
Health and Adult Social Care Scrutiny Committee – 25th February 2014

Report of the Lead Officer to the Committee

NHS Quality Accounts

Purpose of Report

1. To consider the delivery of NHS providers against current Quality Account improvement priorities and leading issues moving into 2014/15.

Background

Quality Accounts

2. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and plans for improvement with the aim of enhancing accountability; and supporting the local quality improvement agenda.
3. Government has re-affirmed its commitment to them as part of an 'information revolution' to increase the amount of information about NHS services available to the public. In the White Paper, Equity and Excellence: Liberating the NHS, government stated its intention to 'revise and extend quality accounts to reinforce local accountability for performance, encourage peer competition, and provide a clear spur for boards of provider organisations to focus on improving outcomes'
4. Most health service providers have been required to submit Quality Accounts since July 2010, with the exception of small providers, primary care, continuing care and community care. Providers of community care as of 2012, also have to produce a Quality Account.
5. A Quality Account is split into three elements: initial statements on quality, priorities for improvement and a review of quality performance. Providers are encouraged to keep in mind the three domains of quality; safety, effectiveness of care and patient experience established in Lord Darzi's final report in the NHS Next Stage Review in 2009, when writing their quality reports.
6. In addition, a central change for 2013/14 is the incorporation of the Friends and Family Test.

7. Publication of Quality Accounts occurs annually; providers are required to publish their Quality Accounts on the NHS Choices website by **30 June**.

Improvement Priorities

8. Quality Accounts are developed in accord with prescribed standards and indicators; and form part of internal quality assurance processes. Also included are locally agreed priorities for improvement based on consultation with public and patient representatives and local scrutineers to ensure priorities are representative of quality of services experienced.
9. The Committee commented on the development of draft QA's across Dudley's main healthcare providers in February 2013 and agreed to keep a watchful eye on resulting quality improvement priorities in 2013/14 – progress summaries by healthcare Trusts are set out in the Appendices for consideration.
10. Also in the Appendices are emerging priorities moving into 2014/15 which Committee may wish evaluate in the light of its scrutiny experiences in maintaining local relevance.

Proposals

11. That members review the progress against the improvement priorities and identify areas for future scrutiny, as appropriate.
12. Members comment on planned priorities for improvement going into 2014/15 in order to ensure they are representative of the quality of services provided and cover areas of importance to the local communities.
13. Finally, views expressed at this meeting form the basis of the Committee's commentary on final Quality Accounts expected early April 2014.

Finance

14. There are no direct financial implications arising from the content of this report.

Law

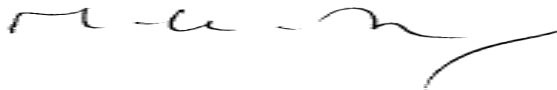
15. In the White Paper, Equity and Excellence: Liberating the NHS the government stated its intention to 'revise and extend quality accounts to reinforce local accountability for performance, encourage peer competition, and provide a clear spur for boards of provider organisations to focus on improving outcomes'. The Health and Social Care Act 2012 places this requirement onto a statutory footing.

Equality Impact

16. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

17. To note contents of report and approve the proposals at paragraphs 8 to 10.



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**LEAD OFFICER TO THE HEALTH AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE**

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List of Background Papers

Quality Accounts - report of the Lead Officer to the Committee February 2013

WMAS Quality Account update for Dudley HOSC

Performance 999

There are nationally set standards for ambulance services to achieve as a service:

Red 1: Respond to 75% of calls within 8 mins.

These are for the most life threatening conditions, the most time critical patients

Red 2: Respond to 75% of calls within 8 mins

These calls may be life threatening but less time-critical and should receive an emergency response within 8 minutes in 75% of cases.

Red 19 Mins: Respond to 95% of calls within 19 mins

West Midlands regionally set standards are:

Green 2: Respond to 90% of calls within 30 mins

Green 4: Triage 90% of calls in 60 mins

Category (standard)	Dudley CCG YTD (Apr – Dec 13)	Trust YTD (Apr – Dec 13)
Red 1 (75%)	81.8%	86.6%
Red 2 (75%)	73.1%	73.9%
Red 19 (95%)	98.9%	98.9%
Green 2 (90%)	84.8%	83.9%
Green 4 (90%)	99.4%	99.5%

Demand in the Dudley CCG area is in line with contract so far this year.

