



# Board of Directors Meeting Public Papers

Thursday 9<sup>th</sup> January 2025 10:00 – 13:30

Room 7/8, Clinical Education Centre, Russell Hall Hospital, Dudley, DY1 2HQ



## December 2024

We celebrated over 4000 hours of staff long service at our annual awards.

Our surgical team were featured on ITV Central News.

Chief nurse Martina Morris switched on our Christmas lights with one of our young patients.

## BOARD MEETINGS PUBLIC INFORMATION SHEET

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

### 1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

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

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

### 2. Board Members' interests

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

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

### 3. Opportunity for questions

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

#### **4. Debate**

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

#### **5. Minutes**

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

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

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


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




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

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Email: [helen.attwood3@nhs.net](mailto:helen.attwood3@nhs.net)

PUBLIC SESSION

Board of Directors  
Thursday 09 January at 10:00am  
Room 7/8 Clinical Education Centre, Russells Hall Hospital, Dudley  
**AGENDA**

| ITEM                           | PAPER REF  | LEAD                               | PURPOSE                        | TIME                        |       |
|--------------------------------|--|------------------------------------|--------------------------------|-----------------------------|-------|
| 1                              | Chairman's welcome and note of apologies   | Verbal                             | Chair                          | For noting                  | 10:00 |
| 2                              | <b>Staff &amp; Patient Story – Wellbeing</b> , Richard Alleyne<br>Introduced by M Morris, Chief Nurse  |                                    |                                |                             |       |
| 3                              | <b>Declarations of Interest</b><br><a href="#">Click here for Register of Interests</a>  |                                    | Chair                          | For noting                  | 10:25 |
| 4                              | <b>Minutes of the previous meeting</b><br>Thursday 14 November 2024<br>Action Sheet 14 November 2024   | Enclosure 1<br><i>All complete</i> | Chair                          | For approval                |       |
| 5                              | <b>Chief Executive's Overview</b>  | Enclosure 2                        | D Wake                         | For information & assurance |       |
| 6                              | <b>Chair's Update</b><br>- Public questions (as submitted)   | Verbal / enclosure 3               | Chair                          | For information             |       |
| 6.1                            | Integrated Committee upward assurance report<br>- Finance & Performance, Quality, People, Integration, Audit & Charity   | Enclosure 4                        | Non-executive committee chairs | For approval                |       |
| 7                              |  <b>Drive sustainability financial and environment</b><br>Reduce the cost per weighted activity   Reduce carbon emissions |                                    |                                |                             | 11:05 |
|                                | <b>Finance &amp; Productivity matters</b>  |                                    |                                |                             |       |
| 7.1                            | Finance report Month 8 (Nov '24) inc. Cost Improvement update  | Enclosure 5                        | C Walker                       | For approval                |       |
| 7.2                            | Annual Plan Development 2025/2026  | Enclosure 6                        | A Thomas                       | For information             |       |
| 7.3                            | Winter Plan 2024/2025 update   | Enclosure 7                        | K Kelly                        | For assurance               |       |
| 7.4                            | Integrated Quality and Operational Performance Report (IQ & OPR)<br><i>Full report in further reading pack</i>   | Enclosure 8                        | J Hobbs/<br>K Kelly/ M Morris  | For assurance               |       |
| 7.5                            | Neonatal Nurse Staffing Expansion Business Case<br><i>Full report in further reading pack</i>  | Enclosure 9                        | M Morris                       | For approval                |       |
| 7.6                            | Midwifery Staffing Business Case for Birthrate Plus compliance<br><i>Full report in further reading pack</i>   | Enclosure 10                       | M Morris                       | For approval                |       |
| <b>Comfort break (10 mins)</b> |  |                                    |                                |                             |       |

|  |  |              |                                  |                 |  |       |
|--|--|--------------|----------------------------------|-----------------|--|-------|
| <b>8</b>   |  <b>Deliver right care every time</b><br>CQC rating good or outstanding   Improve the patient experience survey results   |              |                                  |                 |  | 11:55 |
| 8.1  | Chief Nurse & Medical Director report  | Enclosure 11 | J Hobbs /<br>M Morris            | For assurance   |  |       |
| 8.2  | Perinatal Clinical Quality Surveillance Report<br><i>(Formerly maternity dashboard)</i>  | Enclosure 12 | C Macdiarmid/<br>B Muammar       | For assurance   |  |       |
| 8.3  | Maternity Incentive Scheme year 6 Report   | Enclosure 13 | C Macdiarmid/<br>B Muammar       | For approval    |  |       |
| <b>9</b>   |  <b>To be a brilliant place to work and thrive</b><br>Reduce the vacancy rate   Improve the staff survey results  |              |                                  |                 |  | 12:20 |
| 9.1  | Workforce Key Performance indicators<br><i>Full report in further reading pack</i>   | Enclosure 14 | K Brogan                         | For approval    |  |       |
| 9.2  | Workforce Plan 2024/25<br><i>Full report in further reading pack</i>   | Enclosure 15 | K Brogan                         | For assurance   |  |       |
| <b>10</b>  |  <b>Build Innovative Partnerships in Dudley &amp; beyond</b><br>Increase the proportion of local people employed   Increase the number of services jointly across the Black Country |              |                                  |                 |  | 12:40 |
| 10.1   | Primary care developing services <ul style="list-style-type: none"> <li>• CHC – Continuing Health Care</li> <li>• ICT – Intermediate Care Team</li> </ul> <i>Presentation to be circulated</i>   | Presentation | Jenny Cale<br>/ Kellie<br>Lennon | For information |  |       |
| <b>11</b>  | <b>Governance</b>  |              |                                  |                 |  | 13:05 |
| 11.1   | Trust Constitution review  | Enclosure 16 | H Board                          | For endorsement |  |       |
| 11.2   | Trust Seal Report  | Enclosure 17 | H Board                          | For approval    |  |       |
| 11.3   | Board Assurance Framework  | Enclosure 18 | H Board                          | For approval    |  |       |
| <b>12</b>  | <b>Any Other Business</b>  |              | All                              | For noting      |  |       |
| <b>13</b>  | <b>Date of next Board of Directors meeting</b> (public session) Thursday 13 <sup>th</sup> March 2025   |              |                                  |                 |  |       |
| <b>14</b>  | <b>Meeting close</b>   |              |                                  |                 |  | 13:30 |
| <b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non-executive Director |  |              |                                  |                 |  |       |

**Unconfirmed Minutes of the Board of Directors meeting (Public session)  
held on Thursday 14<sup>th</sup> November 2024 10:15hr  
Black Country and Marches Institute of Technology, Zoological Drive, Dudley**

**Present:**

Karen Brogan, Interim Chief People Officer (KB)  
Gary Crowe, Deputy Chair (CG)  
Joanne Hanley, Non-executive Director (JHa)  
Anthony Hilton, Associate Non-executive Director (AH)  
Julian Hobbs, Medical Director (JHo)  
Catherine Holland, Non-executive Director (CH)  
Liz Hughes, Non-executive Director (LH)  
Karen Kelly, Chief Operating Officer/Deputy Chief Executive (KK)  
Mohit Mandiratta, Non-executive Director (MMA)  
Anne-Maria Newham, Non-executive Director (AMN)  
Martina Morris, Chief Nurse (MM)  
Sir David Nicholson (SDN) **Chair**  
Ita O'Donovan, Associate Non-executive Director (IOD)  
Andy Proctor, Director of Governance (AP)  
Vij Randeniya, Non-executive Director (VR)  
Kat Rose, Chief Integration Officer (KR)  
Adam Thomas, Executive Chief Strategy & Digital Officer (AT)  
Diane Wake, Chief Executive (DW)  
Chris Walker, Interim Director of Finance (CW)  
Lowell Williams, Non-executive Director (LW)

**In Attendance:**

Helen Attwood, Directorate Manager (Minutes) (HA)  
Melissa Bissell, Lead Nurse on B4 (MB) [for Patient Story]  
Helen Board, Board Secretary (HB)  
Natalie Hill (NH) [for Patient Story]  
Hannah Jones Head of Communications (HJ)  
Claire Macdiarmid, Director of Midwifery (CM) [for Enc 10]  
Aaron Mahli, NHS Graduate Management Trainee in ED (AM)  
Lucy Martin (LM) [for Enc 15]  
Rory McMahon, Director of Operations – Medicine (RMc)  
Madhuri Mascarenhas, Governance Admin. Lead (MM)  
Raj Uppal, Consultant (RU) [for Enc 10]

**Apologies**

Liz Abbiss, Director of Communications  
Peter Featherstone, Non-executive Director  
Basem Muammar, Clinical Director for Obstetrics and Gynaecology [for Enc 10, Raj Uppal in attendance]

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

Andrew Mullaney, Patient Story  
Craig Nevin, Governor  
Nandi Shalembe, FT member and Governor Candidate for Halesowen

## **24/85 Note of Apologies and Welcome**

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

## **24/86 Patient Story – Cancer Services**

The meeting was joined by Melissa Bissell, Lead Nurse, Ward B4 and Natalie Hill, who were involved in the care of the patient. The Board welcomed Mr Mullaney to the meeting who shared his experience of successful treatment for bowel cancer.

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

MMA welcomed the story and commented on the negative language used about the NHS and how that affected staff morale.

KK added that the story captured what a difference our staff made for patients.

The Chair thanked Andrew for sharing his story in such a real way and commented how proud the Board were of its staff and the service they provide.

It was **RESOLVED** to

- Note the patient story

## **24/87 Declarations of Interest**

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

## **24/88 Minutes of the previous meeting held on 12<sup>th</sup> September 2024**

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

It was **RESOLVED** to

- approve the minutes of the last meeting

## **Action Sheet of 12<sup>th</sup> September 2024**

All actions were noted to be complete.

## **24/89 Chief Executive's Overview and Operational Update**

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

Operational Performance – the Trust continued to perform well against all metrics and had worked hard on elective restoration and recovery with all 65 week waits cleared by the end of November and those waiting a year by the end of March 2025. DW thanked all staff for their hard work.

The Trust was achieving the 62 day standard for cancer and were expecting to accelerate all cancer pathways with modelling work being undertaken in readiness.

The emergency care 4 hour wait performance stood at 82% and noted some ongoing challenges in timely offload of ambulances.

Work continued with the Corporate Service transformation workstream with a series of workshops having taken place. A clinical summit was scheduled on 29<sup>th</sup> November with clinicians from the four Black Country provider trusts that made up the Black Country Provider Collaborative.

The Learning and Improvement Network national guidance had recently been published and had been linked in with the Trust's Winter Plan and improvement journey across the organisation.

Noted that Balvinder Heran had recently been appointed as Chief Executive of Dudley Metropolitan Borough Council.

The Trust had been commended for its international bowel work and the Trust would become the first training site in the UK.

The Trust was using the GIRFT Further Faster approach to reducing reduce waiting lists and targeting patients to treat and get them back into employment.

DW recognised the staff and teams who had recently received Healthcare Hero awards.

The Dudley Group NHS Charity's annual Glitter Ball was taking place later that evening.

It was **RESOLVED**

- To note the report and assurances provided

#### **24/90 Chair's Update**

The Chair commented on the negative, but commonly used statement that the NHS was broken and added that that was not the case and was detrimental to the efforts of its staff.

The Chair announced the appointment of Ms Diane Wake as the Interim Chief Executive at Sandwell and West Birmingham NHS Trust for the next 6 months effective from January 2025 and emphasised that the appointment did not represent any move to merge the two trusts. He offered his congratulations.

#### **Public questions**

No questions received.

It was **RESOLVED**

- To note that no questions had been received

#### **24/91.1 Integrated Committee Upward Assurance Report**

GC introduced the report given as enclosure four noting the new format as a consolidated report including upward assurance from each of the Committees, Finance & Productivity, Quality, People, and Integration. He highlighted the inclusion of an assurance rating for a number of agenda items



received at the respective Committees. Non-Executive Committee Chairs were invited to raise any particular items for escalation to the Board.

GC summarised the following key areas to assure, advise and alert for Board members to note:

### **Assure**

Black Country Provider Collaborative Workforce workstream verbal update received – Collaborative approach being taken to align workforce policies, work ongoing to align bank rates for Agenda for Change and Medical and Dental staff.

The Dudley Group had a £32.6m deficit plan. £25m deficit funding had been received from NHSE and £5.7m of the ICB surplus monies. The adjusted forecast for 2024/25 was a £1.59m deficit.

### **Advise**

The Workforce Plan was considered at People Committee, Quality Committee and Finance & Productivity Committee and noted it was not achieving what it had intentionally set out to achieve and that revision to trajectories were expected and closer scrutiny of the Bank overspend. GC thanked KB for her work undertaken on the Workforce Plan.

Responsible Clinician and Mental Health Act Administration service contracts were in place, however still challenges being encountered from Black Country Healthcare NHSFT colleagues with regards to their full implementation. A meeting was held in October, with all residual concerns being addressed. The Mental Health Standard Operating Procedure had been updated and was with Trust solicitors for final review. Lessons from Nottingham mental health incidents were inconclusive, with further work required. However, there was some assurance regarding strengthening the Trust's understanding about Mental Health processes.

The Finance & Productivity Committee agreed to recommend the Winter Plan to the Board, recognising the challenging nature of the plan and the need for ongoing monitoring and flexibility. They emphasised the importance of ensuring that the Board was aware of the challenges and the efforts being made to address them. The committee had requested a sensitivity analysis on the mitigations to understand the potential risks and impacts if certain mitigations did not succeed. Analysis would be crucial to ensure that the Board was aware of the potential challenges and could make informed decisions.

It was noted that the Winter Plan had unfunded financial pressures. Feasibility carried high risks on deliverability of mitigating schemes, particularly given current pressure in ED and discharge and key dependencies that existed with System partners.

CH commented on the Workforce Plan and queried whether it was still fit for purpose. KB confirmed that much work had been undertaken to understand the challenges in achieving the plan. The Trust had good retention and low turnover in the organisation so natural attrition was not taking place and now believed that a 2.3% reduction was achievable with consideration being given to schemes to support its achievement.

LW confirmed that the Finance & Productivity Committee knew achieving the Plan would be difficult and supported the comments from KB. He also commented on the opportunity of the Committee to fully consider the Winter Plan.

DW confirmed that the Trust was looking in detail at the Black Country Pathology Service performance and an external review may be required if consistent improvement was not maintained. LW added that he would welcome a review. JHo confirmed that a review would deliver clarity

around performance adding that there had been some sickness in the Black Country Pathology Service clinical body.

It was **RESOLVED** to

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

*[Post meeting note: Chairs action sought where it approved to add the following note: The Patient Safety Incident Response Framework had been subject to review and considered at the September 2024 meeting of the Quality Committee where it was agreed it required upward reporting\* to the Board of Directors. Whilst it was mentioned in the Committee chairs upward report to Board, it was not highlighted or discussed and consequently not minuted. There is a need to launch the reviewed framework and not wait until the January Board meeting.]*

*\*Patient Safety Incident Response Framework supporting guidance about the 'Oversight roles and responsibilities specification' states that the PSIRF executive lead, supported by the rest of the board/leadership team, must oversee the development, review and approval of the organisation's policy and plan for patient safety incident response, ensuring they meet the expectations set out in the patient safety incident response standards where relevant.]*

## **24/91.2 Joint Provider Committee – Report to Trust Boards**

GC introduced the report that had been prepared to provide all partner Trust Boards of the Black Country Provider Collaborative (BCPC) with a reminder of key messages from the Joint Provider Committee meeting held on 18<sup>th</sup> October 2024 as follows:

He highlighted the progress made on the Corporate Services Transformation work, with a focus on the Engagement Workshops and noted the importance of the project.

It was **RESOLVED** to

- Receive the report as a summary update of key discussion at the 18<sup>th</sup> October meeting
- Note the key messages, agreements and actions.

## **24/92 Drive Sustainability, Financial and Environmental**

### **24/92.1 Finance and Productivity Matters**

#### **24/92.1.1 Finance Report Month 6 (September 2024)**

CW presented the Month 6 (September 2024) Finance Report given as enclosure six.

The Board was asked to note the Month 6 (September 2024) Trust financial position as follows:

After technical changes, the September cumulative position was a £1.490m deficit. The position was £3.322m better than the updated phased plan agreed by NHS England in September.

Performance against the Elective Recovery Fund continued to be positive in September.

The Trust had overachieved on the Cost Improvement Programme plan as at the end of September by £0.677m.

The Trust was forecasting that it would achieve its 2024/25 financial year planned deficit of £1.590m after technical adjustments.

The Black Country Integrated Care System had now received £119.2m of non-recurrent deficit funding from NHS England meaning that the System's financial plan was a breakeven position. Revised phased plans have been submitted to NHS England for all providers. The Trust's revised financial plan is now a £1.590m deficit (previously £32.565m).

The Board was asked to note the Black Country Integrated Care System September 2024 financial position and year end deficit plan of breakeven. Following the submission of the 'Investigation and Improvement' review to NHS England the System was now working through the improvement initiatives to ensure the financial plan is achieved.

CW alerted the Board to the following matters:

Pay expenditure to the end of September showed an overspend of £2.358m against plan. Substantive and bank whole time equivalent reductions were not achieved compared to the September plan after taking into consideration income backed workforce additions.

Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £3.363m. A deep dive of the financial forecast position had taken place in October which highlighted the risks and mitigations to achieve the financial plan.

SDN welcomed the consistent financial performance. LW thanked CW and his team for their work and noted the importance of continuing to focus on elective recovery work as planned.

GC asked about the risk impact if the System position did not improve its overall position and asked CW about the work being undertaken on productivity. CW replied that although the Trust worked as part of a system, could only control achievement of its own plan. Work was progressing well in respect of productivity and outputs are being used to deliver financial forecasts. GC welcomed the work for the current year and following years and transformational activity was what all trusts needed to move towards.

It was **RESOLVED** to

- Note the financial performance for Month 6 (September 24) and the reported Trust and System 2024/25 financial year end position

#### **24/92.1.2 Winter Plan**

KK presented the Winter Plan Report given as enclosure seven with input from RMc. The Board noted the following key highlights:

The Finance & Productivity Committee considered the Winter Plan at an extraordinary meeting held Thursday 6<sup>th</sup> November 2024 and recommended to the Board for approval. The Divisions had worked together in order to maximise admission avoidance to The Dudley Group bed base, and had come within 15 beds of the assurance required by the ICB in terms of combined winter and Midland Metropolitan University Hospital (MMUH) plan.

The Executive Committee and Board had been sighted on the governance surrounding the development and reporting of the MMUH impact modelling and mitigations planning. The combined cost for both would be £2,637k, with a notional split of £1,581k for MMUH and £1,057k for winter.

The ICB had modelled a gap of 29 beds for MMUH, and 76 beds for winter. The focus of the mitigations that the Trust had put in place and that were described had taken a 'Community First' approach.

The Trust was currently experiencing a high, unexpected level of front door pressure due to MMUH (both related to the site movement and unexpected levels of attendance from BSOL to MMUH) and winter, and was taking action to mitigate and noted that all Black Country Trusts were experiencing similar challenges.

The required level of discharges were not currently being met and was impacting on sufficient flow to ensure timely ambulance handovers. For the first time in a number of years no additional funding had been made available to NHS or Health Care partners, such as the local authority, to support implementing initiatives to mitigate the impact of winter. All of the schemes described were proceeding at risk and highlighted that the Trust had a greater number of beds open than the amount signed off by the ICB: the Trust was actually using 670 beds, all of which were full.

There was excess of complex MOFD (Medically Optimised Fit for Discharge) at the Trust of between 23% and 27% compared to the national average of 16.6%. The impact of which was an additional 50-60 extra MOFD within the Trust bed base and noted the causes and solutions were multifactorial and involved multiple divisions and external agencies. The impact of both winter pressures and the opening of the MMUH was being closely monitored with a clearer picture expected in due course and noted the potential funding from a central ICB risk pot should the activity materialise and be sustained. The Dudley Group would protect its elective activity at all cost.

The Chair commented on the opening of the MMUH that was the biggest shift of urgent and emergency care that the Black Country had ever seen.

MM commented on the current pressures on the NHS across the Country and welcomed the commitment of the Executives and all staff to deliver timely, safe care.

LW asked about the numbers/risk sensitivities discussed at Finance & Productivity Committee. RM confirmed that these were being well managed.

AT commented that there were bigger elements of work and learning to be taken forward over the year but keeping patients safe and protecting our staff was paramount.

GC asked about planning for children and young people and mental health patients.. KK confirmed that there was separate planning undertaken for that group of patients and there were plans for an integrated model with Paediatric Assessment Unit. There was an issue to resolve to ensure that mental health colleagues saw patients in a timely manner. DW added that urgent and emergency activity for children had seen an earlier surge than adult patients. Mental Health was a challenge and a series of action cards had been published to align system working to get patients to the right destination in a timely manner. GC added that it was difficult to be assured by the Plan given the number of interdependencies. DW confirmed that having Physicians at the front door would deliver whole scale change in managing winter and the Board should be assured by the work taking place to deliver a safe winter.

The Chair summarised that the Board was being asked to approve the Plan with caveats and noted the compromised starting position and additional work to remedy. He also acknowledged the risks of moving into a new model of care rather than just opening additional beds and welcomed the new model. He added that the organisation was holding significant risk within the System and that System partners must play their part to ensure delivery.

It was **RESOLVED** to

- Note the modelling and mitigation work done pursuant to the winter plan and opening of the Midland Metropolitan University Hospital, and the interrelationship of both.
- Approve the mitigations and Winter Plan in view of the wider Trust Strategy.

#### **24/92.1. Integrated Quality and Operational Performance Report**

JHo, KK and MM presented the Integrated Quality and Operational Performance Report given as enclosure eight. The Board was assured that the performance reports had been considered in detail at the respective committees prior to submission to the Board of Directors and noted the following highlights:

Urgent and Emergency Care - in September ED 4 hour performance was at 81.2% vs the national target of 78%. ED had reconfigured the treatment areas following the floor works and ahead of the planned building works and now had a dedicated triage space and were monitoring performance daily.

Cancer Performance - the 28 day Faster Diagnostic Standard (FDS) achieved 83.8% (August 24 validated) against the constitutional standard of 77%. The 31 day combined decision to treat performance achieved 89.7% in August against the national target of 96%. It was mainly driven by surgical capacity. Performance against the 62 Day combined target achieved 71.5% in August which is above the national target of 70%.

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

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

Black Country Pathology Service (BCPS) - E-requesting went live on the 07/08/2024. Based on initial response, compliance was forecasted to improve from 35% currently.

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

The Trust's Elective Restoration and Recovery continued to perform well with the focus now on patients at 65 weeks and were on track to achieve in October. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

The next target for focus would be the 52-week wait patients being treated by the end of March 25. There are plans underway to book all 52-week first outpatient appointments that would breach in March 25 by the end of November 24. It was a challenging ask and commended the work of the divisions who were working hard on projects to improve productivity to increase the clearance rates: it was already proving successful in Pain, Orthopaedics and General Surgery. The September RTT position 57.5% vs 92% national target, and noted a continued improvement month on month.

Achieving the internal target of 90% of complaints being responded to within 30 days remained challenging, with the latest compliance being 49.3%.

The number of patient safety incidents reported had increased slightly and it was acknowledged that it may be monthly natural variation noting that plateauing of the previously noted downward trend may be emerging. The number of incidents reported to result in significant harm (moderate/ severe/ death) remained low and consistent with previous reporting periods (natural variation applicable across the period).

Other quality metrics were shared with the board included mixed sex accommodation breaches that had increased due to further increased operational pressures across the organisation and demand for beds. Dementia screening compliance was currently at 69.22%. The Trust was more than 85% compliant against the majority of safeguarding training requirements. Pressure ulcers rates reduced and noted the adoption of the new pressure ulcer categorisations that had been revoked nationally however there remained support to move from Waterlow scoring over to Purpose T.

The 2024/25 Infection Prevention and Control Thresholds had now been set for each trust. Pseudomonas aeruginosa BSI threshold had been set at 12 cases and the Trust had already reached that threshold. It was noted that five of the reported cases related to the same patient.

There had been an increase in treatment escalation and resuscitation plans being documented, with 79% containing DNACRP decisions (33% of patients), which correlated with a reduction in cardiac arrests.

Sepsis screening and administration of antibiotics within the hour was at 67% in ED and 69% within the general wards. A variety of triggers within the electronic patient record were available to support teams to provide timely treatment.

Ward B6 had won the Ward of the Year award for GSF accreditation across England, Wales and Scotland. The Trust continued to drive the GIRFT Further Faster Programme.

It was **RESOLVED** to

- receive the report and draw assurance from progress made and efforts to deliver against national standards and local recovery plans

*[There was a short comfort break]*

## **24/93 Deliver Right Care Every Time**

### **24/93.1 Chief Nurse and Medical Director Report**

MM and JHo presented the combined Chief Nurse and Medical Director Report given as enclosure nine that focussed on the quality metrics.

The bi-monthly report provided an overview of key quality, safety and professional matters from a multiprofessional perspective, to demonstrate how multiprofessional teams worked collaboratively to positively influence everyday practice and focus on improving quality outcomes and patient experience. The data presented related to August and September 2024.

The Trusts Summary Hospital-level Mortality Indicator (SHMI) remained at 99.59 and Hospital Standardised Mortality Ratio (HSMR) at 85.76, demonstrating a sustained position and remaining better than the national average. Wards C5 and C6 had recently achieved the Gold Standard Framework (GSF) accreditation and wards C1A, B6 and C4 had achieved re-accreditation. In addition, ward B6 won the Ward of the Year award for GSF accreditation across England, Wales and Scotland.

Clinical shifts and visits continued to be undertaken by senior Nursing/Midwifery and AHP staff within and out of normal working hours to maintain senior leadership presence and oversight of the standards of care. A ward accreditation programme had been developed and was due to be piloted in November 2024.

The latest Infection Prevention and Control Board Assurance Framework confirmed overall Trust compliance with the requirements, with no red rated actions and one amber rated action which related to Carbapenemase - producing Enterobacteriaceae (CPE) screening not following the latest Department of Health and Social Care guidance due to the funding gap within the Black Country Pathology Service. Mitigations were in place to manage the risk. The winter vaccination programme 2024 had commenced.

A review of progress against the 26 measures of success aligned to the six objectives within the Nursing, Midwifery and AHP Strategy 2023 - 2026 had demonstrated activity and progress in all areas. There was on going collaborative work underway with HR and workforce colleagues supporting a variety of actions related to Nursing, Midwifery and AHP staff recruitment and retention. Strengthening governance in respect to oversight of professional and conduct matters, amongst many other activities. In addition, the corporate nursing team continued to ensure that the safer staffing reviews were undertaken in line with requirements, with recent reviews undertaken within neonates, critical care and theatres, which would be reported in November 2024.

It was reported that the Fractured Neck of Femur (#NOF) SHMI had increased since the last update to 123 (118 in the previous quarter) and noted some good progress had been reported in achieving the agreed actions as part of the quality priorities work. The SHMI related to stroke had significantly improved to 100 (118 in the previous quarter). The achievement of SSNAP category B status clearly correlated with the reduction.

Additional measures had been implemented to ensure the Trust was compliant with the Mental Health Act, with only one outstanding requirement remaining related to medical scrutiny of medical recommendations pertaining to patient detentions. However, MM confirmed to the Board that following a meeting with Black country Healthcare Trust in October, a solution was agreed to address the gap, which had now been implemented in practice. Next phase of the Right Care, Right Person initiative was originally being introduced on 21<sup>st</sup> October, which would enable police to hand over patients on a section 135/136 to the Emergency Department, if safe to do so. However, the launch had now been moved to the 18th November 2024.

A Nursing quality dashboard had been developed and was being piloted. Matron in patient audit had scored 83.7% for September 2024, following a review of the audit questions. Actions were in progress to address areas for improvement.

A quality focussed visit was completed by NHSE and ICB representatives within the Emergency Department in October 2024, with positive verbal feedback received and no quality and safety concerns raised. A formal feedback letter was awaited.

The national adult inpatient survey 2023 had now been published. The results demonstrated a much-improved picture since the 2022 survey. In August, staff engagement sessions chaired by the Chief Executive Officer and Chief Nurse were held to further strengthen staff engagement in patient experience. Further subject matter specific sessions have continued during September and October 2024.

In response to a VR question, JHo replied that an innovative and engaging programme had been launched on time and vaccinations widely offered to staff with an expectation of low uptake particularly for Covid. DW added that there hadn't been the usual national focus. IOD asked what was stopping staff from having the vaccine. JHo added that there were potential concerns in relation to safety which had resulted in vaccine scepticism. KB confirmed that there had been no emphasis on the flu CQUIN. There were no consequences or restrictions for not having the Covid vaccine and it was not mandated for trust's to vaccinate staff. MM confirmed that community rates would be higher and would continue to encourage staff uptake.

The Chair added that it was important as our staff could be infecting vulnerable patients and felt an example should be to do the right thing for our patients and staff.

It was **RESOLVED** to

- Draw assurance from the work undertaken by the Chief Nurse and Medical Director's office, to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trust Strategy's objectives

### **24/93.2 Perinatal Clinical Quality Surveillance (Maternity and Neonatal Dashboard) - Maternity Incentive Scheme year 6**

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

Stillbirth, Neonatal and overall mortality data position remained under the national average. Perinatal Mortality Review Tool (PMRT) reviews continued to occur and were all currently within the required timescales. Maternity safety champions meetings continued with bimonthly walkarounds, and alternate monthly meeting attended by the executive and non-executive safety champions. There had been no safety concerns escalated via that route to date.

The Heat Map score for October 2024 had reduced by 1 with a score of 22 (2<sup>nd</sup> position in the Midlands). A Maternity and Neonatal service user meeting took place in October 2024 at Mary Stevens Park. The Maternity CQC action plan was discussed with service users within the meeting. All attendees that contributed to the conversation were in agreement with the themes and actions. Their main areas for suggested action were:

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



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

Work towards achieving requirements of the Saving Babies Lives (SBL) version 3 was ongoing. The Trust was currently declared as 94% complaint and two touchpoints (checks) held with the Local Maternity and Neonatal System (LMNS) had confirmed the position. Work remained ongoing to ensure 100% compliance with specific actions related to preterm birth.

The Claims scorecard data from September 2024 was given as a triangulated position against complaints and incidents. Associated learning had been identified and was included in the report.

MIS year 6 was due for completion by the 30 November 2024. All 10 safety actions were on track to be fully compliant by that date and a deep dive would be presented to the Quality Committee in December, in readiness for sign off at Public Board meeting in January 2025. Three aspects are currently marked as Amber whilst awaiting further information but were on a trajectory for full compliance.

Attention was drawn to Safety action 5 that related to Midwifery staffing, with a business case being presented to the Executive Directors in November and a subsequent Workforce review due to be presented to Quality Committee later in the month. Details of the mitigations in place were contained within the report, to ensure quality and safety was maintained at all times.

In response to LW asking about MIS full compliance in year 5, EH confirmed that there were no issues with year 5.

GC referenced the Regional heatmap and commented on the excellent progress and asked that thanks were shared with the team.

JHo gave a recent example of the safe delivery of a baby following issues at birth.

The Chair thanked the team for a positive report.

It was **RESOLVED** to

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

### **24/93.3 Learning from Deaths**

JHo presented the Learning from Deaths report given as enclosure eleven. The Board noted the following key highlights:

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

The Medical Examiner Service continued to be the largest source of referrals for Structured Judgment Review (SJR). Completed SJRs show a good quality of care and low level of avoid-ability.

The Dudley Medical Examiner Service was fully operational and with increasing numbers of community deaths undergoing a proportionate review each month. Maternal and Neonatal services have pursued a wide-ranging review of their processes and services with improving mortality parameters.

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

In response to LW question about national SHMI rates, JHo confirmed that SHMI had fallen by 0.2% and the Trust was on a positive trajectory.

It was **RESOLVED** to

- Note the ongoing work in relation to mortality in the Trust

## **24/94 To be a Brilliant Place to Work and Thrive**

### **24/94.1 Workforce KPIs**

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

Normalised turnover (voluntary resignations) remained low, mirrored by a high retention rate. and harassment. There was positive assurance related to robust long-term sickness management and reduction in bank usage. Short-term sickness remained a challenge and continued to be a key area of focus. The in-month sickness percentage for September had increased. Sickness absence rates are RAG rated as amber being slightly above the tolerance level of 5%.

Overall compliance rate for statutory and mandatory training was stable and above target and noted some remaining challenges remained with safeguarding and resus; safeguarding adults Level 3 had now recovered to pre-review levels of compliance and work continued to reach target on the subject. There have been some declines in Resus training but there is significant activity planned during October (Restart a Heart campaign) which would improve the position.

It was **RESOLVED** to

- approve the report and note the assurances provided

### **24/94.2 Workforce Plan 2024/25**

KB presented the Workforce Plan 2024/25 report given as enclosure 13 and highlighted the following:

The report format had been updated and KB confirmed it was now presented to all three Committees. The Trust plan had assumed 4% efficiency (228 WTE posts by end October) for Substantive staff, 25% reduction in bank (153 WTE by end September) and a 25% reduction in agency (3 WTE by end September). The full report (located in the reading room) was presented to People Committee, Finance and Productivity Committee and Quality Committee.

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

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

Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the total impact of ERF (using WLI information as a proxy) reduced the adverse WTE variance to 195.7 WTE, a small reduction on August's position which was 211.58 WTE (Adjusted). The substantive WTE had increased in September (12 WTE). There remained an underspend of £190k (RN/CSW). Average cost £71/person/month lower than plan, the underspend was reducing month on month.

Bank showed a significant reduction in September (131.82 WTE), after adjustments it remained 55.81 WTE over plan. Finances are now £2.482m overspent.

Agency increased again in September and now 4.10 WTE over plan resulting in cumulative overspend of £66k. Overall, agency remained very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The main driver for the increase over August and September related to Anaesthetics medical staff.

Analysis of the data confirmed that it was unlikely that the plan would be achieved, and a revised plan had been forecast. The initial plan was an overall 6.1% reduction; the revised forecast was a 2.7% reduction that represented a 167.9 WTE reduction overall compared to March 24 position 2024 (made up of 129.09 WTE substantive staff, 33.9 WTE bank staff and 4.91 WTE agency staff). Work was underway with the Divisions to review the trajectories based on the amended forecasts and to develop alternative plans for costs out to ensure the Trust met its financial plan.

VR asked about re-forecasting the plan rather than achieving step change and our projected planning. CW confirmed that the plan had been reset noting that the income being achieved under elective rules was not one off. There was still a challenge related to workforce and would be under pressure next year to look at workforce particularly in relation to productivity.

GC commented that he welcomed the number predicted for March 2025 but did not like the Bank forecast. DW added that Bank use would relate to excess factors/additional beds.

KB highlighted that from 2023/24 there was a reduction in Bank and substantive with a lower starting point to achieve reductions. There were opportunities related to Bank usage and noted the Trust was the lowest in the Country for agency use.

The Chair commented on how the 4% target was established. The important question was the plan for next year will look like as there will be a workforce and Bank reduction figure to determine.

DW confirmed that the Trust was the only organisation to include WLIs in our Bank rates.

LW asked about expectations from the Centre. DW confirmed that the Centre are only looking for us to reduce our deficit and get back to financial balance by whatever means.

The Chair noted that Board would expect a detailed Workforce plan and not another iterative document and asked if there were actions to be taken now to reduce the need for Bank staff. It would be important to consider the workforce going forward to put us in a better place. DW confirmed that closing additional beds would immediately reduce bank usage by half.

It was **RESOLVED** to

- to approve the report and note the assurances provided

## **24/94.3 Annual Medical Revalidation Report**

JHo presented the Annual Medical Revalidation Report given as enclosure 14. The Board noted the following key highlights:

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

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

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

It was **RESOLVED** to

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

## **24/95 To be a Brilliant Place to Work and Thrive**

### **24/95.1 Primary Care Overview**

KR introduced Dr Lucy Martin. KR and LM presented the Primary Care Overview given as enclosure 15.

