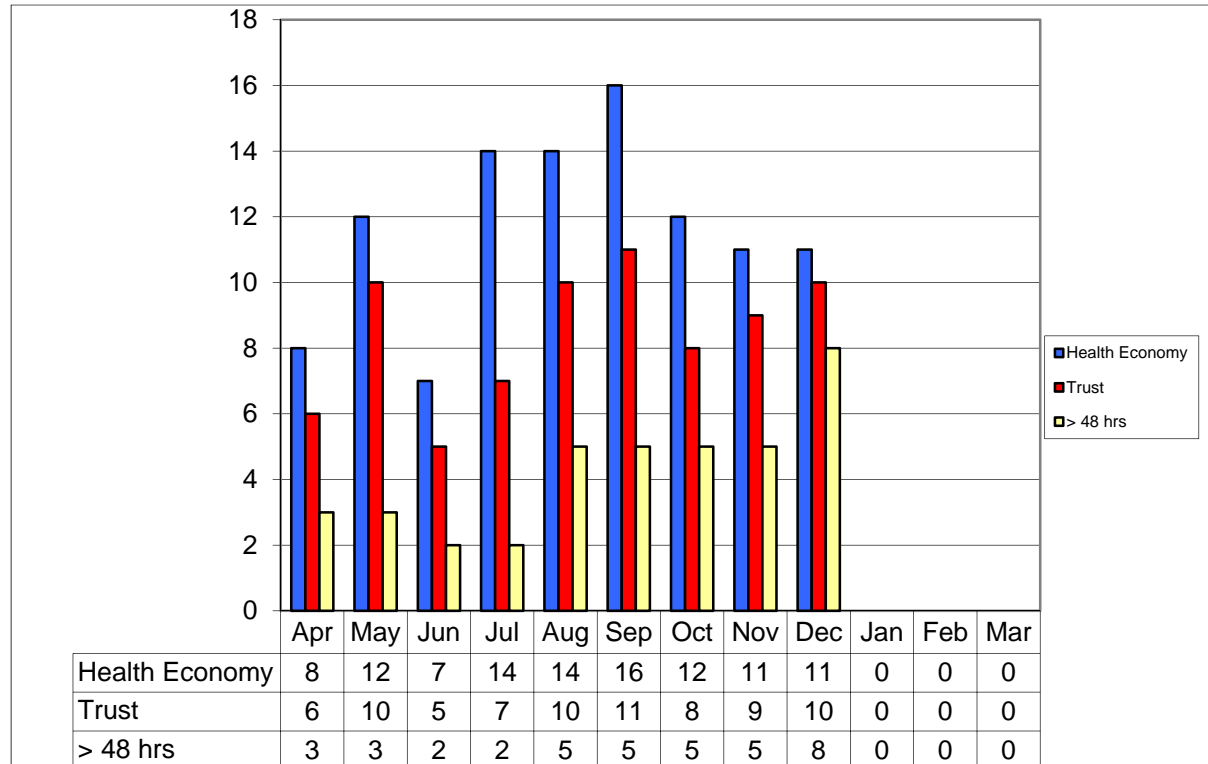
TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1 – Deliver a great patient experience
SO2 – Safe and caring services
SO3 – Drive service improvements, innovation and transformation
SO4 – Be the place people chose to work
SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:
Infection Control results for the month of December (as at 29.12.15)
- No post 48 hour MRSA bacteraemia cases since 27th September 2015.
- The Trust is now 9 cases over the yearly trajectory of 29 cases.
- 11 of 24 Apportioned are deemed avoidable.

Safer Staffing
- Amber shifts (shortfall) have continued a downward trend now at 50.
- Maternity saw a rise in amber shifts in November at 11.
- No red (serious shortfall) shifts in month or any safety issues identified on the amber shifts that affected the quality of care.

Nursing & Midwifery Strategy- Listening events held in December and planned for January.

Nurse Care Indicators – Remodelled audit and process now in place with gradual improvements.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** Failing to meet initial target for CDiff now amended to avoidable only
	Risk Register: Yes		**Risk Score:** 10
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Yes	**Details:** Safe and effective care
	Monitor	Yes	**Details:** MRSA and C. difficile targets
	Other	Yes	**Details:** Compliance with Health and Safety at Work Act.

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE BOARD:

To receive the report and note the contents.

Chief Nurse Report

Infection Prevention and Control

Clostridium Difficile – The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (29.12.15) we have 38 post 48 hour cases recorded in December 2015.

C. DIFFICILE CASES 2015/16

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	8	12	7	14	14	16	12	11	11	0	0	0
Trust	6	10	5	7	10	11	8	9	10	0	0	0
> 48 hrs	3	3	2	2	5	5	5	5	8	0	0	0

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues. Of the 38 post 48 hour cases identified since 1st April 2015, 24 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 11of these were deemed as avoidable. The main themes identified are: delay in sending sample, delay in isolation, poor documentation and incomplete stool charts.

There is a Trustwide C. difficile action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

MRSA bacteraemia (Post 48 hours) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no further cases.

Weekly meetings with Lead Nurses or their representative are held with the Chief Nurse "back to basics" sharing of good practice and learning from RCA of infection cases as well as reviewing audit scores.

Safer Staffing

Monthly Nurse/Midwife Staffing Position - November 2015

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

This paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts (there is no recommended ratio for night shifts) and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

The attached charts (appendix A & B) follow the same format as previously. They indicate for this month when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

Starting in June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying chart that the number of shifts identified as:
- Amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

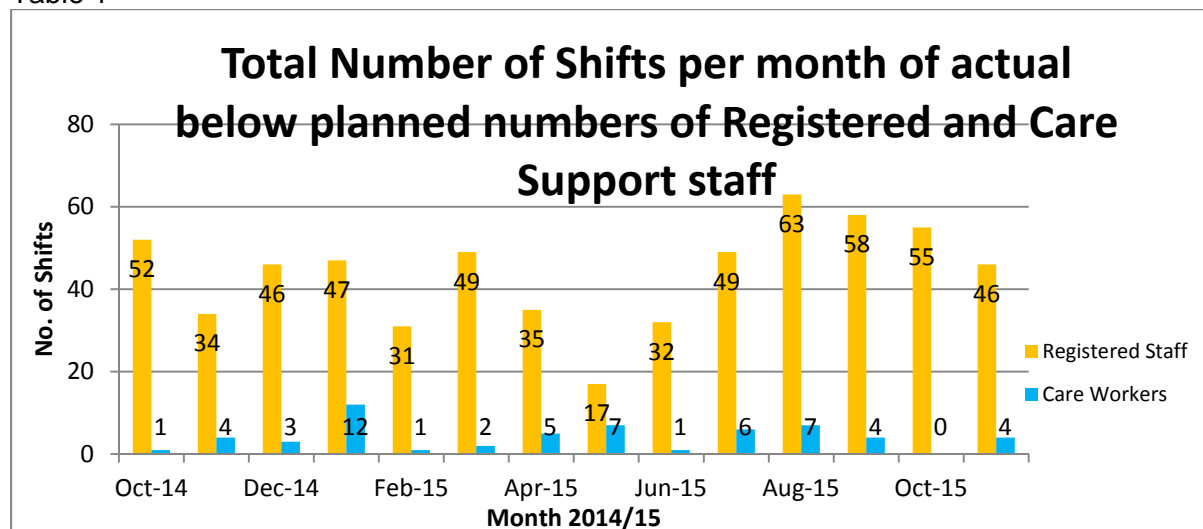This figure is 50 and can be compared favourably with previous months (see Table 1).