Unfortunately, R2 performance is currently not being achieved to the national standard, which is due to a variety of reasons such as unusual spikes in demand. To counteract this, we have been increasing the number of resource available to help patients and this is leading to an improvement in the standard. Another cause of the disappointing position are the significant delays we have been encountering at the local hospital. Having vehicles tied up at A&E means ambulances are not available to respond to the next patient. We are continuing to work with CCG commissioners and the hospital to resolve this issue.

Hospital Turnaround

There is a national agreement and target of 30 minutes in regards to the turnaround of ambulances at an Emergency Department (ED). It is agreed that in the vast majority of cases, it should take no more than 15 minutes to hand the patient over to the care of the hospital and this leaves a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

Hospital	Ave Turnaround YTD (mins)	Hours lost over 30 mins YTD (hours)	Longest handover YTD	Over hour delays YTD
Russell's Hall	29:50	1783	2:38:35	544

Incident Disposition for 999 calls

This is a breakdown in percentages of how the calls are managed by either being telephone triaged by a clinician (hear & treat), where we attend and discharged at scene (see & treat) and where we attend and convey the patient to a treatment centre (see & convey). The Trust is contracted to achieve under 64% of patients being transported to hospital

	Dudley YTD (Apr – Dec 13)	Trust YTD (Apr – Dec 13)
Hear & Treat	6.4%	7.3%
See & Treat	32.5%	33.1%
See & Convey	61.2%	59.1%

High Volume Service Users

There is assertive, proactive management of people who frequently use the 999 service, very often inappropriately. In the Dudley CCG area we have identified 30 such patients (Q1-3). We have brought together a multi-agency response to these cases. Together we are able to establish why the individual repeatedly dials 999 and work together to put in place solutions to reduce the number of calls. This could be through additional care packages or making changes to the individuals surrounds which for example reduces the number of falls the patient has.

Patient Experience

To date this year there have been 20 formal complaints and 73 PALS incidents reported to the Trust for the Black Country. This compares to the 126 complements received in the same period.

Staffing, skill mix and vehicles in the Dudley CCG Area

Number of staff	157 WTE
Paramedic skill mix	54%
Date to achieve 70% paramedic skill mix	March 2016
Mandatory training (completed / planned)	95%
Staff appraisals (completed / planned)	95%
Ambulances	25
Rapid Response Vehicles	13
Hub	1
Community Ambulance Stations	5

Patient Safety Priorities 2013/14

An update of these priorities will be presented at the meeting

DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST QUALITY ACCOUNT SUMMARY FOR 2013/14

Report from the Head of Nursing, Quality and Innovation, Dudley and Walsall Mental Health Partnership NHS Trust

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2013 and which were included in the published Quality Account for 2012/13. It gives an indication of where the Trust is at with these priorities at the time of writing this report (February 2014) and so it has to be appreciated that a final complete analysis and conclusion can only be done at the end of the year, which is 31st March 2013. It also indicates how the Trust has been identifying its priorities for quality improvement for 2013/14. At the time of writing, the priority topics have not yet been formally decided by the Trust for 2013/14.

The full Quality Account will be circulated to the committee when available. This will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators.

2. Quality priorities for 2013/14

Following a process of service review and consultation with staff, service users and carers and other partners, the Trust identified nine quality goals to be priority areas for 2013/14. These formed the basis of the Trusts' 2013/14 Quality Account.

The Trust believe that these goals were especially pertinent as 'barometers' for service quality as they reflect the current priorities of the organisation, are distributed across the three domains of quality, represent both local and national agenda and will be applicable to new services being developed as part of the Trust's Service Transformation work.

The following shows progress against the priorities stated in the 2012/13 Quality Account. The position at the end of the year will be available and reported within the Trust's Quality Account in June.