The Board noted the presentation which provided an overview of primary care services and functions that transferred from Dudley Integrated Health and Care NHS Trust (DIHC) to The Dudley Group NHS Foundation Trust on the 1<sup>st</sup> October 2024. The presentation summarised the approach to risks and mitigations for those services, opportunities for development and growth noting that the Primary Care Development Plan for 2024/25 and 2025/26 was in the process of being developed, in conjunction with development sessions of the Dudley Primary Care Collaborative.

The primary care services and functions to be provided within the Place Division presented an opportunity to adopt and develop a strategic and operational approach to delivering a sustainable model of primary care, an operating model that made best use of community and primary care workforce and a set of development and improvement activities to support and enable primary care to contribute to reducing acute demand whilst delivering improvements in the management of long-term conditions, and consequently reduction in health inequalities.

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

The Chair commented that bringing DIHC into the Trust was to change the current nature of the organisation and the services that it offered.

GC asked about the high intensity and care home opportunities and whether there were other examples in the Country. LM confirmed not at the scale proposed. He expressed concern at the risk and was disappointed that there were no forerunners to follow/learn from. He asked about models of private capital groups.

The Chair commented that there were failing practices in Wolverhampton potentially attributed to the lack of a benefits realisation programme.

LH added that it was an opportunity to consider how to improve primary care.

MMA suggested that utilising clinical hub capacity would be a quick win.

AH asked about interactions with high intensity users. LM confirmed that there were quite different categories of users and different practices had different issues.

KK commented that it was an exciting time with the ability to stream patients and training teams to learn that nursing home patients didn't necessarily need to attend ED and reducing follow ups.

KR added that Dudley was in a good position and starting place and GPs welcomed the change in relationships.

It was **RESOLVED** to

- To receive the supporting information and appendices for information and to note that a Primary Care Development Plan will be presented to the Integration Committee in November 2024 and consider a Board Development session in the future with a theme of Primary Care

## **24/95.2 University Trust Status**

JHo presented the University Trust Status report given as enclosure 16. The Board noted the following key highlights:

Work was progressing well to meet the requirements of University Hospital application, over a 5 year period. University collaborations were advancing, with continued effort to develop and support these to increase research activity. The Trust had submitted a letter to formally request a change to the Trust name to incorporate 'university'. The 5 year plan would continue in parallel to meet the UHS application requirements. The Trust currently had one University Principal Investigator, who had successfully secured funding to support some additional research staff. There had been a considerable increase in funding applications (compared to previous 5 years), however success to date had been limited. JHo thanked EH and AH for their assistance. Further support was required from the Trust to increase clinical academic posts, to enable grant applications to increase noting its beneficial impact on several of the UHS criteria required for successful application.

It was **RESOLVED** to:

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

## 24/96 Governance

### 24/96.1 Strategy Progress Report Q2

AT presented the Strategy Progress Report for Quarter 2 given as enclosure 17. The Board noted the following key highlights:

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

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

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

The Executive Team were working towards the streamlined objectives for the Strategy refresh.

It was **RESOLVED** to

- To note the Strategy progress report for Q2 2024/25

### 24/96.2 Annual Review of Standing Financial Instructions

CW presented the Annual Review of Standing Financial Instructions (SFIs) given as enclosure 18. The Board noted that the Audit Committee received the report at its meeting on 23rd September 2024 and discussed its contents in detail. The Audit Committee accepted the report and recommended that the Trust Board approve the changes to the SFI's and Scheme of Delegation.

The Standing Financial Instructions and Scheme of Delegation detail the financial responsibilities, policies and procedures to be adopted by the Trust. They were designed to ensure that its financial transactions were conducted in accordance with the law and Government Policy to achieve probity, accuracy, economy, efficiency and effectiveness. It was recommended good practice that the Standing Financial Instructions and Scheme of Delegation were reviewed annually to take account of the changing control environment and additional financial governance arrangements.

CW highlighted that due to the current financial position of the Trust and Integrated Care System the Trust was currently operating under enhanced financial 'grip and control' and noted the temporary suspension of the Scheme of Delegation and the current controls in place.

It was **RESOLVED** to

- To approve the proposed changes to the SFIs and Scheme of Delegation

### **24/96.3 Board Assurance Framework**

HB presented the Board Assurance Framework (BAF) given as enclosure 19. The Board noted the following key highlights:

The Board Assurance Framework (BAF) provided a structure and process to enable the Board to focus on the key risks that might compromise the achievement of the Trust's strategic goals. Of the nine risks listed, committee assurance ratings had not changed from the previous summary report with eight assigned a 'positive' rating, one assigned an 'inconclusive' rating, none assigned a 'negative' rating.

The Risk Management Framework had been subject to consultation and review and endorsed at the Audit Committee. Internal Audit had completed their annual review of the Trust's Board Assurance Framework that had acknowledged the ongoing improvements seen and advised some minor actions to complete.

It was **RESOLVED** to

- Approve the updates made since the last meeting and note the ongoing work to embed effective risk management with further Board development workshop activity being scheduled for 2024/25.

### **24/97 Any other Business**

There was none raised.

### **24/98 Date of next Board of Directors Meeting**

The next meeting would be held on Thursday 9<sup>th</sup> January 2024.

### **24/99 Meeting Close**

The Chair declared the meeting closed at 13:38 hr.

.....  
Sir David Nicholson

**Chair**

**Date:**

Enclosure 2

**Paper for submission to the Public Board of Directors on 9 January 2025**

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

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

**Assure**

- Elective Restoration and Recovery

**Advise**

- Ambulance Handover Delays
- Stroke Rehabilitation Pathway
- Black Country Provider Collaborative
- NHSE Evolution of our Operating Model
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

**2. Alignment to our Vision**

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

**3. Report journey**

|                    |
|--------------------|
| Board of Directors |
|--------------------|

**4. Recommendation(s)**

|  |
|--|
| The Public Trust Board is asked to:            |
| a) Note and discuss the contents of the report |

**5. Impact**

|                                    |   |   |
|------------------------------------|---|---|
| Board Assurance Framework Risk 1.1 | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2 | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 3.0 | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0 | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 6.0 | X | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0 | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0 | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |



## **Operational Performance**

### **Elective Restoration & Recovery**

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks. There is an accelerated target date in December. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

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

November RTT position 59.2% vs 92% national target, a continued improvement month on month.

### **Ambulance Handover Delays**

This month's activity saw 9,461 attendances into Emergency Department of which 3032 patients arrived by ambulance; this shows an increase from the 2995 ambulances that attended last month. 614 of these offloads took >1hr (16%). The teams work effortlessly to ensure our Ambulance patients are off loaded as quickly as possible, but it is important to note that they are off loaded in clinical priority and therefore some patients are waiting longer than others on arrival. In addition patients who walk into the Emergency Department inevitably need cubicles in the majors/resus areas so will be brought in according to clinical need.

There is a senior Emergency Department registrar present at the ambulance entrance to ensure all patients receive a medical triage as well as a nursing triage. Patients are streamed direct to specialities when appropriate to take them off the ambulance. We work very closely with our Malin Health colleagues to ensure any patients able are sent to the Urgent Treatment Centre from the ambulance triage

The West Midlands region and in particular the Black Country have been under immense pressure due to the acuity and numbers of ambulance patients waiting to be off loaded. West Midlands Ambulance service are working with us to ensure Call before Convey is mandated for all category 2-4 calls so that the patient can be streamed to the appropriate pathways.

### **Stroke Rehabilitation Pathway**

The provision of 11 beds will be provided for our Dudley Inpatient Stroke Rehabilitation pathway to be delivered at Rowley Regis Hospital site. The decision has been made for the pathway to commence from Tuesday 7<sup>th</sup> January 2025.

The beds will provide much needed inpatient rehabilitation facilities for patients who have experienced a Stroke across the Dudley area, a combined Stroke rehabilitation unit that serves both Sandwell and Dudley.

There are a total of 21 funded beds for Stroke Rehabilitation at Rowley Regis Hospital. 12 beds are ringfenced for the Sandwell locality and 11 beds for Dudley locality. The philosophy of the ward is to promote patient independence, through ensuring every patient contact is meaningful to their recovery and to expedite safe patient discharge in a planned and timely manner, in line with patient choice and home first principles. All wards are open 24 hours a day 7 days a week.

The Stroke team will provide on-site presence and virtual ward cover weekly as part of the Multidisciplinary review of patients (MDT) which is also held daily. Dudley patients will continue to be referred to Dudley Local Authority/Services as required.

## Black Country Provider Collaborative

The following are the key messages from the 2<sup>nd</sup> of December 2024 Black Country Provider Collaborative Executive meeting.

### A. Improvement

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

- **Black Country Provider Collaborative Finance Recovery Plan delivery update** – It was noted that the system was doing ok but delivery against plan was becoming increasingly more challenging across the system.
- **Delivery partner 2025/26** – A brief update was provided on progress to secure a 'Delivery' partner. The Chief Executive and Joint Provider Committee had approved an initial draft specification at their recent meetings in November, work has been pursued to engage procurement colleagues on refining the 'ask' and understand due process.

In parallel, the System Improvement Director has sought clarity from Financial Recovery System Oversight Group on their desire for a system wide approach, recognising that both the Black Country Integrated Care Board and NHSE would be required to provide their support on the procurement of any 'Delivery' partner.

We continue to review the approaches of neighbouring systems (who have also pursued delivery support on a contingency basis approach) with all efforts being made to ensure that we are in a position to identify a 'Delivery' partner(s) for the start of the new financial year.

- **Capital Planning** – A short paper from Chris Walker (System Capital Planning Lead) was shared and presented to the Chief Executive. This outlined the various capital 'pots' currently available, alongside the established processes in place to manage their access.

It had become evident that there was a large list of capital requirements (operational capital requests for replacements, as well as new capital requirements) that required reviewing in a coordinated manner.

Black Country Provider Collaborative Managing Director and Executive Finance Lead will coordinate a review of all Black Country Provider Collaborative partner Trust capital priorities through the Business Case Review Meetings with a view to arriving at a prioritised list of all Capital requirements for 2024/25 aligned to agreed strategic priorities, and to form part of the forthcoming 10-year plan.

In parallel, Chris Walker will coordinate a system wide response to developing a clear 'disposal pipeline' which would support the system in opportunistic funding for strategic capital.

- **Clinical Summit** – The Black Country Provider Collaborative Chief Medical Officer was delighted to share the positive experiences of the recent Clinical Summit that was held on the 29<sup>th</sup> November 2024, with a diverse audience of between 80 to 100 delegates in attendance from all partners.

National, Regional and a local presentation were well received highlighting the positive work that has been progressed across the partners of the Black Country, whilst also identifying opportunities for future growth and focus.

The views and opinions of delegates was also sought on three of the emerging key priority themes for focus in the new financial year, taking the opportunity to influence, shape and obtain input on possible solutions to key challenges that the system was seeking to address.

The next Clinical Summit will be held as soon as possible by unlikely before Easter.

### B. Transformation

- **Corporate Service Transformation** – The Black Country Provider Collaborative Senior Responsible Officer and Programme Lead for the Corporate Services Transformation provided an update on the Corporate Services Transformation work. Key points to note included:

- The second workshop was successfully completed with over 70 delegates attending from across the six organisations.
- Positive work was undertaken by all functional teams to understand both the 'As is' and 'To be' positions using a matrix tool, which was further evaluated through peer review.
- The groups sought to identify several immediate opportunities to release benefit during Q4 2024/25, with commitments from each professional working group to continue to refine their evaluation of these and undertake steps to move these forward ahead of the next planned workshop in January.
- The outputs from each professional working group have been documented and shared back to each group for their review and verification.
- Trade Union Interactive Briefing sessions are scheduled for early December, continuing our commitment to provide regular updates following each engagement workshop.
- The next engagement workshop is scheduled on Monday 27th January 2025 and will include detailed insights from the baseline workforce data provided by the four partner Trusts to further refine our programme plan.

The programme will socialise its draft roadmap from the current early “*define*” stage through to “*implementation and benefits*” realisation. It will include indicative key decision points, milestone

### C. Strategic & Enabling Priorities

- **Strategic Planning Framework** – The Black Country Provider Collaborative heard from the Directors of Strategy on the work that had been progressed to align planning processes through use of the Strategic Planning Framework tool.

All partner Trusts have commenced internal processes to review current position on delivery, horizon scan their emerging environment and begin to identify their draft priorities for the forthcoming financial year.

It is intended that opportunities to share and engage some of this early thinking will be taken through the Clinical Summit, internal partner Trust development sessions and the forthcoming Joint Board Development Workshop at the end of December, and subject to any feedback and any adjustments required by the publication of the Annual Planning Guidance / Operating Framework will support all partner organisations in developing their plans for the next financial year.

### NHSE Evolution of our Operating Model

NHS England issued a publication “Evolution of our Operating Model” on 13 November 2024. It was received and considered at the Board Development Session held on 12 December 2024.

### Charity Update



#### Glitter Ball

In November, Black Country businesses came together to show support for the Dudley Group NHS Charity to raise over £17,500 and counting for the dementia appeal.

For the fourth year the Dudley Group NHS Charity, hosted their iconic annual Glitter Ball at the Copthorne Hotel in Dudley. The evening offered the opportunity for attendees to raise funds for the charity and network with other like-minded Black Country businesses. The

dementia appeal helps patients who are living with dementia across the Forget Me Not Unit, Elderly Care and Frailty wards.

With the funds raised the charity will be purchasing Mobii interactive magic tables, which are fully portable interactive systems designed to project images, games and photos to walls, floors and bedside tables. The Mobii is designed for patients at all stages of dementia and can be taken anywhere it is needed.

Guests were treated to a wonderful evening of entertainment including talks from specialist doctor in dementia care, Russell Taylor, and three sisters who shared their heartfelt story caring for their father with dementia alongside demonstrations of the Mobii equipment in action.



### **Christmas Lights Switch On**

On Wednesday 4th of December, the Christmas lights were switched on at Russells Hall Hospital by chief nurse, Martina Morris, the Dudley Group NHS Charity mascot Aati the friendly fox, and two-year-old patient Imayna-Jayne. The Christmas tree itself was donated by the Trust's PFI partners Mitie and Summit Healthcare.

We also saw our annual Christmas market return, with the stalls hosting around a dozen different businesses outside the main entrance for the day, including baked goods, handmade jewellery, sweets, candles and much more!

Throughout the day, students from Sledmere Primary School, Thorns Primary School, and St Mark's C of E Primary school got into the holiday mood by singing carols and Christmas hits from Silent Night to Mariah Carey.

The charity hosted a brilliant tombola and hub sale in the main reception, raising almost £1,000 over the course of the day.

### **Christmas Chocolate Appeal**

The Trust Charity launched a Christmas chocolate appeal to provide chocolate selection boxes for all patients to enjoy over the Christmas period. We appealed to local businesses, the public and staff and so far, we have had over 100 selection boxes donated, we have distributed them across the Trust to patients over the Christmas period.



### **Charity Christmas Card Competition**

The Dudley Group NHS charity launched their Christmas card competition in September 2024 and received over 70 entries for the competition. The designs that were produced by local children were so exceptional that it was hard to pick just one winner!

Both Sienna Francis, aged 9 and Beth Pearce, aged 15 designs were chosen and produced into packs of six Christmas cards on sale for a donation of £4. The card sales have been so successful that the charity sold out of the amazing designs.



## Christmas Jumper Day

Thank you to all the directors, executives, Trust staff and Mitie for taking part in the charity's Christmas jumper day and raising money for the Children's appeal. The charity was thrilled to see so many staff across Russells Hall Hospital, Corbett and Guest Outpatient Centres and our external sites all wearing their Christmas attire and accessories all in the name of charity. The total amount raised for the Children's appeal is over £1000 and counting!



## Shoebbox Appeal

The Dudley Group Charity launched a new shoebox appeal to help vulnerable children who are admitted to the Children's ward with little or no belongings. The appeal will ensure that we are able to give a child an emergency pack of clothing and toiletries to make them comfortable whilst in hospital. The donations received will provide year-round support for children up to 16 years old. The charity is building a relationship with the baby bank as well to source donations.

Monetary donations to purchase items can be made via the charity's [JustGiving page](#). Alternatively, physical items can be donated directly to our children's ward at Russells Hall Hospital or at the main entrance. The photo below us from a local school who gathered donations for the appeal.

## Healthcare Heroes



Congratulations to Jade Norton and Lucia Sabel from within the Lung Cancer Nursing team who are our latest team healthcare hero award winners.

They were nominated for being instrumental in supporting the setting up the Lung Cancer Screening programme, which started in Dudley in August designed to detect lung cancer earlier.

Both of them have patient wellbeing at the forefront of what they do and have gone above and beyond to ensure that the screening review meetings run smoothly and that patients are treated in a timely fashion.



Congratulations to Katie Johnson from our Complex Discharge team.

Katie was nominated because of her unwavering dedication to ensuring that even the most complex patient discharges from hospital are handled with compassion, efficiency, and a patient-centred approach.

The nomination also noted how her compassion and empathy shine through in every interaction, creating an environment where patients and their families feel heard and supported.

Recently Katie demonstrated exceptional leadership and commitment by supporting her team to successfully deliver 70 complex hospital discharges within a tight timeframe. Congratulations to our respiratory ward nurse Christine Griffin who was nominated by a patients' relative.



The nomination explained how Christine fast-tracked an end-of-life care plan for a patient who was very unwell, meaning they were able to spend their final days at home with loved ones and be as comfortable as possible. The family wanted to recognise Christine and thank her for what she did

## Patient Feedback

**Ambulatory Emergency Care** - Everyone I saw and spoke with treated me with kindness and compassion. Nothing was too much trouble.

**General Community** - The community service is excellent. Great staff, appointments on time, free parking unlike the hospital sites. Staff are friendly, always willing to help and knowledgeable.

**GI Unit** - All the staff were very helpful and considerate. I wasn't kept waiting and everything was explained to me clearly.

**B1** - The staff were very attentive and caring. Felt very safe and looked after. The ward was spotless.

**C7** - Been well looked after. Nursing staff looked after me well

**Maternity** - Birth Midwife was great, and the student midwife was excellent too! Wonderful people, all doing a great job.

**Audiology** - Excellent, very polite and efficient. Very happy with the service received here.

**Dudley Adult Bladder and Bowel Service (DABBS)** - Very friendly and informative, lots of information given and easy to understand.

**Daycase Unit, Corbett** - Staff were all friendly and made me feel at ease. Also kept me comfortable regarding other medical conditions.

## Awards

## Long Service Awards

On Friday 13th December, we hosted our annual Long Service Awards to shine the spotlight on those of who have reached key milestones in their years of service for the NHS during 2024. This included 25, 30, 40 and 50 years' service. The Awards were hosted by chair Sir David Nicholson and chief executive Diane Wake, who presented staff with a service certificate, a commemorative badge, a piece of engraved glassware and a shopping voucher.

A special award was given to Kim Hyde, from our Procurement department, who has worked in the NHS for 50 years.

Long Service Awards are considered one of the most important forms of recognition because they reward staff for their loyalty to the wonderful National Health Service.



In 2024, we are celebrating over 4,270 years of service in the NHS. This includes staff members who have been in the NHS for 10 years who will receive a certificate and badge through the post.

A big thank you to the Dudley Group Charity who has been funding the Long Service Awards since 2019 and will continue to do so. Without their support an event like this would not be possible, they are truly 'making every day better'.

## Visits and Events

|             |   |
|-------------|---|
| 5 November  | West Midlands Imaging Network Executive Board   |
| 5 November  | Black Country System Chief Executive Officers   |
| 6 November  | Black Country Regional Performance Tier Call    |
| 7 November  | Black Country Integrated Care Board Development |
| 8 November  | Black Country Provider Collaborative Executive  |
| 11 November | Freedom to Speak Up Group1                      |
| 14 November | NHS Resolution Training                         |
| 14 November | Dudley Group Private and Public Board Meetings  |
| 14 November | Dudley Group Glitter Ball                       |
| 15 November | Joint Provider Committee                        |

|             |  |
|-------------|--|
| 15 November | Dudley Group/Sandwell West Birmingham Joint Board Workshop           |
| 18 November | Black Country Integrated Care System Cancer Board                    |
| 19 November | Black Country System Chief Executive Officers                        |
| 20 November | West Midlands Cancer Alliance Stakeholder Event                      |
| 22 November | Black Country Financial Recovery System Oversight Group              |
| 27 November | NHSE Price Cap Compliance Oversight Group                            |
| 28 November | Black Country Integrated Care Board Public and Private Board         |
| 29 November | Black Country Provider Collaborative Clinical Summit                 |
| 2 December  | Get it Right First Time Further Faster – Senior Responsible Officers |
| 3 December  | Black Country System Chief Executive Officers                        |
| 12 December | Dudley Group Board Development Workshop                              |
| 13 December | Dudley Group Long Service Awards                                     |
| 16 December | Black Country Integrated Care System Cancer Board                    |
| 18 December | Black Country Regional Performance Tier Call                         |
| 19 December | Dudley Group Finance and Productivity Committee                      |
| 20 December | Black Country Collaborative Joint Board Development Workshop         |
| 23 December | Director of Communication and Engagement Interview                   |



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

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

### 1. Summary of key issues

This paper outlines the key points of assurance, escalation, work commissioned as a result of discussions held and any decisions made from the Board Committee meetings indicated as follows: Finance & Productivity: **F&P**, Quality: **Q**, People: **P**, Integration: **IC**, Charity: **CC** held in November and December 2024 as indicated.

#### Assure

- The Winter Plan was holding up whilst remaining pressurised and positive assurance was gained from a strong operational performance. **F&P**
- The post business case implementation reviews were positive for the endoscopy 5th room, pharmacy robot replacement and minor procedure rooms. **F&P**
- Community with Core Clinical Services presented a comprehensive update showing impressive grip and control. **F&P**
- Good levels of assurance with perinatal quality surveillance data. **Q**
- Good compliance with the 3-year service delivery plan for Maternity and Neonates and MIS year 6 compliance. **Q**
- Improved complaints response with 55% complaints responded to in 30 days during November 2024, best performance since the initiation of improvement actions in early 2024. **Q**
- Positive annual data for 2023/24 Black Country AAA Screening Programme. **Q**
- Turnover, Retention, vacancies, and mandatory training are all within the Trust targets and remain stable. **P**
- Positive assurance was received following the update on DIHC Transaction related to the successful transfer of services. **IC**
- Substantial Assurance provided on Trust's ERF activity and coding, triangulated with data seen over the period across Board and other sub committees along with wait list reductions and consistency of approach and challenge across the Black Country. **AC**
- BAF review by internal auditor highlighted good progress on framework design and adoption with greater focus now required on the control environment to continue to evolve risk management. **AC**
- An update was provided on the progress of the second multipurpose delivery suite in the maternity department, funded by the baby bereavement charitable fund. The project is on track to be completed in early 2025. **CC**
- The staff well-being rooms project had shortlisted four rooms and had the involvement of the estates team. The charity had received a £120k grant and a donation from Mitie for £30k. **CC**

#### Advise

- The System remained challenged to deliver its end year forecast. The F&P committee noted new risks associated with the treatment of capital; this related to the potential clawback of the Dudley ED PDC funding which would impact on the Systems capital control total. **F&P**
- Improvement plan for maintaining cleaning standards has recently been reviewed and the monthly oversight group with Mitie remains in place to monitor improvements. **F&P**
- The Workforce Plan considered at People Committee, Quality Committee and Finance & Productivity Committee and noted it was not achieving what it had intentionally set out to

achieve and that revision to trajectories were expected. Noted differing assurance rating applied by each Committee reflective of the focus of the impact. **F&P, Q, P.**

- Concerns were raised in relation to the Targeted Lung Health Check Programme, in relation to the pathway and wording of the letters to patients, and how the issues are coded. Agreed to follow up and feedback requested to the next meeting. **IC**
- The Trust had received confirmation that the Trust had could use University in their name following a successful application. **IC**

#### Alert

- F&P considered the financial plan to 4/25 as just about achievable and is more challenging as winter cost pressures emerging **F&P**
- Bank spending remained high at 4.6 over plan. Workforce savings will not be achieved and the cost of delivering winter plan is in excess of forecast. **F&P**
- Concern raised relating to the level of ambulance offload delays. This is a product of increased winter attendance to our ED and emergency portals, through both ambulance conveyance and walk ins. **F&P**
- Compliance with Level 3 Safeguarding training remains challenging, with the Divisions requested to provide their improvement trajectories. **F&P**
- Significant transfer of data from DIHC documents affecting procedural document figures for the Trust. **F&P**
- Domestic Abuse audit identified staff not following local and national guidance and procedures to identify and support victims. This has been included on the Risk Register, with remedial actions in progress. **Q**
- Increased number of Flu and RSV outbreaks across the Trust and community; low vaccine uptake despite best efforts. **Q**

## 2. Alignment to our Vision

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

## 3. Report journey

Board of Directors, 09/01/2025. Committee meetings held November & December 2024

## 4. Recommendation

The Public Trust Board is asked to:

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

## 5. Impact

|                                    |   |   |
|------------------------------------|---|---|
| Board Assurance Framework Risk 1.1 | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2 | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0 | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0 | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0 | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0 | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0 | X | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0 | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0 | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |

## Finance and Productivity Committee Chairs Report

Committee Chair: Lowell Williams

| 28 <sup>th</sup> November 2024                  |                      |
|---|----------------------|
| Winter Plan Update                              | Reasonable Assurance |
| Workforce Update                                | Reasonable Assurance |
| Integrated Performance Report – Month 7 2024/25 | Reasonable Assurance |
| Finance Update Month 7 2024/25                  | Reasonable Assurance |
| PFI Contract                                    | Reasonable Assurance |

| 19 <sup>th</sup> December 2024                               |                       |
|--|-----------------------|
| EPPR Core Standards Outcome                                  | Reasonable Assurance  |
| Black Country Pathology Service Update December 2024         | Reasonable Assurance  |
| Winter Plan Update   | Reasonable Assurance  |
| Finance Update Month 8 2024/25                               | Reasonable Assurance  |
| Divisional Deep Dive – Community with Core Clinical Services | Substantial Assurance |
| Cyber Security Report  | Reasonable Assurance  |

### Meeting held on 28<sup>th</sup> November 2024

|   |   |
|---|---|
| <p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Concern raised relating to the level of ambulance offload delays attributed to increased winter attendance to our ED and emergency portals, through both ambulance conveyance and walk ins and exacerbated by activity changes linked to the opening of the Midland Metropolitan University Hospital. Active monitoring and daily system calls are noted. The Winter Plan was holding up whilst remaining pressurised.</li> <li>As recognised at prior committee meeting and at Board, the Trust will not achieve its WTE target despite excellent performance around agency. Bank spend remained a concern, offset by a better than plan income.</li> <li>The committee noted that the System remained challenged to deliver its end year forecast.</li> <li>The committee noted new risks associated with the treatment of capital, this relates to the potential clawback of the Dudley ED PDC funding which will impact on the Systems capital control total.</li> </ul> | <p style="text-align: center;"><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>It was requested for a further business case review of the surgical robot to come back after 6 months.</li> </ul>   |
| <p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>There was a strong operational performance noted for cancer, DM01 and elective recovery.</li> <li>Good progress was seen in the implementation of a number of innovative practices including the use of community hubs and 'Call Before You Convey'.</li> </ul>   | <p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The committee agreed that the risk score for BAF 4 remained at 20. Assurance level remained positive.</li> <li>The committee agreed that the risk score for BAF 7 remained at 20. Assurance level remained positive.</li> </ul> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• The Trust remained on target to deliver the £1.59m deficit plan and was currently £3.7m ahead of plan due to strong income. However, the situation remains challenged and must deliver a breakeven in months eight to 12.</li> <li>• The Trust cash position has improved significantly.</li> <li>• The committee received evidential assurance that the growth in income from the elective recovery fund is related to increased activity and improved coding.</li> <li>• Further improved PFI contract performance had been seen, particularly in estates, the management of cleaning required attention as does retail catering.</li> <li>• Continued strong performance was seen from the procurement service, particularly in supporting CIPs.</li> </ul> | <ul style="list-style-type: none"> <li>• The committee agreed that the risk score for BAF 8 remained at 16. Assurance remained positive.</li> </ul> |
|---|---|

### Meeting held on 19<sup>th</sup> December 2024

|   |  |
|---|--|
| <p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Ambulance handovers remained a significant concern, the committee noted further work was required on discharge and admittance procedures to reduce handover pressures.</li> <li>• Whilst the financial performance to November was in line with forecast, pressures within surgery and medicine have been masked by early delivery of income mitigation.</li> <li>• Bank spending remained high at 4.6 over plan. Workforce savings will not be achieved and the cost of delivering winter plan is in excess of forecast.</li> </ul>                                     | <p style="text-align: center;"><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>• The committee requested a report on the use of additional funds provided to the Black Country Pathology Service in the context of the wider System.</li> <li>• Evidence was requested of the Trusts comparative EPRR ratings.</li> <li>• Meetings between the EPRR lead and the lead NED would be reinstated.</li> <li>• The committee requested a deep dive into core standards CS12 and CS13 for better understanding of the reasons for non-compliance.</li> </ul>  |
| <p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• An improved performance had been seen of the Black Country Pathology Service particularly related to 10-day turnaround times. Monitoring would continue.</li> <li>• Emergency Preparedness, Resilience and Response (EPRR) compliance had improved from 77% to 84%.</li> <li>• Positive assurance was gained from a strong operational performance.</li> <li>• The working relationship with partners had improved in response to winter pressures.</li> <li>• Community with Core Clinical Services presented a comprehensive update showing impressive grip and control.</li> </ul> | <p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The committee endorsed management taking action, coordinated across the System to control forecast spend and mitigate the Systems end year position.</li> <li>• The committee recommended that the Birthrate Plus business case to ensure a safe establishment in maternity and compliance with the maternity incentive scheme, noting the expenditure is within the existing forecast was to be submitted to Board for approval.</li> <li>• The committee recommended that the Neonatal staffing expansion in line with BAPM standards, noting the expenditure</li> </ul> |

- The post business case implementation reviews were positive for the endoscopy 5th room, pharmacy robot replacement and minor procedure rooms.
- The Trust remained £1.153m better than plan to November.
- The committee received positive ongoing assurance of the Trusts cyber resilience, noting the need to remain vigilant of high profile attacks.

- is within the existing forecast was to be submitted to Board for approval.
- The committee noted the NHSE financial undertakings assurance report.

## Quality Committee Chairs Report

Committee Chair: Professor Liz Hughes

| 26 November 2024   |                       |
|--|-----------------------|
| Integrated Quality & Operational Performance Report        | Partial Assurance     |
| Workforce Plan   | Partial Assurance     |
| Mortuary Summary (including Fuller's report)               | Substantial Assurance |
| Patient Initiated Follow Up (PIFU) Safety in Waiting Times | Reasonable Assurance  |
| Perinatal Quality Report                                   | Reasonable Assurance  |

| 17 December 2024   |                        |
|--|------------------------|
| Integrated Quality & Operational Performance Report  | Partial Assurance      |
| Medical Director & Chief Nurse Report  | Reasonable Assurance   |
| Workforce Plan partial assurance on delivery. Reasonable Assurance regarding no impact on quality and safety | Reasonable Assurance - |
| MIS Year 6 Deep Dive including Maternity Safety Champions highlights   | Substantial Assurance  |
| AAA 23/24 Report   | Substantial Assurance  |
| Aseptic Unit external audit action progress update   | Reasonable Assurance   |

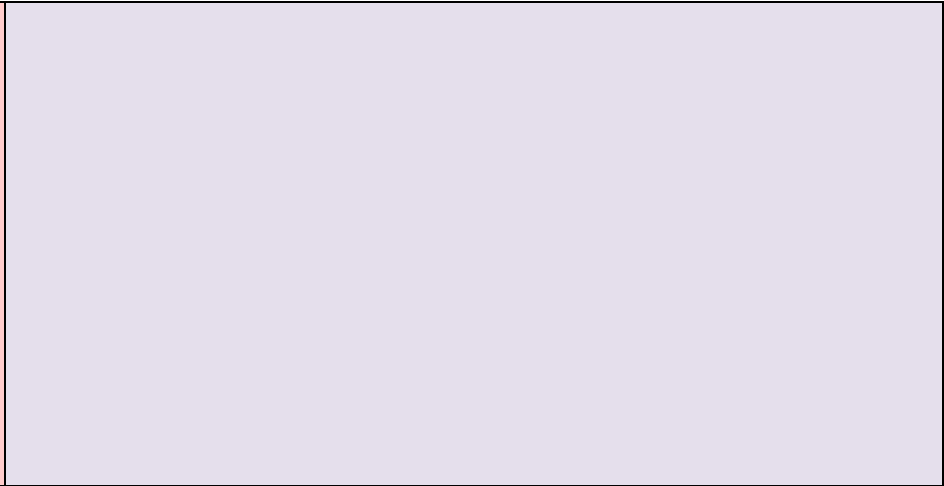
### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Training postponed for eMed3 Policy due to technical issues; Divisions have been encouraged to complete.
- National review of mandatory training to be undertaken. Safeguarding training is being reviewed across the system to ensure alignment.
- Learning from Claims paper did not provide assurance required; more could have been shared from last 12 months.
- Issue with gynaecology surgical outcomes; weekly improvement group is in place, working through a comprehensive improvement plan.
- Challenging for Divisions to complete Level 3 Safeguarding training in the last quarter due to high operational pressures, resulting is staff having to cancel their training and other activities.

### MAJOR ACTIONS AGREED/WORK UNDERWAY

- Chest Pain Pathway group continues to meet to embed pathway requirements and drive further improvement work.

- Significant transfer of data from DIHC documents affecting procedural document figures for the Trust.
- Cleaning standards remain a concern. Improvement plan very recently reviewed as well as monthly oversight group with Mitie remaining in place. Trust's cleaning standards are being reviewed against national standards. For some elements, Trust expectations higher than national standards.
- Domestic Abuse audit identified staff not following local and national guidance and procedures to identify and support victims; issue added to the Risk Register, with mitigating actions in place.
- Increased number of Flu and RSV outbreaks across the Trust and community; low vaccine uptake despite best efforts.
- Increased risk in relation to critical care discharges; impacting on psychological health as well as experience of prolonged Length of Stay. Reputational risk for Trust being national outlier.



**POSITIVE ASSURANCES TO PROVIDE**

- All CIP schemes are on track and the QIA process strengthened.
- No evidence of the current workforce reduction plan compromising quality and safety.
- Good levels of assurance with perinatal quality surveillance data.
- Positive assurance of safety demonstrated following biannual monitoring of maternity staffing report.
- Good compliance with the 3-year service delivery plan for Maternity and Neonates and MIS year 6 compliance. Achieved timescales for PMRT requirement.
- Positive assurance taken from the Mortuary and PIFU reports with no areas of concern.
- Safeguarding assurance report review of learning well received by the Dudley Safeguarding People Partnership.
- Good levels of assurance on work underway in matters relevant to their portfolio for Quality & Safety, Risk & Assurance, Research, Education & Innovation, Internal Safeguarding and Mortality Surveillance.
- Improvement of stroke SSNAP data to Level A.
- Improved complaints response with 55% complaints responded to in 30 days during November 2024.
- Nutrition Virtual Ward invited to present at the West Midlands Intestinal Failure Network meeting in February 2025 to disseminate effectiveness of virtual ward and nurse led services.