This is a downward trend from the high figure in August. As in previous recent months, the shifts occur mainly on three areas. The first area is C1 (10 shifts compared to 10 and 14 shifts in Oct/Sept) which still has vacancies. On ward B4 (14 shifts compared to 12 and 9 shifts in Oct/Sept) maternity leave and sickness have added to long term vacancies. The situation in Maternity has deteriorated (11 shifts) from the improved position in October (4 shifts) and September (2 shifts). This month there have been short term sickness issues, high volume cases (as can be seen on the 19th of the month) and there still remain 4WTE vacancies.

With the recent letter sent to all Trusts in October from NHS England and other bodies (e.g. Monitor), regarding the 1:8 ratio being a guide rather than a recommendation the Trust is looking at the most appropriate ratio for B4 and C1.

Overall, there have been no serious shortfall (red) shifts this month. No safety issues occurred on any of the shifts with shortfalls.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1

Total Number of Shifts per month of actual below planned numbers of Registered and Care Support staff

Bar chart — No. of Shifts vs Month 2014/15. Registered Staff (yellow) and Care Workers (blue).

Month	Registered Staff	Care Workers
Oct-14	52	1
Nov-14	34	4
Dec-14	46	3
Jan-15	47	12
Feb-15	31	1
Mar-15	49	2
Apr-15	35	5
May-15	17	7
Jun-15	32	1
Jul-15	49	6
Aug-15	63	7
Sep-15	58	4
Oct-15	55	0
Nov-15	46	4

Nursing & Midwifery Strategy
The current strategy has now reached its end date and so a new one needs to be developed. There have been two events held for staff in December to give input into the Nursing and Midwifery Strategy development for 2016-2018. These were well received and there are more planned for late January. In addition there will be graffiti boards on each of the wards and departments for Nurses and Midwives to add in their contribution if they are unable to get to any of the events.

All of this will be pulled together and presented back to staff and events in late February with some early structure of the strategy for consultation.

Nurse Care Indicators (NCI's)
The previous system was revised during September and has now been re-launched for quarter 3. Due to the new audit tool, scoring for RAG rating and process there were initially a number in red but there has been progress in a number of areas.

Rating	October 15 (Launch) Areas	December 15 - Areas
RED	15	4
AMBER	5	11
GREEN	4	9

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Dawn Wardell
Chief Nurse
30/12/15

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS NOVEMBER 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A3	3	RN	Vacancy x7	Bank and agency did not fill. Due to patient numbers (capacity), Ward A1 was opened during this month as and when required. Staff from A3 also staff that ward when it has to open. Risk assessment of patient caseload is always undertaken and the nurse in charge takes a caseload of patients on many shifts. No patient safety issues are occurring. On one occasion lead nurse from C3 assisted.
B1	1	RN	Staff sickness	With 12 patients on the 26 bed ward meant that the ratio was 1:12 on the night shift. A booked bank nurse phoned in sick. The Site Co-ordinator assessed the area as safe and was available if help required. No safety concerns occurred.
B2T	1	RN	Vacancy x1	On the night shift, there were only 12 patients and the situation was assessed as safe. A booked agency staff member was moved to another area and was available if problems arose. No safety concerns occurred.
B3	4 1	RN CSW	Vacancy x3 Staff sickness x1 Nurse moved to another ward x1	On the four RN shortfall shifts the patient numbers were such that the ratio was just over the standard 1:12 on nights and 1:8 on the day shift. On the CSW shortfall shift Matron and Lead Nurse supported. Safety was maintained on all shifts.
B4	12 2	RN CSW	Maternity Leave x4, Sickness x10	Bank/agency unable to fill all of these shifts but with the dependency of the patients present on the ward safety was maintained with an RN ratio of 1:9.6 on 11 day time occasions. On the one RN night shortfall, workload and staff allocation was re-prioritised. On the two CSW shortfall shifts, patient groups were re-assessed and were manageable. At all times safety maintained.
C1	10	RN	Vacancy x9, Sickness x3	On all occasions the lead nurse or nurse in charge assessed the situation and delegated staff appropriately to maintain patient safety. On one occasion a member of staff from another ward assisted.
C3	1	RN	Vacancy	Bank and agency were unable to fill. With the workload of the patients on the ward, safety was maintained.
C5	2	RN	Unpaid leave x1 Emergency leave x1	Bank unable to fill. On both occasions safety was maintained.
C7	1	CSW	Vacancy and sickness x1	Bank was unable to fill one shift and the other bank CSW cancelled due to personal issues. Ward closed to any further patients. There were no safety issues on the shift.
CCU/ PCCU	1	RN	Sickness Vacancy	Bank unable to fill. Agency nurse cancelled. With six empty beds the CAT team assisted.
Maternity	11	RM	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On each shift there were delayed inductions of labour.

Nov-15 — SHIFT (Days 1–31, each split into D = Day and N = Night)

The grid records staffing shortfalls by ward and staff type (Reg = Registered, Unreg = Unregistered). Coloured cells: Red = Serious Shortfall, Orange/Yellow = Registered nurse/midwife shortfall, Blue = Care Support Worker shortfall. Values shown as planned/actual.

WARD	STAFF	Recorded shortfall entries (Day — value)
WARD A2	Reg	
	Unreg	
WARD A3	Reg	13 — 3/2 (orange); 26 — 3/2 (orange); 28 — 3/2 (orange)
	Unreg	
WARD B1	Reg	1 — 2/1 (orange)
	Unreg	
WARD B2 HIP	Reg	
	Unreg	
WARD B2 TRAUMA	Reg	4 — 2/1 (orange)
	Unreg	"Appendix B"
WARD B3	Reg	2 — 5/4 (orange); 7 — 5/4 (orange); 10 — 5/4 (orange); 15 — 6/5 (orange)
	Unreg	13 — 6/3 (blue)
WARD B4	Reg	1 — 6/5 (red); 7 — 6/5 (orange); 8 — 6/5, 5/3 (orange); 14 — 6/5 (orange); 15 — 6/5 (orange); 21 — 6/5; 22 — 6/5; 23 — 6/5; 24 — 6/5; 28 — 6/5; 29 — 6/5 (orange)
	Unreg	9 — 6/4 (blue); 10 — 6/4 (blue)
WARD B5	Reg	
	Unreg	
WARD B6	Reg	
	Unreg	
WARD C1	Reg	1 — 6/4 (orange); 5 — 6/5; 7 — 6/5; 8 — 6/4; 13 — 6/5; 15 — 6/5; 16 — 6/5; 19 — 6/5; 20 — 6/5; 28 — 6/5 (orange)
	Unreg	
WARD C2***	Reg	
	Unreg	
WARD C3	Reg	8 — 6/4 (orange)
	Unreg	
WARD C4	Reg	
	Unreg	
WARD C5	Reg	10 — 6/5 (orange); 24 — 6/5 (orange)
	Unreg	
WARD C6	Reg	
	Unreg	
WARD C7	Reg	
	Unreg	7 — 4/2 (blue)
WARD C8	Reg	
	Unreg	
CCU/PCCU	Reg	15 — 7/4 (orange)
	Unreg	
EAU	Reg	
	Unreg	
MHDU	Reg	
	Unreg	
CRITICAL CARE*	Reg	
	Unreg	
NEONATAL**	Reg	
MATERNITY****	Reg	1 — 17/14; 5 — 17/16; 6 — 18/15; 9 — 18/16; 10 — 17/16; 13 — 17/15; 14 — 17/15; 15 — 17/15; 16 — 18/15; 18 — 17/16; 19 — (orange, no number)
	Unreg	

Key

Serious Shortfall	(red)
Registered nurse/midwife shortfall	(orange)
Care Support Worker shortfall	(blue)

* Critical Care has 6 ITU beds and 8 HDU beds

** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staf

*** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires car

**** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment

Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 7 January 2016

TITLE:	22 December 2015 Clinical Quality, Safety and Patient Experience Committee Meeting Summary		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	PRESENTER	Doug Wulff – Committee Chair

CORPORATE OBJECTIVES

SO 1 – Deliver a great patient experience
SO 2 – Safe and caring services

SUMMARY OF KEY ISSUES:

The attached provides a summary of the assurances received at this meeting, the decisions taken, the tracking of actions for subsequent meetings of this Committee and the action the Committee is seeking the Board to take.