Delivering high quality safe services

Quality Goal 1: Caring for people in a safe environment and protecting them from avoidable harm relating to falls

Rationale for Inclusion

The Trust has identified through the National Safety Thermometer and local incident reporting that there is a need to continue to embed a targeted falls prevention programme within the organisation. During 2012/13 the Trust undertook a deep dive looking at falls incidents and has subsequently renewed the falls prevention programme. The Trust is keen to ensure that this programme is embedded and high quality standards are maintained.

Figure 1: Progress against Priority 1

Progress
Launched a new Trust wide falls prevention programme which has led to a downward trend in service users experiencing falls
Introduced and trained staff in the use of a single evidenced assessment tool to assess people's risk of falls and offer advice on preventing falls
On-going and monitoring and scrutiny of fall incidents through Trust Quality dashboard.

Quality Goal 2: Protecting people from avoidable harm from the use of medicines

Rationale for Inclusion

Following feedback from the National Community Patient Survey, Psychiatric Observatory for Mental Health (POMh) Clinical audits, local clinical audits and lessons learned from incident reporting, the Trust has identified medicines management as a priority for 2013/14. The aim is to deliver the Trust's Medicine Management Strategy to further improve the safe and cost effective use of medicines.

Figure 2: Progress against Priority 2

Progress
Signed up to the 'Choice and Medication' website to offer service users more choice and information regarding their medication
Support service users to help them manage and minimise the side effects of their medication
Introduced and implemented medicines management competency framework for staff.

Quality Goal 3: Protecting people from avoidable harm through comprehensive clinical risk assessment

Rationale for Inclusion

The Department of Health (2007) document 'Best Practice in Managing Risk' provides a clear framework of principles that should underpin best practice across all mental health settings.

The Trust recognises that an effectively planned, organised and controlled approach to clinical risk assessment and mitigation is the cornerstone of sound practice.

Recommendations arising out of Serious Incident investigations, together with staff

feedback on the current risk assessment methods, have led to the identification of a new clinical risk assessment tool with associated training.

Figure 3: Progress against Priority 3

Progress
Introduced new evidence based risk assessment tool (FACE) as part of service users care management processes.
Clinical staff trained to be FACE trainers
Staff have received suicide prevention and risk mitigation training
Audit planned to monitor effectiveness as part of Trust annual Care Programme Approach Clinical Audit

Quality Goal 4: Ensuring effective communication with primary care following discharge from services

Rationale for Inclusion

During 2012/13 the Trust has focussed on improving pathways for service users through the transformation of its services. As part of the evaluation, the Trust has received feedback from General Practitioners (GP's) and Commissioners, regarding the need to improve communication with Primary Care following discharge from services. This has also been identified as an area for improvement through the Trust's "Hear and Now Quality Reviews", which are peer reviews for internal quality monitoring.

Figure 4: Progress against Priority 4

Progress
Working closer with GPs to improve service users' discharge from services
Developed new standard discharge letter based on Royal College of Psychiatrist best practice standards
Audit planned in April 2014 to evaluate GP satisfaction

Quality Goal 5: Ensuring the effectiveness of physical healthcare pathways and interfaces between the Trust and primary care

Rationale for Inclusion

The Trust identified physical healthcare monitoring as a quality improvement priority for 2012/13 and significant work was undertaken to ensure physical healthcare is embedded within clinical processes. This will be a continued priority for the Trust during 2013/14 to ensure the effectiveness of the improvements and to develop improved physical healthcare pathways and interfaces between the Trust and Primary Care. This work will be aligned with the National Outcomes Framework and incorporate learning from the National Schizophrenia Audit.