**DECISIONS MADE**

- The assurance level for BAF Risk 1.1 remains as inconclusive. However, the Committee has noted a positive progress across a variety of areas and actions articulated within the BAF. The key threats to fully mitigating the risk include: the current very challenging financial position; high operational demand and inconsistent application of best practice and standards. The Trust's QIA process has been further strengthened to ensure that quality impact is understood and fully mitigated as required.
- The assurance level for BAF Risk 1.2 remains as positive.
- BAF refresh underway as part of Trust Strategy work.
- The Committee reviewed, discussed, and approved the following documents:
  - Terms of Reference: Quality & Safety

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Trust wide bed census completed due to high demand of capacity and flow; 63% of reviewed patients were medically active.</li> <li>• 94% consultants have agreed their job plan.</li> <li>• Ward accreditation programme with formal recognition to be launched in February 2025.</li> <li>• Clinical Leadership programme for consultants to commence in January 2025.</li> <li>• Progressing application for University Hospital Status with full support from Aston University, local MPs and the Leader of Dudley Council. 5-year trajectory for Research and Innovation developed with Education criteria to be added.</li> <li>• Positive annual data for 2023/24 Black Country AAA Screening Programme.</li> <li>• Good levels of assurance with Aseptic Services Audit; outstanding actions on track for completion by end of financial year.</li> <li>• Good levels of assurance in relation to diabetes and insulin management.</li> <li>• SHMI and HSMR stable; positive outlier for HSMR. Sustained improvement with perinatal mortality.</li> </ul> |  |
|--|--|

## People Committee Chairs Report

**Committee Chair: Catherine Holland**

**26<sup>th</sup> November 2024**

|   |                             |
|---|-----------------------------|
| <ul style="list-style-type: none"> <li>• Workforce Key performance Indicators continue to provide a good picture overall, with reasonable assurance that appropriate actions are in place.</li> </ul>                             | <b>Reasonable Assurance</b> |
| <ul style="list-style-type: none"> <li>• Workforce Plan not achieving what it set out to achieve, Discussion needed to decide value of this report going to People, Quality and Finance &amp; Productivity Committees.</li> </ul> | <b>Partial Assurance</b>    |
| <ul style="list-style-type: none"> <li>• Band 2/3 – positive assurance that work was ongoing with trade unions colleagues to progress this piece of work.</li> </ul>  | <b>Reasonable Assurance</b> |
| <ul style="list-style-type: none"> <li>• ESR – positive assurance that progressing in the right direction.</li> </ul>   | <b>Reasonable Assurance</b> |

|  |   |
|--|---|
| <p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p><b>November</b></p> <ul style="list-style-type: none"> <li>• Workforce reduction is not being achieved; the Trust was 393.99 adrift from plan. Adjusting for fully funded income-backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the</li> </ul> | <p style="text-align: center;"><b>MAJOR WORKS COMMISSIONED/ACTIONS AGREED</b></p> <p><b>November</b></p> <ul style="list-style-type: none"> <li>• Casework KPI compliance continues to show a longer time taken to close bullying and harassment cases, with the work still underway to redesign policy and processes.</li> </ul> |
|--|---|

|   |   |
|---|---|
| <p>total impact of ERF (using WLI information as a proxy) reduces the adverse WTE variance to 273.89.</p> <ul style="list-style-type: none"> <li>• Small increase in absence levels, low flu/COVID vaccination uptake and increased activity at the front door pointed to winter pressures starting earlier than normal. Sickness absence is showing an increasing trend, particularly cough, cold, flu and gastro as reasons and continues to be a key area of focus.</li> <li>• Signs of organisational stress in terms of standards of behaviour highlighted by the Freedom to Speak Up report, which could be linked to increased activity and an increase in absence.</li> </ul>   | <ul style="list-style-type: none"> <li>• Work underway over the next quarter through the Be a Brilliant Place to Work and Thrive Steering Group, focusing on attraction and branding, flexible working and bullying and harassment with plans on engagement and training for the new policies.</li> </ul> |
| <p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p><b>November</b></p> <ul style="list-style-type: none"> <li>• Turnover, Retention, vacancies, and mandatory training are all within the Trust targets and remain stable.</li> <li>• Band 2/3 – reasonably assured of the positive relationship with trade union colleagues and progression of this work.</li> <li>• ESR improvement progressing well, with significant improvement around data quality within ESR and introducing new processes. Three of the six core actions have been fully delivered, with significant progress having been made against the other three actions, which have been largely delayed due to unknown complexities when the action plan was first agreed, as well as additional priority work which needed to be delivered, such as the TUPE transfer of approximately 250 staff from Dudley Integrated Healthcare on 1<sup>st</sup> October 2024. The Trust has also improved its standards of assessment, levels of attainment score across all but three standards, as well as reduced the corporate risk from a rating of 25 (Catastrophic) to 8 (Moderate).</li> </ul> | <p style="text-align: center;"><b>DECISIONS MADE</b></p> <p><b>November</b></p> <ul style="list-style-type: none"> <li>• Agreed to retain BAF Committee assurance levels as ‘Positive for BAF 2 and 3.</li> </ul>   |



# Integration Committee Chairs Report

**Committee Chair:** Vij Randeniya

| 27 <sup>th</sup> November 2024             |                              |
|--|------------------------------|
| DIHC Transaction Update                    | <b>Substantial Assurance</b> |
| Dudley Health and Care Partnerships update | <b>Substantial Assurance</b> |
| Mapping Community Services                 | <b>Substantial Assurance</b> |
| Breast Screening Services Deep Dive        | <b>Substantial Assurance</b> |

| 18 <sup>th</sup> December 2024             |                              |
|--|------------------------------|
| Dudley Health and Care Partnerships Update | <b>Substantial Assurance</b> |
| University Trust Hospital Application      | <b>Substantial Assurance</b> |
| Targeted Lung Health Check programme       | <b>Substantial Assurance</b> |
| Stakeholder Engagement                     | <b>Substantial Assurance</b> |
| Local Employment Deep Dive – Dudley ICan   | <b>Substantial Assurance</b> |

|  |  |
|--|--|
| <p align="center"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p><b>27<sup>th</sup> November 2024</b></p> <ul style="list-style-type: none"> <li>Concerns were raised in relation to the Targeted Lung Health Check Programme, in relation to the pathway and wording of the letters to patients, and how the issues are coded.</li> </ul> <p><b>18<sup>th</sup> December 2024</b></p> <ul style="list-style-type: none"> <li>No key matters of concerns or risks were escalated at Decembers committee meeting.</li> </ul>   | <p align="center"><b>MAJOR WORKS COMMISSIONED/ ACTIONS AGREED</b></p> <p><b>27<sup>th</sup> November 2024</b></p> <ul style="list-style-type: none"> <li>Following the update on Dudley Health and Care Partnerships, it was agreed S Cornfield would provide an update on Women’s Health Hub at the December Committee meeting.</li> <li>Following the concerns raised in relation to Targeted Lung Health Check, B Mavi and I Chadwell were to talk regarding concerns outside the meeting, and I Chadwell to include feedback in the report due at Decembers committee.</li> <li>Agreed that in six months a review of the benefits realisation as a result of the DIHC transaction should come back to the committee.</li> </ul> |
| <p align="center"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p><b>27<sup>th</sup> November 2024</b></p> <ul style="list-style-type: none"> <li>Positive assurance was received following the update on DIHC Transaction in regard to the successful transfer of services.</li> <li>Positive assurance was highlighted on the work underway within Dudley Health and Care Partnerships.</li> <li>Positive assurance that work is underway to develop mapping community services.</li> <li>Breast Screening Services received positive assurance from the committee, noting the work underway to increase uptake with screening services.</li> </ul> <p><b>18<sup>th</sup> December 2024</b></p> | <p align="center"><b>DECISIONS MADE</b></p> <p><b>27<sup>th</sup> November 2024</b></p> <ul style="list-style-type: none"> <li>The committee agreed that BAF (Board Assurance Framework) Risk 6 assurance level remains the same.</li> <li>The committee approved the updated workplan which includes the Primary Care development Plan and a quarterly update from Outpatient Transformation.</li> </ul> <p><b>18<sup>th</sup> December 2024</b></p> <ul style="list-style-type: none"> <li>Due to late apologies, it was agreed the Procurement Deep Dive would be picked up at the January committee meeting.</li> </ul>  |

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|--|--|
| <ul style="list-style-type: none"> <li>• Positive assurance was received following the update on Dudley Health and Care Partnerships and the work underway with the Women's hub roll out.</li> <li>• Julian Hobbs confirmed in the meeting that the Trust had received confirmation that the Trust had could use University in their name following a successful application and support and input from a number of people which is a huge milestone for the Trust.</li> <li>• The committee was provided with positive assurance from the update on Targeted Lung Health Check Programme, providing assurance around the concerns raised at the previous committee meeting.</li> <li>• Following an update on Stakeholder engagement, the committee received positive assurance on all ongoing engagement activities.</li> <li>• The committee received a deep dive on the work the Trust is undertaken to encourage Local Employment and the Dudley ICan project. It was pleased to note that 4 of the 5 candidates that have been through the programme have secured permanent employment.</li> </ul> | <ul style="list-style-type: none"> <li>• The committee agreed that BAF (Board Assurance Framework) Risk 6 assurance level remains the same.</li> </ul> |
|--|--|

## Audit Committee Chairs Report

**Committee Chair:** Joanne Hanley

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|  |

| 9 <sup>th</sup> December 2024                     |                              |
|---|------------------------------|
| <b>Internal Audit Recommendations</b>             | <b>Reasonable Assurance</b>  |
| <b>ERF Assurance</b>                              | <b>Substantial Assurance</b> |
| <b>RSM Internal Audit Progress Report 2024/25</b> | <b>Reasonable Assurance</b>  |
| <b>LCFS Progress Report 2024/25</b>               | <b>Substantial Assurance</b> |

|   |   |
|---|---|
| <p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Greater focus required on staff adherence to policy and procedures across the full policy suite with particular attention required around the effective handling of patient money and property highlighted through recent internal audit review.</li> <li>• Pharmacy deep dive commissioned highlighted control issues relating to effective drug stock management resulting in avoidable financial write offs - reasonable assurance provided around the new practices and control activities adopted to address the control failings which will continue to be monitored by Audit Committee to ensure they have the intended impact.</li> </ul>  | <p style="text-align: center;"><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>• Data breaches thematic review to be tabled at March Audit Committee.</li> <li>• Interim testing approach ahead of financial year end being adopted for annual external audit viewed positively by the Committee, enabling effective assessment and greater balancing of work load.</li> </ul> |
| <p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Good progress being made with delivery of the Internal Audit plan, with Reasonable Assurance provided on BAF and Workforce controls (vacancy authorisation process) and Partial Assurance around management of patient money and property.</li> <li>• BAF review highlighted good progress on framework design and adoption with greater focus now required on the control environment to continue to evolve risk management.</li> <li>• Reasonable Assurance on the implementation progress of internal audit recommendations - continued focus required on mitigants for longer dated actions.</li> <li>• Substantial Assurance provided on Trust's ERF activity and coding, triangulated with data seen over the period across Board and other sub committees along with wait list reductions and consistency of approach and challenge across the Black Country.</li> </ul> | <p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• No formal decisions were made.</li> </ul>   |

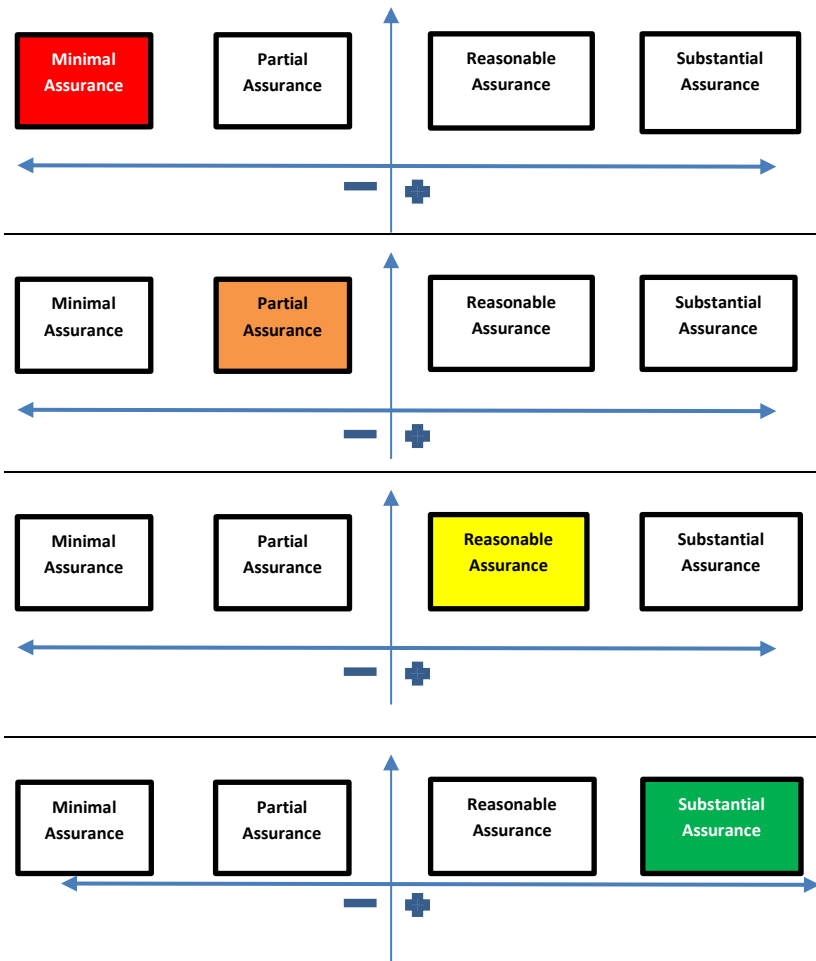
### Charity Committee Chairs Report

**Committee Chair: Gary Crowe**

| 19 <sup>th</sup> December 2024 |                       |
|--------------------------------|-----------------------|
| Fundraising Update             | Substantial Assurance |
| Fundraising Strategy           | Substantial Assurance |
| Finance Update                 | Substantial Assurance |
| Staff Wellbeing Rooms          | Reasonable Assurance  |

|   |  |
|---|--|
| <p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>The need for improved engagement in charity finance training sessions was discussed as attendance was low. Mrs Patel and Mrs Bland planned to offer individualised training to ensure fund managers understand their responsibilities.</li> </ul>  | <p style="text-align: center;"><b>MAJOR ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>St Agatha Trust Breast Care Unit attended the meeting and presented their spending plan; however this was not in line with charitable purposes. Further training was required with the fund manager and an amended plan would come back to a future meeting.</li> </ul>  |
| <p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>An update was provided on the progress of the second multipurpose delivery suite in the maternity department, funded by the baby bereavement charitable fund. The project is on track to be completed in early 2025.</li> <li>The staff well-being rooms project had shortlisted four rooms and had the involvement of the estates team. The charity had received a £120k grant and a donation from Mitie for £30k. It was suggested that those that were unsuccessful use their charitable funds to fund the refurbishments.</li> <li>The charity relaunch, including new branding, website, and mascot, was successful. The event received positive feedback from staff and external stakeholders, and the new branding has been well utilised.</li> <li>Penn Golf Club donated £16k to the Dudley Rehab service. A cheque ceremony was being planned, and the team will ensure the funds are used as intended by the donors.</li> <li>The Rainbow Memorial project is progressing well, with a contractor providing free labour and materials. The land has been cleared, and the sculpture will be installed in February, with a launch event planned for March.</li> </ul> | <p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Mrs Patel outlined the timeline and steps for refreshing the charity's strategy, which the committee endorsed. The strategy will include building relationships with high net worth individuals and collaborating with other organisations.</li> <li>Mrs Bland presented a funding request from the breast screening department for £5,653 to enhance the patient waiting area. The committee approved the request, subject to the department using their own funds first.</li> <li>The Glitterball raised £17,590 for the dementia appeal. It was proposed to move the Glitterball event to September and rebrand it as a gala dinner to attract more businesses. The committee supported the idea and supported focusing on a cancer appeal for next year's event.</li> <li>The committee supported the dragon boat race being the signature event for next year, this could potentially raise double the income for the charity.</li> </ul> |

## Assurance descriptors



Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.

There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.

There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)

## Paper for submission to the Board of Directors on 9<sup>th</sup> January 2025

|                              |  |
|------------------------------|--|
| <b>Report title:</b>         | Month 8 Financial Position                 |
| <b>Sponsoring executive:</b> | Chris Walker – Interim Director of Finance |
| <b>Report author:</b>        | Chris Walker – Interim Director of Finance |

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

#### Assure

1. The Board is asked to note the Month 8 (November 2024) Trust financial position. After technical changes the **November cumulative position is a £3.146m deficit**. This position is £1.153m better than the updated phased plan agreed by NHS England in September.
2. Performance against the Elective Recovery Fund continued to be positive against plan in November.
3. The Trust is forecasting that we will achieve our 2024/25 financial year planned deficit of £1.590m after technical adjustments.
4. The Trust is forecasting a healthy cash balance for the 2024/25 financial year following receipt of deficit funding cash.

#### Advise

1. The Black Country Integrated Care System has now received £119.2m of non-recurrent deficit funding from NHS England. This now means the System's financial plan is a breakeven position. Revised phased plans have been submitted to NHS England for all providers. The Trust's revised financial plan is now a £1.590m deficit (previously £32.565m).
2. The Board is asked to note the Black Country Integrated Care System November 2024 financial position and year end deficit plan of breakeven. The November position is £10.754m worse than the revised plan agreed with NHS England in September with several providers now highlighting that they will not achieve their financial plans. The System is working through a series of financial improvement plans to ensure the System achieves the financial plan.

#### Alert

1. Pay expenditure to the end of November showed an overspend of £7.404m against plan. Substantive whole time equivalent reductions were not achieved compared to the November plan after taking into consideration income backed workforce additions. Bank expenditure continues to be very high because of continued emergency activity pressures.
2. The Trust has underachieved on the Cost Improvement Programme plan as at the end of November by £0.383m.
3. Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £1.236m.
4. Both the medicine division and surgery division did not achieve their financial forecast positions for November. If we continue to see the level of overspend in November relating to emergency activity pressures for the coming few months, then the Trusts ability to achieve its financial plan will be extremely challenging.

| <b>2. Alignment to our Vision</b> [indicate with an 'X' which Strategic Objective[s] this paper supports] |          |
|---|----------|
| <b>Deliver right care every time</b>  | <b>X</b> |
| <b>Be a brilliant place to work and thrive</b>  | <b>X</b> |
| <b>Drive sustainability (financial and environmental)</b>   | <b>X</b> |
| <b>Build innovative partnerships in Dudley and beyond</b>   | <b>X</b> |
| <b>Improve health and wellbeing</b>   | <b>X</b> |

| <b>3. Report journey</b>   |
|--|
| Month 8 (November 2024) detailed finance report presented to the Finance and Productivity Committee on the 19 <sup>th</sup> December 2024. |
| Summary Month 8 financial report presented to Executive Directors on 17 <sup>th</sup> December 2024.                                       |

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

| <b>5. Impact</b>   |   |   |
|--|---|---|
| Board Assurance Framework Risk 1.1                         | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                         | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                         | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                         | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                         | X | Remain financially sustainable in 2024/25 and beyond  |
| Board Assurance Framework Risk 5.0                         | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                         | X | Deliver on its ambition to building innovative partnerships in Dudley and beyond                            |
| Board Assurance Framework Risk 7.0                         | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                         | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date: No  |   |   |
| Is Equality Impact Assessment required if so, add date: No |   |   |

# REPORTS FOR ASSURANCE AND DECISION

## FINANCE REPORT

### REPORT TO PUBLIC BOARD OF DIRECTORS ON 9 JANUARY 2025

#### 1. EXECUTIVE SUMMARY

- 1.1 After technical changes the **November cumulative position is a £3.146m deficit**. This position is £1.153m better than the updated phased plan agreed by NHS England in September.
- 1.2 The actual position in November compared to plan shows a deterioration compared to the position against plan in October (£3.716m better than plan). An element of the movement was anticipated following the approval by the Trust Board in November of the CSW re-banding from band 2 to band 3. While the cumulative position is in line with the forecast to deliver plan, earlier delivery of income mitigations contained in the forecast has offset overspends in November across both the Medicine and Surgery divisions and places a greater risk to delivery of the Trusts financial plan.
- 1.3 Performance against the Elective Recovery Fund continued to be above plan in November. Estimates for November year to date activity show a predicted over performance of £9.752m against the assumed Elective Recovery Fund NHS England target. This is also £2.332m higher than the Trust internal plan which includes Elective Recovery Fund CIP schemes.
- 1.4 Pay expenditure to the end of November continues to overspend against plan with an overspend of £7.404m. Substantive whole time equivalent reductions were not achieved compared to plan as at the end of November resulting in substantive pay costs being £2.543m above plan (this includes £1.560m relating to the band 2 to 3 costs). Bank expenditure continues to exceed plan up to November with bank now being overspent by £4.458m. Agency usage remains low but has increased over the past three months and is £0.403m overspent against plan.
- 1.5 Non pay spend reduced slightly from October but remains above plan by £1.884m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity.
- 1.6 The phased Cost Improvement Programme plan to November equated to £18.749m. Achievement to November totals £18.366m which is lower than plan by £0.383m. All the total Cost Improvement Programme target of £31.896m has been identified as at the end of November. The risk is now the delivery of the program, especially the workforce related elements.
- 1.7 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. The deep dive of the forecast position that took place in October highlighted the risks and mitigations to achieve the plan. The financial performance in November has placed additional risk on the delivery of the plan.
- 1.8 The Integrated Care System reported an actual aggregate deficit of £31.090m for November. This is £10.754m worse than the revised plan agreed with NHS England in September.
- 1.9 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). The System is working through several improvement initiatives to ensure the financial plan is achieved.

#### 2. INCOME AND EXPENDITURE

- 2.1 After technical changes the **November cumulative position is a £3.146m deficit**. This position is £1.153m better than the updated phased plan agreed by NHS England in September.



- 2.2 The actual position in November compared to plan shows a deterioration compared to the position against plan in October (£3.716m better than plan). An element of the movement was anticipated following the approval by the Trust Board in November of the CSW re-banding from band 2 to band 3. While the cumulative position is in line with the forecast to deliver plan, earlier delivery of income mitigations contained in the forecast has offset overspends in November across both the Medicine and Surgery divisions and places a greater risk to delivery of the Trusts financial plan.
- 2.3 Performance against the Elective Recovery Fund continued to be above plan in November. Estimates for November year to date activity show a predicted over performance of £9.752m against the assumed Elective Recovery Fund NHS England target. This is also £2.332m higher than the Trust internal plan which includes Elective Recovery Fund CIP schemes. Both Surgery and Medicine divisions underperformed against the forecast Elective Recovery Fund targets for November, and both will need to recover this income in December.
- 2.4 Substantive staff are 244.84 Whole Time Equivalents (WTE) above the target in November (September 175.79 WTE above the target). Allowing for increased Deanery and externally funded posts reduces the shortfall to 210.38 WTE. Substantive pay costs were £2.543m above plan at the end of November. Included in this variance was £1.560m relating to the band 2 to 3 re-grade costs approved by Trust Board in November that were not in the original plan. The remaining variance wholly relates to non-achievement of the 4% workforce reduction plan.
- 2.5 Bank has continued to overspend against the cumulative plan to November with the Trust using the largest amount of bank all financial year in the month. Bank is now above the target by 158.06 Whole Time Equivalents (WTE) (September 131.82 WTE above the target). The Trust continues to operate with large amounts of surge bed areas open due to the pressures of emergency activity as well as bank usage to deliver the Elective Recovery Fund. There is a cumulative overspend of £4.458m against plan at the end of November.
- 2.6 Agency usage continues to be low in relative terms but has increased over the past three months and is above the target by 2.86 WTE resulting in a cumulative overspend of £0.403m. Agency usage remains predominantly medical staff. Overall agency remains very low with Trust spend of 0.7% of pay costs versus the NHS England target of 3.2%.
- 2.7 Non pay spend reduced slightly from October but remains above plan by £1.884m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity and delivery of the Elective Recovery Fund.
- 2.8 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. The deep dive of the forecast position that took place in October highlighted the risks and mitigations to achieve the plan. The performance in November has placed additional risk on the delivery of the plan. If we continue to see the level of overspend in November relating to emergency activity pressures for the coming few months, then the Trusts ability to achieve its financial plan will be extremely challenging.
3. **CAPITAL AND CASH**The cash position at the end of November was £2.797m higher than the previous month's forecast. Non-patient income receipts were £1.049m above forecast. This related to provider contracts being paid earlier than planned and allocations received from Black Country ICB paid in full rather than monthly. Payments to suppliers were £0.303m below forecast which was not a material movement and was a timing difference. Capital payments were £1.081m below forecast which related to the timing of receipts of capital invoices and lower capital expenditure in month than forecast.
- 3.2 The Cash forecast has remained the same as last month. The Trust is currently working through the final healthcare contract values to agree the pay award funding with all ICB's. Elective Recovery Fund estimates in terms of cash payments have also been updated to include the latest forecast with discussion ongoing with the ICB about paying on account later in the financial year

due to the delay in NHS England validation. Downside currently shows the Trust forecasting circa £4m lower cash than the most likely forecast.

- 3.3 Compliance with the Better Practice Payment Code was 95.9% in terms of number of invoices paid to non-NHS suppliers and 95.4% for NHS suppliers as at 30<sup>th</sup> November 2024.
- 3.4 In month 8 there was year to date capital expenditure of £14.007m against a planned spend of £19.369m. The Emergency Department (ED) scheme was the main contributor to the underspend and has now been reprofiled. Community Diagnostic Centre and digital schemes also added to the underspend but were timing differences due to delays in delivery of equipment. The ED scheme has now been fully reviewed with £8.6m of the scheme will relate to 2025/26. The Trust has agreed with the System to top slice the 2025/26 allocation by £6m to be given to DGFT to complete the scheme. The remaining funding in 2024/25 (£2.6m) has been used to bring forward medical equipment purchases so the 2025/26 funding can then be used for the ED scheme. This all now means the Trusts capital forecast is £26.559m for 2024/25 a reduction of £6.071m from plan.

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

- 4.1 The phased Cost Improvement Programme plan to November equated to £18.749m. Achievement to November totals £18.366m which is worse than plan by £0.383m. This is the first time this financial year that the Trust has been behind its Cost Improvement Programme plan.
- 4.2 Of the total Cost Improvement Programme target of £31.896m the full amount has now been identified with additional schemes also now in place to mitigate non-delivery of the original schemes. Of the identified amount 71.0% is recurrent.
- 4.3 99% of the programme has passed through the QIA process.
- 4.4 Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £1.236m (September £3.363m was the forecast shortfall). This relates to the current estimated shortfall on delivery of the workforce reduction scheme (£7.337m) offset by additional schemes most notably additional Elective Recovery Fund. Divisions continue to work through mitigating schemes to reduce the delivery shortfall.

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

- 5.1 The Integrated Care System reported an actual aggregate deficit of £31.090m for November. This is £10.754m worse than the revised plan agreed with NHS England in September. There are currently three providers that are responsible for the variance from plan.
- 5.2 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). The System is working through several improvement initiatives to ensure the financial plan is achieved.

#### **6. RECOMMENDATIONS**

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

Chris Walker  
Interim Director of Finance  
30<sup>th</sup> December 2024

## Paper for submission to the Board of Directors on 9<sup>th</sup> January 2025

|                              |  |
|------------------------------|--|
| <b>Report title:</b>         | Annual Plan development 2025/26  |
| <b>Sponsoring executive:</b> | Adam Thomas<br>Chief Strategy and Digital Officer/Deputy CEO                           |
| <b>Report author:</b>        | Ian Chadwell, Deputy Director of Strategy<br>Dara Bradbury, Senior Transformation Lead |

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

#### Assure

An internal process for producing the Trust annual plan has started according to the attached timeline. Budget setting, team job planning, activity planning and the identification of priorities are all happening in parallel.

Final submission on 7<sup>th</sup> April 2025, meets timetable set out by the Integrated Care Board (ICB) and NHS England.

#### Advise

National planning guidance and accompanying financial allocations to ICBs for 2025/26 have not been published at the time of writing.

Despite guidance not being published, it is anticipated that the pressure on revenue budgets will be considerable. The government has signalled a focus on a smaller number of its priorities such as reduced waiting times for elective treatment and diagnostics which has been widely publicised in the press. There has also been a signal that capital allocations will be made available to support this although details are not known.

Organisations across the system have been working to identify overall priorities and encapsulating these on a 'Strategic Planning Framework.' The draft version for The Dudley Group NHS FT is under development following discussion at the board training and development session on 12<sup>th</sup> December and will be finalised at the March Board. This timeline aligned to the ICB 'Joint Forward Plan' and the awaited National '10-year plan' publication.

The ICB is coordinating the planning process and is meeting regularly with partner organisations to coordinate the production of annual plans. A paper from the ICB on the road map to produce a system-wide plan is being developed.

National guidance and allocations will make the efficiency ask for each system explicit, in lieu of this detail, we are already setting internal plans for 4% cost improvement with acknowledgement that this may increase in value.

#### Alert

Given the expected revenue position, the Trust does not anticipate being able to make investments in service developments that have not already been approved in earlier planning cycles, and therefore must re-purpose existing spend to make any changes that are required.

| <b>2. Alignment to our Vision</b> [indicate with an 'X' which Strategic Objective[s] this paper supports] |          |
|---|----------|
| <b>Deliver right care every time</b>  | <b>X</b> |
| <b>Be a brilliant place to work and thrive</b>  | <b>X</b> |
| <b>Drive sustainability (financial and environmental)</b>   | <b>X</b> |
| <b>Build innovative partnerships in Dudley and beyond</b>   | <b>X</b> |
| <b>Improve health and wellbeing</b>   | <b>X</b> |

| <b>3. Report journey</b>                                    |
|---|
| Board of Directors – private – 9 <sup>th</sup> January 2025 |

| <b>4. Recommendation(s)</b>   |
|---|
| The Public Trust Board is asked to:   |
| a) Note the actions already taken to prepare for the production of the annual plan 2025-26  |
| b) Note the required timetable for approval, which may require an extra-ordinary committee / board meeting to finalise, as in previous years. |

| <b>5. Impact</b>  |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                      | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                      | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                      | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                      | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                      | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                      | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                      | X | Deliver on its ambition to building innovative partnerships in Dudley and beyond                            |
| Board Assurance Framework Risk 7.0                      | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                      | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date:  |   |   |
| Is Equality Impact Assessment required if so, add date: |   |   |

## REPORTS FOR ASSURANCE

### Annual Plan development 2025/26

#### Report to Board of Directors on 9<sup>th</sup> January 2025

## 1 EXECUTIVE SUMMARY

This paper provides an update on the actions being taken to develop the Annual Plan for 2025/26. An internal process has started, and the timeline is consistent with expectations from the ICB and NHSE for sign-off (Appendix 1).

Whilst the planning guidance and allocations have not been published, pressure on revenue allocations is expected to be considerable and the only way to release funding to develop new services will be by re-purposing existing money being spent.

At the time of writing, a new elective reform target is expected to be published in the coming weeks. This is anticipated to identify the required trajectory to achieving the constitutional waiting-list target (for non-cancer patients) by 2029.

There will be a substantial efficiency saving required as the Black Country Integrated Care System, as a whole, is in financial deficit.

## 2 BACKGROUND INFORMATION

Despite guidance not being published, the government has signalled a focus on a smaller number of its priorities such as reduced waiting times for elective treatment and diagnostics which has been widely publicised in the press. There has also been a signal that capital allocations will be made available to support this although details are not known.

Organisations across the system have been working to identify overall priorities and encapsulating these on a 'Strategic Planning Framework.' The version for The Dudley Group NHS FT is under development following discussion at the board training and development session on 12<sup>th</sup> December. Each partner organisation in the system is adopting the same overall approach with specifics tailored to local context.

The ICB is coordinating the planning process and is meeting regularly with partner organisations to coordinate the production of plans. A paper from the ICB on the road map for the production of the system plan is under development.

Work continues on the 2024/25 efficiency programme and across the system validation of the recurrency of cost improvement plans (CIP) and the impact upon run-rate is being undertaken by financial leads. Standardising our approach to

accounting for recurrent cost improvement is important and is referenced later for next year's plan. The Dudley Group NHS Foundation Trust currently has the highest level of recurrent cost improvement at 71% (against the original plan of 83.4% being recurrent). The cause of the difference is underachievement of workforce reduction plan as the mitigations for this year are not all recurrent savings. High levels of recurrent CIP do aid our position for next year and permit a focus upon making non-recurrent items recurrent where possible. However, conversely this also reduces the breadth of opportunities for divisions to find further recurrent schemes. This is why system-led transformation across organisations is essential.

### Efficiency programme

In advance of national guidance being released, we are setting an internal target of 4% as a starting point for 2025/26, although it is acknowledged this may rise towards 6% in the event of a system deficit increase.

Detailed planning template submission by divisions is 13<sup>th</sup> January 2025 and are not yet available at the time of writing.

Current high-level plans include:

- Reviewing the full year effect of existing recurrent schemes so that the balance being carried into next year is known at divisional level.
- Maternity Insurance rebate scheme (CNST) is being considered across the system as a recurrent opportunity. Currently there is variance in how this is accounted for. The decision on this will be shared once agreed by the system.
- Decision to standardise the delivery of ERF as a recurrent CIP opportunity for all Trusts is being discussed at system level, however it is noted that DGFT is already classing ERF as recurrent along with all staffing costs associated with its delivery.
- Internal procurement savings are being worked up across non-pay lines with the new Primary Care (PLACE) division included in this.
- Outpatient transformation work to improve clinical service efficiencies will continue during 2025/26 to reduce DNAs so that they are lower than the current 5% threshold, avoid cancellations on the day and increase the overall use of Patient Initiated Follow Up. All of this will provide additional outpatient appointments, generate additional income and a better experience for our patients, in alignment with GIRFT national expectations.
- Opportunities under Model Hospital will continue to be reviewed during the course of early 2025 as the 2022/23 data will be released at that point at specialty level.
- In elective care, theatre efficiency will be a focus so that we address pre-operative assessment processes, confirm patient attendance for each list,

reviewing list start times and reviewing and learning from the reasons that contribute to lists starting late.

The trust has identified the following items to be addressed within the planning cycle:

- Medical workforce review
- Opportunities to automate and streamline administrative processes
- Agenda for Change Bank rate review

#### Large Transformational changes

In addition to the efficiency programme, two key areas of transformative change will feature in next year's plan co-ordinated via the Black Country Provider Collaborative:

- **Corporate services transformation programme** to standardise processes, build resilience and address costs for 'back office' functions across providers / the ICB. This programme has already started.
- **Development of an elective hubs** to provide a protected space for planned surgery, increase throughput to reduce waiting lists and protect income. Planning for a North Hub (Wolverhampton / Walsall) and a South Hub (Sandwell/ Dudley) has already started. A national bid process linked to the Further Faster 20 programme to expedite this is anticipated, but not yet confirmed.

#### Timeline

Work has already started to plan for 2025/26 in parallel to budget setting, team job planning for clinical staff and activity planning aligned to what is available in recurrent budgets.

The trust is expected to submit an initial set of activity and performance plans to the ICB by 14<sup>th</sup> January to support a system-wide workshop scheduled for 17<sup>th</sup> January. The first submission from the ICB to NHSE is expected to be 13<sup>th</sup> February with an expected final submission by 10<sup>th</sup> April.

### **3 RISKS AND MITIGATIONS**

The following risks have been identified:

- NHS Operational pressures will impact the ability of service leads and clinical leads to engage meaningfully in the planning process. This will be mitigated by adopting a flexible approach and make it as easy as possible for staff to engage;
- Divisions are being asked to identify savings to a similar target value in 2024/25 financial year, in the context of lower levels of recurrent opportunities because of

good recurrent performance this year. Although with emphasis that this should be through recurrent savings, specialties will have to consider mitigating this with more transformational work scaled across providers to deliver savings.

#### **4. RECOMMENDATIONS**

The Public Trust Board is asked to:

- Note the actions already taken to prepare for the production of the annual plan 2025-26
- Note the required timetable for approval, which may require an extra-ordinary committee / board meeting to finalise, as in previous years.