IMPLICATIONS OF PAPER:

RISK	N		Risk Description: N/A
	Risk Register: N		Risk Score: N/A
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: links all domains
	Monitor	Y	Details: links to good governance
	Other	N	Details:

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		Y

RECOMMENDATIONS FOR THE BOARD

To note the assurances received via the Committee, the decisions taken in accordance with the Committee's terms of reference.

To approve based on the recommendation of the Committee the following 5 quality priorities and 9 quality metrics for 2016/17.

Quality Priorities:-

- Infection Control – same as last year
- Pressure Ulcers – same as last year
- Nutrition – same as last year
- Medication – new this year; and
- Pain – new this year.

Quality Metrics:-

- Patient Experience remain as last year (3 metrics)
- Patient Safety remain as last year (3 metrics)
- Clinical Effectiveness – retain the metric regarding cardiac arrests; change emergency readmissions made to surgery to emergency readmissions to medicine and include % of patients admitted as an emergency who have a fractured neck of femur operated on with within two days.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	22 December 2015	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made
None

Assurances received

- Executive Management assurance was provided in respect of the actions to address an increase in healthcare associated infections through the update to the Trust and Local Health Economy *C.diff* action plan. (this was an item the Committee asked to come back to this meeting);

- Operational Management assurance was provided on the performance in respect of key quality indicators. The Committee, see above, received assurance on actions in respect of the *C.diff* indicator and an update on actions taken to prevent same sex breaches once a patient becomes ready for admission to a ward;

- Executive Management assurance was provided over compliance with the Trust's contractual requirements for dealing with SIs, albeit one pressure ulcer had been reported a day later than the 48hr deadline;

- Executive Management assurance was provided that the issue in respect of a increase in incidents within Imaging was being dealt with and that a report would come back to the next Committee meeting showing the breadth of actions being taken (see below for items that will come back to the Committee);

- Executive Management assurance was received via the Internal Safeguarding Board in respect of their agenda items, including the improved position regarding Safeguarding Training, Mental Health Act Training and that an FGM training programme had been established;

- Executive Management assurance was received in respect of the Trust mortality tracking processes, this was in respect of the process being applied, the numbers of case notes reviewed and the outcome of those reviews. The Committee was informed of changes to mortality tracking systems required of all NHS providers. The Committee will be updated at a future meeting as to these changes as part of the routine reporting made to this Committee.

- The Committee received the CQC survey on Women's Experience of Maternity Services at the Trust. Whilst this showed outcomes about the same as last year and about the same as other Trusts the scores in each area were slightly lower than the last survey. The Committee is to receive an update in April on the progress with the developed action plan.

Decisions Made / Items Approved

- The Committee considered the proposed quality priorities and metrics for the forthcoming year and agreed to recommend to the Board the following:-

Quality Priorities:-

- Infection Control – same as last year as remains a key focus for the Trust and the Governors

- Pressure Ulcers – same as last year as the Trust continues with its improvements in this area

- Nutrition – same as last year as remains a key focus for the Trust and the Governors

- Medication – new this year, this will be that all medication administered is signed for and dated and omission codes are evident; and

- Pain – new this year, this links in part to feedback from complaints that patients feel we do not explain this well. The measure will be that the pain score is recorded and the efficacy is documented.

Quality Metrics:-

- Patient Experience remain as last year (3 metrics)

- Patient Safety remain as last year (3 metrics)

- Clinical Effectiveness – retain the metric regarding cardiac arrests; change emergency readmissions made to surgery to emergency readmissions to medicine (this is because the review of surgery did not identify significant issues) and include % of patients admitted as an emergency who have a fractured neck of femur operated on with within two days as the previous measure in this area the data is no longer available.

- Approval of 8 Policies and 12 guidelines / procedures that had all been considered by Policy Group in December 2015;

- Approval to close 25 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, actions plans completed had been evidenced; and

- The Committee asked that the Divisions through their performance management framework be reminded of the need to provide assurance that actions are closed timely given the increase in open actions that have passed their agreed implementation dates.

Actions to come back to Committee (items the Committee is keeping an eye on)

- Changes to the Trust Mortality Case Note Review process flowing from the National update will be reported back to the Committee via the next Mortality Update;

- The Committee asked that once the RCAs had been concluded in respect of the recent Imaging SIs that these be included in the SI report so that the Committee can have more detail on the Root Causes and actions being taken;

- The Committee is to receive the action plan and progress made in respect of the CQC survey on Women's Experience of Maternity Services at the Trust. This will

come to the Committee in April 2016;

- The Committee is to receive the outcome of the recent Sepsis Audit based on a recommendation from the Mortality and Morbidly Group; and

- The Committee is to receive the outcome of a review done into Safeguarding of Adults at Discharge based on a recommendation by the Safeguarding Group, this will be to the February meeting.

Items referred to the Board for decision or action

To approve based on the recommendation of the Committee the following 5 quality priorities and 9 quality metrics for 2016/17.

Quality Priorities:-
- Infection Control – same as last year
- Pressure Ulcers – same as last year
- Nutrition – same as last year
- Medication – new this year; and
- Pain – new this year.

Quality Metrics
- Patient Experience remain as last year (3 metrics)
- Patient Safety remain as last year (3 metrics)
- Clinical Effectiveness – retain the metric regarding cardiac arrests; change emergency readmissions made to surgery to emergency readmissions to medicine and include % of patients admitted as an emergency who have a fractured neck of femur operated on with within two days

The Dudley Group NHS

NHS Foundation Trust

**Paper for submission to the Board of Directors
On 7 January 2016**

TITLE	Charitable Funds Committee Summary		
AUTHOR	**Chris Walker** **Deputy Director of Finance**	**PRESENTER**	**Doug Wulff** **Non-Executive Director**

CORPORATE OBJECTIVE:

S01 – Deliver a great patient experience
S05 – Make the best use of what we have

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved at the Charitable Funds Committee on 26 November 2015

RISKS	**Risk Register N**	**Risk Score**	
COMPLIANCE	**CQC**	**N**	
	NHSLA	**N**	
	Monitor	**N**	
	Other	**Y**	**To comply with Charities Commission**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report.

The Dudley Group NHS
NHS Foundation Trust

Meeting	Meeting Date	Chair	Quorate	
Charitable Funds Committee	26th November 2015	Doug Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made
None

Assurances Received

The Committee received an update on the financial position of the Dudley Group Charity as at 31 October 2015, which covered:
- Statement of Financial Activities
- Balance sheet
- Details of Fund activities
- Details of Fund balances in balance order
- Quarterly expenditure over 3 years
- Investment update
- Legacy update
- General funds availability and funding requests

Total fund balances stood at £2.564m.
The total income received in the year to date was £207k compared to expenditure of £226k.
Finance staff had met with the majority of fund managers to review expenditure plans. Matrons in particular have been asked to put plans in place to spend a third of their fund balances. The Committee requested clear sight of funds that had no expenditure for the year to date so the managers can be invited to future meetings.
Investments totalled £1.201m.
Current assets totalled £1.364m.
General fund balances stood at £488k.