Figure 5: Progress against Priority 5

Progress
Introduced new physical healthcare equipment across our services
Improved training for staff to assess both the physical and mental health of service users
Making sure service users' physical health is embedded in their assessment and care plan
Introducing Wellbeing Clinics in the community
Inpatient physical health clinical audit in progress
Physical health care policy reviewed to take on new evidence based principles of NEWs (Early Warning Signs)

Quality Goal 6: Ensuring care plans are underpinned by personalisation and re-enablement

Rationale for Inclusion

The Trust is working in partnership with Dudley and Walsall Local Authority to ensure that personalisation and re-enablement are embedded in the Trust's clinical processes and ethos of care. Whilst some key initiatives, including personal budgets, underpin personalisation, fitting services around people's needs will lie at the heart of empowerment and recovery support.

Figure 6: Progress against Priority 6

Progress
Raising awareness of personalisation to staff and service users through information, training and events
Service users can now request an assessment for a personal budget to help meet their outcomes
Working with local councils to make the processes simpler and easier for staff

Quality Goal 7: Ensuring service users are active participants in the formulation and implementation of their care plans and are provided with a copy of their care plan

Rationale for Inclusion

The Trust endorses the Care Quality Commission report 'no decision about me, without me' and that:

- care plans become the driving force, or action plan, behind a person's recovery
- care plans need to be collaboratively developed to co-create understanding and co-produce knowledge between the service user and their care co-ordinator.

Whilst the Community Patient Survey results published June 2012 show the Trust has improved overall in relation to care planning, further work is needed in relation to copies of care plans, where it still falls slightly below the national average (41% said they had had a copy of their care plan within a year, compared to 29% last year and a national average of 42%).

Figure 7: Progress against Priority 7

Progress
Raised awareness of care plans to service users
Produced new 'Crisis Card' for service users to help them in a crisis
Promoted the importance of Involving service users in the development of their care plan
Producing 'My Care Pack' – a folder for service users to keep all the information they need about their care

Quality Goal 8: Ensuring and enabling effective engagement with family and carer involvement

Rationale for Inclusion

The National Strategy for Mental Health – No Health without Mental Health (Department of Health 2011) – describes the importance of involving families and

carers in care and treatment. Hence one of the Trust's 2012/13 Quality Improvement Priorities was to improve engagement with families and carers with care and treatment. As a consequence the Trust signed up as a member of the Triangle of Care Network in January 2013; this is a nationally recognised model of partnership working between the service user, his or her carer and the professionals involved. Over the next year, the Trust will be focussing on rolling the model out within our Adult Services and has determined that this area will remain a quality improvement priority for 2013/14 to ensure the Triangle of Care is implemented effectively within the Trust.

Figure 8: Progress against Priority 8

Progress
Introduced a set of standards to ensure that staff involve families and carers in a service user's care
Adopted the 'Triangle Of Care' model to help service users, carers and staff to be equally involved in the care and recovery of service users
Undertaking clinical audit in February to monitor effectiveness of standards

Quality Goal 9: Ensuring service users and carers have a positive experience of services underpinned by the principles of excellent customer care and compassion

Rationale for Inclusion

The Trust is committed to ensuring service users and carers have a positive experience of services which is underpinned by the principles of excellent customer care and compassion, as set out within the Trust's vision and values.

To ensure this remains high on the agenda during 2013/14, the Trust will deliver to staff a full programme of customer care training, embedded in leadership development. This initiative will incorporate lessons learnt from the Francis report and also local lessons learned from complaints.

In particular the Trust will be relaunching its **Professional Respect Innovation Dignity Effectiveness (PRIDE)** initiative valuing the nursing workforce, originally launched in 2011. PRIDE puts nurses at the centre of the delivery of high quality services.

Figure 9: Progress against Priority 9

Progress
Increase in number of compliments about our staff and services
Majority of staff have taken part in new Customer Care training
Improved results from our service user surveys
Invested in improving healthcare environments

3. Quality Improvement Priorities for 2014/15

The Trust is currently in the process of developing its quality improvement priorities and is currently undergoing consultation with key stakeholders. Once agreed there will be articulated in the 2013/14 Quality Account which will be distributed for consultation and published in June 2014

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUALITY ACCOUNT/REPORT SUMMARY FOR 2013/14

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2013 and which were initially published in the Quality Account for 2012/13. It also gives an indication of where the Trust is presently at with the majority of these targets (not all of the targets as two of the targets are based on the results of an annual survey for which the results are not yet available) but it has to be appreciated that a final complete analysis and conclusion can only be undertaken after the end of the financial year which falls on 31st March 2014. The paper also indicates how the Trust is deciding on the quality priorities for 2014/15. At the time of writing, the full details of those priorities have yet to be agreed as these will be dependent on the final results against the 2013/14 targets. In addition, the paper summarises the present position at the Trust with regards to nurse staffing.