Ian Chadwell  
Deputy Director of Strategy

Dara Bradbury  
Senior Transformation Programme Lead

3<sup>rd</sup> January 2025

#### **APPENDICES:**

Appendix 1 – Timeline for producing annual plan 2025/26



## Appendix 1 – Timeline for producing annual plan 2025/26

| Activity   | Week beginning |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
|--|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|
|  | 28-Oct         | 04-Nov | 11-Nov | 18-Nov | 25-Nov | 02-Dec | 09-Dec | 16-Dec | 23-Dec | 30-Dec | 06-Jan | 13-Jan | 20-Jan | 27-Jan | 03-Feb | 10-Feb | 17-Feb | 24-Feb | 03-Mar | 10-Mar | 17-Mar | 24-Mar | 31-Mar | 07-Apr | 14-Apr | 21-Apr | 28-Apr | 05-May | 12-May | 19-May | 26-May | 02-Jun | 09-Jun |  |  |
| <b>Operational Plan 2025/26</b>  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Drop-in Q&A sessions   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Planning template circulated to directorates and corporate services                                    |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Discussion at Trust Management Group   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Directorates complete planning template  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Budget setting with budget holders   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Refine budget plans  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Board training and development session (check-in)  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Planning discussion with Council of Governors  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Planning guidance and allocations issued   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Forecast outturn and initial plans for activity and performance to ICB                                 |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| System-wide workshop with programme boards   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Activity planning discussions: preparation of activity and performance trajectories, workforce numbers |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Planning brief to F&P committee  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Draft activity, performance trajectories, workforce and budget to Annual Planning Group                |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Discussion of activity, performance, workforce and budget at Exec Directors                            |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Draft annual plan document and SPF to execs  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Revision of plan document and SPF  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Full draft submission from ICB to NHSE   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Draft plan submission to F&P   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Revision of plans based on NHSE feedback   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Submission of final templates to ICB   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Final Trust Annual Plan (narrative and templates) to F&P /Board  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| Final submission from ICB to NHSE  |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
| NHSE sign-off system plans   |                |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |  |

**Paper for submission to Board of Directors Thursday 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Winter Plan 2024/25 Update  |
| <b>Sponsoring executive:</b> | Karen Kelly, Chief Operating Officer  |
| <b>Report author:</b>        | Karen Kelly, Chief Operating Officer<br>Jack Richards, Deputy Chief Operating Officer<br>Rory McMahon, Director of Operations, Medicine |

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

**Assure**  
Despite severe challenges related to acuity, the opening of the Midland Metropolitan University Hospital, and medically fit for discharge patients, the trust continues to work hard to mitigate the effects of the most testing winter in NHS history.

**Advise**  
The lack of availability of trust beds has caused a marked deterioration in ambulance handover performance, which has been replicated across the black country, most notably at Walsall.

**Alert**  
The combined winter/MMUH plan has thus far not delivered the totality of beds/bed avoidance committed to; 26 have so far been delivered, with another 20 in February, leaving a shortfall of 50 beds.

**2. Alignment to our Vision**

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

**3. Report journey**

Verbal report provided to Finance & Performance Committee December 2024

**4. Recommendations**

The Public Trust Board is asked to:

a) Note the update and the current and forecast delivery of beds

**5. Impact**

|  |   |  |
|--|---|--|
| Board Assurance Framework Risk 1.1                         | X | Deliver high quality, safe person centred care and treatment |
| Board Assurance Framework Risk 6.0                         | X | Build innovative partnerships in Dudley and beyond           |
| Board Assurance Framework Risk 7.0                         | X | Achieve operational performance requirements                 |
| Is Quality Impact Assessment required if so, add date: No  |   |  |
| Is Equality Impact Assessment required if so, add date: No |   |  |

## Winter Update Report to DGFT Board

### 1 EXECUTIVE SUMMARY

1.1 The paper outlines adherence and challenges relative to The Dudley Group's (DGFT) winter plan 2024/5. The paper shows that there is a 50 bed/bed avoidance gap in delivery relative to the winter plan.

1.2 The Board are through this paper notified of the effectiveness to the winter plan and subsequent impacts on the trust

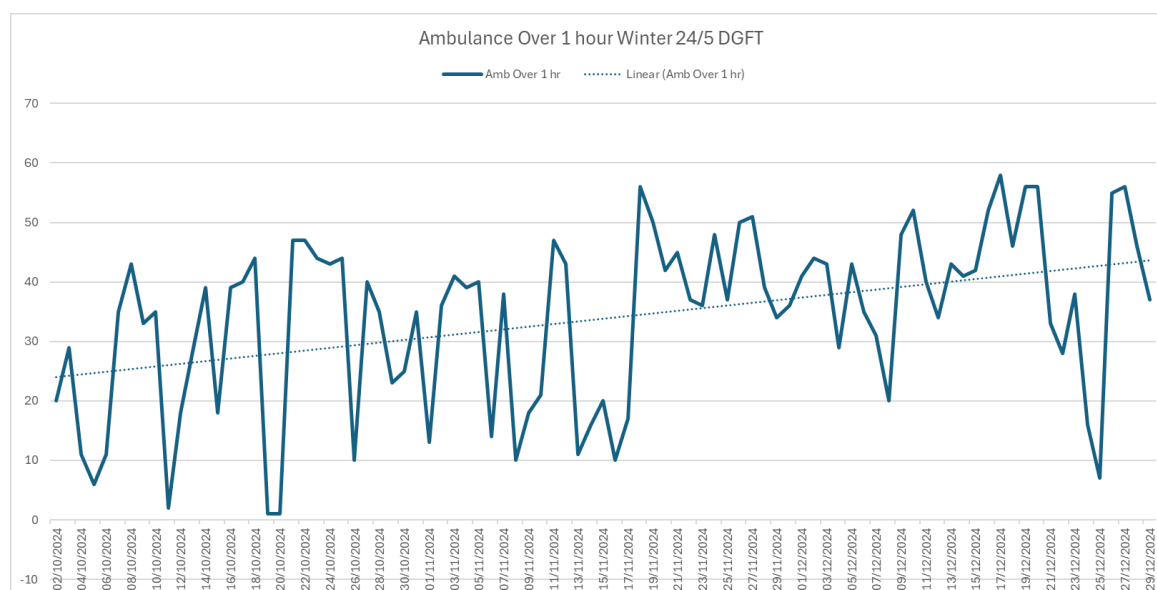
### 2 BACKGROUND INFORMATION

2.1 In October 2025 The Dudley Group (DGFT) DGFT signed off the trust winter plan, detailing how a gap in provision caused by the opening of MMUH, and the advent of winter, would be addressed. This was predicated on ICB modelling which showed RHH operating well within its normal bed boundary until a sustained spike in late December.

In hindsight, this modelling deviated quite markedly from the reality. DGFT saw elevated levels of demand from early November, which have sustained to the current day. This has resulted not only in all surge beds being opened, but 10 extra beds being placed on AMU.

The peak was early, sustained, and the majority of mitigations had not kicked in by this point. The result of this has been an increased level of occupancy, and an increased consequential ambulances over the hour.

**Figure 1: Ambulances over the hour, DGFT, Oct-Dec 2024**



There has been a sustained rise in the acuity of patients presenting at the front door. The conversion ratio of walk-in patients at the beginning of winter was roughly 20% - As of the end of December the trust were admitting 27% of walk-ins.

This challenge is fairly unique to RHH – recent SEDIT data shows the trust with the highest GIRFT-ED acuity index score by some distance; The trust has thus been disproportionately affected relative to the rest of the black country.

In addition, At the beginning of winter, the trust saw a large, and disproportionate number of Sandwell patients in the bed base, which peaked around 60+ relative to last year in November. In December this settled somewhat, with a normal number of 25 patients relative to the same dates last year within the bed base.

There has also been a high number of Medically Optimised for Discharge (MOFD) at the trust – 125 at the time of writing this paper – this is a consistent number and has not deteriorated within winter – although, as at any other time of the year, could have been remedied with extra packages of care.

### **3 WINTER/MMUH PLANS/MITIGATIONS AND PROGRESS**

#### **11 Beds at the Rowley Regis - Stroke Ward**

Thanks to the tireless work of our teams, these beds went live on Monday 6<sup>th</sup> January; they will allow us to step patients out of the stroke ward into rehab beds at an estimated rate of 2 per week. This will be worth 1 beds during winter.

#### **Maximisation of Virtual Wards**

This has been very successful – the wards have an average occupancy over 100% for the month of December, and at the time of writing the respiratory virtual ward has flexed from 16 to 26 beds (using bank), a feat which deserves particular recognition. In addition to this, medicine are working on full interoperability of virtual wards with Sandwell by the end of January – preliminary meetings have taken place at directorate level. This has been worth an additional 5 beds to the trust during winter.

#### **Opening of new Acute Medical Virtual Ward**

This has now scaled to 15 beds, and is regularly over 100% occupancy.

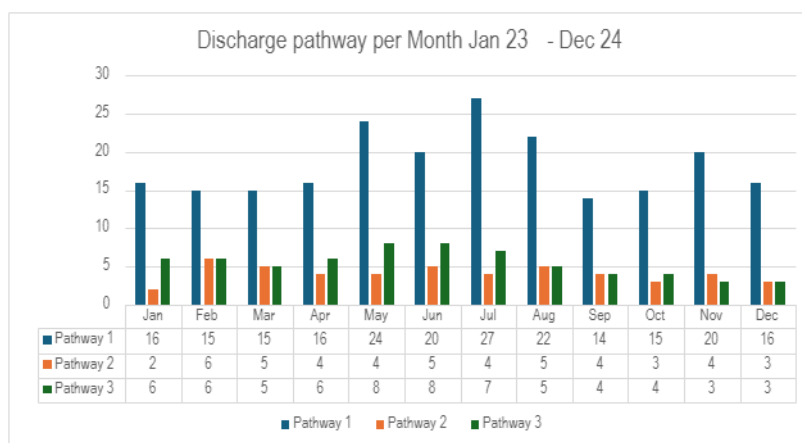
#### **Opening of extension to Frailty Virtual Ward**

The opening of this ward was unfortunately delayed due to an unprecedented level of absence in our band 7 frailty nursing staff; the frailty service is currently only able to function within its normal remit by utilising staff in bank capacity, and so plans to run the ward using bank were no longer feasible. The speciality are now recruiting substantively and aim to launch towards the end of February.

#### **Increasing complex discharges to 35 on a weekday and 20 on a weekend day**

This would aggregate to just over 30 patients per day over the course of the week. Unfortunately the trust are missing 13 beds from this mitigation facet which were not achieved according to the below data from the discharge team.

**Figure 2: Complex Discharges, average daily by month, by Pathway 2025**



### Increasing operational hours of community hub

A decision was made to stand this initiative down, and the initiative did thus not deliver any of the 35 beds badged against it. No mitigations have yet been substantively devised.

### Opening 10 more beds on the AMU1 and AMU2

The medicine division have opened 10 more beds on these wards by assessing space and safely allocating more beds into these spaces. The spaces had often been used for extras prior – however it is reasonable to assume that this has generated in the region of 5 beds for the trust.

### Summary

| Initiative   | Delivery   | Anticipated Delivery         |
|--|--|------------------------------|
| 11 Beds at the Rowley Stroke Ward  | 11   | 11                           |
| Maximisation of Virtual Wards  | 5  | 0                            |
| Opening of new Acute Med Virtual Ward                                    | 15   | 15                           |
| Opening of extension to Frailty Virtual Ward                             | 0 (20 by February)                               | 20                           |
| Increasing complex discharges to 35 on a weekday and 20 on a weekend day | 2  | 13                           |
| Extended hours community hub and in-reach into care homes                | 0  | 35                           |
| <b>Totals</b>  | <b>Actual beds delivered 28 (48 by february)</b> | <b>Predicted Delivery 96</b> |

Name of Author: Rory McMahon  
 Title of Author: Director of Operations, Medicine  
 Date report prepared: 06/01/25

**APPENDICES: None**

**Paper for submission to the Public Board of Directors  
 on the 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Integrated Quality and Operational Performance Report   |
| <b>Sponsoring executive:</b> | Martina Morris – Chief Nurse and Julian Hobbs – Medical Director<br>Karen Kelly – Chief Operating Officer |
| <b>Report author:</b>        | Jo Wakeman – Deputy Chief Nurse   |

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

This report includes data for November 2024, unless otherwise stated. The report summarises the Trust's performance against the national standards and local recovery plans for the month of November 2024 (October 2024 for Cancer and VTE).

*Detailed data packs to support this report are in the further reading pack associated with this meeting.*

**Assure**
**Quality:**

- Stoke performance indicates SSNAP level A.
- All complaints continued to be acknowledged within 3 days.
- 83% of respondents to the Friends and Family Test rated our services as good/very good.

**Performance:**
**Emergency Performance**

In November ED 4-hour performance was at 81.62% vs the national target of 78%.

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

On going focus on:

- GP letter patients straight to SDEC/Surgical SDEC.
- Agree new streaming template with UCC for patients with letters to go direct to Speciality.
- Re-run of heat mapping exercise for nurses and medics in ED.
- Joint working with Surgery to ensure proactivity to take patients from ED even when full.
- Organizational agreement that specialties must take patients directly and not wait to assess them in ED.
- Extra Validation resource.

**Cancer Performance**

The 28 day Faster Diagnostic Standard (FDS) achieved 80.9% (October 24 validated) against the constitutional standard of 77%.

31-day combined decision to treat performance achieved 92.9% in October against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. 31 day trajectory to achieve 96% submitted to ICB.

Performance against the 62 Day combined target achieved 76.4% in October which is above the national target of 70%.

### **DM01 Performance (Diagnostics)**

November's DM01 performance achieved 90.4%. All modalities, with exception of Sleep Studies, are achieving above 90%.

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

Urgent 10-day histology is 51% against National 70% target, November forecast is 69%. E-Requesting at 47%. Further improvement underway. IT issue in Gastro now resolved. Compass pilot begins in December 2024 with wider rollout in January 2025. Urgent requesting at 59%, Task and finish group is in place to review pathways and identify opportunities for improvement.

### **Elective Restoration & Recovery**

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks. There is an accelerated target date in December due to the festive period with clearance expected by the 22<sup>nd</sup> December. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

Performance against the elective recovery fund was challenged in November, largely due to a reduction in work undertaken by Trauma and Orthopaedics. This has increased in December and should recover the position.

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

November RTT position 59.2% vs 92% national target, a continued improvement month on month.

## **Advise**

### **Quality:**

- 54.6% of complaints were responded to within 30 days, which demonstrates a further improvement.
- Number of reported incidents reduced and remained within natural variation. Levels of harm for November are still to be validated. There was one Patient Safety Incident Investigation and 6 SWARM huddles, requested following review at the Incident Decision Making Group.
- Mixed sex accommodation breaches continued in level 2 and 3 areas, due to excessive capacity requirements.
- Screening for dementia was at 65.58%. The Dementia team have been working with matrons and lead nurses, in addition to prompting staff to screen eligible patients.
- 34 children with mental health conditions attended the Trust (23 via ED), with 10 admitted from Emergency Department (ED) to C2, none required a section.
- 19 patients were treated in ED that required a mental health admission, 8 of these required formal admission under the Mental Health Act (MHA). Long delays in patients securing a MH bed remained. From a MHA section point of view:
  - 4 patients were detained under a section 5(2) to DGFT.
  - 1 patient was detained under a section 2 to DGFT.
  - 2 patients were recorded as detained under a section 136.
  - 1 patient was liable to be detained on a section 2.
- There was an increase in falls, which is linked with an increase in falls with moderate harm. This maybe natural variation or due to increased capacity pressures.
- There was an overall increase in reported pressure ulcers, however, reviews indicate low or no harm.
- There is a likelihood that the Trust will see an increase in Section 42 safeguarding enquiries linked to Continuing Healthcare (CHC) and third-party care providers.
- The Trust has observed high numbers of patients admitted with flu and RSV.

- There was an increase in cardiac arrests and medical emergency treatment calls, which may be linked to increase in patient acuity and high operational demand.
- Sepsis compliance within ED and inpatient areas improved to 67% and 69% respectively.
- 52% of patient observations were completed on time, with 92.06% completed within 15 mins.

**Performance:**

**ED Triage**

November's Overall Triage position is 73% vs 95% national target.

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

ED has gone through three weeks of floor works, which has significantly and adversely affected the ED footprint to see and treat patients affecting triage performance this month.

Following the replacement of the Front-Triage floor and in preparation for the loss of cubicle during the Resus Build, there has been the opportunity to review existing flow within the department. A reconfiguration of front triage with the colocation of minors went live 01/08/2024. The reconfiguration will support further improvements with collaborative working, increasing visibility of patients and ensuring quicker senior decision making.

**Ambulance Handover**

This month's activity saw 9,461 attendances. This has decreased when compared to the previous month of October with 10,116. 22 out of the 30 days saw >300 patients.

3032 patients arrived by ambulance; this shows an increase from the 2995 ambulances that attended last month.

614 of these offloads took >1hr (16%). This shows an increase when compared with last month's performance of 21%.

Over the month, the average length of stay (LOS) in ED was 214 mins for non-admitted patients and 444 mins for those waiting for a bed following a decision to admit. This represents an increase compared to last month, where the LOS was 206 mins and 426 mins respectively.

**Cancer (Data to October)**

Since October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31-day combined decision to treat, and 62 days combined referral to treatment. NHSE have revised the new March 2025 targets for the 28-day FDS and 62-day to change to 77% and 70% respectively.

31-day combined decision to treat performance achieved 92.9% in October against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. Urology, gynae and skin are tumour sites most challenged. 31 day trajectory to achieve 96% submitted to ICB.

**31 day combined & 62 combined actions**

- Prostate: started straight to test pathway trial for suitable patients. LATP training in progress, improvement expected Jan 25. Imaging Team scoping options to increase MRI capacity
- Head and Neck: demand and capacity review commenced with RWT
- Gynae: unable to recruit to hysteroscopy nurse. Extra capacity being sourced
- Skin: CDC dermoscopy success continues for rapid access patients

**Black Country Pathology Service (BCPS)**

- Urgent 10 day Histology: is 51% against national target 70%, November forecast at 69%.
- E-Requesting at 47%. Further improvement underway. IT issue in Gastro now resolved



- Compass pilot begins in December 2024 with wider rollout in January 2025.
- Urgent requesting at 59%. Task and finish group is in place to review pathways and identify opportunities for improvement

Late Tertiary referrals closely monitored. Primarily head and neck, lung, gynae and urology. Actions in place to reduce. Cancer performance is reviewed at Regional Performance Tier Calls with NHSE.

### **DM01**

November DM01 performance achieved 90.4% and is an improvement compared to 89.2% in October.

All modalities with exception of Sleep Studies are achieving above 90%. Dexa, Cardiology and Endoscopy are performing at 98% or above. MRI and NOUS are most challenged areas. MRI achieved 90.1% in November. Over 6 week breaches are primarily cardiac.

NOUS achieved 91.23%, an improvement from 88.98% last month, The majority of over 6 week breaches are ENT specialist scans. Additional provision being sourced for head and neck and increased staffing in gynae will provide extra capacity. System mutual aid is provided to SWBH (600 slots a month). Plan met to achieve 90% or above in November and zero 13 week NOUS breaches.

Sleep studies improved to 63.55% in November from 63.1% in October. Due to change in NICCE guidance, demand now considerably outweighs capacity. Short term recovery plan for sleep studies using bank continues. Commencement of CDC Respiratory from January 2025 in progress.

Audiology continues to improve and achieved 92.09% in November compared to 86.12% in October.

All NOUS 13 week breaches have now been cleared. There are 64 remaining, of those 59 are cardiac MRI.

### **Elective Restoration & Recovery**

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

### **GIRFT Further Faster 20 Programme**

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

From October 2024 DGFT is now a part of the GIRFT Further Faster 20 initiatives, announced by the Secretary of State in September 2024, to target support for systems to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity. This is an opportunity for resource and focus to be placed in areas where we can have substantial impact to reduce the waiting list and continue to build on work we have already commenced. It is an opportunity to further improve care across our communities and link together Primary and Secondary care. It is also in line with the government's economic policy focus.

We have more work to do to ensure that the GIRFT Further Faster 20 programme embeds further within the Trust, and we are creating a Trust GIRFT subgroup to provide guidance, challenge and direction to all specialties.

Through the Trust GIRFT delivery group, Clinical & Operational leads will be nominated to set objectives with their Specialty triumvirate colleagues to ensure delivery of the programme, supported by Corporate Teams where necessary - Strategy and Transformation, Finance, HR, Improvement Practice.

### Alert

#### Quality:

- Requirement for equipment in the community has seen a 66% increase in expenditure during November. This may potentially be linked to a high level of acuity within the community. This is currently being reviewed to ensure due process is followed and there is no impact on quality and safety.

#### Performance:

None.

## 2. Alignment to our Vision

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

## 3. Report journey

Trust Management Group  
Quality Committee  
Public Trust Board

## 4. Recommendation(s)

The Public Trust Board is asked to:

- Note and discuss contents of this report and gain assurance on oversight of quality, safety and operational performance.

## 5. Impact

|  |   |   |
|--|---|---|
| Board Assurance Framework Risk 1.1                         | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                         | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                         |   | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                         |   | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                         | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                         |   | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                         |   | Deliver on its ambition to building innovative partnerships in Dudley and beyond                            |
| Board Assurance Framework Risk 7.0                         |   | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                         |   | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date: NA  |   |   |
| Is Equality Impact Assessment required if so, add date: NA |   |   |

**Paper for submission to Board of Directors on 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Neonatal Nurse Staffing Expansion Business Case   |
| <b>Sponsoring executive:</b> | Martina Morris - Chief Nurse and Director of Infection Prevention and Control   |
| <b>Report author:</b>        | Jack Richards - Director of Operations for Surgery, Women and Children<br>Sara Davis - Divisional Chief Nurse<br>Nicola Thompson - Matron Neonatal Unit |

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

The Board of Directors is asked to note that the Neonatal Nurse Staffing Expansion Business Case has been prepared in line with the Trusts' Business Case Policy and has followed a robust governance process. The Finance & Productivity Committee considered the case at its meeting held on Thursday 19<sup>th</sup> December where it was agreed to recommend to the Board of Directors for approval.

**Assure**

This business case is to support an expansion of the Neonatal nursing establishment. It was presented and approved by the Executive Team and Finance and Performance Committee during Q3 2024-25, which supported Option 3:

- *Increase the current establishment from 6 Registered Nurses to 9 per shift, which will enable 100% staffing establishment, working to 90% occupancy of cots. This will be a substantive cost of £885,566. This is in line with the current expenditure run rate of the Trust to maintain safe staffing levels on the unit in line with British Association of Perinatal Medicine (BAPM) standards.*

**Advise**

The chances of survival of the smallest and most pre-term babies relate not only to nurse staffing levels, but also to the specialist levels of education and experience of the nurses delivering care. Within the national Neonatal Workforce Tool (2020) it is clearly stated that a neonatal unit nurse staffing should be established to 100% to ensure that peaks in activity can be managed without an adverse effect on outcomes, mortality and morbidity. As part of this, maintaining safe occupancy levels is critical.

During budget setting 2024/25, the cost pressure of maintaining BAPM standards was flagged as a financial cost pressure and risk. During 2024/25, the cost pressure has been realised and the Trust is spending the funds to maintain the standards identified and required. This business case has been developed to ensure that recurrent financial budgets and plans reflect the expenditure required to maintain quality and safety on the unit and meet BAPM standards.

**Alert**

Significant financial investment is required to enable the establishment of staffing levels in line with BAPM nurse staffing guidance for commissioned cots as required by the West Midlands Neonatal Operational Delivery Network and Maternity Incentive Scheme.

**2. Alignment to our Vision**

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

### 3. Report journey

Executive Directors on 12<sup>th</sup> November 2024 and option 3 was approved. This was then recommended for presentation at the Finance and Productivity Committee, which took place on 19<sup>th</sup> December 2024 with approval gained.

### 4. Recommendation(s)

The Public Trust Board is asked to:

- a) Approve the Business Case.

### 5. Impact

|   |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                          | X | Deliver high quality, safe person-centred care and treatment  |
| Board Assurance Framework Risk 1.2                          | X | Achieve outstanding CQC rating  |
| Board Assurance Framework Risk 2.0                          | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                          | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                          | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                          |   | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                          | X | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0                          | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                          | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date: N/A  |   |   |
| Is Equality Impact Assessment required if so, add date: N/A |   |   |

- **TITLE OF BUSINESS CASE:** Neonatal Nurse Staffing Expansion **2324/015**
  
- **PROPOSAL FROM:**

Surgery Division – Children’s Services  
 Jack Richards: Director of Operations for Surgery, Women and Children  
 Sara Davis: Divisional Chief Nurse
  
- **APPROVAL TO DATE:**

Presented to Trust Executive meeting on the 12<sup>th</sup> November 2024. Supported by the executive team for F&P presentation on 19<sup>th</sup> December 2024.
  
- **ALIGNMENT WITH TRUST STRATEGY:**
  - \* Deliver the right care every time
  - \* Drive sustainability financial and environmental
  
- **PRIORITY LIST:**

This is a significant risk across both the division and the organization following both incidents and concerns that were raised with respect to the Neonatal Unit. This therefore has been a high priority to be resolved in this financial year.
  
- **RISK:**

The concerns that were highlighted in the Neonatal unit have been resolved, with a significant proportion of this resolution being achieved by the implementation of an improved staffing model. This was undertaken at pace immediately following the incident and since then has been creating a cost pressure for the division. To not fund this case would result in the staffing establishment being reduced back to that it was when the incident occurred and concerns were raised.
  
- **FUNDING:**

Within 2024/25, the actual workforce, both employed and bank used achieves the establishment required to achieve the 90% occupancy level within the Neonatal Unit. This therefore would be a case to substantiate the costs already incurred and not increase funding above run rate to the department.
  
- **PROCUREMENT:**

There is no procurement impact in this case.

**Paper for submission to Board of Directors on 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Maternity Business Case to achieve Birth Rate plus compliance   |
| <b>Sponsoring executive:</b> | Martina Morris - Chief Nurse and Director of Infection Prevention and Control   |
| <b>Report author:</b>        | Jack Richards - Director of Operations for Surgery, Women and Children<br>Claire Macdiarmid- Director of Midwifery<br>Mark Dolphin - Divisional Director of Finance<br>Jo Malpass - Directorate Manager |

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

The Board of Directors is asked to note that the Maternity Business Case to achieve Birth Rate plus has been prepared in line with the Trusts' Business Case Policy and has followed a robust governance process. The Finance & Productivity Committee considered the case at its meeting held on Thursday 19<sup>th</sup> December where it was agreed to recommend to the Board of Directors for approval.

Birthrate Plus® workforce planning and real time staffing acuity tool uses validated methodology to support the delivery of safer maternity care as required by the CNST Maternity Incentive Scheme. This is the only midwifery-specific, national tool that provides the intelligence and insights required to be able to model midwifery numbers, skill mix and deployment and to inform decision making about safe and sustainable services.

**Assure**

This business case has been developed to support a safe midwifery establishment within Maternity services. It was presented and approved by the Executive Team and Finance and Performance Committee during Q3 2024-25, which supported option 1:

- *The Trust funds the Maternity unit to the full Birthrate Plus® recommended staffing figures and increases recurrent funding by 6.66 WTE. This equates to £444,605. In 2024/25, £280K has been allocated from the LMNS. These funds should be recurrent for better planning and usage towards Birthrate Plus® requirements. It is suggested the Trust plans for these funds to be recurrent and used towards the Birthrate Plus® case in the first instance. There is a risk that if no funds are allocated, the Trust will be required to cover the shortfall. Taking into consideration the LMNS funding in the calculation, this leaves a shortfall of £164,605.*

**Advise**

The requirement to be at Birthrate Plus® establishment is a key factor in achieving the Maternity Incentive Scheme (MIS) compliance. The Dudley Group NHS Foundation Trust already has the workforce in place at present to achieve this and the financial run rate and establishment supports this. However, MIS requires this to be in the budgeted establishment and therefore this is to substantiate the spend that is already currently being incurred.

During budget setting 2024/25, the cost pressure of maintaining Birthrate Plus® was flagged as a financial cost pressure and risk. During 2024/25, the cost pressure has been realised and the Trust is spending the funds to maintain the standards identified and required. This paper is to follow process to ensure recurrent financial budgets and plans reflect the expenditure required to maintain standards and requirements.

**Alert**

The Dudley Group NHS Foundation Trust's Maternity Services are currently non-compliant with the recommendations of Birthrate Plus® workforce calculations. This poses a risk to the compliance with Safety action 5 of the Maternity Incentive Scheme year 6, which holds regulatory and financial risk to the organisation.

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

| <b>3. Report journey</b>   |
|--|
| Executive Directors on 19 <sup>th</sup> November 2024<br>Finance and Productivity Committee 19 <sup>th</sup> December 2024 |

| <b>4. Recommendation(s)</b>         |
|-------------------------------------|
| The Public Trust Board is asked to: |
| a) Approve the Business Case        |

| <b>5. Impact</b>  |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                          | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                          | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                          | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                          | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                          |   | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                          |   | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                          |   | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0                          |   | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                          |   | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date: N/A  |   |   |
| Is Equality Impact Assessment required if so, add date: N/A |   |   |

- **TITLE OF BUSINESS CASE:** Maternity Staffing - 2425/012
- **PROPOSAL FROM:**  
  
Surgery Division - Maternity Services  
Jack Richards: Director of Operations for Surgery, Women and Children  
Claire MacDiarmid: Director of Midwifery
- **APPROVAL TO DATE:**  
  
Presented to Trust Executive meeting on the 19<sup>th</sup> November 2024. Supported by the executive team for F&P presentation.
- **ALIGNMENT WITH TRUST STRATEGY:**  
  
\* Deliver the right care every time  
\* Drive sustainability financial and environmental
- **PRIORITY LIST:**  
  
A key priority of maternity services is the delivery of the year 6 Maternity Incentive Scheme (MIS) rebate. One of the main action points for delivery is to ensure trusts workforce plan align to Birth rate plus (BR+) expectations. Whilst workforce usage in 2024/25 is achieving BR+ expectation, recurrent funding to align to BR+ does not match and this is a specific element within the CNST requirement.
- **RISK:**  
  
If year 6 MIS is not delivered there will be a significant adverse financial impact in excess of £600k. In addition to this there are likely to be reputational consequences of failing this maternity services standard in an already volatile Maternity landscape.
- **FUNDING:**  
  
Within 2024/25, the actual workforce, both employed and bank used provides evidence the Trust is meeting BR+ staffing levels. For the last 4-5 years the trust has been given non recurrent income for fixed term posts from the Integrated Care Board. These fixed terms posts do count towards BR+ numbers. Funding these posts recurrently and aligning budgets to the current spend levels in maternity services will provide recurrent workforce budgets that meet BR+ calculations. The trusts expenditure run expenditure rate will not be affected.
- **PROCUREMENT:**  
  
There is no procurement impact in this case.




**Paper for submission to Board of Directors on 9<sup>th</sup> January 2025**


|                              |  |
|------------------------------|--|
| <b>Report title:</b>         | Chief Nurse and Medical Director’s Joint Report.                                       |
| <b>Sponsoring executive:</b> | Martina Morris – Chief Nurse and Director of IPC<br>Dr Julian Hobbs – Medical Director |
| <b>Report author:</b>        | Rebecca Edwards – Directorate Manager<br>Jo Wakeman – Deputy Chief Nurse               |
| <b>Meeting title:</b>        | Public Trust Board   |
| <b>Date:</b>                 | January 2025   |



QC


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

This bi-monthly report provides an overview of key quality, safety and professional matters across professions and how these matters impact the Trust strategic vision. The data presented relates to October and November 2024.

|   | <b>Assure</b>  | <b>Advise</b>   | <b>Alert</b>  |
|---|--|---|---|
|  <p><b>Trust Strategy - Deliver the right care every time.</b></p> | <p>There has been a notable reduction in cardiac arrests since introduction of Deteriorating Patient Pathway and a sustained position for both SHMI and HSMR indicators. Structured Judgement Reviews show a high levels of good care and minimal avoidability.</p> <p>Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SARs) evaluations have been completed with partnership feedback appraising the level of assurance as outstanding.</p> <p>Phase 5 of Right Care, Right Place was introduced on 18<sup>th</sup> November 2024 with no negative feedback received to date.</p> | <p>Themes identified at Incident Decision and Learning Group are aligned with current workstreams including #NOF, Chest Pain and Diabetes. There is a reduction in SHMI related to #NOF evident.</p> <p>Initiatives launched in November 2024 included 233 staff and public participating in restart a heart campaign and a ward clinical accreditation programme being piloted on two wards.</p> <p>Work relating to Mental Health Act implementation continues with Black Country Healthcare NHS Trust agreeing to provide medical scrutiny of all section papers which was an outstanding gap.</p> <p>A review of the Trusts compliance against the National Standards for Healthcare food and Drink has demonstrated that the organisation has met or partially met all domains. For those where improvements are</p> | <p>Supervision to community midwives remains a challenge due to capacity issues within the service. However, ongoing focus remains to improve this position.</p> <p>Maternity Postnatal Ward have seen the biggest decline in percentage positive FFT scores from 78% in September 2024 to 59% in October 2024.</p> |

|   |  |  |  |
|---|--|--|--|
|   | <p>A Trust wide bed census was held in November 2024 involving MDT teams reviewing each bed space. The census identified that 98% of patients has a NEWS score of low clinical risk, with 63% of patients remaining medically active. It was determined by the reviewing team that less than 5% of patients could have been treated without a hospital admission.</p>  | <p>required, an action plan is being generated in partnership with Mitie.</p> <p>Filling bank shifts on days remains challenging with a high dependence on frequent use of corporate nursing and AHP teams. This is further exacerbated by additional beds in use within the discharge lounge, super surge and additional patients on our inpatient wards. Additional oversight of risks and mitigations, quality and safety during the winter period will remain of critical importance.</p> <p>The Chief Nurse Quality dashboard is now live (Appendix 1). The new Matron in patient audit launched in September has improved moving from red to amber RAG, scoring 87.3% for November 2024. Actions are in progress to continue to address areas for improvement.</p> <p>The Trust annual PLACE assessments took place in November.</p> |  |
|  <p><b>Trust Strategy - To be a brilliant place to work.</b></p> | <p>95% of consultants have agreed a Job Plan with 84% fully signed off. The Job Planning round is due to open in January 2025 for plans to be updated. A recent RSM audit has highlighted good progress in embedding Levels of Attainment Standards and has identified a clear workplan for the next 24 months.</p> <p>The Trust has already secured the employment of 74% of the 50 graduate nurses due to qualify in 2024 who engaged with us.</p> | <p>Clinical Leadership Development sessions are continuing with Business Cases to be covered in December 2024. The first Clinical Directors induction is scheduled for 31/1/25 with a plan to roll out to other clinical groups throughout the new year.</p> <p>A new Trust Uniform policy was launched in November 2024.</p> <p>Trust staff secured 3 awards at this year Black Country AHP Awards.</p>   |  |

|   |   |   |  |
|---|---|---|--|
|  <p><b>Trust Strategy - Drive sustainability and financial environment</b></p>       | <p>The Nutrition Virtual Ward has been invited to present at the West Midlands Intestinal Failure Network Meeting in February to disseminate the effectiveness of the VW and Nurse led services within complex nutrition.</p> |   |  |
|  <p><b>Trust Strategy - Build innovative partnerships in Dudley &amp; beyond</b></p> | <p>The Trust is now providing a well-being Wednesday for all our Nursing, Midwifery and AHP students additional to our regular support sessions, to ensure students has a positive clinical placement.</p>                    | <p>The Trust has sent a letter to the University Hospital Association formally expressing our interest in becoming a University Hospital Trust during the reporting period. This has been endorsed by the Local Authority and Lord Austin of Dudley during recent meetings.</p> <p>As of 2/12/2024, there are 132 medical students on placement at the Trust from a range of higher education providers including University of Birmingham, Aston, Three Counties and St Georges. Work continues with St Mary's University regarding the placement of students.</p> <p>Our successful Medical Training Initiative Scheme continues with 55 MTI doctors currently working at the Trust. A further 9 doctors are due to join the Trust in the next 3 months.</p> <p>A new cohort of 25 Adult student nurses has started on the Dudley campus, with the trust as the main practice partner, we will be looking forward to them coming out on placement in a few months.</p> <p>The EDDM team has been successful in their application to participate in a research project with Southampton University.</p> <p>The Trust recently hosted an away day for all 5 Trusts across the Black Country to come together and review patient experience and outcomes for</p> |  |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>people with eating disorders admitted to acute care with a medical emergency.</p>  |  |
|  <p><b>Trust Strategy - Improve health and wellbeing.</b></p> |  | <p>The Trust is over threshold for <i>Pseudomonas aeruginosa</i> and <i>Klebsiella spp.</i> following the reduction in the thresholds by NHSE. The Trust is not a system outlier with local Trusts also reporting increases across all HCAs. The Trust has reviewed all cases of BSI to look for any themes and trends and there are no apparent themes. An overarching improvement plan remains in place with good progress being demonstrated. A range of initiatives including masterclass delivery and the IPC Gloves awareness campaign continue.</p> <p>The winter vaccination programme for staff and patients continues. Despite publicity, our overall vaccination rate remains low in line with other system partners. The vaccination programme will now operate on a roving model to cover all wards and areas. At the end of October, our cumulative figures for Staff flu vaccination was 16.7% and Staff COVID-19 vaccination 11.0%. Maternity vaccination at the end of October uptake of flu at the trust was 71.7%. Maternity pertussis vaccination rate at the end of October % uptake of pertussis at the trust 57.3%</p> <p>From October to November, there was a 27% increase in inpatient falls. Similarly, the number of falls as well as increase in falls resulting in moderate harm. This may be linked to ongoing increased capacity pressures and the impact on staffing levels. Ongoing support is being provided to areas with high reports.</p> |  |