The Committee also received an update from the Charitable Fundraiser:
- Will fortnight had been success and income will be received shortly
- Three appeals are up and running: Cancer, Dementia and Rehabilitation
- Football match was very successful and it is estimated that the total amount raised will be £10,000

Decisions Made / Items Approved
The Committee approved eight bids for expenditure against the General Funds totalling £36,700.
The Committee approved the Art & Environment Group terms of reference which will report into the Charitable Funds Committee.

Actions to come back to Committee
There were no actions to come back to the Committee.
Items referred to the Board for decision or action
There were no items to be referred to the Board

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board on 7/1/2015

TITLE:	**NHS Preparedness for a Major Incident**		
AUTHOR:	**S Walford**	**PRESENTER**	**P Bytheway**

CORPORATE OBJECTIVE: SO1, SO2 & SO6

SUMMARY OF KEY ISSUES: Taken from the NHS England letter from Barbara Harkin for Major Incident assurance:-
1/ The Trust should be reporting an internal incident due to capacity as a 'Critical Incident' using an SBAR format (Situation, Background, Assessment, Recommendations)
2/ The Trust must give assurance that a communication cascade is used and tested when a Major Incident is on standby or declared. Other communications means should be considered.
3/ Is there good infrastructure/transport links to get staff to work if there was an incident?
4/ What is our ability to increase critical care capacity over a sustained period?
5/ Do we have a network for specialist advice with traumatic and ballistic injuries?
6/ What is our Decontamination capability? This question is asked of ambulance services but we also need to consider this as we have a decontamination unit.

IMPLICATIONS OF PAPER:

RISK COR083	**Y**		Risk Description: The Trust is required to have an up-to-date plan to manage major incidents and business continuity so that the Trust can deliver care to patients when a major incident is declared.
	Risk Register: Y		**Risk Score: 10**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, responsive & well led**
	Monitor	**N/A**	**Details:**
	Other	**Y**	**Details: NHS England, Civil Contingencies Act**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
x			
	x		

RECOMMENDATIONS FOR THE BOARD:

- That the Trust Board have assurance against the recommendations identified by NHS England.

- The Trust Board support the funding associated with recertification of the decontamination suits at a cost of £3,803 plus VAT.

Trust Board of Directors 7th January
NHS Preparedness for a Major Incident

1. Introduction

We are submitting this report to the Board following a request from Dame Barbara Hakin (NHS England) to give assurance that the Trust is prepared for a Major Incident. The areas they have asked for assurance are:-

a) The Trust should be reporting an 'Internal incident' due to capacity as a <u>Critical Incident</u> using an SBAR format (Situation, Background, Assessment & Recommendations). There are new guidelines for escalation of critical incidents.
b) The Trust must give assurance that a communication cascade is used and tested in readiness for when a Major Incident is on standby or declared. Other communications means should also be considered.
c) Are there good infrastructure/transport links to get staff to work if there was an incident?
d) Is the Trust able to increase critical care capacity and sustain this level of service?
e) Is there a network for specialist advice with traumatic and ballistic injuries?
f) What is the Trusts Decontamination capability? This question is asked of ambulance services but we also need to consider this now we have a working decontamination unit.

2. Progress to Date in Emergency Planning and Resilience

Over the past year the Trust has:
• Tested its Business Continuity plan twice using different senior staff each time to increase awareness. As a result of this testing the Trust now uses SBAR (a tool for communicating Situation, Background, Assessment and Recommendations) as a format for dealing with incidents. The scenarios this year included dealing with evacuation of an area, loss of IT, loss of power and full inpatient capacity (a)

• The communication cascade has been tested twice and as a consequence the process has been reduced by 50% in time. We have also explored facebook and twitter as other methods of communication used by the communication team. During the recent preparation for the junior doctor industrial action "What's app" was planned as a means of communication (b).

• During 2015 there have been 4 sessions for "On call" training which incorporates Major Incident and command and control management. Approximately 90% of the On Call Managers and Directors attended these sessions. This training also incorporated the reporting process for 12 hour breaches, Critical incidents, use of SBAR, the communication test requirements and Decontamination (a,b and f). An on call resource folder is now provided to all on call staff and is available within the capacity hub.

- The emergency planning page on the hospital Hub has been improved. There are now many links available that could be useful in incident management. This page also has over 60 business continuity plans that have been completed this year.

- In 2015 following investment in the relocation of Major Incident Radio service a Silver command is now permanently set up in the Capacity Hub. The system is ready to communicate with the Incident Control Centre in Birmingham (b).

- The Site Coordinators are involved in training exercises internally and externally to raise their awareness of the actions needed early in an incident before a more senior manager or Director arrives on site. They are trained to use SBAR.

- There is now a senior IT on call rota with switchboard and on the Hub for escalation when a problem is not being dealt with or requires senior involvement. This was the result of learning from previous incidents.

- Since November 2015 a daily email is sent to the CSC to give them an update for mortuary capacity. Additional mortuary space is available from Dec 2015 (increasing capacity to 172).

- In 2015 there has been Loggist training for documenting the decisions made during an incident. 16 staff have been updated or received full training, more training is being organised for January 2016.

- The Trust is required to provide Initial Operational Response (IOR) training to provide dry decontamination training for all frontline ED staff, the Trust should be 100% compliant. Currently, ED Reception staff, UCC streamers and UCC staff are 100% compliant, ED Consultants 40%, ED trackers 50% and ED staff 57%. This training is ongoing.

- In 2015 the Decontamination unit became operational. This unit has been tested with live exercises. A further 2 live exercises are planned for 2016 on condition that the decontamination suits are replaced or re-certified.

- Emergency Preparedness Resilience and Response meetings have been reintroduced and are timetabled throughout the year.

2.1 The 2016 priorities for the Emergency Planning and Capacity Manager are:

- To provide the Trust with a Strategy for Emergency preparedness.
- To provide an Emergency Preparedness Resilience & Response policy which will have links to the Major Incident plan, Business Continuity plan, Adverse weather, fuel shortage & pandemic flu.
- In July 2016 the Trust will test the Major Incident plan with a live exercise hopefully in conjunction with colleagues from Dudley Zoo who will be simultaneously testing their major incident preparedness.

- A Business Continuity week is planned for the Spring 2016 which involves face to face training in the clinical areas to help with embedding Business Continuity.

3. Assurance Required for NHS England

a. Reporting an internal incident due to capacity is now reported as a 'Critical Incident' using an SBAR format to escalate (Situation, Background, Assessment & Recommendations).

The Trust use SBAR when dealing with an incident, 'Critical incident' is the terminology we need to start using. This information has been used in the last on call training and will be escalated to all other on call managers, Directors, Site Coordinators, matrons etc.

b. Communication cascade when a Major Incident is on standby or declared.

The Trusts communication process has been tested twice this year and this has led to further exploration of means of communicating with staff i.e. social media.

c. Transport, is there good infrastructure/transport links to get staff to work if there was an incident?

There is a good infrastructure for transport. The Trust also has a contract with a taxi company and access to a 4X4 service during adverse weather. This is further supported by the community and Local Authority who have access to 4x4 services.

d. Is the Trust able to increase critical care capacity over a sustained period?

As part of the Major Incident plan patients in SHDU (Surgical High Dependency) would be assessed for stepping down to a surgical ward. This could increase Critical care capacity by 8 beds providing there are staff available with the skills required. Workforce for this area would be the biggest barrier to sustained provision of this extra capacity.

e. Do we have a network for specialist advice with traumatic and ballistic injuries?

The agreed process would be to attain advice from University Hospital Birmingham, although in a Major Incident we may need to speak to Major Trauma Centres that are not likely to be taking casualties. For debridement associated with ballistic or trauma blast injuries the Trust has 24/7 on-call Consultant Vascular Surgeon cover as the Black Country Vascular Hub and Consultant Plastic Surgeon.

f. What is our Decontamination capability? This question is asked of ambulance services but we also need to consider this now that we have a working decontamination unit.

This unit is now operational and staff training has commenced with continued training planned for 2016. We must recertify or purchase new suits in order to continue with the training planned for 2016.

4. Conclusion

We are in a stronger position at the end of 2015 following the priority applied to emergency preparedness. This was with full input and guidance from the Health Emergency Planning Team which is partly funded by the Trust. The Trust is able to give assurance that of the 6 points raised by NHS England:-

a, b, c, e and f are partially achieved with more training/exercises organised for 2016. Point 4 is already prepared for as part of the Trust Major Incident plan.

With regards decontamination there will need to be some investment in order to deal with patients in the unit. Suits must be recertified at a cost of **£3,803 plus VAT,** or purchase new at a cost of **£29,400 plus VAT.** PRPS suits (Powered Respirator Protective Suits) in order to use this unit.

Without this investment, the Trust will need to declare that they are unable to receive contaminated patients into the wet decontamination unit. This will reduce the West Midlands capability for dealing with contaminated patients by 25%.

5. Recommendation

- That the Trust Board have assurance against the recommendations identified by NHS England.

- The Trust Board support the funding associated with recertification of the decontamination suits at a cost of £3,803 plus VAT.

Dame Barbara Hakin
National Director: Commissioning
Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.eprr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: https://www.england.nhs.uk/ourwork/eprr/gf/. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

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- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and

- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.
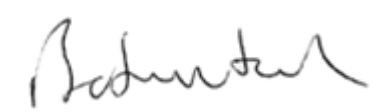
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully

Dame Barbara Hakin
National Director: Commissioning Operations

Cc.
Prof. Sir Bruce Keogh – National Medical Director – NHS England
Prof. Keith Willett – NHS England – Director for Acute Care
Dr Bob Winter – NHS England – National Clinical Director EPRR
Richard Barker – NHS England - North
Paul Watson – NHS England – Midlands & East
Anne Rainsberry – NHS England – London
Andrew Ridley– NHS England – South
Hugo Mascie-Taylor - Monitor
Helen Buckingham – Monitor
Dr K McLean – NHS Trust Development Authority
Peter Blythin – NHS Trust Development Authority
National on Call Duty Officers NHS England
NHS England Heads of EPRR
NHS England Medical Directors

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The Dudley Group NHS

NHS Foundation Trust

**Paper for submission to the Board of Directors
On 7 January 2016**

TITLE	Corporate Performance Report - November (Month 8)			
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**		Jonathan Fellows F & P Committee Chairman

CORPORATE OBJECTIVE: S06 Plan for a viable future

SUMMARY OF KEY ISSUES:

Summary reports from the Finance and Performance Committee meeting held on 17 December 2015

RISKS	**Risk Register**	**Risk Score Y**	**Details:** Risk to achievement of the overall financial target for the year
COMPLIANCE	**CQC**	**Y**	**Details:** CQC report 2014 now received, and Trust assessed as "Requires Improvement" in a small number of areas.
	NHSLA	**N**	
	Monitor	**Y**	**Details:** The Trust remains on monthly monitoring by Monitor. Monitor has confirmed that the Trust is in breach of its authorisation conditions regarding future financial sustainability. Undertakings have been signed by Trust to resolve this position
	Other	**Y**	**Details:** Significant potential exposure to performance fines by commissioners

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	17 December 2015	Jonathan Fellows	**yes**	**no**
			yes	

Declarations of Interest Made
None

Assurances Received

- That progress is being made on the EPR scoping exercise that will form the basis of a specification for the new clinical information systems. It was agreed that financial and non-financial benefits of the change would be explicit in the business case when presented. In addition the lessons from Project Fusion would be taken into account.

- The surgical division gave an update on their current financial position, performance, workforce and forward planning position.

- The Director of Operations (medicine) gave an update on plans to improve the timeliness of appraisals within her Directorate, which aimed to achieve compliance with the target by the end of February 2016.

- Following an improved month financially in November 2015 on income and expenditure, there is now a greater confidence of achieving the year end planned deficit of £3.133m

- The Trust's liquidity position is better than was planned, with the cash position being slightly lower than forecast by £184k

- The early timing of the meeting because of Christmas meant that there hadn't been enough time to complete the integrated performance dashboard, but assurance was given about the key domains of performance. A&E performance continues to deliver above the target levels; cancer targets are delivering better than planned in the remedial period and it is anticipated that the target should be achieved in Q3

- The Cost Improvement Programme for 2015-16 is forecasting to achieve £16.51m compared to a plan of £16.7m

- The CIP plan for 2016-17 is 98% complete compared to the target of £12,400 and has been discussed with Monitor in the previous week. Once planning guidance for 2016-17 to 2020-21 has been issued by NHS England and NHS Improvement an update of the Trusts strategic plan (including upside and downside forecasts) to be presented to Monitor in January 2016 in support of an application for the breach of authorisation conditions status to be removed.

- The position on agency rules and caps compliance was discussed. It was recognised that whilst the Trust has so many registered nurse vacancies, then the 4% cap of qualified nurse agency costs would continue to be breached. It was 6.6% in November 2015. (see items for decision regarding nurse recruitment)

Decisions Made / Items Approved
• That a decision on whether to undertake some international nurse recruitment we made in the next week by Directors
Actions to come back to Committee
• It was noted that the Planning Guidelines for 2016-17 were due to be issued by NHS England and NHS Improvement jointly before Christmas 2015. This should give details of financial planning assumptions for 2016-17, including potential access to additional funding earmarked to cover the aggregate overspending in Acute Trusts nationally. A full report to be brought back to the next Finance and Performance Committee and a full written update to Board in February 2016
Items referred to the Board for decision or action
• An outline of the Hybrid theatre business case was presented and discussion took place on what would need to be included in the final business case. It was agreed that a further discussion on the draft would take place at the January Board of Directors, before the final version was presented to a sub-group of the Committee (including chair of F&P and chair of Audit) and then being considered again by F&P Committee • A verbal update on the Planning Guidelines for 2016-17 to be given to Board in January 2016 because of the timing of the publication (note: subsequently issued on 22nd December 2015)

The Dudley Group NHS

NHS Foundation Trust

Paper for submission to the Board of Directors on 7th January 2016

TITLE:	Integrated Performance Report		
AUTHOR:	Anne Baines, Director of Strategy and Performance	PRESENTER	Anne Baines, Director of Strategy and Performance

CORPORATE OBJECTIVE:
SO1:   Deliver a great patient experience
SO2:   Safe and Caring Services
SO4:   Be the place people choose to work
SO5:   Make the best use of what we have

SUMMARY OF KEY ISSUES:

Attached is the Integrated Performance Report for the period to November 2015.

Overall performance continues to be good, particularly with regard to the Emergency Access target (4 hours) where we remain amongst the best organisations in the country. We are also performing well against the national 18 week standard for Referral to Treatment Times

Provisional performance for Cancer 62 day target for GP referral is above target for October (88.9%) and November (85.8%).

We have reviewed the performance reporting for CDiff cases to ensure that it is in line with that used by Monitor, who specify that it is those cases which occurred due to "lapses in care". Finance and Performance Committee discussed the options for reporting in December 2015, recommending reporting of the total number of cases as currently done and a new KPI of the number of lapsed cases. This latter indicator is only available retrospectively at 2 months because of the time to investigate incidents.

IMPLICATIONS OF PAPER:

RISK	N		Risk Description:	
	Risk Register: Y/N		**Risk Score:**	
COMPLIANCE and/or	CQC	N	**Details:** (*Please select from the list on the reverse of sheet*)	
LEGAL REQUIREMENTS	Monitor	Y	**Details:** Poor performance would result in the Trust being in breach of licence	
	Other	N	**Details:**	

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
	X	x	

RECOMMENDATIONS FOR THE BOARD
    a. Note the contents of the report
    b. Approve the recommendation from finance and Performance Committee regarding CDiff reporting changes

Trust Board of Directors 7th January 2016

Integrated Performance Report - November 2015

1. Introduction

This paper aims to present to the Board of Directors performance against the key areas, highlighting areas of good performance and identifying areas of exception together with the actions in place to address them.

2. Integrated Performance Report

The report for the period April 2015 to November 2015 is enclosed for consideration at Appendix 1.

Overall the Trust continues to perform well against the majority of key indicators. Areas to highlight include

- ➢ Delivery of the emergency access target (4hrs) where the Trust is consistently performing amongst the top organisations in the country
- ➢ Achievement of all three Referral to Treatment (RTT) 18 week targets
- ➢ Friends & Family Recommended scores across the Trust are all above target

Those areas requiring further attention include

- ➢ The Friends & Family measure of how many responses are collected (the footfall) remains below that required in some areas. The performance in ED remains well below the 15% target. The introduction of a two way texting system to improve response rates continues.
- ➢ Delivery of Clostridium Difficile (C-Diff) target - see below
- ➢ Outpatient activity – follow-up outpatients and outpatient procedures continue to under-perform overall. Divisions will be asked to produce a rectification plan to address the activity in year.
- ➢ Community activity continues to be below target due to vacant community nursing posts & lower than expected referrals to some community teams. Recruitment into these posts continues although is not expected that this will recover the under-performance by the year end.
- ➢ The KPI for diagnostic waits (6 weeks) has now been added to the performance dashboard. It has previously been verbally reported and discussed at Board but was not being displayed. This target continues to perform below the 99% target. However, there has been an improvement this month with performance at 98.85%. The Division continue to implementation action to recover the position.
- ➢ The number of staff who had an appraisal within the required time frame has fallen and now stands at 75.6%. This is a continuation of a trend over the last 6 months and for the last 2 months the performance has moved from amber to red. Discussions have been with Divisions regarding

o The revision of the target to reflect the differences between the 12 month standard for all staff with the exception of consultants whose standard is for 15 months in line with validation. This change will be included in the January data (February report)

o The Medicine and Integrated Care Division presented their performance rectification plan to Finance and Performance Committee in December and aim to deliver the target in February 2016 (report in March 2016)

3. Cancer

The provisional figures for October and November are both above target (88.9% and 85.8% respectively).

The performance by tumour site is shown at Appendix 2.

4. Clostridium Difficile (CDiff)

Following review and clarification of the NHS England guidance it has been identified that the target set of 29 cases relates to only those cases identified following review as due to lapses in care. A range of options for reporting were discussed at Finance and Performance Committee and it was proposed to redesign the dashboard reporting to better reflect the performance.

In future we propose to report the total number of cases as we do currently. In addition we will report, as a separate KPI, the lapses in care against the target of 29. This change does however, result in a two month delay given the time required for investigations of incidents to be undertaken and lapses to be confirmed.

Historical performance of the Trust against this target is good. This resulted in a target being set nationally of no more than 29 cases in 15/16. There have been a further 5 cases in November making 30 in the year. Currently, there have been 11 lapses of care as at October 2015.

This new reporting of the target is also in line with discussions with Commissioners.

Recommendation

Trust Board of Directors is asked to:
c. Note the contents of the report
d. Approve the recommendation from finance and Performance Committee regarding CDiff reporting changes

Anne Baines
Director of Strategy and Performance

Quality And Risk

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Friends & Family – Community – Footfall	-	0%	0%	1%	1%	1%	1%	1%	1%	-	-	-	-	1%	%	⚫
Friends & Family – Community – Recommended %	-	97%	98%	96%	96%	94%	93%	97%	95%	-	-	-	-	95%	%	⚫
Friends & Family – ED – Footfall	20%	8%	15%	12%	7%	6%	3%	7%	6%	-	-	-	-	8%	15%	🟡
Friends & Family – ED – Recommended %	89%	90%	90%	92%	90%	95%	91%	96%	93%	-	-	-	-	92%	95%	🟡
Friends & Family – Maternity – Footfall	23%	23%	22%	21%	20%	22%	23%	25%	32%	-	-	-	-	23%	15%	🟢
Friends & Family – Maternity – Recommended %	99%	99%	99%	99%	97%	99%	99%	98%	98%	-	-	-	-	98%	84%	🟢
Friends & Family – Outpatients – Recommended %	-	84%	82%	82%	88%	90%	89%	88%	84%	-	-	-	-	87%	%	⚫
Friends & Family – Ward – Footfall	32%	16%	16%	14%	15%	20%	20%	23%	23%	-	-	-	-	18%	25%	🔴
Friends & Family – Ward – Recommended %	98%	96%	97%	98%	97%	99%	97%	97%	97%	-	-	-	-	97%	95%	🟢
HCAI – Post 48 hour Clostridium Difficile	38	3	3	2	2	5	5	5	5	-	-	-	-	30	18	🔴
HCAI – Post 48 hour MRSA	0	0	0	0	0	0	2	0	0	-	-	-	-	2	0	🔴
Incidents - Patient Falls, Injuries or Accidents	1,399	127	116	116	103	97	119	111	118	-	-	-	-	907		⚫
Incidents - Pressure Ulcer	2,091	187	163	182	150	120	132	125	141	-	-	-	-	1,200		⚫
Never Events	1	0	0	0	0	0	1	0	0	-	-	-	-	1	0	🔴
Serious Incidents - Action Plan overdue	-	46	31	37	24	32	42	40	46	-	-	-	-	298		⚫
Serious Incidents – Not Pressure Ulcer	108	6	9	9	10	7	11	11	11	-	-	-	-	74		⚫
Serious Incidents - Pressure Ulcer	197	21	20	21	17	17	10	18	17	-	-	-	-	141		⚫
Stroke - Suspected TIA Scanned < 24hrs of Presentation	85.47%	95%	100%	91.3%	88.89%	92.31%	85%	92.31%	-	-	-	-	-	92.54%	60%	🟢
Stroke Admissions : Swallowing Screen	78.46%	81.25%	83.33%	72.09%	80%	74.07%	75%	78.38%	88.64%	-	-	-	-	78.92%	80%	🟡
Stroke Admissions to Thrombolysis Time	80%	69.23%	61.54%	42.86%	75%	61.54%	75%	37.5%	71.43%	-	-	-	-	71.43%	%	⚫
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	88.84%	94.23%	92%	92.86%	94.34%	88.24%	92.68%	88.68%	88.46%	-	-	-	-	91.37%	80%	🟢

Finance

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Budgetary Performance	(£2,722)k	£107k	£124k	£162k	(£157)k	£498k	£55k	(£264)k	£256k	-	-	-	-	£780k	£0k	🟢
Capital v Forecast	87.8%	100%	98.6%	99.7%	93.7%	74.5%	66.2%	96.6%	90.8%	-	-	-	-	90.8%	95%	🟡
Cash v Forecast	109%	97.9%	104.9%	108.1%	87%	93.5%	94.8%	97.2%	89.2%	-	-	-	-	89.2%	95%	🟡
CIP - Actual Performance	(£2,129)k	£1,773k	£1,218k	£1,298k	£1,516k	£1,743k	£1,002k	£1,370k	£1,452k	-	-	-	-	£11,372k	£10,945k	⚫
Debt Service Cover	0.85	0.72	0.93	1.05	1.13	1.01	1.08	1.09	1.15	-	-	-	-	1.15	2.5	🔴
EBITDA	£15,817k	£1,138k	£1,814k	£2,079k	£2,145k	£829k	£2,283k	£1,909k	£2,449k	-	-	-	-	£14,646k	£12,843k	🟢
I&E (After Financing)	(£8,033)k	(£783)k	(£123)k	£183k	£201k	(£1,124)k	£346k	(£31)k	£518k	-	-	-	-	(£812)k	(£2,671)k	🟢
Liquidity	7.22	6.1	5.76	5.41	6.28	5.16	6.03	5.78	6.27	-	-	-	-	6.27	0	🟢
SLA Performance	£6,271k	£1,017k	£502k	£499k	(£719)k	(£374)k	(£426)k	(£137)k	(£331)k	-	-	-	-	£32k	£0k	🟢
SLR Performance	(£8,032)k	(£782)k	(£123)k	£184k	£201k	(£1,124)k	£344k	(£31)k	£518k	-	-	-	-	(£813)k	£0k	⚫

Appendix 1 (contd)
Integrated Performance Dashboard 2015/16

Performance

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
A&E - A&E Attendances Seen Within 4 Hours (%)	94.7%	98.6%	98.8%	99.1%	99.3%	98.5%	97.6%	98.9%	97.5%	-	-	-	-	98.5%	95%	🟢
Activity - A&E Attendances	99,928	7,895	7,940	8,137	8,052	7,700	8,003	8,091	7,893	-	-	-	-	63,711	52,921	🟢
Activity - Community Attendances	415,662	34,397	33,050	35,066	36,362	32,417	35,088	35,967	33,548	-	-	-	-	275,895	292,231	🔴
Activity - Elective Day Case Spells	44,639	3,660	3,445	4,013	3,951	3,413	3,675	3,994	3,787	-	-	-	-	29,938	29,596	🟢
Activity - Elective Inpatients Spells	6,953	482	525	580	580	508	537	574	579	-	-	-	-	4,365	4,841	🔴
Activity - Emergency Inpatient Spells	50,876	4,426	4,282	4,183	4,205	4,079	4,107	4,300	4,303	-	-	-	-	33,885	32,417	🟢
Activity - Outpatient First Attendances	125,382	10,390	10,058	11,359	11,531	9,339	10,808	11,536	11,969	-	-	-	-	86,990	81,775	🟢
Activity - Outpatient Follow Up Attendances	320,876	25,984	24,327	27,879	27,363	23,237	26,244	26,308	26,943	-	-	-	-	208,285	218,800	🟡
Activity - Outpatient Procedure Attendances	57,196	4,308	3,956	4,833	4,528	4,043	4,553	4,868	3,878	-	-	-	-	34,967	39,070	🔴
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	96.7%	97.7%	96.4%	95.5%	95.4%	93.8%	94.1%	94.2%	95.1%	-	-	-	-	95.3%	93%	🟢
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	96%	100%	98.7%	100%	97%	96.8%	95.9%	98.5%	99.3%	-	-	-	-	98.4%	93%	🟢
Cancer - 31 day - from diagnosis to treatment for all cancers	99.7%	100%	100%	100%	100%	100%	99.3%	98.7%	98.5%	-	-	-	-	99.6%	96%	🟢
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	100%	98%	🟢
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	99.6%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	100%	94%	🟢
Cancer - 62 day - From Referral for Treatment following national screening referral	97.3%	82.4%	91.3%	95.2%	100%	93.3%	96.3%	100%	100%	-	-	-	-	94.6%	90%	🟢
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	87%	83.6%	81.9%	88.5%	83.8%	85.1%	83.5%	88.9%	85.8%	-	-	-	-	85.4%	85%	🟢
RTT - Admitted Pathways within 18 weeks %	91.6%	95.2%	95.3%	96.1%	95.6%	96.1%	94.3%	92.5%	93.3%	-	-	-	-	94.8%	90%	🟢
RTT - Incomplete Waits within 18 weeks %	95.4%	95%	95.2%	95.2%	95.6%	94.9%	95.1%	94.6%	94.4%	-	-	-	-	95%	92%	🟢
RTT - Non-Admitted Pathways within 18 weeks %	98.7%	97.7%	97%	98%	98.3%	98.1%	98.3%	97.5%	97.8%	-	-	-	-	97.9%	95%	🟢
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.75%	98.69%	99.27%	99.47%	99.34%	98.35%	98.41%	97.87%	98.85%	-	-	-	-	98.79%	99%	🟡

Staff/HR

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Appraisals	87.2%	88%	80.6%	81.5%	80.8%	80.3%	80.1%	78.4%	75.6%	-	-	-	-	75.6%	90%	🟡
Mandatory Training (Substantive)	80.68%	81.53%	82.13%	82.8%	82.35%	83.51%	83.16%	84.11%	84.8%	-	-	-	-	84.8%	90%	🟡
Sickness Rate (Performance Dashboard)	3.81%	3.49%	3.69%	3.64%	3.48%	3.19%	3.27%	3.80%	3.78%	-	-	-	-	3.54%	3.50%	🟡
Staff In Post (Contracted WTE)	4,181.19	2,982.35	2,970.34	2,953	2,931.45	2,918.77	2,934.14	2,965.62	2,957.89	-	-	-	-	2,957.89		⚫
Vacancy Rate	9.42%	9.22%	9.03%	9.47%	10.08%	10.75%	10.37%	10.34%	10.83%	-	-	-	-	10.83%	%	⚫

Glossary:- LYO – Last Year Out-turn ; YEF – Year End Forecast

Cancer Tumour Site – October & November 2015 – **PROVISIONAL**

Month	Target	Brain	Breast	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other	Sarcoma	Skin	Upper GI	Urology	Total
Oct-15	2WW	100.0%	97.5%	87.2%	94.7%	100.0%	95.5%	95.7%			94.3%	96.2%	94.7%	94.2%
	2WW - Breast Symptomatic		98.4%										100.0%	98.5%
	First Treatment		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		92.9%	100.0%	100.0%	98.8%
	Subs Anti-Cancer Drug		100.0%	100.0%		100.0%		100.0%					100.0%	100.0%
	Subs Radiotherapy													
	Subs Surgery		100.0%	100.0%			100.0%				100.0%		100.0%	100.0%
	62 Day Traditional		100.0%	71.4%	66.7%	100.0%	80.0%	76.9%			100.0%	40.0%	92.3%	88.9%
	62 Day - Breast Symptomatic		100.0%											100.0%
	Screening		100.0%	100.0%										100.0%
	Upgrades			100.0%	100.0%	100.0%		100.0%	100.0%		100.0%	100.0%	95.2%	99.0%
Nov-15	2WW	100.0%	100.0%	91.1%	98.7%	100.0%	96.3%	100.0%			94.2%	93.9%	93.0%	95.1%
	2WW - Breast Symptomatic		99.3%											99.3%
	First Treatment		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		95.7%	100.0%	95.8%	98.5%
	Subs Anti-Cancer Drug		100.0%	100.0%		100.0%							100.0%	100.0%
	Subs Radiotherapy												100.0%	100.0%
	Subs Surgery		100.0%	100.0%							100.0%		100.0%	100.0%
	62 Day Traditional		100.0%	62.5%	80.0%	88.9%	0.0%	66.7%			100.0%	57.1%	88.4%	85.8%
	62 Day - Breast Symptomatic		100.0%											100.0%
	Screening		100.0%	100.0%										100.0%
	Upgrades			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%

Note that the above is a snap shot of the provisional performance which continues to change as more patient data is loaded and validated. As a result of the snap shot approach the figures may vary slightly from the figures in the main dashboard.

The Dudley Group **NHS**
NHS Foundation Trust

Paper for submission to the Board of Directors on 7th January 2016

TITLE:	Transformation and Cost Improvement Programme (CIP) Summary Report – November 2015		
AUTHOR:	Alex Claybrook Interim Head of Service Improvement and Programme Management	**PRESENTER**	Paul Taylor Director of Finance

CORPORATE OBJECTIVE:
SO3:   Drive service improvements, innovation and transformation
SO5:   Make the best use of what we have
SO6:   Plan for a viable future

SUMMARY OF KEY ISSUES:

The Trust has achieved £11.38m CIP against a year to date plan of £10.97m. However, the Trust is forecasting to achieve £16.51m against a full plan of £16.70m.

Transformation Executive Committee (TEC) met on 14th December to:

- Review overall CIP delivery status and progress.

- Scrutinise Exception Reports for projects off plan and agreed mitigations for the shortfall that will be reported next month.

A number of mechanisms are being used to identify CIP schemes for 2016/17 and beyond including service improvement workshops and a survey to all colleagues in the Trust.

In addition, discussion has begun regarding the Transformation and CIP opportunities arising from improved services and processes supported by the new IT systems.

This will provide major opportunity for 2017/18 and beyond. TEC will be debating this further in December when the current IT scoping exercise is completed.

Finally, we have received a green assurance rating for the Internal Audit of the CIP and PMO processes. Further, Monitor undertook their assessment of the Programme and PMO governance process on 9th December 2015. We await their formal feedback.

IMPLICATIONS OF PAPER: (*Please complete risk and compliance details below*)

RISK	**Y**		**Risk Description:** ST001 – Capability to deliver the Programme of work ST002 – Delivery of the Programme negatively impacting on Quality of Care or Patient Experience Capacity to deliver Programme of work
	Risk Register: Y		**Risk Score:** 12, 12, 16 (respectively)
	CQC	**N**	**Details:** (*Please select from the list on the reverse of sheet*)

COMPLIANCE and/or	Monitor	N	Details:
LEGAL REQUIREMENTS	Other	N	Details:

ACTION REQUIRED OF COMMITTEE

Note progress during November, delivery of CIP to date and the current forecast outturn proposal.

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR THE COMMITTEE

CORPORATE OBJECTIVES : *(Please select for inclusion on front sheet)*

SO1:	**Deliver a great patient experience**
SO2:	**Safe and Caring Services**
SO3:	**Drive service improvements, innovation and transformation**
SO4:	**Be the place people choose to work**
SO5:	**Make the best use of what we have**
SO6:	**Plan for a viable future**

CARE QUALITY COMMISSION CQC) : *(Please select for inclusion on front sheet)*

Care Domain	Description
SAFE	**Are patients protected from abuse and avoidable harm**
EFFECTIVE	**Peoples care, treatment and support achieves food outcomes, promotes a good quality of life and is based on the best available evidence**
CARING	**Staff involve and that people with compassion, kindness, dignity and respect**
RESPONSIVE	**Services are organised so that they meet people's needs**
WELL LED	**The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture**

The Dudley Group **NHS**
NHS Foundation Trust

Trust Board of Directors

Service Transformation and PMO Update

7th January 2015

Executive Summary

The Trust has an overall Cost Improvement Programme (CIP) target of £16,701k in 2015/16. To support this, the Trust has developed 32 projects to deliver savings in 2015/16. The Trust has identified provisional plans for 2016/17, made up of 38 projects to achieve the £12.4m CIP savings.

The projects have been split into four ambitious programmes to deliver the changes and benefits required. These programmes are:

- Value for Money
- Delivering Efficiency & Productivity
- Keeping People Closer to Home
- Workforce

Transformation Executive Committee (TEC) met on 14th December to review the current CIP status. A summary of CIP performance as at Month 8 is provided below (with supporting detail overleaf):

CIP Project Plans	Full Year Plan	YTD Plan	YTD Actual	YTD Variance	Y/E FOT	Y/E FOT Variance
TOTAL	£16,701k	£10,969k	£11,372k	£404k	£16,507k	-£194k

Based on the Month 8 position, the Trust has achieved 68.1% of the full year plan and is **£404k** ahead of year to date plan. However, to date the Trust is forecasting under performance of **£194k** against the **£16,701k** CIP plan. TEC reviewed all projects for performance against planned delivery and agreed mitigations for the shortfall that will be reported next month.

Of the 32 projects due to deliver savings in 2015/16, all 32 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC) and Quality Impact Assessment (QIA) panel.

The Trust has identified 38 projects for delivery in 2016/17. Of these, 5 have been approved by TEC and the QIA panel in 2015/16.
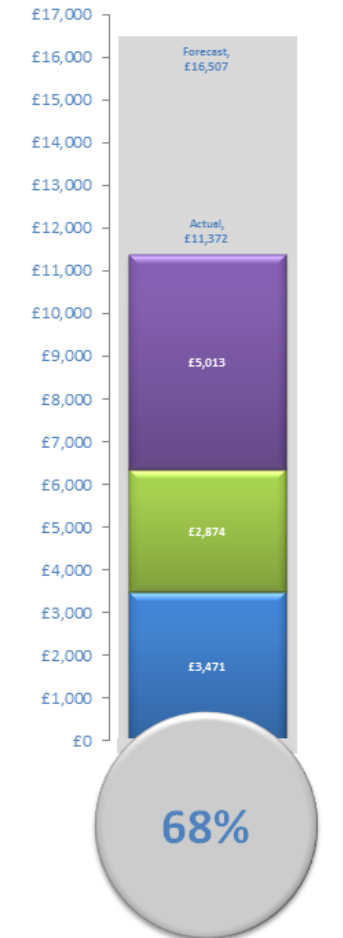
Executive Summary

Figures reported in £000's

	Planned	Actual	Forecast	Variance
FYE	£16,701	£11,372	£16,507	-£194
YTD	£10,969	£11,372	£11,372	£404

Exec Lead : Paul Taylor — Click for Details

Planned Recurrent	£3,357	Planned Non Recurrent	£645
Forecast Recurrent	£4,475	Forecast Non Recurrent	£645

Value for money Infrastructure

	Planned	Actual	Forecast	Variance against Plan
FYE	£4,002	£3,471	£5,120	£1,118
YTD	£2,668	£3,471	£3,471	£803

Exec Lead : Anne Baines — Click for Details

Planned Recurrent	£0	Planned Non Recurrent	£0
Forecast Recurrent	£0	Forecast Non Recurrent	£0

Keeping People Closer to Home

	Planned	Actual	Forecast	Variance against Plan
FYE	£0	£14	£28	£28
YTD	£0	£14	£14	£14

Exec Lead : Paul Bytheway — Click for Details

Planned Recurrent	£2,873	Planned Non Recurrent	£300
Forecast Recurrent	£3,526	Forecast Non Recurrent	£300

Delivering Efficiency and Productivity

	Planned	Actual	Forecast	Variance against Plan
FYE	£3,173	£2,874	£3,874	£701
YTD	£2,063	£2,874	£2,874	£811

Exec Lead : Julie Bacon — Click for Details

Planned Recurrent	£9,331	Planned Non Recurrent	£125
Forecast Recurrent	£7,422	Forecast Non Recurrent	£63

Workforce

	Planned	Actual	Forecast	Variance against Plan
FYE	£9,526	£5,013	£7,485	-£2,042
YTD	£6,237	£5,013	£5,013	-£1,224

2015/16 Forecast Non Recurrent	£1,007k	% of Total CIP Forecast as Non Recurrent	6.08%

Legend: VFM, DEP, KPCH, WORK

Forecast, £16,507
Actual, £11,372
£5,013
£2,874
£3,471

68%