A draft of the quality account/report will be circulated to the committee for formal comment when available. The final version will be provided too, which will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators as set out in the NHS Compliance Framework.

2. Quality Priorities/Targets for 2013/14

PATIENT EXPERIENCE

Hospital: a) Maintain an average score of 85 or above throughout the year for the patients who report receiving enough assistance to eat their meals. b) By the end of the year, at least 80 per cent of patients will report that their call bells are always answered in a reasonable time.

Community: a) Increase the number of patients who use their Single Assessment Process folder/Health and Social Care Passport to monitor their care from 49.4 per cent to 80 per cent by the end of the year. b) Increase the number of patients who would know how to raise a concern about their care and treatment if they so wished from 86.8 per cent to 90 per cent by the end of the year.

PRESSURE ULCERS

Hospital: a) Reduce avoidable grade 4 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 50 per cent in 2013/14. b)

Reduce avoidable grade 3 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

Community: Reduce avoidable grade 3 and 4 acquired pressure ulcers that occur on the district nurse caseload so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

INFECTION CONTROL

Reduce our MRSA and *Clostridium difficile* (*C. diff*) rates in line with national and local priorities. a) MRSA Bacteraemia (blood stream infections) target is to have no post 48hr cases. b) *C.diff* is no more than 38 post 48hr cases in 2013/14.

NUTRITION

a) Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014). b) Increase the number of patients having a food recording chart and a fluid balance chart in place if the MUST score is 1 or above. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2014).

HYDRATION

Increase the number of patients who have their fluid balance charts fully completed. Through the year on average at least 90% of patients will have their charts fully completed and this will rise to at least 93% by the end of the year (March 2014).

3. Present position (at quarter 3 – December 2013) with the above 2013/14 targets

Patient experience – With regards to patient's perceptions of receiving enough help to eat at meal times the survey results up to December 2013 indicate a score of just under 80 and so the target score of 85 is not being met. Of the 1114 patients surveyed, 56 indicated they needed help and 15 of these reported they sometimes or never got the help they needed. Senior nurses are informed of these patients immediately so the problem can be resolved straightaway. Over 89% of patients are indicating that their call bells are always answered in a reasonable time which is above the set target. The community targets are based on an annual survey and this is not yet completed.

Pressure ulcers – With regards to the hospital targets, the Trust has recorded no Grade 4 and 15 Grade 3 pressure ulcers up to the end of December. With the hospital having had 23 Grade 3 and 28 Grade 4 for the whole of 2012/13, this year's targets are well on track to be achieved. The

picture in the Community is even better with only three Grade 3 and no Grade 4 pressure ulcers being recorded in nine months compared to seven Grade 3 and 11 Grade 4 in the whole of 2012/13. It is therefore very likely that all of the pressure ulcer targets will be achieved at the end of the year (March 2014).

Infection control – The Trust is on track to achieve the MRSA target having had no cases up to the end of December 2013. With regards to C. Difficile, the target set by the government in 2012/13 was no more than 77 and the Trust achieved this with just 56 in the year. When the Trust was set the target of 38 for this year, it always knew this would be difficult to achieve and that has proved to be the case. Up to the end of December 2013 the Trust has had 37 cases which is an improvement in the numbers at the same time last year (at December 2012 there were 43 cases) but it does mean that the end of year target is unlikely to be met.

Nutrition – For the weekly re-assessments of the MUST scores, during the first nine months of 2013/14 the average Trust score is 89%, slightly under the 90% target. Food and fluid balance charts have to be instigated for all patients with a MUST score of one and for the first nine months of 2013/14 the average Trust figure is 90% and so the target is presently being met.

Hydration – For the first nine months of 2013/14 the average Trust figure is 90% for the completion of fluid balance charts and so presently the target is being met.

The above means that for the three Nutrition and Hydration targets, two out of three are presently being met. These results are discussed at the Link nurse meetings and highlighted at the Matrons meetings. A special meeting has been arranged with Lead nurses to improve these results especially in light of the end of year target of 93%.

Overall – With the data available for 10 of the 12 targets, it can be seen that seven are on track to be met. Of the remaining three, it is unlikely that one will not be met (C. Difficile) but work is being undertaken to ensure that improvements will be made to get the two other figures back on track.

4. Prioritisation of quality priorities for 2014/15 and involvement of patients and the public in our decisions

The Trust Board of Directors are of the view that the existing topics are still key care issues of importance to patients and the public and so should remain priorities next year. This view was endorsed at a recent meeting of the Council of Governors. It was agreed to keep the priority topics the same for 2014/15 to allow further progress to be made with these key issues.

In addition, following the recent review of the Trust by Sir Bruce Keogh the usefulness of mortality as a quality indicator is accepted and it is proposed to include this within the quality priority list.

The Trust is consulting with the public and various interested bodies on these proposals. A questionnaire has been designed for this purpose. It has been sent to a variety of statutory and voluntary organisations, it has been distributed at public open days and it is available on the Trust website until early February 2014.

5. Proposed Quality Priorities/Targets for 2014/15

PRIORITY 1: PATIENT EXPERIENCE

A Patient Experience priority to be retained. With the community results for 2013/14 still awaited, the details of both the hospital and community targets for 2014/15 have not yet been decided.

PRIORITY 2: PRESSURE ULCERS

This topic to be retained. Discussions will occur with the commissioners to agree the exact target; however this will involve a requirement to reduce further the incidence of pressure ulcers acquired whilst in both the hospital and on the community district nurse caseload.

PRIORITY 3: INFECTION CONTROL

This topic to be retained and the Trust will be set targets by the Department of Health. For MRSA Bacteraemia a zero tolerance is likely to continue.

PRIORITY 4: NUTRITION

This topic to be retained and the target set will depend on the outturn figures for 2013/14.

PRIORITY 5: HYDRATION

This topic to be retained and the target set will depend on the outturn figures for 2013/14.

FURTHER POTENTIAL PRIORITY

Mortality

(As stated, please note that the topics and detail of the associated targets still need final confirmation).

6. Nurse Staffing

Safe Nurse staffing levels has been a theme in the Robert Francis report on Mid-Staffordshire Hospital and the Sir Bruce Keogh mortality visit reports. Since that time, the Chief Nurse has produced a detailed report outlining a number of expectations of what Trusts should be doing to ensure safe staffing levels. The Trust is actively implementing the recommendations of that report. As part of those actions, the Trust has been monitoring its qualified nurse staffing levels each shift against the number of patients on the ward. The Safe Staffing Alliance (a group of nursing organisations together with the Patients Association) recommends that a staffing ratio of one registered nurse to eight patients is the level below which there is a significant risk of harm and so the Trust measures itself against this standard. In the spirit of 'openness'

this information is now displayed on each ward every day and this is being combined with other information on new boards being introduced at present (see attached). When necessary, in the short term the Trust will employ bank and agency staff to achieve this level of staffing. This is contributing to the Trust's present overspend. In the medium term, the Trust is recruiting permanent staff to reduce the use of temporary staff, however, there is a national shortage of qualified nurses available. We have a support programme in place for nurses from Nursing Homes, who have very little acute care experience. We also have a programme advertised for nurses trained overseas working locally as care support workers as they are unable to complete or afford an adaptation course. Like many Trust's we are also recruiting abroad and we have offered 30 places to nurses from Portugal and Spain. We also aim to recruit 75 nurses from Ireland and Romania.

7. Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

8. Recommendation

8.1 That the committee receives this report for information and provides its view on the quality priorities for 2014/15.

Derek Eaves
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