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

| <b>3. Previous consideration</b>  |
|---|
| Trust Management Group and Quality Committee – December 2024.<br>Public Trust Board – January 2025. |

| <b>4. Recommendation(s)</b>  |
|--|
| The Public Trust Board is asked to:  |
| a) Acknowledge the work undertaken by the Chief Nurse and Medical Director’s office, to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trust Strategy’s objectives. |

| <b>5. Impact</b>  |   |  |
|---|---|--|
| Board Assurance Framework Risk 1.1                          | x | Deliver high quality, safe person-centred care and treatment                     |
| Board Assurance Framework Risk 02                           | x | Address critical shortage of workforce capacity                                  |
| Board Assurance Framework Risk 03                           | x | Improve and sustain staff satisfaction and morale                                |
| Board Assurance Framework Risk 04                           | x | Remain financially sustainable in 2023/24 and beyond                             |
| Board Assurance Framework Risk 05                           | x | Deliver on its ambition to building innovative partnerships in Dudley and beyond |
| Is Quality Impact Assessment required if so, add date: N/A  |   |  |
| Is Equality Impact Assessment required if so, add date: N/A |   |  |



**Trust Strategy - Deliver the right care every time.**

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

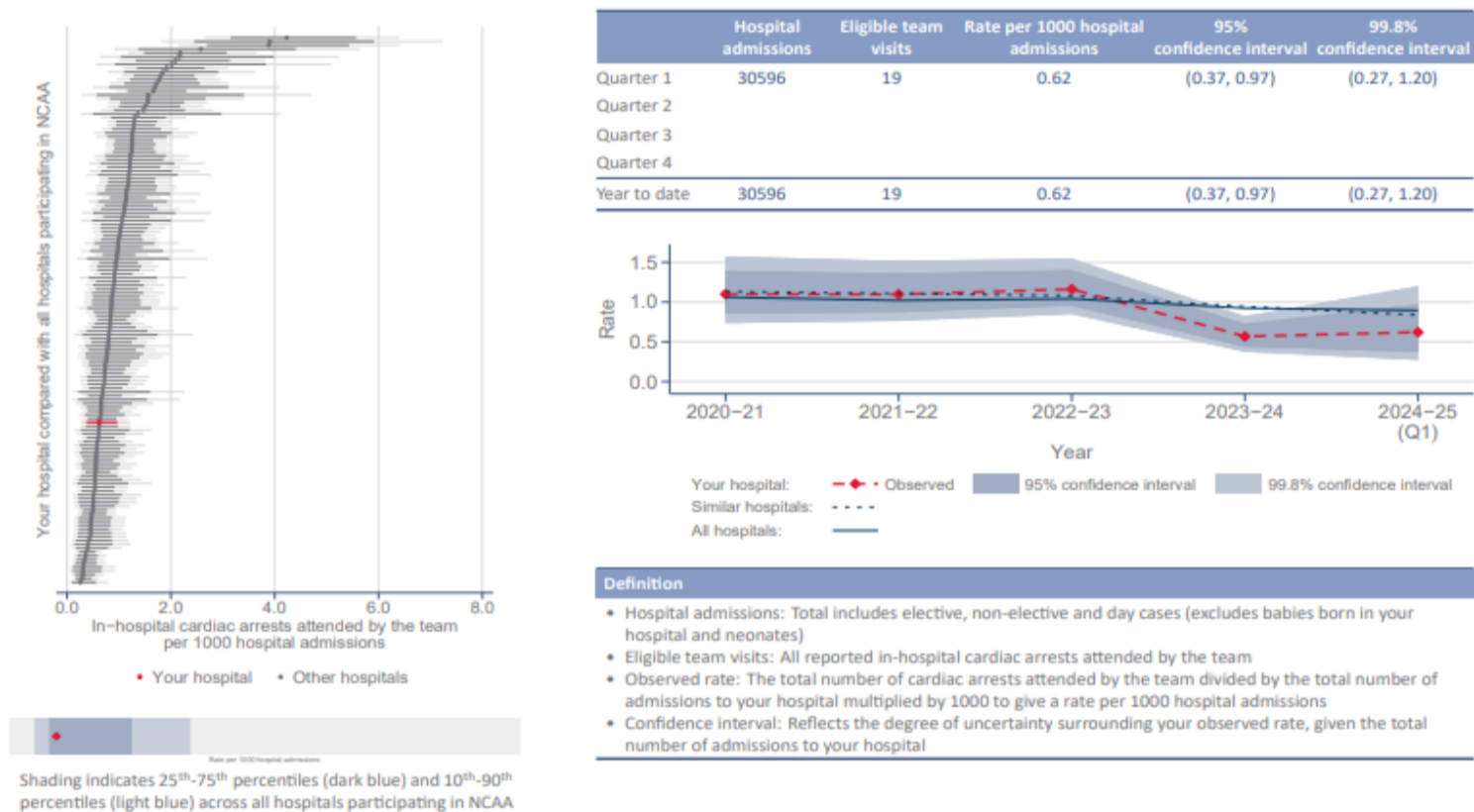
**Deteriorating patient pathway (DPP)**

World restart a heart day was on 16th October 2024, to raise awareness of how people can use their hands to save lives with cardiopulmonary resuscitation (CPR) and how to use a public access automated external defibrillator (AED). The Deteriorating Patient Team (DPT) raised awareness of these skills to the public in the health hub as well as the Guest and Corbett outpatient centres. They also visited every non clinical area (on RHH site) to offer non patient facing staff and volunteers the chance to learn these skills across the week. This was well received across both staff and public with 233 people actively participated in learning CPR and many more engaging in questions, taking the instruction leaflet and scanning the QPCR code to watch the Resuscitation Council UK video at home.

The national cardiac arrest audit (NCAA) validates the data gathered and submitted to ICNARC by DPT on all in-hospital cardiac arrests attended by a 2222 activated medical emergency team and benchmarks the hospital against other similar hospitals. The data submitted to ICNARC does not include all cardiac arrests within the emergency department as the majority of these are out of hospital or managed without the assistance of an attending 2222 team. The SPC chart below demonstrates the impact the introduction of the deteriorating patient pathway (November 2023) has had on significantly reducing cardiac arrests from January 2024 onwards.



**Rate of cardiac arrests per 1000 hospital admissions**



Russells Hall Hospital  
NCAA Report: 1 April 2024 to 30 June 2024

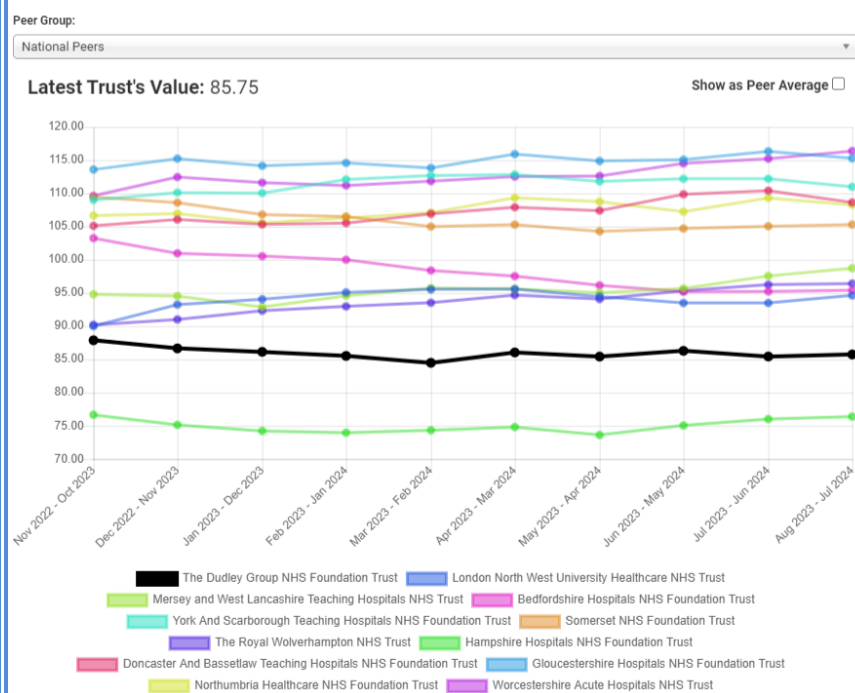
Date of report: 20/09/2024  
© Resuscitation Council UK & ICNARC

SPC graph of cardiac arrests per 1000 admissions from 2020-Q1 2024-25 (data via NCAA).

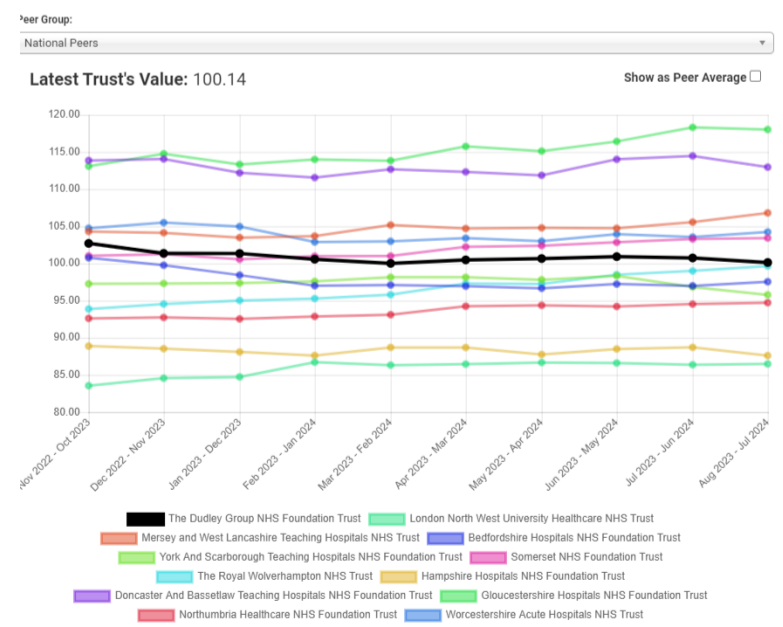
**Mortality**

The Trust's latest mortality indicators are SHMI (100.14) and HSMR (87.14). This is following a rebasing exercise in month 6.

HSMR: rolled back one month (12 mth rolling)



SHMI (12 mth rolling)



In terms of individual diagnostic groups, Fractured Neck of Femur (#NOF) SHMI has decreased since the last update to 113 with a multi-disciplinary working group in place focusing on improvements in time to theatre, specialist ward admission and mobilisation metrics. Acute Cerebrovascular Disease SHMI has shown a continued downward trend over the last rolling 12 months – it is currently 101, there have been no alerts since May 2024 for this condition.

In terms of Structured Judgement Reviews (SJRs), there have been 133 cases accepted for review. 70% of Structured Judgement Reviews have been completed with 93% of those reviewed showing adequate to excellent overall care.

## Safeguarding

### Safeguarding supervision

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

- Maternity - 97%
- Community midwives - 83% (-5)
- Neonatal Unit (NNU) - 92%
- Paediatrics - 98% (+14)

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

### Safeguarding Training

|                        |     |
|------------------------|-----|
| Safeguarding Adults L1 | 95% |
| Safeguarding Adults L2 | 88% |
| Safeguarding Adults L3 | 83% |
| Safeguarding CYP L1    | 95% |
| Safeguarding CYP L2    | 85% |
| Safeguarding CYP L3    | 83% |
| Prevent                | 96% |
| WRAP                   | 92% |

The compliance ratings above are based on ICB compliance requirements. These have changed from April 2024 and the Trust can now demonstrate compliance in all areas except for L3 safeguarding adults and children.

### Dudley Safeguarding People's Partnership (DSPP) Assurance

The Trust safeguarding team completed an evaluation of the progress and embedding of learning from local Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SARs). The Head of Safeguarding presented the findings to the DSPP. Feedback from the partnership was extremely positive and partners appraised the level of assurance provided by the Trust as outstanding, with few actions that required further work.

### Mental Health Act (MHA)

Work continues to strengthen the Trust position on effective implementation of the MHA. Black Country Healthcare NHS Trust have agreed to provide medical scrutiny of all section papers which was an outstanding gap.

There are 2 areas now remaining which require resolution.

1. Training of the Clinical Site Team by the Mental Health Act Administrators – one date was arranged but not able to be fulfilled the MHAAs. Head of Patient Access and Discharge to arrange another date
2. The Trust's Mental Health Act Standard Operating Procedure (SOP) has been reviewed and agreed by the Trust solicitors. BCHT continue to question aspects of the SOP particularly around the Executive decision to refuse detention to the Trust.

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

### Chief Nurse Dashboard

The Chief Nurse Dashboard went live in October 2024. It has been designed to ensure key metrics around finance, HR/workforce, safer care, mandatory training, complaints, pressure ulcers, falls, cardiac arrests, observations completed on time and nursing quality audits were displayed on one page. This gives senior nursing staff the ability to identify areas of concern/good practice at a glance. A screen shot of this is attached in appendix 1. The data displayed in the appendix concerns the inpatient areas of the Trust, but there is the ability to filter the dashboard to Division/Ward/Department level too.

There are still some development needs around the dashboard that informatics is in the process of resolving to further improve the presentation of information:

- Add a RAG rating for HR/workforce metrics in line with HR reporting standards.
- Grey out areas where certain audits are not required rather than add n/a.
- Addition of a line to display the previous month compliance figures for reference.

Key areas currently showing as priority areas for action:

- Patient observations being completed on time: Matrons and Lead Nurses identified this as an area of concern and requested a new patient observation related question to be added to the updated version of the Lead Nurse inpatient audit, which launched from 1<sup>st</sup> November. Action plans are currently being formulated to address the poor compliance, and the impact of this will be monitored over the coming months.
- The Lead Nurse Inpatient audit remains in amber in October 2024, but at 94% was only a fraction below the 94.1% required to attain a green RAG rating. However, with a new version of this audit looking at additional areas of care launching from 1<sup>st</sup> November, it is anticipated that November RAG rating may not show any improvement.
- Matron inpatient audit was updated in September 2024 with a resulting fall in compliance to a red RAG rating. The audit is now showing a 4% improvement to an amber RAG rating for November, with actions planned to ensure further improvement. Medicine Division are commencing monthly meetings with Lead Nurses and Matrons to review action progress across all nursing audits in AMaT. The secretary to the Divisional Chief Nurse has been provided with training to enable relevant data to be pulled from AMaT ready for these meetings. Surgery already has this process in place.

### Clinical Accreditation

Clinical accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. The Chief Nurse is championing this project and is committed to introduce it at DGFT to drive nursing, midwifery and AHP excellence, quality and safety.

Pilot clinical accreditation visits of a medical ward (C7) and a surgical ward (B4) have been completed in November and the outcomes are currently being reviewed, with the level of accreditation being considered. Plans for roll out of the accreditation process across all ward areas in February 2025 are in place. The Nursing Directorate would like to thank the pilot project assessing teams and ward staff for their commitment in completing the assessments, and for the constructive feedback regarding the process which has enabled improvements to be made to the assessment process.

### Safer staffing November 2024

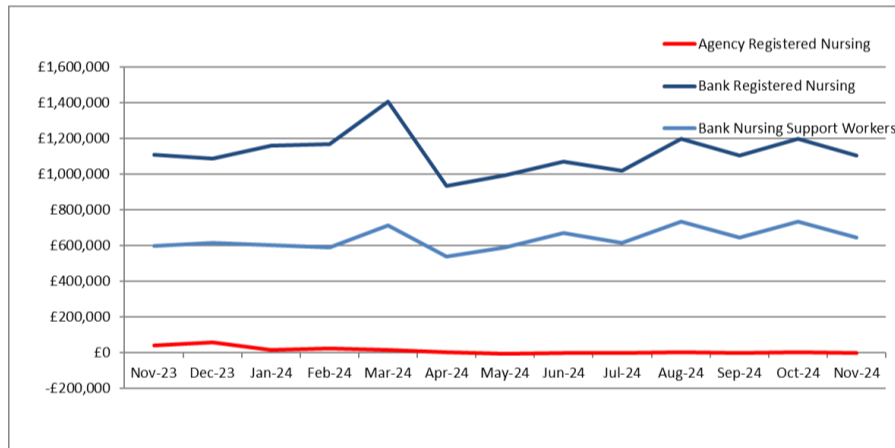
Safer Staffing Summary Nov

Days in Month 30

| Ward          | Day RN       |              | Day CSW      |              | Night RN     |              | Night CSW    |              | RN Day %   | CSW Day %  | RN N %     | CSW N %    | Sum 24:00 Actual CHPPD Occ |             |             |             |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|------------|------------|----------------------------|-------------|-------------|-------------|
|               | Plan         | Actual       | Plan         | Actual       | Plan         | Actual       | Plan         | Actual       |            |            |            |            | Registered                 | Care staff  | Total       |             |
| B1            | 120          | 99           | 56           | 59           | 63           | 62           | 47           | 47           | 82%        | 106%       | 98%        | 100%       | 401                        | 4.57        | 3.02        | 7.59        |
| B2(H)         | 120          | 97           | 188          | 175          | 90           | 88           | 151          | 148          | 81%        | 93%        | 98%        | 98%        | 709                        | 3.13        | 5.35        | 8.48        |
| B2(T)         | 121          | 106          | 146          | 118          | 90           | 81           | 126          | 113          | 88%        | 81%        | 90%        | 89%        | 701                        | 3.20        | 3.95        | 7.15        |
| B3            | 190          | 175          | 185          | 172          | 185          | 183          | 162          | 151          | 92%        | 93%        | 99%        | 93%        | 1,109                      | 3.79        | 3.49        | 7.28        |
| B4            | 221          | 178          | 245          | 191          | 216          | 199          | 189          | 174          | 80%        | 78%        | 92%        | 92%        | 1,246                      | 3.56        | 3.52        | 7.07        |
| B5            | 241          | 188          | 165          | 139          | 236          | 213          | 103          | 92           | 78%        | 85%        | 90%        | 89%        | 987                        | 4.98        | 2.74        | 7.73        |
| B6            | 94           | 78           | 81           | 55           | 60           | 58           | 85           | 75           | 83%        | 67%        | 97%        | 88%        | 479                        | 3.33        | 3.24        | 6.57        |
| C1 A          | 123          | 122          | 138          | 109          | 90           | 83           | 111          | 105          | 100%       | 79%        | 92%        | 95%        | 719                        | 3.34        | 3.57        | 6.90        |
| C1 B          | 125          | 122          | 141          | 114          | 90           | 89           | 107          | 101          | 97%        | 81%        | 99%        | 94%        | 710                        | 3.47        | 3.55        | 7.02        |
| C2            | 289          | 236          | 78           | 73           | 258          | 226          | 76           | 55           | 82%        | 93%        | 88%        | 72%        | 695                        | 7.81        | 2.16        | 9.96        |
| C3            | 209          | 209          | 385          | 343          | 180          | 170          | 369          | 366          | 100%       | 89%        | 94%        | 99%        | 1,553                      | 2.93        | 5.37        | 8.29        |
| C4            | 200          | 165          | 65           | 51           | 120          | 97           | 60           | 67           | 82%        | 78%        | 81%        | 112%       | 651                        | 4.70        | 2.10        | 6.80        |
| C5 A          | 117          | 91           | 129          | 100          | 90           | 89           | 101          | 94           | 78%        | 78%        | 99%        | 93%        | 711                        | 3.08        | 3.28        | 6.36        |
| C5 B          | 156          | 149          | 124          | 101          | 150          | 150          | 94           | 90           | 95%        | 82%        | 100%       | 96%        | 713                        | 4.92        | 3.22        | 8.14        |
| C6            | 94           | 89           | 94           | 84           | 90           | 79           | 68           | 66           | 94%        | 89%        | 98%        | 97%        | 549                        | 3.58        | 3.27        | 6.86        |
| C7            | 208          | 162          | 181          | 158          | 150          | 147          | 183          | 169          | 78%        | 87%        | 98%        | 92%        | 1,074                      | 3.37        | 3.66        | 7.03        |
| C8            | 250          | 231          | 226          | 181          | 210          | 196          | 186          | 169          | 92%        | 80%        | 93%        | 91%        | 1,294                      | 3.87        | 3.25        | 7.12        |
| CCU_PCCU      | 242          | 233          | 61           | 51           | 211          | 210          | 32           | 25           | 96%        | 84%        | 100%       | 78%        | 747                        | 6.95        | 1.22        | 8.18        |
| Critical Care | 508          | 403          | 121          | 83           | 510          | 414          |              |              | 79%        | 69%        | 81%        |            | 471                        | 20.81       | 2.12        | 22.93       |
| AMU           | 511          | 487          | 394          | 364          | 440          | 468          | 396          | 380          | 95%        | 92%        | 106%       | 96%        | 2,172                      | 5.17        | 4.11        | 9.28        |
| Maternity     | 825          | 767          | 259          | 195          | 510          | 491          | 149          | 135          | 93%        | 75%        | 96%        | 91%        | 1,276                      | 9.43        | 3.03        | 12.47       |
| MECU          | 91           | 89           | 33           | 30           | 91           | 90           |              |              | 98%        | 90%        | 99%        |            | 217                        | 9.89        | 1.50        | 11.39       |
| NNU           | 373          | 260          |              |              | 260          | 214          |              |              | 70%        |            | 82%        |            | 389                        | 14.54       | 0.00        | 14.54       |
| <b>TOTAL</b>  | <b>5,430</b> | <b>4,734</b> | <b>3,495</b> | <b>2,947</b> | <b>4,390</b> | <b>4,097</b> | <b>2,795</b> | <b>2,620</b> | <b>87%</b> | <b>84%</b> | <b>93%</b> | <b>94%</b> | <b>19,573</b>              | <b>5.20</b> | <b>3.38</b> | <b>8.58</b> |

Fill rates on day shifts continue to be challenging, this is impacting on other service such as professional Development and corporate nursing who are asked to support these areas frequently. This is in addition to 16 discharge beds and up to 26 super surge beds that do not have a funded establishment.

### Bank and Agency usage.



| Area                         | Nursing Vacancy % | Agency Registered Nursing | Bank Registered Nursing | Bank Nursing Support Workers | Grand Total |
|------------------------------|-------------------|---------------------------|-------------------------|------------------------------|-------------|
| Emergency Department Nursing | 11%               | £0                        | £93,877                 | £49,079                      | £142,956    |
| Discharge Lounge             | 13%               | £0                        | £70,290                 | £44,844                      | £115,133    |
| Theatres Weekend Lists       |                   | £0                        | £56,197                 | £22,824                      | £79,022     |
| Ward AMU 1                   | 5%                | £0                        | £49,734                 | £27,718                      | £77,452     |
| Ward B4                      | 6%                | £0                        | £45,413                 | £25,737                      | £71,150     |
| I.T.U.                       | -6%               | £0                        | £61,651                 | £6,550                       | £68,201     |
| Ward C8                      | 9%                | £0                        | £27,246                 | £38,889                      | £66,135     |
| Ward C7                      | 8%                | £0                        | £35,154                 | £29,242                      | £64,396     |
| Ward AMU 2                   | -5%               | £0                        | £30,469                 | £31,473                      | £61,942     |
| Ward B3                      | 0%                | £0                        | £30,400                 | £27,387                      | £57,787     |

Weekly oversight meetings for Bank use, chaired by the Chief Nurse, are in place to focus on opportunities for Bank use reduction. Agency use remains nil.

### Graduate Nurse Recruitment

The recruitment of graduate nurses who have been placed with DGFT during their training has continued to be supported by both the HR Retention Business Partner and the Professional Development Team during 2024 with a recruitment process that ringfences suitable band 5 roles that only our student nurses can apply for via a hidden link sent by email. This is due to reduced band 5 vacancies across all areas of the organisation and to support their retention within the organisation.

We had 88 student nurses due to qualify in 2024. Of these 88, 50 have actively engaged with us to secure employment. In the last 12 months, 51 vacancies have been identified as suitable for these graduate nurses.

### GRADUATE NURSE RECRUITMENT POSITION – NOVEMBER 2024

| Total number of students placed with the Dudley Group graduating in 2024 who engaged with process to seek employment with us | Total number offered a job with The Dudley Group to date | Total NOT yet secured job offer with The Dudley Group |
|--|--|---|
| 50   | 37   | 13  |

We have already secured the employment of 74% of the 50 graduate nurses due to qualify in 2024 who engaged with us.

There are a further 31 student nurses due to qualify in February and April 2025. These 2 cohorts will be included in this process and start receiving the emails with job links from 1<sup>st</sup> December 2024.

### Complaints

#### New Complaints

The Trust received 103 new complaints in October 2024 compared to 92 for September 2024. Of the 103 complaints received, all were acknowledged within 3 working days. The main theme for complaints for October 2024 was patient care.



The Trust received 87 new complaints in November 2024 compared to 103 for October 2024. Of the 87 complaints received, all were acknowledged within 3 working days. The main theme for complaints for November 2024 was clinical treatment for medicine.

#### **Reopened Complaints**

There were 15 reopened complaints for October 2024 and 14 for November 2024. As of 30 November 2024, there are 32 reopened complaints under investigation.

#### **Ombudsman cases**

No new cases for October 2024 and November 2024.

There are five PHSO formal cases currently open. The status of these are as follows:

- Final report received in September 2024 for Datix 8962, partially upholding this complaint. Recommendations were an action plan, apology and £320 financial remedy. Apology and payment have been made in October 2024. Action plan has been submitted and awaiting confirmation of closure.
- One is under investigation (Datix 8386) and await provisional report/findings.
- One has had payment made to the complainant and is awaiting closure by PHSO (Datix 9182)
- One has had a final report (Datix 10529) received on 27 November 2024, partially upholding this complaint. Recommendations are an action plan (to be completed by 27 February 2025), apology and payment of £600 by 27 December 2024.
- One has had a provisional report (Datix 8437), partially upholding the complaint, received 25 November 2024. Provisional recommendations are an action plan, an apology and payment of £750. Comments are currently being sought from staff, to return to PHSO by 10 December 2024.

One PHSO case underwent mediation (not formal investigation) in June 2024 and an action plan is underway to be completed by January 2025 (Datix 10122).

#### **Compliments**

The Trust received 344 compliments in October. Ward C4 received the highest number of compliments (62) in October 2024.

#### **NHS Choices**

Three comments were posted on NHS Choices/Patient Opinion during October 2024. One comment was positive, one was negative, and one was positive/negative. Themes for negative comments were around communication and care and treatment.

#### **Engagement Activity**

In October and November 2024, we continued to complete real-time surveys on our inpatient wards via our Talk to Us Trolley. Healthwatch were in attendance. We also carried out Feedback Friday for our patients and relatives to talk to us about the care and treatment received.

#### **National Surveys**

No national surveys were received in October 2024.

#### **Patient Census**

On 16<sup>th</sup> October 2024 a whole Trust census was undertaken with 669 bed spaces audited by a multi-disciplinary team. The census identified that 98% of patients has a NEWs score of low clinical risk, with 63% of patients remaining medically active. It was determined by the reviewing team that less than 5% of patients could have been treated without a hospital admission.

#### **National Standards for Healthcare Food and Drink**

A review of the Trust's compliance against the National Standards for Healthcare Food and Drink has demonstrated that the organisation has met or partially met all domains. For those where improvements are required, an action plan is being generated in partnership with Mitie. This will be monitored and enabled via the Nutrition and Hydration Improvement Group which has established a cross-cutting programme of work aimed at responding to patient and staff feedback related to the quality, quantity and availability of food and drink across the organisation. Engagement events are planned in December and the New Year to share the work going on around the Trust and garner further ideas and support, including the introduction of mealtime champions in ward areas.

#### **Job Planning (Medical)**

As of 02/12/2024, 95% of consultants are signed off (84%) or in the sign off process (11%). Team Job Planning has commenced, and all individual Job Plans will reopen in January.

#### **Job Planning (AHP)**

AHP Job Plans are currently open for editing and as of 5<sup>th</sup> December 2024 34% are fully signed off, 23% are awaiting sign-off, 42% are in discussion and 1% locked down. The round will be brought to a conclusion on 11<sup>th</sup> December with a final position report produced. Consideration will then be given to completion rate and subsequent actions required. After considerable collaboration, RLDatix have now made a report available that includes Flexible activity reporting for accuracy of DCC:SPA ratios. It requires further development to make user friendly, but this is considered a significant improvement.

#### **Clinical Leadership Development**

The Clinical Leadership Development Programme continues to move forwards with a bespoke session exploring Business Case development scheduled for December 2024. The first Clinical Director Induction is due to be held in January 2025.

#### **University of Wolverhampton accredited courses**

A recent partnership review was undertaken with the University of Wolverhampton to continue to deliver the trusts in house accredited courses for Improving, transforming professional practice and the bespoke orthopaedic course. The inspection was evaluated very positive so we can continue to provide these accredited courses for the staff in the trust and the orthopaedic course is also offered to external staff.

#### **Support worker event**

November was the launch of the support worker engagement event in preparation of the deep dive into the support worker workforce to understand how it feels to work for The Dudley Group NHS Foundation Trust and what we as an organisation can do to further support, develop



#### **Trust Strategy - To be a brilliant place to work.**

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

and retain these team members. At this event we also launched the Professional advocate champion for our support workers, we are the first trust in the region to establish this role in an organisation.

#### **Black Country AHP Awards**

Trust staff secured 3 awards at this year Black Country AHP Awards.

- AHP Team of the Year – Therapy Virtual ward team
- AHP Research Impact Award – Louise Wallace, Specialist Physiotherapist and Research Champion, Community MSK Assessment and Physiotherapy Service
- AHP Support worker Award – Angela Guy, Podiatry Support worker.

The winners were selected from the organisational winners in providers across the Black Country and received their award at the AHP summit at Himley Hall on October 22<sup>nd</sup>.



#### **Trust Strategy - Drive sustainability and financial environment**

Links to sustainability and growth.

#### **Complex Nutrition- Specialist Nurses in Enteral Parenteral Nutrition & Intestinal Failure.**

Complex Nutrition will be fully established following the successful appointment of an experienced administrator. This will increase capacity and provide better coordinated care.

#### **Clinical**

- A new device “NGPOD” is being analysed for potential trial in the Trust. It is an innovative way to check gastric positioning of nasogastric tubes and ensure their safe use without the need for x-ray whilst eliminating potential human errors. A Trust wide improvement project may be initiated with Clinical skills and procurement teams if the trial is effective.
- There are several inefficiencies because of the team being mistaken for dietetics, so an improvement project has been initiated focussing on improving organisational understanding of the team's expertise in parenteral, and enteral nutrition and intestinal failure and disorders of gut brain interaction.

#### **Leadership/Virtual Ward**

- Several improvement projects are underway including the initiation of daily board rounds on the virtual ward to increase discharges and increased awareness within the organisation to increase appropriate referrals. A trial of direct referrals from the clinical hub will commence in December with the aim of complete hospital avoidance for suitable patients.
- A patient feedback project has commenced with tailored surveys for all patients that have been on the virtual ward or have had inpatient/outpatient management from the complex nutrition team. This will shape an annual review and form “patient driven service changes” for 2025.

#### **Research**

- The research design service along with the Trusts research department is supporting an application to the National Institute Health Research doctoral clinical and practitioner academic fellowship on the back of a primary research project to investigate the increasing numbers of disorders of gut brain interaction causing enteral and parenteral nutrition.

#### **Education**

- We have been invited to present at the West Midlands Intestinal Failure Network Meeting in February to disseminate the effectiveness of the VW and Nurse led services within complex nutrition.

#### **Celebrations:**

- Nomination for parliamentary award- did not get shortlisted but remain proud of the nomination.
- Application to HSI virtual award to be submitted in December.



#### **Trust Strategy - Build innovative partnerships in Dudley & beyond**

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

#### **University Hospital Status**

The working group continues to meet with support from our partners at Aston University as a core component of the UHS application process. The Trust has sent a letter to the University Hospital Association formally expressing our interest in becoming a University Hospital Trust during the reporting period. This has been endorsed by the Local Authority and Lord Austin of Dudley during recent meetings.

#### **Medical Student Placements**

As of 2/12/2024, there are 132 medical students on placement at the Trust from a range of higher education providers including University of Birmingham, Aston, Three Counties and St Georges. Work continues with St Mary's University regarding the placement of students.

#### **MTI scheme**

Our successful Medical Training Initiative Scheme continues with 55 MTI doctors currently working at the Trust. A further 9 doctors are due to join the Trust in the next 3 months.

#### **Student support**

We are now providing a well-being Wednesday for all our Nursing, Midwifery and AHP students additional to our regular support sessions, to ensure students has a positive clinical placement.

#### **Eat Drink Dress Move (EDDM) Research collaboration**

The EDDM team has been successful in their application to participate in a research project with Southampton University. The research project titled PIVOT: Promoting Increased physical actiVity in hospitalised older adults with trained volunteers, will focus on the impact of targeted activity delivered by hospital volunteers on patient's outcomes including length of stay, care needs on discharge and re-admission rates.

#### **Medical Emergency in Eating Disorders (MEED)**

The Trust recently hosted an away day for all 5 Trusts across the Black Country to come together and review patient experience and outcomes for people with eating disorders admitted to acute care with a medical emergency. The multi-disciplinary team of specialist acute and mental healthcare professionals resolved to establish a system wide working group to review current practices in line with MEED guidelines, with the potential to define pathways of care and create opportunities for shared processes and training.



#### **Trust Strategy - Improve health and wellbeing.**

The Trust is over threshold for *Pseudomonas aeruginosa* and *Klebsiella spp.* following the reduction in the thresholds by NHSE. The Trust is not a system outlier with local Trusts also reporting increases across all HCAs.

The Trust has reviewed all cases of BSI to look for any themes and trends and there are no apparent themes. Data pertaining to IPC indicators is contained in the Integrated Quality and Performance Report provided to the Quality Committee and Trust Board separately.

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

### IPC improvement actions

An overarching improvement plan remains in place with good progress being demonstrated. IPC masterclass for the matrons was delivered by NHSE in October and a follow up NHSE IPC visit is due to take place during December 2024. The IPC Gloves awareness campaign continues to promote the correct use of gloves and highlights their overuse.

IPC week was held in October with the team focusing on promoting hand hygiene, correct specimen taking and the decontamination of equipment including beds and trollies.

### Winter Vaccination Campaign

The winter vaccination programme for staff and patient has commenced. Specific vaccination programme in maternity (RSV, flu and pertussis) commenced in September and the staff vaccination programme (flu and Covid) for all staff including volunteers commenced on Monday 7<sup>th</sup> October 2024. Publicity campaign remains in progress, and the Vaccination hub established at the main RHH entrance to deliver the vaccines. SHAW deliver flu vaccinations to the over 65s. SHAW are also delivering pertussis vaccinations for staff in high-risk groups 1,2 and 3 and RSV for staff aged 75 –79. Despite publicity campaign, our overall vaccination rate remains low in line with other system partners. The vaccination programme will now operate on a roving model to cover all wards and areas. Increased publicity concerning vaccinations is planned and visits to areas by the Exec team is planned.

End of October cumulative figures:

- Staff flu vaccination 16.7%
- Staff COVID-19 vaccination 11.0%

The maternity pilot vaccination programme is fully funded by NHS England for our maternity services under the building innovative partnerships to improve the health of our communities.

Maternity vaccination at the end of October

- % uptake of flu at the trust - 71.7%
- Maternity pertussis vaccination rate at the end of October % uptake of pertussis at the trust 57.3%.

## Appendix 1

### Chief Nurse Quality Dashboard

| Ward Level Quality Matrix |            |                |           |            |                      |             |                    |             |                      |                   |                                 |                                 |                 |                      |                             | Date Report Refreshed: 28/11/2024 08:50:59 |                                   | <br>                                     |                             |                         |                                 |  |                  |   |                        |                    |
|---------------------------|------------|----------------|-----------|------------|----------------------|-------------|--------------------|-------------|----------------------|-------------------|---------------------------------|---------------------------------|-----------------|----------------------|-----------------------------|--|-----------------------------------|--|-----------------------------|-------------------------|---------------------------------|--|------------------|---|------------------------|--------------------|
| WardGroup                 | Budget WTE | Contracted WTE | Vacancy % | Sickness % | All Unavailability % | Parenting % | All Unavailability | Total CHPPD | Mandatory Training % | Closed Complaints | Pressure Ulcers (Cat 3 & above) | Moisture Associated Skin Damage | Falls with Harm | Cardiac Arrest Calls | Total Positive C-Diff Cases | Patient Observations Completed On Time %   | Hand Hygiene 5 moments audit (v2) | Hand Hygiene Environment Audit - Monthly | Lead Nurse In Patient Audit | Matron In Patient Audit | Standard of Documentation Audit | Tissue Viability SKIN audit (COJIN 12) | WardGroup        | Has a falls risk assessment been completed? | MUST or MUAC completed | Waterlow completed |
| AMU                       | 217.96     | 195.70         | 10%       | 7.72%      | 27.4%                | 8.30        | 53.59              | 9.02        | 94.8%                | 5                 | 1                               | 0                               | 0               | 1                    | 4                           | 52%  | 100.00%                           | 100.00%                                  | 90.00%                      | 87.14%                  | 97.49%                          | 97.97%                                 | AMU              | 100.00%                                     | 40.00%                 | 30.00%             |
| CCU                       | 54.10      | 51.32          | 5%        | 4.78%      | 28.3%                | 3.01        | 14.52              | 8.26        | 92.8%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 45%  | 100.00%                           | 100.00%                                  | 95.14%                      | 93.94%                  | 100.00%                         | 100.00%                                | CCU              | 100.00%                                     | 100.00%                | n/a                |
| Critical Care             | 120.39     | 131.45         | -9%       | 9.30%      | 37.5%                | 12.12       | 49.28              | 20.39       | 92.9%                | 1                 | 0                               | 10                              | 0               | 0                    | 0                           | 62%  | 100.00%                           | 100.00%                                  | 90.56%                      | 77.83%                  | 88.89%                          | 93.8%                                  | Critical Care    | 100.00%                                     | 90.00%                 | 90.00%             |
| Discharge Lounge          | 11.85      | 10.42          | 12%       | 5.92%      | 28.0%                | 0.46        | 2.92               | 100.00%     | 100.00%              | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 5%   | 100.00%                           | 100.00%                                  | n/a                         | 84.38%                  | 91.67%                          | 94.88%                                 | Discharge Lounge | n/a   | n/a                    | n/a                |
| ED                        | 188.74     | 157.90         | 16%       | 7.67%      | 35.0%                | 14.25       | 55.34              | 95.0%       | 95.0%                | 17                | 0                               | 0                               | 0               | 0                    | 2                           | 89%  | 97.44%                            | 100.00%                                  | n/a                         | n/a                     | n/a                             | n/a                                    | ED               | n/a   | n/a                    | n/a                |
| ESH                       | 73.74      | 74.20          | -1%       | 6.18%      | 25.8%                | 2.45        | 19.12              | 7.68        | 93.9%                | 4                 | 0                               | 0                               | 0               | 0                    | 0                           | 54%  | 100.00%                           | 100.00%                                  | 82.52%                      | 81.97%                  | 95.00%                          | 93.69%                                 | ESH              | 100.00%                                     | 60.00%                 | 20.00%             |
| FMNU                      | 44.59      | 41.20          | 8%        | 4.13%      | 23.0%                | 0.11        | 9.48               | 94.8%       | 94.8%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 19%  | 94.94%                            | 89.47%                                   | 88.09%                      | 84.4%                   | 85.71%                          | 100.00%                                | FMNU             | 100.00%                                     | 100.00%                | 100.00%            |
| Maternity                 | 150.79     | 167.04         | -11%      | 9.44%      | 38.2%                | 10.34       | 63.76              | 12.50       | 91.9%                | 6                 | 0                               | 0                               | 0               | 0                    | 0                           | 50%  | 100.00%                           | 100.00%                                  | n/a                         | n/a                     | n/a                             | 100.00%                                | Maternity        | n/a   | n/a                    | n/a                |
| MECU                      | 21.44      | 20.76          | 3%        | 1.82%      | 21.3%                | 0.42        | 4.42               | 95.0%       | 95.0%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 35%  | 100.00%                           | 100.00%                                  | 95.03%                      | 100.00%                 | 100.00%                         | 100.00%                                | MECU             | 100.00%                                     | 100.00%                | 100.00%            |
| Neonatal Unit             | 48.03      | 59.05          | -23%      | 11.17%     | 38.2%                | 2.73        | 22.57              | 12.71       | 94.0%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | n/a  | 85.31%                            | 100.00%                                  | n/a                         | n/a                     | 64.64%                          | n/a                                    | Neonatal Unit    | n/a   | n/a                    | n/a                |
| Renal Unit                | 37.45      | 36.83          | 2%        | 9.73%      | 28.8%                | 2.08        | 10.61              | 90.1%       | 90.1%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 65%  | 99.78%                            | 91.3%                                    | n/a                         | n/a                     | 96.49%                          | n/a                                    | Renal Unit       | n/a   | n/a                    | n/a                |
| SDEC                      | 71.03      | 62.12          | 13%       | 7.89%      | 29.2%                | 1.91        | 18.17              | 92.9%       | 92.9%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 68%  | 100.00%                           | 100.00%                                  | n/a                         | n/a                     | 100.00%                         | n/a                                    | SDEC             | n/a   | n/a                    | n/a                |
| Ward A2                   |            |                |           |            |                      |             |                    |             |                      | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 62%  | n/a                               | 100.00%                                  | n/a                         | n/a                     | 94.44%                          | n/a                                    | Ward A2          | n/a   | n/a                    | n/a                |
| Ward B1                   | 31.02      | 30.80          | 1%        | 4.09%      | 29.1%                | 2.82        | 8.97               | 7.16        | 97.4%                | 2                 | 0                               | 0                               | 0               | 0                    | 0                           | 65%  | 100.00%                           | 100.00%                                  | 98.22%                      | 88.57%                  | 96.47%                          | 100.00%                                | Ward B1          | 100.00%                                     | 100.00%                | 100.00%            |
| Ward B2 Hip               | 50.01      | 49.92          | 0%        | 9.96%      | 25.9%                | 1.67        | 12.91              | 8.61        | 96.5%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 38%  | n/a                               | n/a                                      | 96.4%                       | 88.24%                  | 96.2%                           | 97.94%                                 | Ward B2 Hip      | 100.00%                                     | 100.00%                | 100.00%            |
| Ward B2 Trauma            | 42.07      | 40.52          | 4%        | 7.26%      | 19.6%                | 0.96        | 7.94               | 7.02        | 95.8%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 30%  | 91.67%                            | 94.74%                                   | 89.06%                      | 78.79%                  | 94.22%                          | 91.80%                                 | Ward B2 Trauma   | 100.00%                                     | 50.00%                 | 80.00%             |
| Ward B3                   | 64.24      | 60.16          | 6%        | 7.82%      | 29.3%                | 2.40        | 17.61              | 7.18        | 93.8%                | 2                 | 0                               | 0                               | 0               | 0                    | 0                           | 45%  | 95.87%                            | 94.74%                                   | 94.53%                      | 74.43%                  | 95.26%                          | 94.36%                                 | Ward B3          | 100.00%                                     | 80.00%                 | 90.00%             |
| Ward B4                   | 80.12      | 75.16          | 6%        | 5.85%      | 32.7%                | 5.54        | 24.57              | 7.26        | 94.3%                | 2                 | 0                               | 0                               | 0               | 0                    | 0                           | 49%  | 100.00%                           | 100.00%                                  | 94.16%                      | 75.09%                  | 88.00%                          | 91.4%                                  | Ward B4          | 100.00%                                     | 100.00%                | 100.00%            |
| Ward B6                   | 25.19      | 23.23          | 8%        | 13.16%     | 43.9%                | 0.25        | 10.20              | 6.11        | 94.8%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 28%  | 99.9%                             | 94.44%                                   | 90.95%                      | 91.22%                  | 93.91%                          | 99.74%                                 | Ward B6          | 100.00%                                     | 80.00%                 | 90.00%             |
| Ward C1A                  | 37.39      | 34.32          | 8%        | 6.87%      | 26.4%                | 2.03        | 9.08               | 6.55        | 93.8%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 25%  | 100.00%                           | 100.00%                                  | 98.84%                      | 94.44%                  | 100.00%                         | 98.78%                                 | Ward C1A         | 100.00%                                     | 100.00%                | 100.00%            |
| Ward C1B                  | 38.06      | 37.08          | 3%        | 4.67%      | 18.8%                | 0.65        | 6.96               | 7.24        | 94.2%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 20%  | 96.72%                            | 100.00%                                  | 92.47%                      | 94.44%                  | 100.00%                         | 97.63%                                 | Ward C1B         | 100.00%                                     | 100.00%                | 100.00%            |
| Ward C2                   | 58.13      | 55.80          | 4%        | 4.35%      | 26.6%                | 2.40        | 14.82              | 11.04       | 93.7%                | 2                 | 0                               | 0                               | 0               | 0                    | 0                           | 60%  | n/a                               | 100.00%                                  | n/a                         | n/a                     | 98.38%                          | n/a                                    | Ward C2          | n/a   | n/a                    | n/a                |
| Ward C3                   | 56.51      | 52.98          | 6%        | 2.09%      | 21.0%                | 1.55        | 11.13              | 8.25        | 93.5%                | 3                 | 0                               | 0                               | 0               | 0                    | 0                           | 15%  | 100.00%                           | 100.00%                                  | 98.91%                      | 93.70%                  | 96.8%                           | 98.92%                                 | Ward C3          | 100.00%                                     | 100.00%                | 100.00%            |
| Ward C4                   | 64.18      | 62.52          | 3%        | 8.57%      | 28.3%                | 3.73        | 17.71              | 7.49        | 94.1%                | 3                 | 0                               | 0                               | 0               | 0                    | 0                           | 54%  | 97.37%                            | 100.00%                                  | 92.37%                      | 94.44%                  | 98.51%                          | 95.24%                                 | Ward C4          | 100.00%                                     | 90.00%                 | 100.00%            |
| Ward C5                   | 87.82      | 84.20          | 4%        | 7.05%      | 29.9%                | 6.42        | 25.14              | 7.39        | 95.9%                | 3                 | 0                               | 0                               | 0               | 0                    | 0                           | 28%  | 96.71%                            | 100.00%                                  | 94.26%                      | 94.29%                  | 100.00%                         | 97.00%                                 | Ward C5          | 100.00%                                     | 100.00%                | 100.00%            |
| Ward C6                   | 31.76      | 35.87          | -13%      | 6.51%      | 31.6%                | 2.77        | 11.32              | 6.84        | 87.4%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 53%  | 97.82%                            | 94.74%                                   | 95.02%                      | 77.14%                  | 96.38%                          | 95.44%                                 | Ward C6          | 100.00%                                     | 75.00%                 | 100.00%            |
| Ward C7                   | 64.08      | 59.71          | 7%        | 10.51%     | 36.8%                | 4.52        | 21.97              | 6.96        | 96.9%                | 0                 | 0                               | 0                               | 0               | 0                    | 0                           | 42%  | 99.93%                            | 100.00%                                  | 95.09%                      | 77.44%                  | 96.00%                          | 98.28%                                 | Ward C7          | 100.00%                                     | 100.00%                | 100.00%            |
| Ward C8                   | 81.87      | 73.56          | 10%       | 10.12%     | 27.1%                | 2.03        | 19.93              | 7.07        | 85.3%                | 1                 | 0                               | 0                               | 0               | 0                    | 0                           | 22%  | 95.31%                            | 100.00%                                  | 91.91%                      | 77.78%                  | 93.33%                          | 89.38%                                 | Ward C8          | 100.00%                                     | 90.00%                 | 100.00%            |
| Total                     | 1,852.56   | 1,783.82       | 4%        | 7.44%      | 30.5%                | 97.50       | 544.04             | 8.64        | 93.3%                | 60                | 1                               | 44                              | 0               | 9                    | 10                          | 52%  | 97.0%                             | 98.91%                                   | 93.87%                      | 86.33%                  | 94.25%                          | 97.66%                                 | Total            | 100.00%                                     | 84.14%                 | 90.96%             |

Enclosure 12

**Paper for submission to the Public Board of Directors 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Perinatal Quality Surveillance Report.  |
| <b>Sponsoring executive:</b> | Martina Morris - Chief Nurse  |
| <b>Report author:</b>        | Claire Macdiarmid - Director of Midwifery<br>Basem Muammar - Clinical Director for Obstetrics and Gynaecology |

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

**Assure**

- The Trust’s neonatal death rate in November 2024 was 0.73 (22 weeks gestation to 28 days post-delivery) and 0.24 (>24 weeks gestation to 28 days post-delivery). The national rate for neonatal deaths is 1.65 (MBRRACE 2023). The Dudley Group remains significantly below the national rate and all interventions relating to preterm birth optimisation and early Neonatal care remain ongoing.
- There has been no negative change to the regional Maternity heatmap score this month.

**Advise**

- There were 3 stillbirths reported in November 2024. This has resulted in a slight rise in the Trust’s stillbirth rate to 2.68. The national stillbirth rate is currently 3.54 (MBRRACE 2023).
- The national rate for Extended Perinatal Mortality is 5.19 (MBRRACE 2023) and in November 2024, the Trust’s rate was 3.65, demonstrating an increase. However, it remained below the national rate.
- 1 new patient safety response was reported in November 2024.

**Alert**

- Nil to alert.

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

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

**3. Report journey**

Quality Committee – December 2024.

#### 4. Recommendation(s)

The Public Trust Board is asked to:

- a) Accept assurance within this report against requirement of the Perinatal Quality Surveillance Model.

#### 5. Impact

|   |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                          | x | Deliver high quality, safe person-centred care and treatment  |
| Board Assurance Framework Risk 1.2                          |   | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                          | x | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                          |   | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                          |   | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                          |   | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                          |   | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0                          |   | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                          |   | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date: N/A  |   |   |
| Is Equality Impact Assessment required if so, add date: N/A |   |   |

## REPORT FOR ASSURANCE

### Perinatal Clinical Quality Surveillance.

#### Report to Public Board of Directors 9<sup>th</sup> January 2025

## 1 EXECUTIVE SUMMARY

**1.1** This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHS England/Improvement (NHSEI) document “Implementing a revised perinatal quality surveillance model” (December 2020). The purpose of the report is to inform the Quality Committee, Trust Board and Local Maternity and Neonatal System (LMNS) board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report reflects actions in line with Ockenden and 3-year delivery plan and progress made in response to any identified concerns at provider level.

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

## 2. BACKGROUND INFORMATION

### 2.1 Perinatal Mortality Overview

#### Stillbirths

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

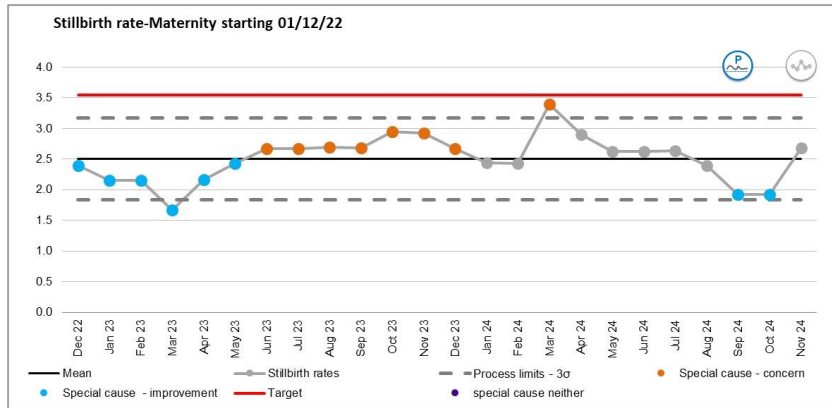
The below table details stillbirth rates (over a rolling 12 months) from 1<sup>st</sup> December 2023 to 30<sup>th</sup> November 2024.

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

#### Stillbirth Rates

The national stillbirth rate is 3.54 (MBRRACE 2023) and it can be seen the stillbirth rate for November 2024 is 2.68. There were 3 stillbirths reported in November 2024.

The chart below details stillbirths over a 24-month period. There has been an increase in the stillbirth rate in November 2024, this is due to there being 3 stillbirths. However, the DGFT stillbirth rate remains below the national rate 3.54 (MBRRACE 2023).



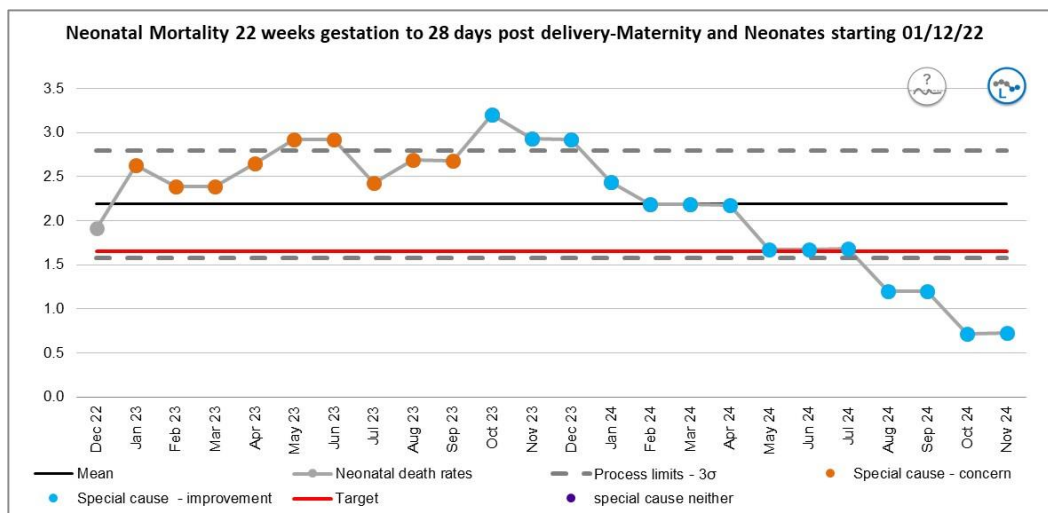
## 2.2 Neonatal deaths

**Definition:** A live baby born who died up to 28 completed days after birth. Neonatal death rate is calculation includes all neonatal deaths from 22 weeks gestation to 28 days post-delivery.

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

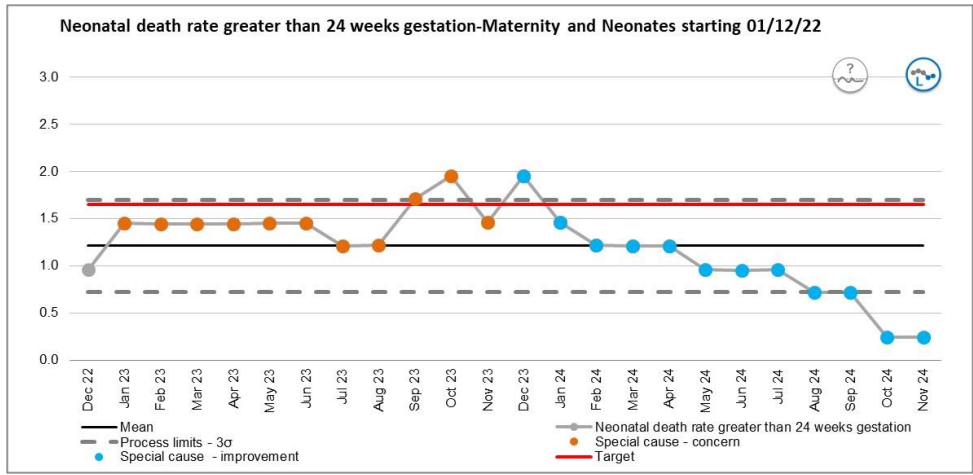
The national rate for Neonatal deaths is 1.65 (MBRRACE 2023) and in November 2024 at DGFT the rate is 0.73 (22 weeks gestation to 28 days post-delivery) and 0.24 (> 24 weeks gestation to 28 days post-delivery).

MBRRACE (2023) neonatal death crude rate (1.65) only includes NND from 24 weeks gestation and when DGFT rate is recalculated including NND >24 weeks gestation the rate is 0.24 per thousand births.



The above chart details all NND from 22+0 weeks gestation to 28 days following birth, there has been a statistically significant decline in the neonatal death rate over the last 12 months.

The chart below demonstrates neonatal deaths >24 weeks gestation and the national crude rate. When the rates are recalculated for NND >24 weeks they again show a decline over the last 12 months.



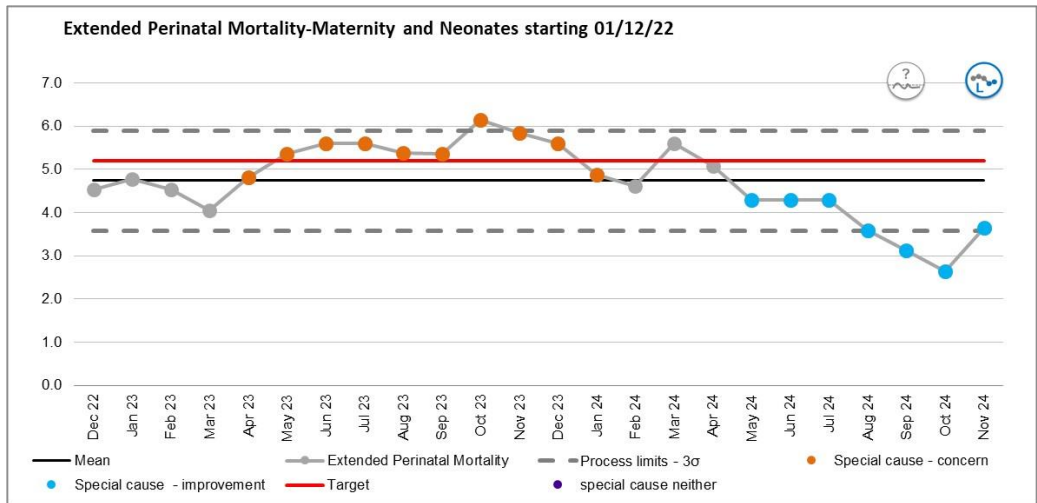
### 2.3 Extended Perinatal Mortality

**Definition:** A stillbirth or neonatal death.

The table below details the Extended Perinatal Mortality rates (over a rolling 12 months) from 1<sup>st</sup> December 2023 to 30<sup>th</sup> November 2024.

The national rate for Extended Perinatal Mortality is 5.19 (MBRRACE 2023) and in November 2024 at DGFT the rate was 3.65.

The chart below shows an increase in the extended perinatal mortality rate in November 2024. However, the rate remained below the national rate.





**Table 1: Perinatal Safety data including mortality and serious incidents**

2024

The data should be viewed in conjunction with the Maternity Dashboard and the Director of Midwifery report

| CQC Maternity Inspection April 2023 (safe and Well Led)<br>(Previous rating from 2019) |  | Safe | Effective | Caring | Well-Led | Responsive |               |          |         |         |         |         |
|--|--|------|-----------|--------|----------|------------|---------------|----------|---------|---------|---------|---------|
|  |  | Good | Good      | Good   | Good     | Good       | 2024          | 2024     | 2024    | 2024    | 2024    | 2024    |
|  |  | 2024 | 2024      | 2024   | 2024     | 2024       | 2024          | 2024     | 2024    | 2024    | 2024    | 2024    |
|  |  | Jan  | Feb       | March  | Apr      | May        | Jun           | Jul      | Aug     | Sep     | Oct     | Nov     |
| PMRT   | Perinatal Mortality Review Tool cases opened in month                | 1    | 0         | 4      | 1        | 1          | 2             | 0        | 2       | 0       | 1       | 3       |
|  | PMRT reviewed in month   | 2    | 1         | 2      | 2        | 2          | 2             | 2        | 0       | 2       | 1       | 4       |
| HSIB/ MNSI   | Number of cases referred to and accepted by MNSI (with 72 hr review) | 0    | 0         | 0      | 0        | 0          | 0             | 0        | 0       | 0       | 0       | 0       |
|  | Reports received from MNSI   | 0    | 0         | 0      | 1        | 2          | 0             | 1 (SWBH) | 0       | 1 (RWT) | 0       | 0       |
|  | MNSI investigations ongoing  | 4    | 4         | 4      | 3        | 1          | 1             | 1 (RWT)  | 1 (RWT) | 0       | 0       | 0       |
| PSIRF  | MNSI open action plans   | 0    | 0         | 0      | 1        | 1          |               |          |         |         |         |         |
|  | The number of incidents logged as moderate or above:                 | 1    | 0         | 1      | 0        | 0          | 2             | 0        | 1       | 1       | 1       | 0       |
|  | PSII Reported  | 0    | 1         | 0      | 0        | 0          | 4             | 0        | 1       | 0       | 1       | 0       |
|  | PSII Completed   | 0    | 0         | 0      | 2        | 0          | 1             | 0        | 0       | 0       | 0       | 1       |
|  | PSII Ongoing   | 2    | 3         | 3      | 1        | 1          | 4             | 4        | 5       | 5       | 6       | 5       |
|  | Outstanding Investigation Actions - overdue                          | 7    | 3         | 3      | 5        |            |               |          |         |         |         |         |
|  | Outstanding Investigation Actions - open                             |      |           | 6      | 7        |            |               |          |         |         |         |         |
| Clinical Outcome measures  | Maternity Incidents Improvement Plan - overdue actions               |      |           |        |          | 12         | 12            | 10       | 13      | 18      | 19      | 13      |
|  | Maternity Incidents Improvement Plan - open actions                  |      |           |        |          | 13         | 15            | 18       | 28      | 24      | 23      | 17      |
|  | Stillbirth rate (National crude rate 3.54 per 1000 births)           | 2.44 | 2.43      | 3.4    | 2.9      | 2.62       | 2.62          | 2.63     | 2.39    | 1.92    | 1.92    | 2.68    |
|  | Neonatal Death Rate 1.65 (> 22+0 - up to 28 days post delivery)      | 2.44 | 2.19      | 2.19   | 2.18     | 1.67       | 1.67          | 1.68     | 1.2     | 1.2     | 0.72    | 0.73    |
|  | Neonatal death rate only including babies born over 24/40            |      |           | 1.21   | 1.21     | 0.96       | 0.95          | 0.96     | 0.72    | 0.72    | 0.24    | 0.24    |
|  | Total Perinatal Mortality Rate (MBRRACE figure 5.19 per 1000 births) | 4.88 | 4.62      | 5.59   | 5.08     | 4.29       | 4.29          | 4.3      | 3.52    | 3.13    | 2.64    | 3.68    |
|  | Avoidable term admission to NNU (reported quarterly)                 |      | 3         |        |          | 4          |               |          |         |         |         |         |
| Appraisals   | All Maternity staff (90%) (Appraisal window April-July)              |      |           |        |          |            | 93% (16.7.24) | 94.30%   | 94.30%  |         |         |         |
| Midwifery Training   | Fetal Monitoring Training (90%)*                                     | 99%  | 97%       | 98%    | 96%      | 96%        | 99%           | 98.00%   | 98.00%  | 99.00%  | 99%     | 100.00% |
|  | Obstetric Emergency Simulation Training (PROMPT) (90%)*              | 99%  | 97%       | 96%    | 96%      | 98%        | 99%           | 99.00%   | 97.00%  | 99.00%  | 100%    | 100.00% |
|  | Safeguarding (level 3) Adult (90%) (Database not accurate)           | 84%  | 83%       | 77%    | 70%      | 83%        | 78%           | 85.00%   | 90.00%  | 90.00%  | 91.00%  | 87%     |
|  | Safeguarding (level 3) Children (90%)                                | 78%  | 79%       | 82%    | 79%      | 83%        | 80%           | 90.00%   | 94.00%  | 95.00%  | 88.00%  | 86%     |
|  | Neonatal Resuscitation (90-95%)*                                     | 93%  | 92%       | 90%    | 86%      | 90%        | 87%           | 88.00%   | 90%     | 90.00%  | 90.00%  | 92.00%  |
| Obstetrics Training  | Adult Resuscitation (90 - 95%)*                                      | 94%  | 93%       | 91%    | 86%      | 84%        | 88%           | 90.00%   | 91.00%  | 92.00%  | 91.00%  | 92.00%  |
|  | Fetal Monitoring Training (90%)*                                     | 97%  | 100%      | 100%   | 95%      | 95%        | 98%           | 98.00%   | 97.00%  | 97.00%  | 97.00%  | 100.00% |
|  | Obstetric Emergency Simulation Training (PROMPT) (90%)*              | 92%  | 97%       | 97%    | 95%      | 100%       | 100%          | 98.00%   | 97.00%  | 97.00%  | 98.00%  | 98.00%  |
|  | Safeguarding (level 3) Adult (90%)                                   | 81%  | 73%       | 73%    | 80%      | 80%        | 93%           | 93.00%   | 94.00%  | 100.00% | 100.00% | 80%     |
|  | Safeguarding (level 3) Children (90%)                                | 68%  | 68%       | 71%    | 72%      | 80%        | 80%           | 80.00%   | 86.00%  | 66.00%  | 73.00%  | 82.00%  |
|  | Neonatal Resuscitation (90-95%)*                                     | 86%  | 85%       | 80%    | 90%      | 92%        | 87%           | 90.00%   | 92.00%  | 90.00%  | 97.00%  | 90.00%  |
|  | Adult Resuscitation (90 - 95%)*                                      | 86%  | 85%       | 91%    | 88%      | 90%        | 91%           | 90.00%   | 91.00%  | 90.00%  | 97.00%  | 95.00%  |
| Safe staffing  | Obstetric consultant cover on delivery suite                         | 91   | 91        | 91     | 91       | 91         | 91            | 91       | 91      | 91      | 91      | 91      |
|  | Vacancies midwifery (WTE)  | 0    | 0         | 0      | 0        | 0          | 0             | 0        | 0       | 0       | 0       | 0       |
|  | Obstetric Consultant vacancies (WTE)                                 | 0    | 0         | 0      | 0        | 0          | 0             | 0        | 0       | 0       | 0       | 0       |
|  | Total Red flag data: Total number of red flags (As per acuity tool)  | 5    | 1         | 0      | 14       | 14         | 12            | 8        | 2       | 6       | 4       | 3       |
|  | Shift Leader supernumary at start of shift : % of time               | 100% | 100%      | 100%   | 100%     | 100%       | 100%          | 100%     | 100%    | 100%    | 100%    | 100%    |
|  | 1:1 care in labour achieved  | 100% | 100%      | 100%   | 100%     | 100%       | 100%          | 100%     | 100%    | 100%    | 100%    | 100%    |

|                              |  |          |           |         |         |           |         |            |          |          |          |            |
|------------------------------|--|----------|-----------|---------|---------|-----------|---------|------------|----------|----------|----------|------------|
|                              | Birth Before Arrival (BBA)   | 2        | 1         | 1       | 3       | 2         | 2       | (1unbooked | 1        | 2        | 1        | 3          |
| <b>Service user feedback</b> | MVP (Quarterly)  | .        | .         | 6.3.24  | .       | .         | 6.6.24  | .          | .        | 16.09.24 | .        | .          |
|                              | MNVP Extraordinary meetings* Bereavement / Neonatal / EDI  | .        | .         | 21.3.24 | 25.4.24 | -         |         |            |          |          |          |            |
| <b>Engagement</b>            | Response Rate (%)  | 7.00%    | 11.00%    | 25.00%  | 33.00%  | 17.00%    | 20.00%  | 19.00%     | 12.00%   | 26.00%   | 11.00%   | 9.00%      |
|                              | Recommendation Response Rate (Good/ Very Good %)   | 17.00%   | 86.00%    | 81.00%  | 82.00%  | 77%       | 89.00%  | 88.00%     | 84.00%   | 83.00%   | 76.00%   | 76.00%     |
|                              | PALS   | 3        | 9         | 5       | 3       | 4         | 9       | 5          | 7        | 8        | 1        | 6          |
|                              | Complaints   | 5        | 5         | 3       | 6       | 4         | 6       | 4          | 1        | 7        | 5        | 5          |
|                              | Compliments  | 71       | 65        | 70      | 72      | 67        | 67      | 59         | 65       | 65       | 62       | 72         |
| <b>Safety Champion</b>       | Maternity Safety champions walk- about   | None     | Cancelled | None    | none    | 13.5.24   |         | 24.7.24    |          | 25.9.24  |          | 04.11.2024 |
|                              | Maternity and Neonatal Safety Champion Meeting   | None     | 28/2/24   | None    | 24.4.24 |           | 26.6.24 |            | 28.8.24  |          | 30.10.24 |            |
|                              | Perinatal Assurance meeting (previously Maternity Quad / MIS)  | None     | None      | None    | 25.4.24 | Kornferry | None    | 01.07.24   | 28.08.24 |          |          | 04.11.24   |
| <b>External</b>              | MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the trust  | 0        | 0         | 0       | 0       | 0         | 0       | 0          | 0        | 0        | 0        | 0          |
| <b>Legal</b>                 | Legal cases (Maternity only- Including Coroners cases and ENS claims)  | 1 closed | 0         | 0       | 3       | 0         | 2       | 0          | 0        | 1        | 1        | 0          |
| <b>Annual Response</b>       | Proportion of Midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment | 60.60%   |           |         |         |           |         |            |          |          |          |            |
|                              | Proportion of all doctors responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours                  | 57.10%   |           |         |         |           |         |            |          |          |          |            |
|                              | Speciality OBS/Gynae with 'Good' or 'Excellent' for support  | Awaiting |           |         |         |           |         |            |          |          |          |            |

\*The regional Maternity Heatmap has not been included in this month's update as there has been no change in the score of 22.

## 2.4 Serious incidents and Maternity and Newborn Safety Investigations

There have been **0** cases referred to the Maternity and Newborn Safety Investigations (MNSI) during October and November 2024, by the Trust.

There has been 1 new incident response commenced during October and November 2024.

## 2.5 Perinatal Mortality Review tool (PMRT)

In October 2024, there were 2 perinatal mortality cases reported to PMRT. 1 stillbirth at 37+2 weeks gestation and 1 SUDIC at 5 months of age (received neonatal care on NNU following birth, therefore requiring PMRT review).

In November 2024, there were 3 perinatal mortality cases reported to PMRT. 3 stillbirths that occurred at 26+4, 34+5 and 33+3-weeks' gestation.

Each PMRT case is reviewed within the PMRT Board meeting and are graded as per the four levels of grading of care:

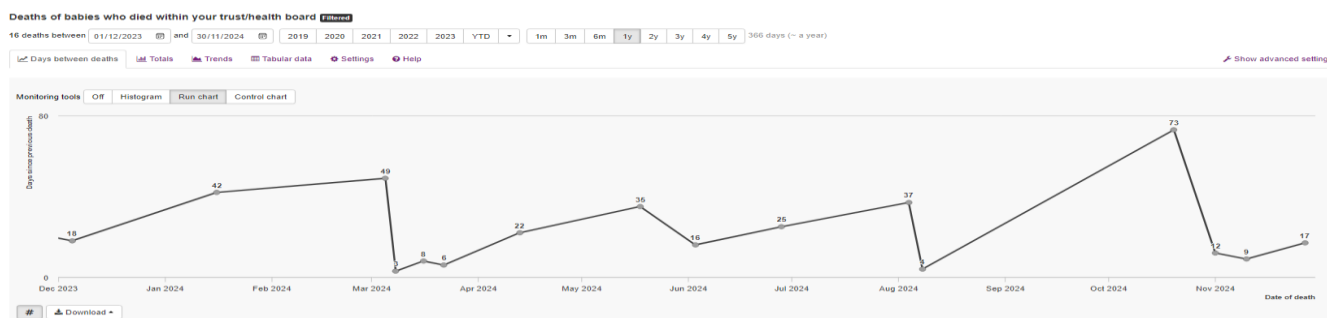
| Care Grade | Description   |
|------------|---|
| Grade A    | No improvements in care identifies                                      |
| Grade B    | Improvements in care identified that would not have changed the outcome |
| Grade C    | Improvements in care identified that may have changed the outcome       |
| Grade D    | Improvements in care provided would have changed the outcome            |

There are currently 5 PMRT action plans with overdue actions. All PMRT actions are assigned within Datix (incident reporting system) to allow for monitoring and escalation. An overdue action report has been circulated to the action leads. All information relating to PMRT is presented regularly to the Quality committee, Mortality Surveillance group, Maternity safety champions and a summary paper to the Private Board of Directors.

### 2.5.1 PMRT real time data monitoring tool

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

#### MBRRACE Chart 1:



The **line chart above**, shows the number of days between consecutive deaths, to help you identify unusual patterns of deaths. As you can see there have been a cluster of 3 deaths during November 2024 as reported above in the PMRT section.

## **2.6 Coroner Regulation 28 made directly to the Trust**

There were 0 Coroner regulation 28 made directly to the Trust in respect of perinatal or maternal deaths in October or November 2024.

## **2.7 Service user feedback- Friends and Family results October and November 2024**

“The staff were top-shelf - always professional and caring. They kept me informed and were great about answering any questions I had.”

“All questions answered and leaving feeling more knowledgeable/confident in the procedure.”

“Also, nice the leads came around every shift and introduced themselves. Everyone was so friendly can caring, didn't feel rushed and explained everything clearly to us. Didn't make me feel like I was bothering them. Best midwives ever. Especially Gemma and Lucy as well as STN midwives Danielle and Marina for getting me through labour and Sophie and her lovely student for getting us home.”

“From start to finish I have received fantastic care. Having arrived in triage after my waters broke to experiencing a very quick labour I was supported by staff before my partner arrived and kept well informed. I stayed on the postnatal ward/TC for 5 days and again received fantastic care especially regarding feeding from the staff and infant feeding team.”

“Whole time I have been under care of hospital, my needs and babies needs have come first, welcoming, understanding and caring.”

“HPSS visit at home: The service is very good, and I'm now smoke free which being a smoker for a long-time thought would never happen. Many of the staff have all been lovely and caring throughout it all, especially Anne-Marie I truly believe without her I wouldn't be smoke free. She also gave advice and support to my partner who is also now smoke free. Couldn't recommend enough.”

“Postnatal ward was very loud too many people allowed to break the rules regarding visitors staying late / late night phone calls.”

“The rush into theatre was scary and communication was a little all over the place.”

## **3. RECOMMENDATION**

**3.1** The Board is invited to accept the assurance provided in this report as current position with perinatal mortality, serious incidents and and update of the Perinatal safety data.

Name of Authors: Claire Macdiarmid and Basem Muammar

Title of Author: Director of Midwifery and Clinical Director for Obstetrics and Gynaecology

Date 24<sup>th</sup> December 2024.

Enclosure 13

**Paper for submission to Public Board of Directors 9<sup>th</sup> January 2025**

|                              |   |
|------------------------------|---|
| <b>Report title:</b>         | Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme Year 6 Deep Dive. |
| <b>Sponsoring executive:</b> | Martina Morris – Chief Nurse  |
| <b>Report author:</b>        | Claire Macdiarmid – Director of Midwifery   |

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

**Assure**

- The Maternity and Neonatal Team are declaring full compliance with all 10 safety actions relating to the Maternity Incentive scheme year 6.
- Evidence has been collated and held in a central MS Teams channel to reduce the chance of any issues or missing evidence if external verification is required.
- A deep dive was presented to the Quality Committee on Tuesday 17<sup>th</sup> December 2024 and accepted.
- A Board declaration is required to be submitted to NHS Resolution (NHSR) before 3<sup>rd</sup> March 2025.

**Advise**

- Nil to advise.

**Alert**

- Nil to alert.

**2. Alignment to our Vision**

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

**3. Report journey**

Quality Committee – December 2024.

**4. Recommendation(s)**

The Public Board of Directors is asked to:

- Accept the assurance provided in this report as Final position with Maternity Incentive Scheme Year 6, in readiness for its submission to NHSR before March 2025.

| <b>5. Impact</b>  |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                      | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                      | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                      | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                      |   | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                      | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                      |   | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                      |   | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0                      |   | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                      |   | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date:  |   |   |
| Is Equality Impact Assessment required if so, add date: |   |   |

## REPORT FOR ASSURANCE

### Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme (MIS) Year 6 final position

Report to the Public Board of Directors 9<sup>th</sup> January 2025

#### 1. EXECUTIVE SUMMARY

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

#### 2. BACKGROUND INFORMATION

To note, MIS Year 6 was launched in April 2024, however amendments and clarifications have been provided from NHS Resolution via email correspondence and NHS Futures Platform throughout the compliance period and the evidence contained within this report, reflects these changes.

[MIS-Year-6-guidance.pdf](#)

#### 2.2 The Dudley Group position with Maternity Incentive Scheme (CNST) Year 6 as at December 2024.

Table 1:

|  | RAG rating |
|--|------------|
| Safety action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?  | Green      |
| Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?   | Green      |
| Safety action 3: Can you demonstrate that you have Transitional Care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies | Green      |
| Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?  | Green      |
| Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?   | Green      |
| Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?                                  | Green      |

|  |  |
|--|--|
| Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users   |  |
| Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?  |  |
| Safety action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues?   |  |
| Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme? |  |

**Safety Action 1:** Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?

**Trust's position: Safety action achieved.**

There are 15 cases to date that fulfil the requirements for this safety action that consists of:

- 11 Stillbirths
- 2 Neonatal deaths
- 2 previsible loss

All timescales have been met.

Table 2:

|                 | Notify all eligible perinatal deaths within 7 working days | 95% of reviews should be started within two months of the death | 60% of multi-disciplinary reviews should be completed and published within six months. | Parents given opportunity to give feedback on two occasions. |
|-----------------|--|---|--|--|
| Neonatal Deaths | 100%   | 100%  | 100%   | 100%   |
| Stillbirth      | 100%   | 100%  | 80%  | 100%   |
| Previsible loss | 100%   | 100%  | 100%   | 100%   |

Notifications have been made and surveillance forms completed, using the MBRRACE-UK reporting website within seven working days.

100% of the cases have had MDT review within four months, 80% of stillbirth cases have been published. The two cases that have yet to be published are PSII investigations which we are awaiting the completion before they can be published.

Parents perspective has been sought and utilised within any trust investigation in all cases.



All parents are informed of the process for investigation, and the opportunity for their perspective to be shared, before they are discharged from the hospital, and again on first visit by the bereavement support team.

Quarterly reports have been presented to Quality Committee and Private Board of Directors for discussion and challenge, including themes and action plans including progress.

To note, the verification of this safety action occurs externally to the organisation and any issues are flagged prior to final outcomes being published by NHSR.

**Safety Action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

**Trust's position: Safety action achieved.**

As per the screenshot below, July 2024 is compliant with all 11 Clinical Quality Improvement Metrics (CQIMs) and have a 98.8% compliant with ethnic category data completion. This was published as final in October 2024.

**Maternity Services Data Set information for Maternity incentive scheme (CNST) Year 6: Safety Action 2**

The table below summarises the number of criteria met by each maternity service provider, by month. For Y6, there are two criteria to meet on MSDS data submission. This scorecard will be updated and published each month.

**The final results for the CNST MIS Y6 SA2 assessment, using July 2024 data, are now available in this scorecard.**  
As July 2024 is the CNST MIS SA2 assessment month, provisional August figures have not been included to minimise the risk of confusion. Provisional figures will be included again from next month.

**NHS England**

Assessment Month: Final data

Organisation Name: THE DUDLEY GROUP NHS FOUNDATION T...

| Organisation Name                     | February 2024 | March 2024 | April 2024 | May 2024 | June 2024 | July 2024 |
|---------------------------------------|---------------|------------|------------|----------|-----------|-----------|
| THE DUDLEY GROUP NHS FOUNDATION TRUST | 1             | 1          | 2          | 2        | 2         | 2         |

**Notes:**  
All figures are Final and the CNST MIS Y6 SA2 assessment is on Final July 2024 data.  
Provisional figures will be included again from November, with the publication of final August and provisional September data.  
All Provisional figures are subject to change and will be reassessed after the final submission window has closed.  
**Table colour coding:**  
GREEN = Both criteria passed  
ORANGE = One criterion passed

**Safety Action 3:** Can you demonstrate that you have Transitional Care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies.

**Trust's position: Safety action achieved.**

A revised Transitional Care Standard Operating Procedure (SOP) was developed and ratified in June 2023 to include flexi beds for maternal/neonatal readmissions and home phototherapy provision. A new Neonatal Transitional Care SOP is out for consultation and due to be ratified in December. This also provides services against BAPM Criteria and include the Quality improvement project for home phototherapy.

Home Phototherapy was launched as a trial in March 24. It was registered as a quality Improvement with the Improvement Teams on 24<sup>th</sup> July 2024 it was discussed at Maternity Safety Champions (MSC) 28<sup>th</sup> August 24 and Local Maternity and Neonatal System (LMNS)

Best Start workstream 10<sup>th</sup> October 2024. The agendas and minutes are saved within the CNST Year 6 files.

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

**Trust's position: Safety action achieved.**

Evidence such as a new starter checklist, certificates of eligibility, rotas, consultant attendance audit are saved within CNST MIS Year 6 MS Teams channel.

Obstetric Locum Audits and consultant attendance for the compliance period has been shared to LMNS Clinical transformation workstream 3<sup>rd</sup> December 2024, MSC 18<sup>th</sup> December 2024 and contained within this report.

Clinical Workforce planning paper presented to Quality Committee November 2024 - all criteria for the safety action have been met. Both Neonatal Medical and Neonatal Nursing Workforce state compliance with BAPM.

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

**Trust's position: Safety action achieved.**

Birthrate plus calculations undertaken May 2022.

Bi-annual Midwifery Workforce report presented to Quality Committee in June and October 2024, and Public Board July 2024. Business case supported at Executive Directors on November 19<sup>th</sup> 2024, for final sign off at Private Board in January 2025. Staffing budget now reflects the recommendations of Birthrate plus. Scoping in place for 3 yearly review of Birthrate plus to be published Spring 2025.

Required audits to reflect 1:1 care in labour and supernumerary status of shift coordinator is published monthly on the PQSM but also presented within bi-annual staffing reports to Quality Committee and the Public Board.

**Safety action 6:** Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

**Trust's position: Safety action achieved.**

Using the national compliance tool within the NHS Futures Platform, self-assessment, evidence submission and quarterly touchpoint reviews with the LMNS enables us to show progress, compliance and gain assurance that we are on track to achieve full compliance of all six elements within the saving babies lives care bundle.

Table 3:

|                  |                            | September 2023 compliance | December 2023 LMNS Validated % | September 2024 LMNS Validated % |
|------------------|----------------------------|---------------------------|--------------------------------|---------------------------------|
| <b>Element 1</b> | Smoking In Pregnancy       | 40%                       | 70                             | 100%                            |
| <b>Element 2</b> | Fetal Growth Restriction   | 60%                       | 85%                            | 100%                            |
| <b>Element 3</b> | Reduced Fetal Movements    | 20%                       | 50%                            | 100%                            |
| <b>Element 4</b> | Fetal Monitoring In Labour | 20%                       | 60%                            | 100%                            |
| <b>Element 5</b> | Preterm Birth              | 33%                       | 81%                            | 85%                             |
| <b>Element 6</b> | Diabetes                   | 100%                      | 100%                           | 100%                            |
| <b>Totals</b>    |                            | <b>47%</b>                | <b>80%</b>                     | <b>94%</b>                      |

**\*Requires a minimum of 50% to be achieved in each element with an overall 70% compliance.**

The first touchpoint with the LMNS the compliance period was 25th July 2024 and the second touch point meeting with the LMNS occurred on the 25<sup>th</sup> September 2024 to validate self- assessment evidence. The next touchpoint is due in January 2025 with full compliance by March 2025.

We have fully implemented elements 1-4 and 6, all Q2 audits are now complete. The dashboard is now live and work with IT continues to ensure its validity of data as well as improvements if required.

**Safety Action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users.

**Trust's position: Safety action achieved.**

Maternity and Neonatal Voice Partnership Safety Action 7 paper showing evidence to gain assurance of engagement, infrastructure and strategic influence as well as oversight of CQC action plans presented to the Quality Committee December 2024.

**Safety Action 8:** Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

**Trust's position: Safety action achieved.**

Table 4 below demonstrates the full compliance with the requirements of training within the specified staff groups by the end of the November 2024.

PROMPT is PRactical Obstetric Multi-Professional Training

|             | Anaesthetic consultants current | Anaesthetic registrar (that cover obstetric) current |
|-------------|---------------------------------|--|
| PROMPT      | 90%                             | 100%   |
| In Situ Sim | 90%                             | 100%   |

\*Role appropriate neonatal resuscitation training

|  | Consultant obstetricians current | ST1-7 current |
|--|----------------------------------|---------------|
| PROMPT                                     | 100%                             | 96%           |
| In Situ Sim                                | 100%                             | 96%           |
| Fetal monitoring PROMPT                    | 100%                             | 100%          |
| Neonatal resuscitation In Situ Sim         | 100%                             | 94%           |
| Adult resuscitation Fetal monitoring       | 100%                             | 94%           |
| Saving babies Lives Neonatal resuscitation | 93%                              | 96%           |
| Adult resuscitation                        | 92%                              | 98%           |
| Saving babies Lives                        | 98%                              |               |

|                        | Neonatal consultants | Junior neonatal doctors | SHO/FY2/ FY1 | Neonatal nurses (all bands) | ANNP |
|------------------------|----------------------|-------------------------|--------------|-----------------------------|------|
| Neonatal Resuscitation | 94%                  | 100%                    | 100%         | 98%                         | 100% |

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

**Trust's position: Safety action achieved.**

A redesigned Perinatal Quality Surveillance Model (PQSM) was introduced into bimonthly Public Board and Quality Committee Paper in January 2024, containing two months of data as per the 'Implementing a revised perinatal quality surveillance model' NHS England 2020. PQSM dashboard and regional heatmap is presented Monthly with a more detailed paper being presented bi-monthly. The Director of Midwifery and the Clinical Director for either Obstetrics or Neonates attends Quality Committee and public Board to present the data and discuss any escalations required.

The Trust's Triangulated Claim scorecard (Including triangulation complaints and incidents data) was presented to the QC and Trust Board on two occasions throughout the reporting period- August (September Board) and October (November Board) 2024.

Action plan following the Perinatal culture and leadership programme was presented to Private Board November 2024 and will be monitored via the Maternity and Neonatal Safety Champions. This was previously discussed at the Maternity safety champions on the 28<sup>th</sup> August 2024.

Board safety champions have met with the Perinatal quad (Perinatal Assurance Group) on a quarterly basis, three occasions during the reporting period – April August, November 2024. June's meeting was cancelled due to unforeseen circumstances.

Shared learning and the PQSM is discussed Monthly at the Quality and Safety Workstream.

Maternity Safety Champions meetings occur alternate months to the Maternity Safety Champion walkarounds to ensure oversight of the maternity unit itself with visibility as well as opportunities to discuss successes, challenges and share information between the team. These are minuted with an attached action plan. These files are located with the MS Teams channel for CNT Year 6 – Board Papers – Maternity and Neonatal Safety. The last meeting took place on the 18/12/2024 and the next walkaround is on the 21/01/2025.

Both positive and constructive feedback has been shared with staff following walkaround and this too is saved within the files as above.

**Safety action 10:** Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

**Trust's position: There have been no qualifying cases to report to the Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024.**

### **3. RISKS AND MITIGATIONS**

The Maternity incentive Scheme Year 6 is due for submission 3<sup>rd</sup> March 2025, all safety actions are now fully completed.

### **4. RECOMMENDATION(S)**

**4.1** The Board is invited to accept the assurance provided in this report, and upward reporting from the Quality Committee, as Final position with Maternity Incentive Scheme Year 6, in readiness for its submission to NHR before March 2025.

Name of Authors: Claire Macdiarmid - Director of Midwifery

Date: 24th December 2024.

**Paper for submission to the Board of Directors on 9<sup>th</sup> January 2025**

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

| <b>1. Summary of key issues using Assure, Advise and Alert</b>   |  |
|--|--|
| <b>Assure</b>  |  |
| <ul style="list-style-type: none"> <li>Normalised turnover (voluntary resignations) remains low, mirrored by a high retention rate. There is a renewed focus on retention for 2024/25 as part of the Trust's Recruitment and Retention Journey within the People Plan, with focus on key retention strategies such as flexible working, stay interviews and exit data and culture, bullying and harassment.</li> <li>A reception for the West Midlands Mayor and senior representatives from the West Midlands Combined Authority has been held to showcase the achievements of the ICan programme to date. There was significant positive feedback around the contribution to employment and economic impact (around £6 million pounds to the local economy) and also around the model of partnership working.</li> </ul>   |  |
| <b>Advise</b>  |  |
| <ul style="list-style-type: none"> <li>Both the rolling 12-month average and the in-month sickness % for November have increased. Sickness absence rates are RAG rated as amber being slightly above the tolerance level of 5%. The identified area of concern is short-term sickness absence. A taskforce is in place to address this.</li> </ul>   |  |
| <b>Alert</b>   |  |
| <ul style="list-style-type: none"> <li>Bank usage has been increasing month on month since April 2024, largely due to increased pressures through Acuity (increased 121's), staffing unavailability (sickness) being above tolerance levels and the opening of surge areas which are unbudgeted and not part of the establishment. Further work is in progress to improve grip and control across all staff groups.</li> <li>For statutory and mandatory training, performance overall is stable and above target. There was a minor decrease in performance in month. There have been challenges in aligning the records of DIHC staff who transferred over. Work has continued to ensure this is completed before the three-month grace period applied to new starters. Safeguarding Adults Level 3 has now recovered to pre-review levels in the summer and work continues to reach target on this subject.</li> <li>However, eight subjects across Safeguarding and Resuscitation are below Trust target (80.83% - 88.30%), work continues to support the divisions to develop and implement rectification plans.</li> </ul> |  |

| <b>2. Alignment to our Vision</b> [indicate with an 'X' which Strategic Objective[s] this paper supports] |   |
|---|---|
| <b>Deliver right care every time</b>  | X |
| <b>Be a brilliant place to work and thrive</b>  | X |
| <b>Drive sustainability (financial and environmental)</b>   | X |
| <b>Build innovative partnerships in Dudley and beyond</b>   | X |
| <b>Improve health and wellbeing</b>   | X |

### 3. Report journey

People Committee

### 4. Recommendation(s)

The Public Trust Board is asked to:

a) Receive the report for assurance

### 5. Impact

|   |   |  |
|---|---|--|
| Board Assurance Framework Risk 1.1                      | X | Deliver high quality, safe person-centred care and treatment                 |
| Board Assurance Framework Risk 1.2                      | X | Achieve outstanding CQC rating.  |
| Board Assurance Framework Risk 2.0                      | X | Effectively manage workforce demand and capacity                             |
| Board Assurance Framework Risk 3.0                      | X | Ensure Dudley is a brilliant place to work                                   |
| Board Assurance Framework Risk 4.0                      | X | Remain financially sustainable in 2023/24 and beyond                         |
| Board Assurance Framework Risk 5.0                      | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets |
| Board Assurance Framework Risk 6.0                      | X | Build innovative partnerships in Dudley and beyond                           |
| Board Assurance Framework Risk 7.0                      | X | Achieve operational performance requirements                                 |
| Is Quality Impact Assessment required if so, add date:  |   |  |
| Is Equality Impact Assessment required if so, add date: |   |  |



# Summary

| Metric                | Rate   | Target | Trend |   |
|-----------------------|--------|--------|-------|---|
| Absence – In Month    | 5.56%  | <=5%   |       | <p><b><u>Sickness Absence</u></b></p> <p>In-month sickness absence increased from 5.47% in October 2024 to 5.56% in November 2024.</p>  |
| Absence - 12m Rolling | 5.16%  | <=5%   |       | <p>The rolling 12-month absence increased from 5.12% in October 2024 to 5.16% in November 2024.</p>   |
| Turnover              | 7.10%  | <=8%   |       | <p><b><u>Turnover</u></b></p> <p>Turnover (all terminations) increased from 7.07% in October 2024 to 7.10% in November 2024 but still remains low.</p>  |
| Normalised Turnover   | 2.94%  | <=5%   |       | <p>Normalised Turnover increased from 2.93% in October 2024 to 2.94% in November 2024.</p> <p>Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed-term contracts, redundancy, retirement and rotations.</p> |
| Retention (12 month)  | 91.6%  | >=80%  |       | <p><b><u>Retention</u></b></p> <p>The 12-month retention rate increased from 91.6% in October 2024 to 92.3% in November 2024.</p>   |
| Vacancy Rate          | 5%     | <=7%   | =     | <p><b><u>Vacancy Rate</u></b></p> <p>The vacancy rate has remained static at 5% in November 2024.</p>   |
| Mandatory Training    | 92.22% | >=90%  |       | <p><b><u>Mandatory Training</u></b></p> <p>Mandatory Training decreased slightly from 92.09% in October 2024 to 91.79% in October 2024. Overall, it has remained above 90% target for a sustained period.</p>   |



# Exceptions/Improvement/Actions



The Dudley Group  
NHS Foundation Trust

| <u>METRIC</u>                       | <u>SUMMARY</u>   |
|-------------------------------------|--|
| Sickness                            | Sickness absence (in month and rolling) has increased for the third month in a row. Both long-term and short-term absence increased in November 2024. Increases in absence are driven by a combination of factors including a high level of short-term absence for cough, cold and flu , and an increase of long-term sickness cases. Staff working in clinical support roles appear to be a hot spot staff group for an increasing level of sickness absence. Working groups are in place to look at addressing a more robust management of short-term absence and also reducing staff experiencing work related stress. A re-set will be required in the new year. The flu and COVID vaccination programmes continue to be underway. Additionally, the Occupational Health service provision and leadership is under review given the delays to access OHP advice and support. |
| Bank                                | Bank fill rates increased in November 2024.<br>In November 2024 admin and clerical bank spend has increased overall and this appears to be related to an increase in admin bank in CCCS and Medicine linked to critical vacant posts and additional activity. Additional clinical services (support staff) bank usage has also increased. This is mainly relating to higher levels of unavailability (sickness) and increased activity such as a rise in 121 duties or unbudgeted surge beds being open.<br>Rostering KPI's remain relatively stable in November.  |
| Statutory and Mandatory training    | Performance overall is stable and above target. There was a minor decrease in performance in month.<br>There have been challenges in aligning the records of DIHC staff who transferred over. Work has continued to ensure this is completed before the three-month grace period applied to new starters.<br>Safeguarding Adults Level 3 has now recovered to pre-review levels in the summer and work continues to reach target on this subject.  |
| Work Experience and Apprenticeships | There were no apprenticeship sign-ups during November. This was lower than plan and due to delays to planned programmes for CSWs, Maternity Support workers and Leadership programmes. Activity will therefore increase in December and January.<br>A reception for the West Midlands Mayor and senior representatives from the West Midlands Combined Authority has been held to showcase the achievements of the ICan programme to date. There was significant positive feedback around the contribution to employment and economic impact (around £6 million pounds to the local economy) and around the model of partnership working.<br>Continuation funding for ICan beyond March 2025 is still yet to be confirmed but there are positive indications that some programme funding is likely to be available.  |



**Paper for submission to the Board of Directors on  
Thursday 9<sup>th</sup> January 2025**

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

**1. Summary of key issues**

**Advise**

Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively, accounting for this the performance until the end of November is significantly off target.

The Trust performance in month 8 shows a variance against the total workforce forecasted M8 position is 405.76 WTE (above plan – compared to 393.99 above plan at M7). There has been an in-month movement of +11.77 WTE. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, hosted posts, the impact of open surge beds/Midland Met/Winter Pressures and the total impact of ERF reduces the adverse WTE variance to 277.22.

Substantive workforce variance against workforce forecasted M8 position is 244.84 WTE (above plan – compared to 235.71 above plan at M7). There has been an in-month movement of +9.13 WTE. After adjustments, the variance is 210.38 WTE, with a cumulative overspend of £2.543m, of which £1.563m relates to an accrual in lieu of the Band 2 to 3 CSW issue.

Bank workforce variance against workforce forecasted M8 position is 158.06 WTE (above plan – compared to 149.2 above plan at M7). There has been an in-month movement of +8.86 WTE. After adjustments, WTE reduced by 7 in November despite significant emergency pressures. Finances now £4.458m overspent. Agency reduced in November by 6 but remains 2.86 WTE over plan resulting in cumulative overspend of £403k.

Agency workforce variance against workforce forecasted M8 position is 2.86 WTE (above plan – compared to 9.08 WTE above plan at M7). There has been an in-month movement of -6.22 WTE. There is a cumulative overspend of £403k. Overall, agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The spend relates to medical staff with consultant agency comprising 68% of the total November spend. There are high costs for Anaesthetics, Elderly Care, ED, Dermatology and Breast Screening.

**Alert**

The workforce forecast will not be achieved across 2024/25, pay pressures are being negated by improved income performance. October produced a significant over-performance on ERF with performance now £9.752m above the NHSE target (the first five months of this have been officially confirmed by NHSE at £6.263m).

It was initially forecasted to see a reduction from 6289.95 in March 2024 to 5943.40 WTE in March 2025 a total reduction of 346.55 WTE (across substantive, bank and agency – not including DIHC).

**Assure**

There is a revised forecast of 6521 WTE (across substantive, bank and agency – including DIHC). Considering the transfer of 200.90 WTE from DIHC, this forecasts an increase of 30.15 WTE

(across substantive, bank and agency), MMUH Mitigations, income-backed posts (additional to plan) and increased Deanery doctors will account for 34.92 WTE of the increase.

It is forecast there will have been a 74 WTE increase in bank since April 2024, 90 WTE of which is because of a MMUH mitigations, additional activity (ERF) and Surge capacity challenges.

*Full data pack is located in the further reading pack associated with this meeting.*

## 2. Alignment to our Vision

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

## 3. Report journey

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

## 4. Recommendation(s)

The Board of Directors is asked to:

a) **ASSURANCE:** Receive the report for assurance.

## 5. Impact

|   |   |  |
|---|---|--|
| Board Assurance Framework Risk 1.1                          | X | Deliver high quality, safe person-centred care and treatment |
| Board Assurance Framework Risk 2.0                          | X | Effectively manage workforce demand and capacity             |
| Board Assurance Framework Risk 3.0                          | X | Ensure Dudley is a brilliant place to work                   |
| Board Assurance Framework Risk 4.0                          | X | Remain financially sustainable in 2023/24 and beyond         |
| Is Quality Impact Assessment required if so, add date: N/A  |   |  |
| Is Equality Impact Assessment required if so, add date: N/A |   |  |

# Performance Against Workforce Forecast

## – M8



The Dudley Group  
NHS Foundation Trust



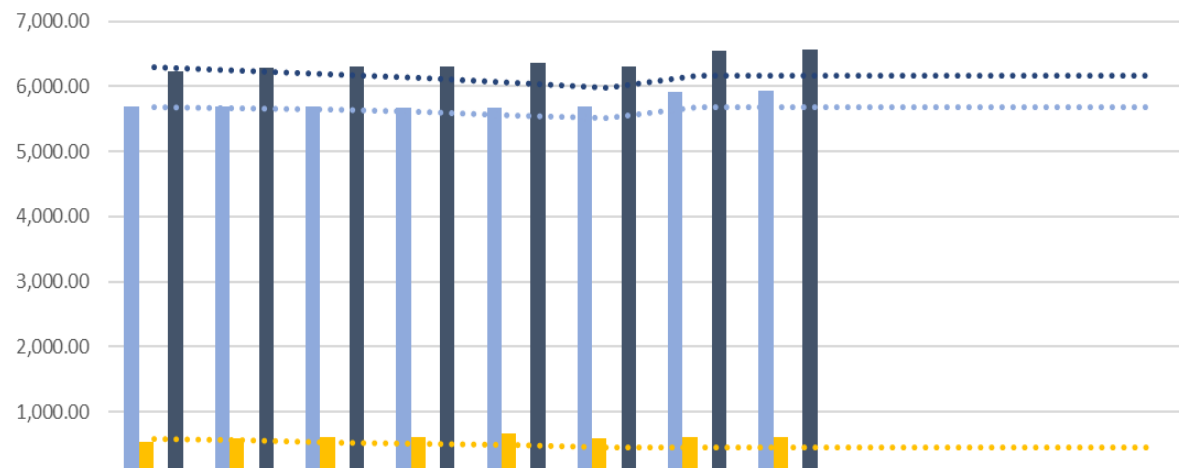
|  | Assurance at previous Committee       | In month update   |
|--|---------------------------------------|---|
| <p><b>Finance</b><br/>Will the workforce plan support the delivery of the financial plan</p>                               | <p><b>Reasonable Assurance</b></p>    | <p>Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively, accounting for this the performance until the end of November is significantly off target.</p> <p>Substantive staff are 244.84 WTE behind target in November, accounting for increased Deanery, hosted and externally funded posts reduces the shortfall to 210.38 WTE. In summary, after adjustments, the Trust’s substantive workforce increased by 16 WTE in November. The adverse financial variance has increased from £453k to £2.543m (although it should be noted that £1.560m of the change relates to the CSW band 2 to 3 issue). If the current WTE remain in post, there will be a further pressure on the substantive budget of c£3.1m over the last four months of the year.</p> <p>Bank WTE in November was highest to date (9 WTE higher than October) although the costs incurred were marginally lower than the previous month. Bank remains over target by 158.06 WTE. Adjusting for surge beds, ERF workload and the impact of Midland Met/Winter Pressures reduces the variance to 63.98 WTE. This results in an adverse financial variance of £4.458m. This would deteriorate by a further £3.9m if the current levels of WTE continue for the remainder of the year.</p> <p>Agency reduced in November but remained 2.86 WTE over plan. There is a cumulative overspend of £403k. Overall, agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The spend relates to medical staff with consultant agency comprising 68% of the total November spend. There are high costs for Anaesthetics, Elderly Care, ED, Dermatology and Breast Screening.</p> <p><b>The workforce forecast will not be achieved across 24/25, Pay pressures are being negated by improved income performance. October produced a significant over-performance on ERF with performance now £8.899m above the NHSE target.</b></p> <p>it was initially forecasted to see a reduction from 6289.95 in March 2024 to 5943.40 WTE in March 2025 a total reduction of 346.55 WTE (across substantive, bank and agency – not including DIHC).</p> <p>There is a revised forecast of 6521 WTE (across substantive, bank and agency – including DIHC). Considering the transfer of 200.90 WTE from DIHC, this forecasts an increase of 30.15 WTE (across substantive, bank and agency), MMUH Mitigations, income-backed posts (additional to plan) and increased Deanery doctors will account for 34.92 WTE</p> <p>It is forecast there will have been a 74 WTE increase in bank since April 2024, 90 WTE of which is because of a MMUH mitigations, additional activity (ERF) and Surge capacity challenges.</p> |
| <p><b>Staff Experience</b><br/>adverse impact associated with the financial and transformational plan</p>                  | <p><b>Partial Assurance (Nov)</b></p> | <p>Across workforce metrics, whilst turnover remains above target it is stable. Sickness absence has increased in month. There are no material changes or evidence of adverse impact associated with the current measures to achieve the financial and transformational improvements, however given that turnover has reduced, and retention is high this will impact on the efficiencies available to be released.</p>   |
| <p><b>Quality/Safety Patient Experience</b><br/>adverse impact associated with the financial and transformational plan</p> | <p><b>Noted</b></p>                   | <p>The monitored quality indicators, have continued to see no material changes or evidence of adverse impact associated with the current measures to achieve the financial and transformational improvements when compared with previous months. A suite of quality data and a summary of CIP related QIAs is provided in the pack for information. A joint Chief Nurse and Medical Director report continues to be produced and includes more details as well as the Quality Integrated report, both of which are reported via the agreed governance process. The nursing &amp; midwifery quality dashboard has now been made available, which provides a triangulated overview of key metrics, to showcase best practice and identify areas for improvement. Improvements are being taken forward via the existing programmes of work.</p>  |

# M8 Performance – Overview



## The Dudley Group NHS Foundation Trust

Workforce Plan 24/25 (Actual vs Planned)



|                    | WTE M1   | WTE M2   | WTE M3   | WTE M4   | WTE M5   | WTE M6   | WTE M7   | WTE M8   | WTE M9   | WTE M10  | WTE M11  |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Substantive Actual | 5,682.34 | 5,689.54 | 5,686.40 | 5,676.23 | 5,680.82 | 5,692.88 | 5,921.50 | 5,930.63 |          |          |          |
| Bank Actual        | 542.57   | 589.42   | 616.29   | 619.16   | 664.71   | 591.54   | 608.92   | 617.78   |          |          |          |
| Agency Actual      | 10.47    | 7.71     | 6.44     | 8.23     | 11.70    | 13.77    | 20.75    | 14.53    |          |          |          |
| Total Actual       | 6,235.38 | 6,286.67 | 6,309.13 | 6,303.62 | 6,357.23 | 6,298.19 | 6,551.17 | 6,562.94 | 0.00     | 0.00     | 0.00     |
| Substantive Plan   | 5,687.09 | 5,672.09 | 5,642.09 | 5,602.08 | 5,560.09 | 5,517.09 | 5,685.79 | 5,685.79 | 5,685.79 | 5,685.79 | 5,685.79 |
| Bank Plan          | 587.40   | 561.90   | 536.35   | 510.78   | 485.28   | 459.72   | 459.72   | 459.72   | 459.72   | 459.72   | 459.72   |
| Agency Plan        | 12.36    | 11.81    | 11.28    | 10.75    | 10.21    | 9.67     | 11.67    | 11.67    | 11.67    | 11.67    | 11.67    |
| Total Plan         | 6,286.85 | 6,245.80 | 6,189.72 | 6,123.61 | 6,055.58 | 5,986.48 | 6,157.18 | 6,157.18 | 6,157.18 | 6,157.18 | 6,157.18 |

Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively. The performance until the end of November is significantly off target (see summary).

The Trust performance in month 8 shows a variance against the total workforce forecasted M8 position is 405.76 WTE (above plan – compared to 393.99 above plan at M7). There has been an in-month movement of +11.77 WTE. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, hosted posts, the impact of open surge beds/Midland Met/Winter Pressures and the total impact of ERF reduces the adverse WTE variance to 277.22.

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Agency workforce variance against workforce forecasted M8 position is 2.86 WTE (above plan – compared to 9.08 WTE above plan at M7). There has been an in-month movement of -6.22 WTE. There is a cumulative overspend of £403k. Overall, agency remains very low with Trust spend of 0.7% of paybill versus the target of 3.2%. The spend relates to medical staff with consultant agency comprising 68% of the total November spend. There are high costs for Anaesthetics, Elderly Care, ED, Dermatology and Breast Screening.

|                     | TARGET          | ACTUAL          | DIFF           | ADJUSTMENTS |              |              |              |              |             | Hosted         | NET |
|---------------------|-----------------|-----------------|----------------|-------------|--------------|--------------|--------------|--------------|-------------|----------------|-----|
|                     |                 |                 |                | INCOME      | DEANERY      | SURGE        | MMet/WP      | ERF          |             |                |     |
| Substantive         | 5,685.79        | 5,930.63        | -244.84        | 7.85        | 22.07        | 2.54         | 0.70         |              | 1.30        | -210.38        |     |
| Bank                | 459.72          | 617.78          | -158.06        |             |              | 36.26        | 10.19        | 47.63        |             | -63.98         |     |
| Agency              | 11.67           | 14.53           | -2.86          |             |              |              |              |              |             | -2.86          |     |
| <b>Total of 125</b> | <b>6,157.18</b> | <b>6,562.94</b> | <b>-405.76</b> | <b>7.85</b> | <b>22.07</b> | <b>38.80</b> | <b>10.89</b> | <b>47.63</b> | <b>1.30</b> | <b>-277.22</b> |     |

The Dudley Group NHS Foundation Trust  
Board of Directors meeting (Public session)



# M8 Performance – System Reporting 1/2

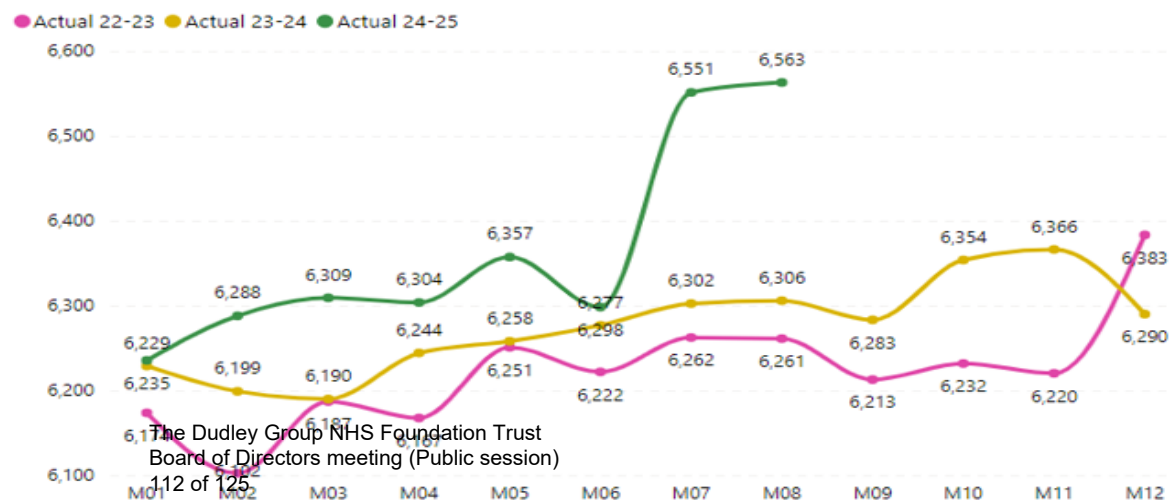
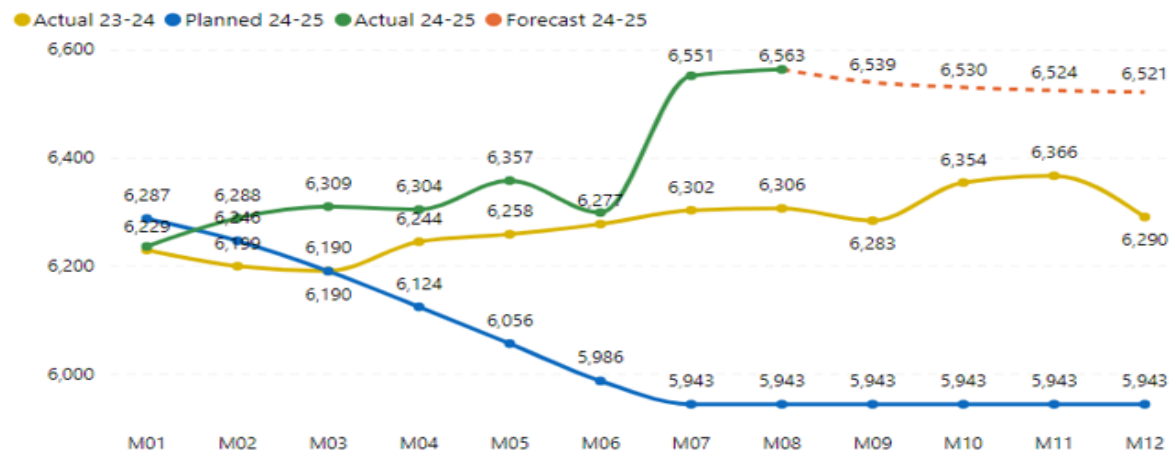
(No adjustment for DIHC)



The Dudley Group  
NHS Foundation Trust

## Black Country ICS Planned, Actual and Forecast Staffing (WTE)

Reporting Period | Month 08 | The Dudley Group NHS Foundation Trust



**6,563**

Total Staffing

**620**

Variance to Plan (n)

**10.4%**

Variance to Plan (%)

**+12**

In-Month Change (n)

**-42**

Distance From M12 FOT

### M08 Update

- Variance to plan has increased at M08 to 620 WTE (10.4%)
- Most of the variance to plan is due to incoming TUPE increasing substantive variance to plan to 457 WTE
- The current M12 forecast shows a slight reduction of 42 WTE compared to the current position, with an exit position for 24/25 of 6,521 WTE (9.7% above plan)

| Total        | M01   | M02   | M03   | M04   | M05   | M06   | M07   | M08   | M09   | M10   | M11   | M12   |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Planned      | 6,287 | 6,246 | 6,190 | 6,124 | 6,056 | 5,986 | 5,943 | 5,943 | 5,943 | 5,943 | 5,943 | 5,943 |
| Actual / FOT | 6,235 | 6,288 | 6,309 | 6,304 | 6,357 | 6,298 | 6,551 | 6,563 | 6,539 | 6,530 | 6,524 | 6,521 |
| Variance (n) | -51   | 42    | 119   | 180   | 302   | 312   | 608   | 620   | 596   | 587   | 581   | 578   |
| Variance (%) | -0.8% | 0.7%  | 1.9%  | 2.9%  | 5.0%  | 5.2%  | 10.2% | 10.4% | 10.0% | 9.9%  | 9.8%  | 9.7%  |

### Substantive

|              |       |       |       |       |       |       |       |       |       |       |       |       |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Planned      | 5,687 | 5,672 | 5,642 | 5,602 | 5,560 | 5,517 | 5,474 | 5,474 | 5,474 | 5,474 | 5,474 | 5,474 |
| Actual / FOT | 5,682 | 5,690 | 5,686 | 5,676 | 5,681 | 5,693 | 5,922 | 5,931 | 5,921 | 5,914 | 5,908 | 5,905 |
| Variance (n) | -5    | 17    | 44    | 74    | 121   | 176   | 447   | 457   | 447   | 440   | 434   | 431   |
| Variance (%) | -0.1% | 0.3%  | 0.8%  | 1.3%  | 2.2%  | 3.2%  | 8.2%  | 8.3%  | 8.2%  | 8.0%  | 7.9%  | 7.9%  |

### Bank

|              |       |      |       |       |       |       |       |       |       |       |       |       |
|--------------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Planned      | 587   | 562  | 536   | 511   | 485   | 460   | 460   | 460   | 460   | 460   | 460   | 460   |
| Actual / FOT | 543   | 589  | 616   | 619   | 665   | 592   | 609   | 618   | 609   | 609   | 609   | 609   |
| Variance (n) | -45   | 28   | 80    | 108   | 179   | 132   | 149   | 158   | 149   | 149   | 149   | 149   |
| Variance (%) | -7.6% | 4.9% | 14.9% | 21.2% | 37.0% | 28.7% | 32.5% | 34.4% | 32.5% | 32.5% | 32.5% | 32.5% |

### Agency

|              |        |        |        |        |       |       |        |       |       |        |        |        |
|--------------|--------|--------|--------|--------|-------|-------|--------|-------|-------|--------|--------|--------|
| Planned      | 12     | 12     | 11     | 11     | 10    | 10    | 10     | 10    | 10    | 10     | 10     | 10     |
| Actual / FOT | 10     | 9      | 6      | 8      | 12    | 14    | 21     | 15    | 9     | 7      | 7      | 7      |
| Variance (n) | -2     | -3     | -5     | -3     | 1     | 4     | 11     | 5     | -1    | -3     | -3     | -3     |
| Variance (%) | -15.3% | -24.6% | -42.9% | -23.4% | 14.6% | 42.4% | 114.6% | 50.3% | -6.9% | -27.6% | -27.6% | -27.6% |



# M8 Performance – System Reporting 2/2



The Dudley Group  
NHS Foundation Trust

## Variance to plan:

- 620 WTE (10.4%) away from plan
  - o removing DIHC this is 419 WTE (7.5%) .
  - o adjusting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, this becomes 296.28 (5%)

## breakdown

- Substantive is 457 away from plan (8.3%)
  - o Accounting for DIHC (200.9) this 255.72 4.7%
  - o Accounting for MMUH, Income back developments, deanery doctors this is 222.56 (4.1%)
  - o Adverse financial variance £2.543m (although it should be noted that £1.560m of the change relates to the CSW band 2 to 3 issue).
- Bank is 158 wte away from plan (34.4%)
  - o Accounting for MMUH, Income back developments, ERF, and escalation capacity this is 68.8 WTE (15%)
  - o Adverse financial variance of £4.458m
- Agency is 4.86 away from plan (50.3%)
  - o There is a cumulative overspend of £403k.
  - o Agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%.

## Position since March 2024 (to month 8)

- Movement in total workforce (includes substantive, bank and agency since March 2024 is (6289.5 to 6562.94) +273.44 WTE (4.3%)
  - o Accounting for DIHC this becomes +72.45 (1.2%)
  - o Accounting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, (122.36 WTE) – This would give us a reduction of 49.91 WTE (0.8% reduction)



## Paper for submission to the Board of Directors 9<sup>th</sup> January 2025

|                              |  |
|------------------------------|--|
| <b>Report title:</b>         | The Dudley Group NHS foundation Trust Constitution Review 2024 |
| <b>Sponsoring executive:</b> | Diane Wake, Chief Executive Officer                            |
| <b>Report author:</b>        | Helen Board, Board Secretary                                   |

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

The Trust's constitution is subject to review every year. Following the recent transition of staff and services from Dudley Health and Integrated Care NHS Trust, the Trust's constitution document has been subject to review by law firm, Hill Dickinson LLP who have provided their advice. This is summarised below with suggested minor changes given in red font. The proposed changes were endorsed by the Council of Governors at the meeting held on 19<sup>th</sup> December 2024 and are summarised below:

#### Public Constituency

Clause 7.1 of the Constitution states that any individual who lives within one of the designated areas in Annex 1 is eligible to become a member of the Trust. There is a minimum number of members for each area, and these are also set out in Annex 1. A certain number of members from each area are to be elected to the Council of Governors, which is also set out in Annex 1 (e.g. for Brierley Hill, two members from that area are to become Governors).

We have checked that the current constituencies in Annex 1 accurately reflect the geography of the public served by Dudley Health and Integrated Care NHS Trust. For example, if Dudley Health and Integrated Care NHS Trust served a wider area than DGFT we might have considered adding a new constituency or expanding the number of members and governors elected from the Rest of England category. We established that Dudley Health and Integrated Care NHS Trust served the same areas set out in Annex 1, and no changes are required.

#### Staff Constituency

We have checked that the list of staff classes set out in Annex 2 accurately reflects the Dudley Health and Integrated Care NHS Trust staff who have transferred to The Dudley Group and there is no requirement to amend or add to the current classes.

We propose to amend the Constitution to allow staff members who have been employed at Dudley Health and Integrated Care NHS Trust for 12 months to become part of the Staff Constituency, to avoid any unwarranted exclusions from the constituency. Please find suggested amendments to clauses 8.1 and 8.2 below in red:

- 8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
- 8.1.1 they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
  - 8.1.2 they have been continuously employed by the Trust under a contract of employment for at least 12 months. **For the purpose of this section 8.1.2, any period of employment under a contract of employment which transferred to the Trust pursuant to the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 shall count towards this 12-month qualifying period.**

8.2 Individuals from partner organisations who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, and who work in The Dudley Group premises or in premises specifically serving the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months. Organisations whose employees may be entitled to become Members of the staff constituency, as at the date of adoption of this constitution, by virtue of exercising functions for the Trust include those listed at Annex 2.

For the purpose of paragraph 8.2, where the Trust takes on services previously provided by another organisation, any period during which an individual exercised functions for that other organisation in relation to those services shall count towards the 12 month qualifying period if the individual continues to exercise the same functions in relation to the Trust immediately following the Trust's acquisition of the relevant services.

Consideration was given to amending the list of staff classes and minimum number of members in Annex 2 to incorporate the incoming staff that have transferred from Dudley Health and Integrated Care NHS Trust and any partner organisations associated with the transferring Dudley Health and Integrated Care NHS Trust services.

The Dudley Health and Integrated Care NHS Trust transfer was not classed as a 'significant transaction' for the purpose of the Constitution.

### **Tendering and Contract Procedures**

Procurement law is changing in 2024 where the Procurement Act 2023 is replacing the Public Contracts Regulations 2015 (PCR) and expected to come into force in October 2024. To reflect this the following amendments are proposed **shown in red font, font to replaced highlighted**:

## **ANNEX 8 STANDING ORDERS – BOARD OF DIRECTORS**

### **9. TENDERING AND CONTRACT PROCEDURE**

Duty to comply with Standing Orders

**Public Contract Regulations (2015)** **Procurement Act 2023**

Formal Competitive Tendering

Quotations

Where tendering or competitive quotation is not required

Private Finance

Contracts

Personnel and Agency or Temporary Staff Contracts

Healthcare Services Contracts

Other Contracts for Services Provided by the Trust

Cancellation of Contracts

Determination of Contracts for Failure to Deliver Goods or Materials

Contracts Involving Funds Held on Trust

9.2 **Public Contract Regulations (2015)** **Procurement Act 2023** - Directives by the Council of the European Union promulgated by the Department of Health and Social Care (DHSC), which remain in place following the United Kingdom's exit from the European Union, prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders.

9.18 **Contracts** - The Trust may only enter into contracts within its statutory powers and shall comply with:

- (a) these Standing Orders;
- (b) the Trust's Standing Financial Instructions (SFIs);

- (c) **Public Contract Regulations (2015)** **Procurement Act 2023** and other statutory provisions;
- (d) any relevant directions issued by the Regulator;
- (e) such of the NHS Standard Contract Conditions as are applicable.

## ANNEX 11 – RESERVATION OF POWERS AND SCHEME OF DELEGATION

Section 5 – Power Delegated by the Board to Committees. Proposed updates as follows:

Committees renamed

Workforce & Staff Engagement Committee renamed **People Committee**

Finance & Performance Committee renamed **Finance & Productivity Committee**

Quality & Safety Committee renamed **Quality Committee**

Charitable Funds Committee renamed **Charity Committee**

Committee removed

**Digital Trust Technology Committee** - dis-established in May 2024

Committees added

**Integration Committee** – established June 2023

**Joint Provider Committee** – Formally established 2023

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

| 3. Report journey                                   |
|---|
| Council of Governors 19 <sup>th</sup> December 2024 |
| Board of Directors 9 <sup>th</sup> January 2025     |

| 4. Recommendations   |
|--|
| The Board of directors is asked to:  |
| a) Note the amendments to the Trust Constitution as endorsed by the Council of Governors |

| 5. Impact   |   |   |
|---|---|---|
| Board Assurance Framework Risk 1.1                      | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2                      | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0                      | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0                      | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0                      | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0                      | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0                      | X | Build innovative partnerships in Dudley and beyond  |
| Board Assurance Framework Risk 7.0                      | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0                      | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date:  |   |   |
| Is Equality Impact Assessment required if so, add date: |   |   |

## Paper for submission to the Board of Directors 9<sup>th</sup> January 2025

|                              |                              |
|------------------------------|------------------------------|
| <b>Report title:</b>         | Trust Seal Usage Report      |
| <b>Sponsoring executive:</b> | Diane Wake, Chief Executive  |
| <b>Report author:</b>        | Helen Board, Board Secretary |

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

#### Assure

In line with the Trust's Constitution, the board secretary ensures that an entry of every sealing is recorded and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The Seal of the Trust is fixed to documents authorised by a resolution of the Board or otherwise under the authority of the Board as delegated. A report of all sealing is made containing the details of the seal number, the description of the document and date of sealing.

#### Trust Seal Usage 2025/25

See table below for detail of seal usage for the period September 2024 – December 2024

| Reference | Date       | Witness/es  | Document   |
|-----------|------------|---|--|
| 177       |            |   | Not used   |
| 178       | 04/09/2024 | Diane Wake, CEO<br>Sir David Nicholson,<br>Chairman | Deed of Variation to the project agreement between DGFT & Summit                       |
| 179       | 04/09/2024 | Diane Wake, CEO<br>Sir David Nicholson,<br>Chairman | Contractors warranty between Speller Metcalfe Malvern Limited, DGFT and Mitie FM Ltd   |
| 180       | 04/09/2024 | Diane Wake, CEO<br>Sir David Nicholson,<br>Chairman | Consultants collateral warranty between Drees and Sammer UK Ltd, DGFT and Mitie FM Ltd |
| 181       | 06/09/2024 | Diane Wake, CEO<br>Sir David Nicholson,<br>Chairman | Deed of Assignment of parent company guarantee between Mitie FM ltd and DGFT           |
| 182       | 31/10/2024 | Diane Wake<br>Chris Walker                          | Tree Tops Nursery new lease  |
| 183       | 31/10/2024 | Diane Wake<br>Chris Walker                          | Tree Tops Nursery surrender lease  |
| 184       | 13/12/2024 | Sir David Nicholson<br>Chris Walker                 | Agreement to lease Merry Hill unit L70-71&76a  |

### 2. Alignment to our Vision

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

### 3. Report journey

Trust Board – 9<sup>th</sup> January 2024

### 4. Recommendation(s)

The Public Trust Board is asked to:

a) **Note** the usage of the Trust Seal in the period September 2024 – December 2024

### 5. Impact

|                                    |   |   |
|------------------------------------|---|---|
| Board Assurance Framework Risk 1.1 | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2 | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0 | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0 | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0 | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0 | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0 | X | Deliver on its ambition to building innovative partnerships in Dudley and beyond                            |
| Board Assurance Framework Risk 7.0 | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0 | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

## Paper for submission to the Board of Directors 09 January 2025

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

### 1. Summary of key issues

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

Each committee receives their individual BAF risks scheduled throughout the year tabled by the executive lead for that risk; the date of most recent meeting is indicated. The Board of Directors is asked to receive a summary of the BAF given in appendix 1.

#### Board Assurance Framework Annual Audit

RSM have completed an annual audit that considered the design and the application of the control framework. They have issued their findings and identified a number of management actions that will be the focus for further BAF refinement.

They found that there is a robust framework in place at the Trust for the recording and updating of the Board Assurance Framework (BAF). They also noted a number of areas for improvement and these largely relate to ensuring that controls and assurances are clearly defined. We also noted that risk scoring was pre-populated in a number of cases which indicated that scores were not being regularly reviewed.

They have noted that six of the management actions agreed as part of our Board Assurance Framework (2.23/24) have been fully implemented, one management action has seen a noted improvement and has been downgraded to low priority management action. A further three low priority and one medium priority management actions still require further work by the executive director leads.

One new medium priority management action has been raised and completed in relation to ensuring that scores are live and not pre-populated.

They have acknowledged that the BAF is constantly evolving and changing, and recommend it would be beneficial for the Trust to consider all of the actions made within our report periodically as a reminder.

#### Summary of changes since the last report – November 2024

Each of the Committees articulate their assurance levels for each BAF risk for which they have oversight. This approach informs the agenda and regular management information received by the lead committee.

Of the nine risks listed, committee assurance ratings have not changed from the previous summary report:

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

Responding to the request for increased cross committee oversight of risks, each BAF risk is summarised in this document for the reporting period as follows:

**BAF Risk 1.1: Quality: Safe, High-Quality Care** There is a risk that the Trust fails to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.

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

#### Items to note

- Deteriorating patients - Action items complete Ongoing to monitor and address any gaps in compliance
- Mental Health contract - Final agreement reached regarding medical scrutiny of detention papers. Standard Operating Procedure (SOP) has been updated and is currently in the process of being checked by Trust solicitors.
- Quality Impact Assessment policy - finalised and new process is now in place and being embedded.
- Discharge management - Review of discharge process is in place, led by Director of Governance.
- Patient Experience and complaints framework - Additional review has been undertaken and a different process suggested for Local Resolution Process/meetings to maximise their benefits. A proposal outlying this process will be discussed by the Executive team during November 2024.
- Quality account and agreed quality priorities – Quality Committee received an update on progress with quality priorities at the end of October 2024, with positive progress made across all of the priorities

The risk appetite is defined as Cautious. Committee assurance level rating was last reviewed in November 2024 and remained as inconclusive.

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

The current risk score is 12 (4x3). Updated Oct 24

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

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

Score remains at 12 due to:

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

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

The risk appetite is defined as Open. Committee assurance level rating was last reviewed in November 2024 and remained as positive.

#### Items to note

- The CQC self-assessment of the services report progress made with confirm and challenge session scheduled for December 2024.
- Ward to board visits - Flexibility in rota and visit plan to suit people and availability to align to board and committee meetings on different sites to reduce travelling impact



**BAF Risk 2 – Failure to effectively manage workforce demand and capacity which will compromise the ability to deliver safe and effective care, maintain staff morale and regulatory compliance.**

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

Whilst there are existing staffing challenges, normalised vacancy levels are low, retention remains high. There has been a decrease in turnover. There remain shortages in some professions such as Allied Health Professionals (Radiographers) and Pharmacists.

There remain challenges around data quality, impacting on workforce planning for current and future workforce requirements (including number of staff, skill-mix, and training) which may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives.

The score is also impacted by the workforce reduction plan – which could negatively impact this measure should it be fully delivered. At present reductions in workforce have not triggered a negative impact, where reductions have been made these have been supported by a quality impact assessment.

Additional challenges include challenges in providing sufficient vacancies for newly qualified nurses, fragile services that are difficult to recruit to and sustain sufficient workforce and effective rostering and utilisation of bank staff

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

**Items to note**

- Strategic measure updated to remove 4% reduction in substantive workforce, maintain leavers rate at 7% and reduce sickness absence to below 5%
- Optimisation of ESR – updated to reflect new deputy ESR manager to commence in post Feb '25. Manager self-service go-live date revised to Dec'25. User responsibility profile updates revised completion date Jan'26
- New actions added related to management of absence
- Actions related to Optimisation of Rostering updated and new ones added to support fragile services and sustainable recruitment and retention of staff.
- Revision to completion of work related to review of medical locum payrates.
- Revision to completion of review of band 2/3 CSW's in line with national profile changes
- New actions added to support effective partnership working with staff side representative to support effective management of the workforce.

Completed actions moved to foot of table to enable clear view of outstanding actions.

To note that the People Committee last reviewed at its November 2024 meeting and assigned a 'positive' Committee level assurance rating.

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

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

Whilst there has been improved staff retention and reduced vacancy levels and stable sickness absence, the Trust has remained stable in terms of staff survey results, with scores performing around benchmark position for all people promises and staff engagement and morale themes.

Failure to deliver against the Trust's Strategic Plan, People Plan and the NHS People Promises will impact on the score in this area. There are mitigating actions in place but measures of engagement and morale are at fixed points in time which make it difficult to establish a reliable assessment of organisational effectiveness in this area.

Increased financial scrutiny and additional restrictions to support delivery of the financial recovery plan negatively impact staff engagement and morale. Restrictions on recruitment through grip and control impact negatively on engagement and morale in wider teams as this results in delays in cover for vacancies and increased workload. Increased periods of operational demand create potential tensions in teams which can impact engagement and morale. Mitigation for this is in place through the People Plan and support packages in place. The transfer in of DHIC staff is an unknown impact on engagement and this will need to be closely monitored to support proactive action.

The target score is 6 (2x3), The aim is to move the likelihood to 'Possible,' whilst the impact of the risk will be Minor.

#### Items to note

- Poor culture around flexible working – new action added Develop data capture and reporting to support improved impact and satisfaction around flexible working options and experience of staff
- Embedding wellbeing culture – new actions added Increase staff accessing health checks from baseline in Q1-2 2024/25 by March 2025 and Increase roll-out of wellbeing champions and increase effectiveness and impact by May 2025
- Lack of triangulation around raising concerns – new actions added to undertake initial review of data and review regularly thereafter and to develop a balanced scorecard to reflect engagement and morale measures
- New action added to review organisational approach to listening and engagement
- Reporting of poor behaviours and team culture - new actions added
- New actions added to support effective partnership working with staff side representatives to support effective management of the workforce
- Staff development opportunities and role satisfaction/fulfilment - new actions added include develop and drive clear approach to succession planning for service critical posts, development of key competencies in key corporate roles and developing and embedding competency profiles and development plans for all service leaders

Completed actions moved to foot of table to enable clear view of outstanding actions. To note that the People Committee last reviewed at its November 2024 meeting and assigned a 'positive' Committee level assurance rating.

#### BAF Risk 4 – Financial Sustainability

The current risk score is 20 (5x4) based on an almost certain and major impact assessment. The Trust had set a deficit plan of £32.6m which has subsequently been revised to a £1.6m deficit following receipt of deficit funding and a distribution of the ICB surplus. To achieve this plan the Trust is required to deliver £31.9m CIP. The medium-term financial plan requires further work at a system level to substantiate future years efficiency plans.

The target risk score is 12 (4x3). This is based on a reduction in likelihood (from 4 to 3) but unchanged impact. This reflects the Trust having a fully identified CIP plan for 2024/25 and a clear medium-term plan showing financial sustainability.

#### Items to note

- The Trust is £3.716m ahead of the financial plan at the end of October 2024. This predominantly relates to the receipt of 2023/24 Elective Recovery Fund overperformance and Industrial Action income.
- As at the end of October ERF is performing very well with the Trust overperforming against the internal plan by £1.667m and against the NHSE plan by £8.899m.
- At the end of October the Trust has a risk to delivery of CIP of £1.702m against the full CIP plan of £31.896. Of the identified £22.389m is recurrent. This is 74% of the identified CIP.
- Whole Time Equivalents continue to be above plan. At the end of October the Trust was 394 Whole Time Equivalents above plan.

To note that the Committee last reviewed at its November 2024 meeting and assigned a 'positive' Committee level assurance rating.

#### **BAF Risk 5 – Carbon Emissions Reduction**

The Committee agreed to receive an update every six months with the next report due April 2025. The Committee assigned a positive assurance rating in October 2024.

#### **BAF Risk 6 – Build Partnerships**

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

To note that BAF 6 residual score for is unchanged at 12 (3x4). This is based on a possible and major impact assessment. The impact is assessed as major as the health outcomes of our population will not improve without us working in partnership to deliver transformation. There will also be an impact on our reputation.

The target score is 8 (2x4). The Trust should be making appropriate plans to ensure that this is 'unlikely', whilst the impact would remain 'major'. Risk appetite is Open. There are no operational risks linked to this BAF.

#### **Items to note**

The following updates have been applied.

- The following item had been added as an identified gap in key control:  
Sustainability of Partners due to changes in government policy and lack of finances.  
Actions: Chief Integration Officer to continue to build strong individual relationships and open dialogue between partners by March 2025. Chief Integration Officer to establish partnership risk tracking and refresh governance arrangements for Dudley Health and Care Partnership.

To note that the Committee last reviewed at its December 2024 meeting and assigned a 'positive' Committee level assurance rating.

**BAF Risk 7 – Achieve Operational Performance/Strategic goals** Failure to achieve operational performance requirements and deliver strategic goals with potential to be subject to regulatory action.

The current risk score is unchanged at 16 (4x4). This is on the basis that the current likelihood is "likely". The impact of this risk, should it be realised for the Trust's services, is 'major'.

The inherent risk score is increased to 25 (5x5) reflective of current challenges.

#### **Items to note**

- Winter plan submitted to November Board of Directors.
- Continue to protect winter capacity throughout winter. Robust staffing plan for anaesthetic coverage in place.
- GIRFT Programme – part of Black Country Elective Operations Group feeding into Elective Board for increased oversight and monitoring
- Regular tier calls with NHSE
- Midland Metropolitan University Hospital (MMUH) impact subject to escalation calls led by ICB  
Winter plans developed and to be submitted to November Board of Directors

To note that the Committee assigned a 'positive' Committee level assurance rating at its November 2024 meeting.

**BAF Risk 8 –** If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack.

The current risk is 16 (4x4). The current Digital, Data and Technology (DDaT) capacity is already exceeded. The pace of digital solution delivery is managed by strict priority criteria due to capacity constraints. This is rate-limiting the Trust's delivery of strategic objectives. Executive Leads have identified issues as a result of this, therefore the consequent risks are highly likely to manifest.

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

#### Items to note

Establishment of the Digital Leaders Network is ongoing with the Trust's Chief Clinical Information Officer (CCIO) leading on embedding the group. The Sunrise Upgrade has impacted timescales for this piece with a completion date of the end of December 2024 now expected.

In alignment with the action above, the requirement to add protected time for key clinicians to undertake digital leadership work and professional development to clinical job plans is also underway. Again this has an expected completion date of the end of December 2024.

#### Next Steps

The Board development workshop activity held in December to finalise the BAF risks and appetite aligned to the work underway to refresh the Trust strategy concluded that the work would be deferred and completed sequentially to the finalisation of the Trust Strategy.

|  |   |   |
|--|---|---|
| <b>2. Alignment to our Vision</b>  |   |   |
| Deliver right care every time  |   | <b>X</b>  |
| Be a brilliant place to work and thrive  |   | <b>X</b>  |
| Drive sustainability (financial and environmental)   |   | <b>X</b>  |
| Build innovative partnerships in Dudley and beyond   |   | <b>X</b>  |
| Improve health and wellbeing   |   | <b>X</b>  |
| <b>3. Report journey</b>   |   |   |
| Audit Committee – 9 <sup>th</sup> December 2024, Public Trust Board – 9 <sup>th</sup> January 2025 |   |   |
| <b>4. Recommendations</b>  |   |   |
| The Public Trust Board is asked to:  |   |   |
| a) <b>Approve</b> the updates made since the last meeting  |   |   |
| b) <b>Note</b> ongoing work embed effective risk management  |   |   |
| <b>5. Impact</b>   |   |   |
| Board Assurance Framework Risk 1.1   | X | Deliver high quality, safe person centred care and treatment  |
| Board Assurance Framework Risk 1.2   | X | Achieve outstanding CQC rating.   |
| Board Assurance Framework Risk 2.0   | X | Effectively manage workforce demand and capacity  |
| Board Assurance Framework Risk 3.0   | X | Ensure Dudley is a brilliant place to work  |
| Board Assurance Framework Risk 4.0   | X | Remain financially sustainable in 2023/24 and beyond  |
| Board Assurance Framework Risk 5.0   | X | Achieve carbon reduction ambitions in line with NHS England Net Zero targets                                |
| Board Assurance Framework Risk 6.0   | X | Deliver on its ambition to building innovative partnerships in Dudley and beyond                            |
| Board Assurance Framework Risk 7.0   | X | Achieve operational performance requirements  |
| Board Assurance Framework Risk 8.0   | X | Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation |
| Is Quality Impact Assessment required if so, add date:   |   |   |
| Is Equality Impact Assessment required if so, add date:  |   |   |

**Summary Board Assurance Framework (BAF): December 2024 update**

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – Inherent, current (residual), and target levels (Consequence x Likelihood)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board

|     |                                  |  |  |                          | Ratings as reported at December 2024 |                             |                   |               |   |
|-----|----------------------------------|--|--|--------------------------|--------------------------------------|-----------------------------|-------------------|---------------|---|
| ID  | Area                             | Risk Description   | Lead Exec  | Lead Committee           | Inherent Risk score                  | Current Residual Risk score | Target Risk Score | Risk Appetite | Committee Assurance Rating/ last reviewed |
| 1.1 | Quality: Safe, High-Quality Care | Failure to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.  | Medical Director<br>Chief Operating Officer<br>Chief Nurse | Quality                  | 20 (4x5)                             | 12 (3x4)                    | 9 (3x3)           | Cautious      | Inconclusive<br>26/11/24                  |
| 1.2 | Compliance and Regulation        | Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action | Director of Governance                                     | Quality                  | 20 (4x5)                             | 12 (3x)                     | 9 (3x3)           | Open          | Positive<br>26/11/24                      |
| 2   | Workforce                        | Failure to effectively manage workforce demand and capacity to deliver Trust Strategic Objectives  | Chief People Officer                                       | People                   | 20 (4x5)                             | 9 (3x3)                     | 9 (3x3)           | Seek          | Positive<br>26/11/24                      |
| 3   | Staff satisfaction               | Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.                                 | Chief People Officer                                       | People                   | 15 (3x5)                             | 12 (3x4)                    | 6 (2x3)           | Open          | Positive<br>26/11/24                      |
| 4   | Finance                          | Failure to remain financially sustainable in 2024/25 and beyond  | Director of Finance  | Finance and Productivity | 20 (4x5)                             | 20 (5x4)                    | 12 (4x3)          | Open          | Positive<br>28/11/24                      |
| 5   | Environmental                    | Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets  | Director of Finance  | Finance and Productivity | 16 (4x4)                             | 12 (3x4)                    | 8 (4x2)           | Open          | Positive<br>31/10/24                      |
| 6   | Partnerships                     | Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond   | Chief Integration Officer                                  | Integration Committee    | 16 (4x4)                             | 12 (3x4)                    | 8 (2x4)           | Open          | Positive<br>18/12/24                      |
| 7   | Operational Performance          | Failure to achieve operational performance requirements and deliver strategic goals  | Chief Operating Officer                                    | Finance and Productivity | 25 (5x5)                             | 16 (4x4)                    | 12 (3x4)          | Open          | Positive<br>28/11/24                      |
| 8   | IT and Digital Infrastructure    | Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation             | Executive Chief Strategy & Digital Officer                 | Finance and Productivity | 25 (5x5)                             | 16 (4x4)                    | 16 (4x4)          | Open          | Positive<br>28/11/24                      |

| Risk Scoring Levels                                   |                                       |   |                                    |   |  |
|---|---------------------------------------|---|------------------------------------|---|--|
| Consequence score                                     | 1                                     | 2   | 3                                  | 4   | 5  |
|   | Negligible                            | Minor   | Moderate                           | Major   | Catastrophic                                       |
| 5 Almost certain                                      | 5                                     | 10  | 15                                 | 20  | 25   |
| 4 Likely  | 4                                     | 8   | 12                                 | 16  | 20   |
| 3 Possible  | 3                                     | 6   | 9                                  | 12  | 15   |
| 2 Unlikely  | 2                                     | 4   | 6                                  | 8   | 10   |
| 1 Rare  | 1                                     | 2   | 3                                  | 4   | 5  |
| Likelihood score                                      | 1                                     | 2   | 3                                  | 4   | 5  |
|   | Rare                                  | Unlikely  | Possible                           | Likely  | Almost certain                                     |
| <b>Descriptor</b>                                     | Rare                                  | Unlikely  | Possible                           | Likely  | Almost certain                                     |
| <b>Frequency</b><br>How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/ recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

| Score | Level         | Colour |
|-------|---------------|--------|
| 1-4   | Low risk      | Green  |
| 5-12  | Moderate risk | Yellow |
| 15-16 | High risk     | Orange |
| 20-25 | Extreme risk  | Red    |

The Dudley Group NHS Foundation Trust  
Risk Scoring = Consequence x Likelihood  
Board of Directors meeting (Public session)

| Committee Assurance Level descriptors updated March '23   |   |
|---|---|
| <b>Positive</b>   | The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.   |
| <b>Inconclusive</b>   | Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.                          |
| <b>Negative</b>   | There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision. |
| This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks. |   |

| Risk Appetite      | Descriptor   |
|--------------------|--|
| <b>None</b>        | Avoidance of Risk is a key organisational objective  |
| <b>Minimal</b>     | Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential  |
| <b>Cautious</b>    | Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential       |
| <b>Open</b>        | Willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward      |
| <b>Seek</b>        | Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)          |
| <b>Significant</b> | Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust |