

Agenda

## Full Council of Governors meeting (Public)

Thursday 19 September 2019, 17.45hr  
Clinical Education Centre, Russells Hall Hospital, Dudley

Meeting in public session

No.	Time	Item	Paper reference	By
1.	17.45	<u>Welcome</u> (Public & Press)  1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Interim Chairman
2.	17.50	<u>Previous meeting</u>  2.1 Minutes of the previous full Council of Governors meeting held on 27 June '19 2.2 Matters arising 2.3 Update on actions 2.3.1 Taxi spend for patient transport 2.3.2 Expansion of partial booking	Enclosure 1	Yve Buckland, Interim Chairman
3.	18.00	Chief Executive's and Chair's update including:  - Hospital chain working - Brexit preparation - Strategy update and long term plan	Enclosure 2/ verbal	Diane Wake, Chief Executive Yve Buckland, Interim Chairman
4.	18.10	<u>Presentation</u>  Trust security and emergency planning	Presentation	Andrew Rigby, Head of Facilities Management and Property Development
5.	18.25	<u>Safe, caring and responsive</u>  5.1 Update from Experience and Engagement Committee 5.2 Update from Clinical Quality, Safety and Patient Experience Committee	Enclosure 3  Enclosure 4	Karen Phillips, Committee Chair Catherine Holland, Committee Chair
6.	18.45	<u>Effective</u>  6.1 Update from Finance and Performance Committee  6.2 Update from Audit Committee	Enclosure 5  Enclosure 6	Richard Miner, Committee member Richard Miner, Committee Chair
7.	19.00	<u>Well-Led</u>  7.1 Update from Workforce & Staff Engagement Committee 7.2 Trust Secretary update - Trust Constitution update - Governor attendance at Board Committees - CoG elections 2019 7.3 Update from Remuneration and	Enclosure 7  Enclosure 8  Enclosure 9	Julian Atkins, Committee Chair Liam Nevin, Trust Secretary  Yve Buckland, Interim

		Appointments Committee -Terms of Reference for approval		Chairman
8.	19.20	Governor Matters  <i>Relating to items other than the agenda and raised at least three days in advance of the meeting</i>	Verbal	Fred Allen, Lead Governor
9.		For information <ul style="list-style-type: none"> <li>Integrated Performance Report</li> <li>Annual Complaints report 2018/19</li> </ul>	Enclosure 10 Enclosure 11	
10	19.30	Any Other Business (to be notified to the Chair)		Yve Buckland, Interim Chairman
11		Close of meeting and forward dates:  Thursday 19 December 2019, 17.45pm (pre meet with the Lead Governor and Chairman at 17.00pm)		Yve Buckland, Interim Chairman
<b>Quoracy</b> Eight Governors of which at least five are public elected plus chair or deputy chair.				

#### **Exclusion of the Press and Other Members of the Public**

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

#### **Meeting in private session**

No.	Time	Item	Enclosure	By
12.	19.35	Welcome, Introductions & Announcements  Quoracy		Yve Buckland, Interim Chairman
13.		Declarations of Interest		Yve Buckland, Interim Chairman
14.		Previous meeting  14.1 Minutes of the previous meeting (private) held 27 June 2019 14.2 Update on actions	Enclosure 12	Yve Buckland, Interim Chairman
15.		Any other business (to be notified to the Chair)		
16.	19.50	Close of meeting		Yve Buckland, Interim Chairman

Enclosure 1

**Minutes of the Full Council of Governors meeting (Public)**  
**Thursday 27 June 2019, 18.45pm**  
**Clinical Education Centre, Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Mr Arthur Brown	Public Elected Governor	Stourbridge
Cllr Colin Elcock	Appointed Governor	Dudley MBC
Dr Richard Gee	Appointed Governor	Dudley CCG
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mr Rex Parmley	Public Elected Governor	Halesowen
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Staff Elected Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Julian Atkins	<b>Acting Chair of Council</b>	DG NHS FT
Mrs Helen Board	Governor & Membership Manager	DG NHS FT
Dame Yve Buckland	Interim Chairman <b>Chair of meeting</b>	DG NHS FT
Mr Gilbert George	Interim Director of Governance/Board Secretary	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mrs Viv Kerry	Foundation Trust Member	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Ms Tricia Morrison	Deputy Director of Strategy & Business Development	DG NHSFT
Ms Diane Wake	Chief Executive	DG NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Dr Julian Hobbs	Medical Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Yvonne Peers	Public Elected Governor	North Dudley
Ms Nicola Piggott	Public Elected Governor	North Dudley
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mr Adam Thomas	Acting Chief Information Officer	DG NHS FT
Mrs Natalie Younes	Director of Strategy & Transformation	DG NHS FT

<b>COG 19/45.0</b> 18.53pm	<b>Welcome (Public &amp; Press)</b>
<b>COG 19/45.1</b>	<p><b>Introductions &amp; Welcome</b></p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.</p> <p>The chairman introduced the following Governors who had been elected following an election process that had concluded at the end of May 2019:</p> <ul style="list-style-type: none"> <li>• Mr Marlon Amulong, Staff: Nursing &amp; Midwifery</li> <li>• Dr Atef Michael, Staff: Medical &amp; Dental</li> <li>• Mrs Hilary Lumsden, Public: Halesowen</li> <li>• Ms Nicola Piggott, Public: North Dudley (re-elected for 2nd term)</li> </ul> <p>The chairman asked that a note of thanks be recorded for the commitment and dedication of Mrs Kerry, Public Governor: Halesowen who had reached her end of term of office and chose not to stand again in order to pursue other activities. Mr Allen concurred and wished her well.</p>
<b>COG 19/45.2</b>	<p><b>Apologies</b></p> <p>Apologies had been received and received as above.</p>
<b>COG 19/45.3</b>	<p><b>Declaration of interest</b></p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The chairman declared the following interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.</p> <p>There were no other declarations.</p>
<b>COG 19/45.4</b>	<p><b>Quoracy</b></p> <p>The meeting was declared quorate.</p>
<b>COG 19/45.5</b>	<p><b>Announcements</b></p> <p>The chairman announced the forthcoming activities and advised governors to contact the Foundation Trust office if available to participate:</p> <p><b>Quality &amp; Safety Reviews</b> where there were still spaces available in the coming week and encouraged governors who had not yet participated to do so.</p> <p><b>Nutrition &amp; hydration week</b> with governors invited to participate in activities on the Wednesday, Thursday and Friday afternoons judging the best dressed tea trolley, best nutrition and hydration board on a ward and cake baking competition.</p>
<b>COG 19/46.0</b>	<b>Previous meeting</b>
<b>COG 19/46.1</b>	<p><b>Minutes of the previous full Council of Governors meeting held on 7 March 2019</b> (Enclosure 3)</p> <p>The minutes were accepted as an accurate record subject to two minor amendments to reflect that Dr Gee was present and the date mentioned by Mr Heaton for the memorial service of Mr Ford took place in '2019' and not '2018'.</p>

<b>COG 19/46.2</b>	<b>Matters arising there from</b>  There were none.
<b>COG 19/46.3</b>	<b>Action points</b> All actions were complete and would be removed from the list.
<b>COG 19/47.0</b> 19.00pm	<p><b>Chief Executive report including update on MCP project</b> (Enclosure 4)</p> <p>Ms Wake presented the report given as enclosure four and asked those present to note the activities and updates provided.</p> <p>Ms Wake advised that Mr Harry Turner had been <b>appointed as MCP chair for 12 months</b>. Ms Wake confirmed that she would continue to chair the Transition Board overseeing the MCP process. The final organisational form was still to be agreed and Ms Wake agreed to provide regular updates to the Council.</p> <p>Ms Wake confirmed that the Freedom to Speak up (FTSU) initiative was becoming more established and had recently held two surgeries that had provided staff an opportunity to air their views.</p> <p>Mr Atkins confirmed that there were more surgeries planned for later in the year.</p> <p>The chairman thanked Ms Wake for the update and invited questions.</p> <p>Mr Allen referenced a recent press article that gave information about trusts spending on taxis for patients and asked what the Trust spent on taxis and how it compared to other trusts in the Midlands.</p> <p>Ms Wake confirmed that the Trust had taxi contracts in place that were regularly used and gave an example of dialysis patients. Ms Wake agreed to provide this information to the next meeting.</p> <p><b>Action</b> Provide information about the amount spent on taxis for patient transport by the Trust and compared to other trusts. <b>Ms Wake</b></p> <p>The chairman noted that there would be a step change in how the Trust treated its staff and supported them with extra incentives and being more kind.</p>
<b>COG 19/48.0</b>	<b>Effective</b>
<b>COG 19/48.1</b> 19.10pm	<p><b>Workforce Report (Enclosure 5)</b></p> <p>Mr McMenemy presented the Workforce Report given as enclosure five and asked those present to note that the Trust would be aligning its staffing strategy to the recently published National People Plan and that many initiatives were being developed to support and retain Trust staff.</p> <p>The chairman thanked Mr McMenemy for his report and invited questions.</p> <p>Mr Atkins confirmed that the Workforce Committee had been re-established which he would chair and confirmed that an emphasis would be on staff retention.</p> <p>Dr Gee highlighted a concern about resuscitation training rates.</p>

	<p>Mr McMenemy confirmed that the current compliance was 89% and advised that an initiative was underway to ensure that the right staff received this training.</p> <p>Ms Wake concurred adding that there remained a focus on the structure of teams caring for the deteriorating patient and that the sepsis team had been restructured and confirmed that closer management had been implemented.</p> <p><i>[Mrs Rollinson left the meeting at this point]</i></p>
<b>COG 19/49.0</b>	<b>Strategy</b>
<b>COG 19/49.1</b> 19.15pm	<p><b>Strategy Committee (Verbal)</b></p> <p>Dr Gee asked those present to note that the Committee had not met since the last quarterly Council meeting and under the proposals set out in enclosure 11 (review of council committees) it was proposed to stand the Strategy Committee down. The proposal was to convene the Strategy workshop forum twice a year - March and September where the Council and Board would come together to receive an update or to consider the forward planning cycle.</p> <p>The chairman thanked Mr Gee for the update and invited questions. There were none.</p>
<b>COG 19/50.0</b>	<b>Safe, caring and responsive</b>
<b>COG 19/50.1</b> 19.20pm	<p><b>Experience and Engagement Committee 17 April 2019 (Enclosure 6)</b></p> <p>Mrs Phillips presented the report given as enclosure six and asked those present to note its contents and that the Committee had reviewed its Terms of Reference and agreed to submit them to the full Council for approval.</p> <p>Mrs Phillips noted the positive changes reported via the Patient Experience Group that she regularly attended and felt assured that whilst some initiatives e.g. smoke free trust took time there were other actions being implemented that had a more immediate effect such as the introduction of the electric sports car to take younger patients to the theatre on the day of their procedure.</p> <p>Mrs Phillips confirmed that whilst there were a growing number of governors involved in engagement activities as part of the Governors out there, she encouraged all governors to get involved.</p> <p>The chairman asked those present if they were content to approve the Terms of Reference that had been reviewed. This was <b>agreed</b>.</p> <p>Mr Siviter commented that the array of different coloured staff uniforms could cause confusion.</p> <p>Ms Wake replied that the chief nurse had standardised uniforms in the course of the last year which had been undertaken to simply and differentiate between staff.</p> <p>The chairman thanked Mrs Phillips for the report and highlighted the importance of governors supporting the 'out there' initiative. She reminded governors that the Annual Members Meeting scheduled to take place on 18 July 2019 would provide an opportunity for governors to meet with members and encouraged all to attend.</p>

<b>COG 19/50.2</b> 19.25pm	<p><b>Chief Nurse report (Enclosure 7)</b></p> <p>Ms Wake provided the report given as enclosure seven and highlighted the following:</p> <ul style="list-style-type: none"> <li>- The Trust's <b>Nursing Strategy</b>, that would guide the Trust for next two years, had been refreshed ahead of its relaunch on Nurses Day in May 2019.</li> <li>- Recruitment and retention activities had yielded some positive impact and controlling agency spend whilst still challenging had shown some improvement.</li> <li>- The Trust had reported some good progress on the reduction of falls and grade 4 pressure ulcers.</li> </ul> <p>The chairman thanked Ms Wake for her update and advised that she had recently met with chairs of trusts in the local area. They had identified some common ground where collaborative working could be beneficial to all parties which included recruitment and retention. This would be supportive of the integration plans that were nationally driven.</p> <p>Ms Wake highlighted the need to encourage all parties involved to think on a more collaborative scale.</p> <p>Mr McMenemy confirmed that HR heads from the trusts in the local area were supportive of a collaborative approach.</p> <p>Mr Parmley asked for an update on the associate nurse training programme and asked how many midwifery vacancies the Trust presently had.</p> <p>Mr McMenemy confirmed that the business case has been approved to train over 100 associate nurses using the apprenticeship scheme with the first cohort of 30 to commence in post over the next few months.</p> <p>Ms Wake confirmed that there was presently one midwife vacancy and noted the concerted recruitment effort being undertaken led by an inspirational head of service.</p> <p>The chairman thanked all for their contribution to the discussion adding that the examples given in the report demonstrated that the Trust was a both good place to work and receive treatment.</p>
<b>COG 19/50.3</b> 19.35pm	<p><b>Clinical Quality, Safety &amp; Patient Experience Committee (Enclosure 8)</b></p> <p>Ms Holland presented the report given as enclosure eight and asked those present to note its content adding that the Committee had met again earlier that week and had used the new upward reporting template to highlight the following points:</p> <p><b>Matters of concern</b></p> <p>Ophthalmology. Timeliness of follow up appointments. The Committee had received assurance that this was improving following the allocation of additional resources to the department.</p> <p>External visit action plans. The Committee had noted concern around governance</p>

arrangements to support a plethora of action plans. The establishment of the Achieving Excellence Group represented a move to a coherent and centralised approach to monitor and deliver improvement.

Complaints management. The Group took some assurance that the recent review had driven some changes that should reduce the timeframes for investigation and response time. The length of time taken to respond remained a focus.

**Major actions commissioned actioned/underway**

Paediatric follow up appointments. These were experiencing delays and the division had submitted a trajectory that showed limited improvement. The Committee had requested a further presentation on the issues facing the team to deliver faster appointments.

The Action Plan prepared in response to CQC Inspection to be presented to the June 2019 Committee meeting.

**Decisions made** – The Committee's work programme and its Terms of Reference had not been approved and had been deferred until a further governance review is completed to include a schedule of reports and membership of the Committee.

**Positive assurances to note** – The Committee had acknowledged that whilst there remained some areas of challenge, there were many areas across the Trust that continued to perform very well.

Mr Walker asked for some clarification on the complaints process and whether it included an option for a complainant to talk through their complaint as a means of resolution.

Ms Wake replied that there were a growing number of complaints that were being successfully resolved by clinical staff speaking directly to patients or their families as a preferred route to receiving a written response.

Mr Atkins noted that the clinical lead would also take ownership where appropriate in order to expedite the process.

Mrs Zaidi asked if the number of complaints received in April (50) and reported in the chief nurse report was high compared to previous months.

Ms Wake confirmed that there had been a reduction in complaints.

Dr Gee commented that the subject of overdue follow up paediatric appointments had been raised by GPs earlier in the year as well as a delay in receiving appointments for many other outpatient clinics.

Ms Wake confirmed that this had potentially coincided with the expansion of the partial booking process that had involved cancellation of some outpatient clinics. Ms Wake agreed to provide an update on the expansion of the partial booking system to the next meeting.

**ACTION** provide an update on the expansion of the partial booking system to the next meeting of the full Council **Ms Wake**

The chairman thanked Ms Holland for the update and emphasised that the Board were keen to ensure that governors received the latest performance information.



	<p>She strongly encouraged Council members to peruse the Board meeting agenda and papers. These were circulated each month to all governors and provided a valuable source of information and assurance.</p>
<b>COG 19/51.0</b>	<b>Effective</b>
<b>COG 19/51.1</b> 19.40pm	<p><b>Finance report Q4, 2018/19 and update on 2019/20 to date (Enclosure 9)</b></p> <p>Mr Hodgkin, committee chair, explained the purpose of the committee in providing assurance on the financial and performance of the Trust and confirmed that it had recently reviewed its Terms of Reference and membership.</p> <p>Mr Hodgkin confirmed that each month the Committee reviewed the performance of each division and each quarter undertakes a 'deep dive' to gain assurance. He added that the Trust had also introduced an additional process for all business cases where divisions were required to provide assurance that the benefits as proposed in their initial submission had been realised.</p> <p>Mr Hodgkin explained that the focus remained on financial sustainability in the short term. He gave context to the situation nationally where more than two thirds of trusts were in deficit. The Trust had stayed cash positive until very recently and had introduced a series of controls and cost improvement plans that had been effective. He advised that the scales of efficiencies required for 2019/20 would require effort from across all areas of the Trust.</p> <p>Mr Hodgkin noted that the Trust had maintained good performance on three of four key metrics, namely:</p> <ul style="list-style-type: none"> <li>- Referral to Treatment (RTT)</li> <li>- Cancer waits</li> <li>- Diagnostics</li> </ul> <p>He noted that the Trust had not achieved the Four Hour ED access target adding that whilst all efforts were being made at Trust level, the issues were health economy wide with very few trusts achieving the performance standard.</p> <p>Dr Gee acknowledged that much of the achieving the target was dependent on the arrangements for conveyancing of patients by the local ambulance service adding that the Dudley CCG had not been involved in the preparation of the ambulance services contract.</p> <p>Mr Parmley asked how efficiently and cost effective pharmaceuticals were being purchased by the Trust and commented that in GP practice many patients' hoarded medicines.</p> <p>Mr Hodgkin confirmed that the Trust was part of a buying consortium and performed well in this regard and ranked highly on the local league table and that as a CIP project had outperformed its target.</p> <p>Ms Wake confirmed that the Trust's pharmacy was now reprocessing and recycling unused medicines, where it was safe to do so, and had saved significant amounts of money.</p> <p>The chairman thanked Mr Hodgkin for the report and confirmed that Governors would be kept updated on a regular basis. She asked Governors to draw</p>

	assurance from the contents of the report.
<b>COG 19/51.2</b> 19.50pm	<p><b>Governance Committee meetings (Verbal)</b></p> <p>Mr Allen asked those present to note that the Committee had not met since the last quarterly Council meeting and under the proposals set out in enclosure 11 (review of council committees) it was proposed to stand the Governance Committee down.</p> <p>The chairman thanked Mr Allen for his update and asked those present if there were any questions arising. There were none.</p>
<b>COG 19/52.0</b>	<b>Well-Led</b>
<b>COG 19/52.1</b> 20.00pm	<p><b>Board Secretary update (Enclosure 10)</b></p> <p>Mr George presented the report given as enclosure 10 and asked those present to note the contents of the report and highlighted the following:</p> <p><b>Council of Governor Elections 2019</b> Elections had concluded following the close of ballot at 5pm on Thursday 23 May 2019 and returned the following candidates as listed below:</p> <p>Public: North Dudley – Nicola Piggott Public: Halesowen – Hilary Lumsden Staff: Nursing &amp; Midwifery – Marlon Amulong Staff: Medical &amp; Dental – Atef Michael</p> <p><b>Annual members meeting</b> The Annual Members Meeting agenda had been circulated for the meeting scheduled for 18 July 2019 to start 16.00 (registration from 15.30pm). All Governors were invited to host a ‘meet your governor’ stand where guests could find out more about the governor role and forthcoming elections planned for later in the year.</p> <p><b>Council of Governor Register of Interests</b> All governors were reminded to ensure that the latest declaration information is included on the Council of Governors Register of Interest and to contact the Foundation Trust office to notify of any change.</p> <p><b>Council of Governors Term of Reference</b> These are subject to annual review and following a recent review are submitted to the Council for <b>approval</b>.</p> <p>The chairman asked those present if they were content to approve the Terms of Reference that had been reviewed. This was <b>agreed</b>.</p>
<b>COG 19/52.2</b> 20.05pm	<p><b>Council of Governors Committees Review (Enclosure 11)</b></p> <p>Mr George presented the report given as enclosure 11 adding that the review had been undertaken in response to feedback received from the Council of Governors as part of the CoG effectiveness survey undertaken at the end of 2018/19 and in conjunction with feedback from the Board of Directors.</p> <p>The process for considering and approving the proposal had included the submission and approval of the proposal by the Board. The proposals for consideration and approval by the Full Council include:</p>

	<ul style="list-style-type: none"> <li>- Reducing the number of council sub committees from five to two</li> <li>- Reducing the frequency of Extraordinary Full CoG meetings (Private) from monthly to quarterly or as needed</li> <li>- Governors to be invited to attend Committees of Board to observe</li> <li>- Executive directors to be invited to attend full CoG meetings only as required</li> <li>- All NEDs to attend the quarterly Full CoG meetings as standard</li> <li>- NEDs as chairs of board committees (F&amp;P, Workforce &amp; Staff Engagement, CQSPE and Audit) to present summary reports instead of executives.</li> <li>- NEDs to hold pre-meet with council members ahead of Full CoG meetings</li> </ul> <p>The chairman thanked Mr George for the report adding that the proposal would support an effective information flow and provide all Council members the opportunity to scrutinise key information in a timely manner.</p> <p>Mr Allen confirmed that the results of the CoG effectiveness survey had been discussed in detail at an Informal Meeting of Governors held in April 2019 with support from those present for the proposals as described.</p> <p>Mr Parmley requested that reports be provided in a timely manner and contain information as appropriate.</p> <p>Dr Gee expressed the need for additional assurance about how the Trust learned from incidents and subsequent root cause analysis activity and complaints.</p> <p>The chairman concurred that the Council should receive this information and supported proposals for Governors to sit on the relevant committee.</p> <p>Ms Wake advised that the topic of learning from incidents and complaints formed part of the Trusts Risk and Assurance Committee's activity that she chaired. Ms Wake invited Dr Gee to attend and would provide details of the forward dates. She confirmed that the Governors would also receive a copy of the Annual Complaints report at the September 2019 meeting of the Full Council.</p> <p><b>Action</b> Forward meeting dates of the Risk and Assurance Committee to be provided with an invitation for Dr Gee to attend <b>Mrs Board</b></p> <p><b>Action</b> Governors to receive a copy of the Annual Complaints September 2019 meeting of the Full Council <b>Ms Wake</b></p> <p>The chairman asked those present if they were content to approve the proposal as set out in paragraph two above. This was <b>agreed</b>.</p>
<p><b>COG 19/52.3</b> 20.10pm</p>	<p><b>Trust Constitution for approval (Enclosure 12)</b></p> <p>Mr George presented the report given as enclosure 12 and confirmed that the Trust's Constitution had been subject to a rigorous review and updated to reflect current best practice in the sections as listed. The document had been approved at the June 2019 meeting of the Board of Directors.</p> <ul style="list-style-type: none"> <li>• Conflicts of interest</li> <li>• Council of Governors duties</li> <li>• Annex 11 Reservation of powers and scheme of delegation (approved by the Finance and Performances Committee)</li> <li>• Annex 12 Annual Members meeting</li> </ul>

	<p>The chairman asked those present to approve the recommendations as described. These were <b>agreed</b> with no abstentions.</p>
<p><b>COG 19/52.4</b> 20.15pm</p>	<p><b>Remuneration and Appointments Committee (Enclosure 13)</b></p> <p>Mr Allen presented the report given as enclosure 13 prepared following the meeting of the Remuneration and Appointments Committee held on 23 April 2019 where the items considered and agreed as recommendations to submit to the full Council for approval as follows:</p> <ul style="list-style-type: none"> <li>• To award cost of living rise to non-executive directors (NEDs) for the period 2018/19.</li> <li>• The role of the Senior Independent Director (SID) and the Deputy Chair to be split.</li> <li>• The appointment of Dame Yve Buckland as the Interim Chairman for period of 6 months from 1 May 2019.</li> <li>• The Remuneration and Appointments Committee would continue to support the work underway to search for a substantive Chair of the Trust.</li> <li>• Dr Hopkins appointment as an associate NED to be discontinued with immediate effect.</li> <li>• Mr Atkins to be appointed for a new two year term from 1 January 2020.</li> <li>• Mr Miner's term of office to be extended by 12 months from 1 October 2019.</li> </ul> <p>Mr Allen advised that the Remuneration and Appointments Committee had also convened immediately prior to the full Council meeting. The purpose of the meeting had been to agree the appointment and remuneration of a NED and associate NED following the conclusion of recent recruitment activity. He then described the process and thanked those that governors had been involved in all steps. The following were agreed as recommendations to submit to the Council for approval:</p> <p>That the following candidates be appointed to the following roles with effect from 1 July 2019:</p> <ul style="list-style-type: none"> <li>• Professor Gary Crowe to be appointed as non-executive director for a period of 3 years and remunerated at a rate of £13,585 per annum</li> <li>• Mr Ian James to be appointed as an associate non-executive director for a period on 1 year (subject to review after 6 months) and remunerated at £13,585 per annum</li> </ul> <p>Mr Walker asked for clarification of the role of an associate NED and requested further information about the individuals.</p> <p>Mr Siviter asked if there was a limit to the term an associate NED could serve.</p> <p>The chairman confirmed that the associate non-executive director (associate NED) role was used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills. The associate NED represented a 'step up' role for those with the ability and potential to succeed at Trust Board level and often attracted potential non-executive director candidates who had yet to acquire Board-level experience, or currently did not have the required availability. The term of office of an associate NEDs was similar to that of NEDs with regular review and annual appraisal.</p>

	<p>The chairman thanked Mr Allen and asked those present to approve the recommendations as described. These were <b>agreed</b> with no abstentions.</p> <p><b>Action</b> To circulate CV's for Professor Crow and Mr James to the Council members <b>Mrs Board</b></p>
<b>COG 19/53.0</b>	<p><b>Any other business (to be notified to the Chair)</b></p> <p><b>Publication of the Condition of Licence FT4</b> Mr George thanked the Council of Governors for their part in the completion of the document and the endorsement received and confirmed that the document would shortly be published to the Trust's website.</p>
<b>COG 19/54.0</b>	<p><b>Close of meeting and forward dates: 2019</b></p> <p>The chairman advised that the next quarterly meeting of the full Council would take place on Thursday 19 September 2019.</p> <p>Mr Allen added that the next informal meeting of governors on 16 July was cancelled.</p> <p>The chairman thanked all for attending and drew the meeting to a close at 20.25pm</p>

Dame Yve Buckland, Chair of meeting

Signed..... Dated .....

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

#### Council of Governors meeting held 27 June 2019

Item No	Subject	Action	Responsible	Due Date	Comments
COG/19.47.1	Trust expenditure on patient taxis	Provide information about the amount spent on taxis for patient transport by the Trust and compared to other trusts.	Mr Jackson	19/9/19	2018/19 amount spent on taxis is £19,148 including those used for patient and corporate transport which compares favourably to our peers. <b>Complete</b>
COG/19.50.3	Partial booking expansion	Provide an update on the expansion of the partial booking system to the next meeting of the full Council.	Mrs Kelly	19/9/19	Developing a proposal on the implementation for partial booking in the next 12 months to take account of the risks and the additional resource required.  Initial proposal is scheduled for discussion at Trust Weekly Ops meeting on 16/9/19 with a presentation to Director's the following week. <b>Complete</b>
COG/19.52.2	Risk & Assurance Committee	Forward meeting dates of the Risk and Assurance Committee to be provided with an invitation for Dr Gee to attend.	Mrs Board	19/9/19	8/8/19 Committee meeting dates provided <b>Complete</b>
COG/19.52.2	Annual Complaints Report	Governors to receive a copy of the Annual Complaints at the September 2019 meeting of the Full Council.	Ms Faulkner	19/9/19	Included as an agenda item <b>Complete</b>
COG/19.52.4	Non-executive appointments July 2019	Circulate the CV information for Professor Crowe and Mr James.	Mrs Board	1/7/19	Circulated to full council via email on 28/6/2019, <b>Complete</b>

Enclosure 2

Paper for submission to the Council of Governors on 19 Sept 2019

<b>TITLE:</b>	<b>Public Chief Executive's Report</b>		
<b>AUTHOR:</b>	<b>Diane Wake, Chief Executive</b>	<b>PRESENTER</b>	<b>Diane Wake, Chief Executive</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>X</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input checked="" type="checkbox"/> <p>High level of confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>General confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>Some confidence in delivery of existing mechanisms / objectives, some areas of concern</p>	<input type="checkbox"/> <p>No confidence in delivery</p>
<b>RECOMMENDATIONS FOR THE BOARD</b>			
The Council is asked to note and comment on the contents of the report.			
<b>CORPORATE OBJECTIVE:</b>			
SO1, SO2, SO3, SO4, SO5, SO6			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>Visits and Events</li> <li>Improvement Practice Update</li> <li>Adult Health and Social Care Scrutiny Committee</li> <li>Anaesthetics Accreditation</li> <li>Stroke Services – Best in the West Midlands</li> <li>ED Redesign</li> <li>CQC Oversight Meetings</li> <li>Population Health Funding Award</li> </ul>			

- Forward Healthcare Awards
- Healthcare Heroes
- Charity Update
- National News
- Regional News

#### IMPLICATIONS OF PAPER:

<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register:</b> <b>N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details: Safe, Effective, Caring, Responsive, Well Led</b>
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>



## Chief Executive's Report – September 2019

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Items below are not reported in any order of priority:

### Visits and Events

5 <sup>th</sup> July	Clinical Summit
17 <sup>th</sup> July	A&E Delivery Board
	Live Chat
18 <sup>th</sup> July	Annual Members Meeting
26 <sup>th</sup> July	Extraordinary Overview and Scrutiny Committee
29 <sup>th</sup> July	Black Country Chairs and Chief Executives
1 <sup>st</sup> August	Overview and Assurance Group
5 <sup>th</sup> August	STP Cancer Board
19 <sup>th</sup> August	Live Chat
21 <sup>st</sup> August	A&E Delivery Board
22 <sup>nd</sup> August	Back to the Floor
28 <sup>th</sup> August	Adult Health and Social Care Scrutiny Committee
29 <sup>th</sup> August	STP Partnership Board
30 <sup>th</sup> August	STP System Review Meeting

### Improvement Practice Update – Improvement Practice Leadership Event

Dudley Improvement Practice focuses on supporting **our staff** as the experts in **their** own area of work to implement **their** ideas for improving services for patients. Staff are invited to attend a leadership event on Friday 6<sup>th</sup> September find out what changes they can make in their area to make it the best service it can be. Guest speaker is national director of the Improvement Practice Programme Alan Martyn. Within one of their weeklong events, the Dudley Improvement Practice team helped the Ophthalmology Department transform their service and patient experience. The work has resulted in, for example, improved patient experience by changing room layout – 85 per cent of patients feel they had more privacy and dignity since the improvements.

Successful feedback has also been received following the recent Ward C3 Discharge Improvement Event. Everyone involved felt very positive that the changes made and planned will have a great effect on patient experience and patient care by reducing length of stay and delayed transfers of care. It was a great opportunity for many of the staff to present for the first time and they all did brilliantly, I am looking forward to continuing to receive feedback from their improvement journey.

### Adult Health and Social Care Scrutiny Committee

The Dudley Adult Health and Social Care Overview and Scrutiny Committee (OSC) held a scrutiny meeting to review the Trust's most recent Care Quality Commission report and ratings. This was an opportunity to share with the committee and members of the public the recommendations made in the report and the actions we have put in place to improve our services.

The meeting was held on the 28<sup>th</sup> August 2019 and focused on the main areas for improvement in the last inspection report dated July 2019. I would like to thank all the staff who attended to present to the committee and to the councillors who listened to our progress and asked questions and shared feedback with us.

The Committee will make the following recommendations to the Council:

1. Welcome the assurances given by the Dudley Group National Health Service (NHS) Foundation Trust on the changes being implemented to respond to the Care Quality Commission (CQC) inspections and support the continuous improvement of the services provided in Dudley Borough Hospitals.
2. Place on record its appreciation of the hard work and dedication of all staff involved.
3. Support the proactive and collaborative approach to partnership working between the NHS, the Council, the Clinical Commissioning Group and all partners to continue the improvement journey following the CQC report.
4. Endorse the further development of a joint, co-ordinated strategy to reduce the numbers of people who attend the Emergency Department unnecessarily.
5. Note that a detailed action plan has been submitted to the CQC and that arrangements are in place to ensure the ongoing monitoring of progress.

### **Anaesthetics Accreditation**

Our Anaesthetics Department has received national recognition for the service it provides to our patients. It achieved the prestigious Anaesthesia Clinical Services Accreditation (ACSA) for providing the highest quality care to patients. ACSA from the Royal College of Anaesthetists promotes quality improvement and the highest standards of anaesthetic service. To receive accreditation, departments demonstrate high standards in areas such as patient experience, patient safety and clinical leadership, meeting 100% in all areas. It means our patients can be assured they are receiving outstanding service. We are the first Trust in the West Midlands to become accredited, and only the 33rd in the UK.

### **Stroke Services – Best in the West Midlands**

We are officially the best in the West Midlands for stroke care, according to a major national healthcare quality improvement programme. It places us in the top 40 trusts nationally. The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in the UK. SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence-based standards, including the 2016 National Clinical Guideline for Stroke.

The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients. Our score of 82 – Level A – makes us the best in the West Midlands, and there are only 39 trusts out of 216 in the country that are ahead of us in the SSNAP score.

### **ED Redesign**

We are consulting with our staff on an opportunity to redesign our Emergency Department. We found out in December 2018 that that our bid for £20.3 million to radically redesign our

Accident and Emergency Department was successful. Following the development of the Emergency Treatment Centre, it was always our intention to look at the rest of the department. We want an Emergency Department that better supports patient flow and offer a better patient experience. We are in the very early stages of the business plan.

### **CQC Oversight Meetings**

I am delighted to confirm that following the last Oversight meeting with our regulators in respect of CQC concerns, it has been decided that these meetings will no longer take place in recognition of the progress that the Trust has made. This is good news. However it is important that we remain focused and have the right governance in place to oversee the remaining S31 notices and oversight of the improvement plan for the Trust.

This will be done in various established meetings:

- The Journey to Excellence Group, chaired by the Chief Nurse, will report on our improvement plan to the Clinical Quality, Safety and Patient Experience (CQSPE) - this is all aspects of our core services
- The Urgent Care Improvement Group, chaired by the Chief Operating officer, will report to both CQSPE and the Finance & Performance Committee (F&P) as some issues are performance some are safety.
- The A&E Delivery Board will also receive assurance on all areas of urgent care and performance, this covers urgent care working across our health care system
- Reports to the Board will be covered in the committee reports but on an exception basis; more detailed reports will be received as requested by the Chair or committee chairs or executive team

A&E leaders attended the Private Board meeting to talk about their journey and the improvements that have been made. This will be a real opportunity to acknowledge this and recognise the progress.

### **Population Health Funding Award**

The Trust is pleased to announce it will receive a £1.4m funding award to support our Population Health platform. Funding has been approved centrally and will focus on expanding current licenses and essential project staff resource to deliver the project with pace.

This will be a UK first and will be comparable with world leading integration for care systems. This is an opportunity to put Dudley on the map for STP integration and to support the MCP as well.

### **Forward Healthcare Awards**

I am proud to announce that the Trust has been shortlisted for the Forward Healthcare Awards 2019. This is for the collaboration between ED and the Cardiac Assessment Unit and its achievements in improving patient care pathways. We are looking forward to the outcome of the judging of our highly commended entry on 25<sup>th</sup> September 2019.

## Healthcare Heroes July 2019



Congratulations to July's healthcare heroes! Dudley Rehab Service received the team award after they were nominated by a patient who lives with a neurological disease. The patient said the staff are always filled with happiness, compassion, dedication and empathy, and always have a smile on their faces. When they see their patients, they are solely focused on them and their families, regardless of how busy they are. The person who nominated and their family feel whatever problems they face, the team will try their utmost to solve it or pass on to other healthcare professionals if they cannot.



IT technician Mike Platt was nominated by a colleague and picked up the July's individual award. Mike is described as hard working, responsive, dedicated, cheerful and knowledgeable. The nominator said he is the backbone of the NHS. Mike repairs, maintains and solves IT problems across the Trust, offering technical support to those that need it. Mike appreciates the importance of maintaining equipment which is needed to allow our staff to do their jobs effectively.



July's volunteer healthcare hero was Barry Pilkington. At 82 years old, Barry volunteers every afternoon walking miles around the hospital, collecting and delivering notes. After retiring from Wordsley Hospital, he began volunteering at Russells Hall Hospital and has been doing so for 16 years. Despite having major surgery, he came back to volunteering, always offering his time to help others. He is always so cheerful.



## Healthcare Heroes August 2019



Congratulations to August's healthcare heroes! The Renal Unit received this month's team award after being nominated by a member of staff for helping a young pregnant woman on dialysis go on to give birth to her baby, which is very hard and rare to do. Most women on dialysis unfortunately miscarry but, thanks to the team's dedication and best possible care, the baby was delivered healthy. Mom and baby are both doing really well!



Consultant anaesthetist Adrian Jennings is August's individual healthcare hero. He was nominated by a colleague for his incredible efforts supporting the anaesthetic department's national accreditation, which means the department has been recognised for providing the highest quality of care to our patients. Adrian's colleague described his unrelenting passion for the project as infectious.

August's volunteer healthcare hero is Pat Lowe. Pat was nominated by a colleague for being hardworking, extremely dedicated and very pleasant. She often takes long bus journeys to and from Russells Hall Hospital to volunteer in anticoag and main reception. To top it off, she also works at Guest Outpatient Centre, booking people into the anticoag clinic. Pat's dedication often means she doesn't get home till really late, yet she's always so willing to help other people.



## **DGFT Charity Update**

### **Free tickets to the Rugby for NHS Staff**

Our staff will enjoy a great game of local rugby with free entry for all NHS staff, and their families. The Stourbridge Rugby First Team match is on Saturday 14th September and is an opportunity to enjoy the game and help support our charity. Everyone is welcome.

### **Charity Sparkle Party**

Bookings are now being taken for our Sparkle Party on Friday 22 November 2019 in aid of our Children's Emergency Department Appeal. It's taking place at the Copthorne Hotel Brierley Hill and we are inviting staff and members of the public to come along, have some fun and support our charity. For an early bird discount, deposits need to be paid by 9 September 2019. Tickets cost £35 each (or £30 early booking discount). It's easy to buy tickets. Our general office accepts cash, credit card payments or bank transfer. The office is open between 9am and 12 noon; 2pm and 4pm Monday to Friday. Anyone interested should contact general office on 01384 244252.

## **National NHS News**

### **Overseas couple couldn't take baby's body home - because they couldn't afford £10,000 NHS fee**

There are fresh calls to suspend charging overseas patients for NHS care in England - months after a dad who was denied a heart transplant died. The Royal College of Midwives has claimed charges must be suspended until it is clear it is not harming people. The body told the BBC it has written to ministers urging them to suspend the system. The calls follow the heart breaking tale of a couple who were not able to take the body of their baby home - because they could not stump up £10,000 in medical fees. The heartbroken parents did not have a valid European Health Insurance Card (EHIC). **Birmingham Live (10.07.19)**

### **Amazon Alexa now gives NHS health advice**

Amazon Alexa devices can now provide expert NHS advice, the government has announced. As of this week, users can ask health-related questions and receive information directly from the NHS website using their voice-assisted device. The government has said it could reduce the demand on the health service.

**Coventry Live (10.07.19)**

### **NHS patients forced to endure long trolley waits**

There has been a huge rise in the number of NHS patients enduring trolley waits during the summer months, new data shows. Trolley waits refer to the time A&E patients spend on trolleys or chairs while a bed is found for them. New figures from NHS England show that, in May and June, 119,320 patients endured a trolley wait of more than four hours. **News and Star (11.07.19)**

### **NHS trialling smartphone cystitis test that lets you get treatment without seeing a GP**

NHS England is trialling a smartphone app that allows women suffering with urinary tract infections to get treatment without seeing a GP. Urinary tract infection (UTI) - also known as cystitis - is one of the most common bacterial infections seen by GPs, with suspected UTIs account for up to 3% of all GP visits. **Mirror (17.07.19)**

### **Mentally-ill child forced to travel length of country for NHS treatment**

Despite NHS pledges to end out-of-area placements, a lack of inpatient beds saw 587 youngsters admitted to mental health inpatient units away from home in the first six months

of 2018/19. A mentally-ill child was forced to travel almost the length of the country for NHS care. The child was sent 339 miles from their home, the equivalent of driving from Brighton to near Newcastle. **Mirror (22.07.19)**

### **Health secretary announces £20m NHS young people careers funding**

The health and social care secretary has announced £20m funding to support 10,000 young people from all backgrounds to get a career in the NHS. This will be matched by £7m from the Prince's Trust. The 3-year pre-employment programme will begin later this year and will involve up to 150 NHS trusts in England. **National Health Executive (24.07.19)**

### **'GAME-changing' OVARIAN CANCER DRUG RECEIVES NHS APPROVAL**

A "game-changing" drug for women living with ovarian cancer has received approval as a first stage treatment on the NHS. The drug, named Lynparza (olaparib), is being made available through the Cancer Drugs Fund to help women with a genetic form of the cancer. The medication has been found to extend lives by more than doubling the number of patients whose cancer is prevented from getting worse, and could offer a cure for some women. **Independent (25.07.19)**

### **Twenty big NHS building projects that need Boris' cash**

With the new prime minister poised to announce NHS building projects, HSJ has identified 20 of the most significant hospital infrastructure schemes that require big injections of capital funding, often to address pressing problems with care quality.

**HSJ News (01.08.19)**

### **NHS to receive £1.8bn cash injection to upgrade hospitals**

Boris Johnson is to announce a £1.8bn immediate cash injection for the National Health Service to help clear a massive maintenance backlog and upgrade hospitals. About £850m of the new sum will be earmarked for building projects at 20 hospitals, with details to be announced on Monday. **Financial Times (03.08.19)**

### **Johnson insists 'drop in the ocean' £1.8 billion for the NHS is 'new' money**

The prime minister has insisted that £1.8 billion of "extra spending" for the NHS is "new" money, despite critics claiming the money was not enough and had been recycled by hospitals cutting costs. Addressing claims from the Health Foundation that the new money is a "drop in the ocean", Boris Johnson said: "Don't forget that this is £1.8 billion of new money. It wasn't there 10 days ago." **ITV News (04.08.19)**

### **NICE draft guidance and NHS England review highlight need for more research on cannabis-based medicinal products**

The draft guidance, which was open for public consultation until 5 September 2019, considers the use of these products for people with intractable nausea and vomiting as a result of chemotherapy, chronic pain, spasticity, and severe treatment-resistant epilepsy. NHS England has also today published a review aimed at assessing the barriers to prescribing cannabis-based medicinal products where it is safe and clinically appropriate. **NICE (08.08.19)**

### **Government pledges £250m for NHS national artificial intelligence lab**

The government has announced it is setting up a national artificial intelligence laboratory, accompanied by £250m in funding to help enhance patient care and research using AI. The third announcement for the NHS from Boris Johnson's government in as many days, the prime minister said the funding will help the NHS become a world leader in using artificial intelligence to improve healthcare.

## **National Health Executive (08.08.19)**

### **Treat NHS patients in private hospitals to cut waiting lists, government urged**

NHS patients have a legal right to choose to be treated in private hospitals, at no extra cost to the NHS, but only half are aware of this option. The private sector delivers about 500,000 NHS operations every year, according to the NHS Confederation, of which the Independent Healthcare Providers Network is a member. **Independent (09.08.19)**

### **Asthma Deaths Have Risen By A Third In 10 Years – And A Lack of 'Basic Care' Could Be To Blame**

Asthma deaths have risen by around a third in 10 years, according to figures analysed by a national charity. More than 1,400 people died from an asthma attack last year in England and Wales – around an 8% increase compared to 2017, Asthma UK said. The data, from the Office for National Statistics (ONS), shows the number of deaths have increased by 33% in a decade, up from 1,071 in 2008. The figures also show an increase in men dying from the condition – as 436 men died in 2018 compared to 370 the previous year. **Huffpost (09.08.19)**

### **NHS declares national emergency over shortage of feed for babies and disabled patients**

The NHS has declared a national emergency over shortage of feed for babies and disabled patients, with some patients being told to go to Accident & Emergency departments. Medics said vulnerable patients were being left starving for several days, with some being admitted to hospital because of malnutrition. Hundreds of NHS patients, including children, who depend on intravenous nutrition, have been experiencing delays in deliveries. It follows an inspection by watchdogs which found manufacturers were failing to meet safety standards, and the presence of potentially fatal bacteria. **The Telegraph (13.08.19)**

### **NHS systems still reliant on Windows XP**

Over 2,000 NHS systems are still running on Windows XP five years after it stopped receiving security updates. It's the latest hammer blow to the NHS' reputation for being well behind the curve in terms of keeping its IT systems up-to-date and secure **ITPRO (17.08.19)**

### **Hospital food review announced by government**

The review follows the deaths of 6 people linked to an outbreak of listeria in contaminated food earlier this year. It aims to improve public confidence in hospital food by setting out clear ambitions for delivering high-quality food to patients and the public. Chair of the Hospital Food Review, Phil Shelley, will meet with catering managers at trusts across the country, looking at best practice from those leading the way in food quality and innovation. **GOV UK (23.08.19)**

### **Scottish-wide cancer plan introduced after NHS Tayside death**

A national approach to treating cancer is being introduced in the wake of revelations some patients received a lower dosage of chemotherapy drugs than in other parts of Scotland. A new "Once for Scotland" approach is to be brought in as part of a bid to encourage rapid sharing and adoption of best practice across regional cancer networks and NHS boards. Scotland's top doctor, Chief Medical Officer Dr Catherine Calderwood, said the move would "help ensure that cancer patients across Scotland have access to the same high level of care and treatment, regardless of where they live". **The Scotsman (26.08.19)**



### **Reason to be cheerful? 'Optimists live longer' study reports**

"Optimists are more likely to live longer than those who have a more negative approach to life, a US study has found," BBC News reports. The Mail Online reports on the same study claiming that "Optimists are up to 70% more likely to live to be 85". The study used information collected from male war veterans and female nurses taking part in 2 long-running studies in the US. The participants were around 60 to 70 years old when they completed optimism questionnaires, and the researchers looked at whether optimism was linked to living longer. **NHS (27.08.19)**

### **Foreign health tourists leave NHS with £150m of unpaid bills which could pay for 6,000 nurses as medics say charging them is 'racist'**

Two London hospitals are each owed £28million with one still chasing a £500,000 bill from a Nigerian mum who gave birth to quadruplets in 2016. The huge total is enough to pay for 5,500 junior doctors, a staggering 22,000 heart bypasses and 6,000 extra nurses. Some 23 NHS hospitals across the UK are still owed more than £1million from foreign patients and 91 trusts have outstanding bills totalling **£149.5million. The Sun (27.08.19)**

## **Regional NHS News**

### **Vape shops open inside two West Midlands NHS hospitals**

Vape shops have opened in two NHS hospitals in the West Midlands, in a bid to eradicate smoking. Sandwell General Hospital in West Bromwich, and Birmingham City Hospital, both of which are run by Sandwell and West Birmingham Hospitals NHS Trust, have had vape shops open up. The shop's opening comes as the NHS Trust tries to clamp down on smoking within its grounds. From July 5, those caught smoking on hospital grounds will be hit with a £50 fine. Police are even rolling out security cameras to catch smokers on site.

**ITV News (10.07.19)**

### **The thousands of Birmingham kids being treated for these mental health conditions**

New NHS figures reveal that 8,870 children under the age of 18 in the area accessed NHS-funded community mental health treatments in 2018/19. Nearly 9,000 children in Birmingham were treated for mental health illnesses like anxiety, depression and eating disorders last year- but campaigners say there is "still a very long way to go" to help kids in need. **Birmingham Live (18.07.19)**

### **Stoke-on-Trent mum's cancer misdiagnosis down to 'human error'**

A mother underwent a double mastectomy after doctors wrongly diagnosed her with an aggressive form of cancer. Sarah Boyle, 28, was told she had triple negative breast cancer after she had difficulty breastfeeding her baby. The hospital that treated her apologised, saying it was "human error" that led to her being misdiagnosed. Mrs Boyle is now pursuing a legal claim against the trust, which has admitted liability. **BBC News (19.07.19)**

### **British Armed Services veterans' suicides may continue unless lessons are learned, coroner tells authorities**

A coroner has warned that more military veterans suffering PTSD may take their own lives unless urgent action is taken to improve their care. Emma Brown, the coroner for Birmingham and Solihull, has written to NHS services and police highlighting a catalogue of failures in the treatment of Lance Corporal Dave Jukes in the months leading up to his suicide. In a strongly worded letter seen by The Sunday Telegraph, she has urged NHS

England, Birmingham and Solihull Mental Health Trust and West Midlands Police to learn from mistakes in the soldier's treatment. **The Telegraph (27.07.19)**

### **Sports day**

Young patients at Russells Hall Hospital joined in with the summer of sporting success when staff on the children's ward held a sports day especially for them.

Forget the excitement of the Cricket World Cup and the Open golf – the real action was on Ward C2 with sports and games for children, staff team events and a karate demonstration by students from the Shukokai Karate Federation, Brandon Taylor and Matt Anderson who are national and international medallists for kata and kumite.

**Express & Star (30.07.19)**

### **Listeria outbreak: Sixth person dies in illness linked to NHS sandwiches**

A sixth person has died after eating pre-packaged sandwiches and salads linked to the NHS listeria outbreak. Public Health England said the person fell ill with listeriosis from Good Food Chain products while a patient at Western Sussex Hospitals NHS Foundation Trust. It comes after five patients died in four different hospital trusts in the north and Midlands earlier this year. **Evening Standard (01.08.19)**

### **'Widespread improvements' at Shropshire Community Health NHS trust**

A community health trust which was told it required improvement has been rated "good" after an inspection. Inspectors from the Care Quality Commission (CQC) reported "widespread improvements" at Shropshire Community Health NHS Trust. They particularly commended end-of-life care which was previously criticised for a lack of strategy. The trust's chief executive Jan Ditheridge said she was "so proud" of the "tremendous progress". **BBC News (01.08.19)**

### **West Midlands Hospital Trust Gets Share of £850 Million**

University Hospitals Birmingham NHS Foundation Trust is one of the 20 health organisations to receive a share of £850 million in new funding. The Trust will receive £97.1 million, which will go towards providing a new purpose-built hospital facility at Heartlands Hospital in Birmingham, to replace outdated outpatient, treatment and diagnostic accommodation. **Heart (05.08.19)**

### **Shropshire hospitals welcome 150 new junior doctors**

The junior doctors have come to The Shrewsbury and Telford Hospital NHS Trust (SaTH) to continue their training and will work across a wide range of specialties, including medicine, surgery and women and children's services. Dr Jenni Rowlands, director of postgraduate education at SaTH, which runs Royal Shrewsbury Hospital and Princess Royal Hospital in Telford, said: "We are delighted to have welcomed more than 150 new doctors to the trust. **Shropshire Star (08.08.19)**

### **Mental health of nearly 14,000 children across Shropshire 'in danger of being sidelined'**

Nearly 14,000 children across Shropshire who have been abused or neglected could be sidelined by mental health services as a result of changes being introduced by the NHS, according to research by a children's charity. The NSPCC is now calling on NHS England to set out how it will prioritise the needs of vulnerable children and for more transparency over how mental health services commissioning decisions are made. The charity analysed the latest annual mental health plans published by NHS clinical commissioning groups (CCGs).

The plans set out how they will care for children's mental health, and the NSPCC found that 82 per cent across England were not properly planning for the needs of vulnerable children. **Shropshire Star (09.08.19)**

### **Businesses across borough urged to open up doors to nurses**

CAFES, restaurants and petrol stations across the borough are being asked to open their doors to allow hard-working community nurses to take a break between shifts.

Bosses at the Dudley Group NHS Foundation Trust are launching the campaign to help community nurses who often work out and about for hours at a time without being able to have a comfort break. **E&S, Stourbridge, Dudley & Halesowen News (17.08.19)**

### **'Infertile' Stourbridge renal patient has healthy baby**

A woman with kidney disease who was told she could never have children has given birth to a "miracle" baby girl. Ellie Pierce-Oliver, 28, from Stourbridge, West Midlands, had dialysis for three hours a day, six days a week, in the final five months of her pregnancy. Fewer than 7% of women on dialysis conceive, said Dudley Group NHS Trust. It is the first birth at the trust for a female renal patient in more than 20 years, a spokesperson added. Ms Pierce-Oliver's daughter Nicci was delivered by caesarean at Russells Hall Hospital, Dudley. **BBC News (18.08.19)**

### **Tears as non-emergency ambulance contract is lost to private company**

More than 80 ambulance service staff have been left fearing for their jobs says the union Unison, after West Midlands Ambulance Service (WMAS) lost the contract for non-emergency patient transport. It came after the Worcestershire clinical commissioning groups (CCGs) of local doctors awarded the service to private firm E-zec Medical Transport. Unison said this was in spite of the fact WMAS had run the service for 30 years and received an outstanding Care Quality Commission review.

So far E-zec, which currently runs the non-emergency ambulance transport service for Herefordshire CCG, has not confirmed if it will keep the current stations in Kidderminster, Bromsgrove and Worcester. **Worcestershire Observer (18.08.19)**

### **Bags of cash as nurses switch**

Ward staff from Russells Hall Hospital teamed up with a Kingswinford supermarket to raise money for poorly children. Nurses from the children's ward and their families spent a Saturday at Morrisons supermarket in Stallings Lane packing bags to raise funds for the ward and also Clic Sargeant, Morrisons' designated charity, which supports children and young people with cancer. **Express & Star (19.08.12)**

### **National recognition for Dudley Group anaesthetics**

Anaesthetists at Dudley Group NHS Foundation Trust have been recognised for providing the highest quality care to their patients by achieving the prestigious Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA). **Express & Star (20.08.19)**

### **West Midlands Ambulance Service to take over NHS 111 service**

West Midlands Ambulance Service will take over the running of the NHS 111 service for the majority of the region in November, it has emerged. It will take over from Care UK in all areas except Staffordshire, where the 24-hour-a-day, seven-day-a-week health phone line will continue to be run by Vocare. Workers will transfer over to WMAS, which intends to boost staff numbers ready for the busy winter period.

**Express & Star (20.08.19)**

### **Up to 10,000 West Midlands children not up to date with MMR vaccine**

Health officials are warning that up to 10,000 West Midlands five-year-olds are not fully immunised against MMR. Public Health England (PHE) is urging parents of primary school starters urged to check their children's immunisation records, saying that thousands may not be fully up-to-date with the 4-in-1 pre-school booster.

The estimates, released as part of PHE's Value of Vaccines campaign, show that some four and five-year-olds are starting school at risk of contracting serious diseases compared to the majority of their classmates.

**Express & Star (20.08.19)**

### **West Midlands Ambulance Service initiative shortlisted for award**

West Midlands Ambulance Service has been nominated for a national award for its work supporting veterans and serving military personnel. WMAS has made it through to the final of the 2019 Health Service Journal (HSJ) awards for its Two Uniforms, One Job scheme, which supports employees who currently serve or have served in the military.

**Express & Star (21.08.19)**

### **West Midlands hospital trust takes over its ninth GP practice**

Nine GP practices have been subcontracted to a West Midlands hospital trust as part of a 'vertical integration' scheme, with a further practice set to follow, the trust has announced. The Royal Wolverhampton NHS Trust (RWT), which already had responsibility for eight practices across the area, has confirmed it had taken on an additional surgery in June.

**GPOne (22.08.19)**

### **Changes to emergency dental services in Coventry and the West Midlands**

A consultation has been launched on plans to cut emergency dental services in the West Midlands. NHS England and Improvement is proposing to reduce the number of out of hours weekend and bank holiday sites from 13 to eight, with longer opening hours for those remaining. It also plans to reduce weekday evening sites from eight to five with longer opening hours. Two Warwickshire sites in Bedworth and Stratford-upon-Avon are among those to close, alongside one in Solihull.

**Coventry Live (22.08.19)**

### **NHS spends £92 million on private ambulances and taxis to attend 999 calls**

Research shows England's ambulance trusts spent more than £92 million in the last year on private ambulances and taxis to transport patients. Major ambulance trusts are increasingly relying on private ambulances to attend 999 calls, an investigation has found.

**Birmingham Live (27.08.19)**

**Paper for submission to the Council of 19<sup>th</sup> September 2019**

<b>TITLE:</b>	<b>Experience &amp; Engagement Committee Highlights Report 3<sup>rd</sup> July 2019</b>		
<b>AUTHOR:</b>	Karen Phillips, Committee Chair	<b>PRESENTER</b>	Karen Phillips, Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COUNCIL OF GOVERNORS</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
<p>The Council of Governors is asked to receive the summary reports from the last meeting of the Experience &amp; Engagement Committee held on 3<sup>rd</sup> July 2019 that includes:</p> <ul style="list-style-type: none"> <li>- Matters of concerns and key risks to escalate</li> <li>- Major actions commissioned/work underway</li> <li>- Positive assurances received</li> <li>- Decisions made</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>N</b>	<b>Risk Description</b>	
	<b>Risk Register:</b> <b>N</b>	<b>Risk Score:</b>	

<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Links to good governance
	<b>Other</b>	<b>N</b>	<b>Details:</b>

## UPWARD REPORT FROM Experience and Engagement Committee

Date Committee last met: 03 July 2019

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The Committee learned that the Trust had no one licenced to prescribe cannabis or cannabis oil. At present if a patient arrives with oil it is confiscated. Mr Fernandez would look into this further and update the Committee at the next meeting

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Governors would be invited to attend a selection of Board committees observers. Mrs Board will distribute details to Governors.
- The group was informed of projects underway to improve the way the Trust treat patients with specific learning difficulties.
- The Group was given an update on the End of Life Garden project.

### POSITIVE ASSURANCES TO PROVIDE

- The Group noted the CQSPE Summary report and, although key issues were reported there appeared to be procedures in place to rectify the problems.
- Mrs Board reported on the positive effect of the new Governor Training and development programme in supporting Governors to better understand their role.

### DECISIONS MADE

- The Terms of Reference were reviewed. It was agreed to put the Approval on hold while a review of the work of the Committee was undertaken by the Trust Secretary following the recent re-structure Of the Council of Governor's committee structure
- Governors were asked to put themselves forward to form a Task and finish group to look at the Governors Membership and Engagement Plan and governor social activities had been planned.
- The Group was invited to consider options and activities to support a charity.

### Chair's comments on the effectiveness of the meeting:

- The meeting was well attended and quorate
- There was good engagement from all present

**Paper for submission to the Council of 19<sup>th</sup> September 2019**

<b>TITLE:</b>	<b>CQSPE Highlights Report 27<sup>th</sup> August 2019</b>		
<b>AUTHOR:</b>	Mary Sexton, Interim Chief Nurse	<b>PRESENTER</b>	Catherine Holland, Non-executive director, Chair of CQSPE
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COUNCIL OF GOVERNORS</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
<p>The Council of Governors is asked to receive the summary reports from the last meetings of the CQSPE held on 23 July 2019 and 27<sup>th</sup> August 2019 that includes:</p> <ul style="list-style-type: none"> <li>- Matters of concerns and key risks to escalate</li> <li>- Major actions commissioned/work underway</li> <li>- Positive assurances received</li> <li>- Decisions made</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y	<b>Risk Description</b> covers many risks, nut key are those related to the Trust quality priorities, deteriorating patient and patient experience	



	<b>Risk Register:</b> <b>Y</b>		<b>Risk Score:</b> numerous across the BAF, CRR and divisional risk registers
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Links all domains
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Links to good governance
	<b>Other</b>	<b>N</b>	<b>Details:</b>

## UPWARD REPORT FROM CQSPE

Date Committee last met: 23/07/2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report not received due to unavailability of data</li> <li>• Increase of number of policies and SoPs and guidelines out of date.</li> <li>• Lack of quoracy for the Sterile Services Group resulting in meetings being cancelled. Opportunities to learn from incidents are being lost.</li> <li>• No Designated Safeguarding Doctor appointed within the Trust.</li> <li>• Triage and shortage of ESI nurses. Chief Operating Officer to report next month.</li> <li>• Greater focus and forward planning required for future Annual Waste Management Inspections.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• A review of the current process for reviewing policies, SoPs and guidelines was requested by the Committee.</li> <li>• Initiatives to embed learning Trustwide.</li> <li>• Greater shared learning initiatives required to ensure there is shared and embedded Trustwide learning from incidents.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• A Private CQSPE meeting took place after the main meeting to present and discuss referrals to professional bodies. This will continue on a quarterly basis.</li> <li>• Paediatric Follow-up service is being reviewed to prevent backlogs re-occurring.</li> <li>• Requesting of Chest X-Rays on Sunrise. An assurance was provided and action closed.</li> <li>• CQC Action plans have been combined into one single plan through the Achieving Excellence Group.</li> <li>• A new paper combining complaints, litigation, incidents and PALS was presented and will be brought on a quarterly basis.</li> <li>• Letter received from CQC amending the Section 31 notice for ED.</li> <li>• Assurance was provided regarding an HSE concern made by a Junior Doctor regarding the safe transfer of highly critical patients by ambulance. A letter of response was sent to HSE and risk added to the risk register.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• 8 policies were brought to the Committee and were ratified.</li> <li>• Patient Experience Strategy was approved.</li> <li>• The Committee formally acknowledged receipt of the CQC Inspection Report.</li> </ul>

**Chair's comments on the effectiveness of the meeting:**

- **A good level of positive challenge and discussion**
- **There is a requirement for a Clinical Non-Executive Director to join the membership of this Committee.**

## UPWARD REPORT FROM CQSPE

Date Committee last met: 27/08/2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Corporate Risk TAC017 – Interserve cannot guarantee uninterruptable power supply to theatres with the potential for adverse patient outcomes. This was challenged and a paper requested next month.</li> <li>Trust is unable to complete RCAs within the 90 day timeframe when case is referred to the HSIB due to their timeframes.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Live CQC Action Plan to be shown to the Committee next month to provide assurance</li> <li>Paper requested regarding uninterruptable power supply to theatres to include assurance around longer term planning to ensure sufficient power supply to the site when upgrades take place.</li> <li>An external audit has been commissioned to provide analysis of mortality data, standards of care for patients with sepsis, review work undertaken to date and recommend additional steps.</li> <li>Work underway with Divisions to merge overlapping policies where possible</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>No children are waiting longer than 20 weeks for paediatric follow-up.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Safeguarding Annual Report approved for external publication</li> <li>4 policies ratified, as recommended by the Policy Group</li> <li>The Committee endorsed the closure of one Serious Incident considered by the Patient Safety Team</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p> <ul style="list-style-type: none"> <li>The Committee shifted to a higher level of function at this meeting, with a focus on governance and challenge for assurance</li> <li>It was suggested that all papers from visitors are tabled at the beginning of the meeting in future</li> <li>Consistent themes were about risk, assurance and mitigation.</li> </ul>	

**Paper for submission to the Council of Governors on 19 September 2019**

<b>TITLE:</b>	<b>Finance and Performance Committee Exception Report</b>		
<b>AUTHOR:</b>	Tom Jackson Director of Finance	<b>PRESENTER:</b>	Jonathan Hodgkin Finance & Performance Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL:</b>			
The Council is asked to note and discuss the contents of the combined report in respect of items discussed at the meetings held on 25 <sup>th</sup> July and 29 August 2019 concerning: <ul style="list-style-type: none"> <li>• Matters of concern or key risks to escalate</li> <li>• Major actions commissioned/work underway</li> <li>• Positive assurances to provide</li> <li>• Decisions made</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
S05 Make the best use of what we have S06 Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Finance and Performance Committee meetings held in June, July and August 2019.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y	<b>Risk Description:</b> Failure to remain financially sustainable in 2019/20	
	<b>Risk Register:</b> Y	<b>Risk Score:</b> 20	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Well Lead
	<b>NHSI</b>	Y	<b>Details:</b> Achievement of Financial Plan
	<b>Other</b>	N	<b>Details:</b>

## UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Dates Committee last met: 27<sup>th</sup> July and 29<sup>th</sup> August 2019

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Latest year end forecast of income and expenditure approximately £1m behind budget
- Despite improvements, continued failure to meet Emergency Access Standard where 95% of attendees to ED should be seen, treated, discharged or admitted within 4 hours
- Only borderline achievement of 62 day and 2 week cancer targets
- Likely to require financial support from the Department of Health and Social Care at some point during 2019/20

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- On-going reporting of progress against the Emergency Access Standard and the system wide improvement plan
- Shadow reporting against new access standards coming into force in April 2020
- Validation and allocation of previously identified Cost Improvement Plan initiatives to divisions

### POSITIVE ASSURANCES TO PROVIDE

- Delivered Q1 financial plan securing Provider Sustainability Funding of £969k
- Continued good performance against referral to treatment (RTT) and diagnostics national targets
- Responded to two "high" CareCert cybersecurity vulnerability notifications, carrying out required patching within 48 hours
- Successful Sunrise go-live for ED and Trust wide orders, results management

### DECISIONS MADE

- Divisional benefits realisation reviews to be reported to the Committee
- Approved re-establishment of the Workforce and Staff Engagement Committee
- Reviewed and reduced a number of Board Assurance Framework assurance ratings

### Chair's comments on the effectiveness of the meeting:

- Interactive meetings with good input from members and attendees, providing effective challenge and seeking assurance
- Valuable deep dives into each of the divisions
- Continued good attendance

**Paper for submission to the Council of Governors  
on 19 September 2019**

<b>TITLE:</b>	<b>Audit Committee Exception Report</b>		
<b>AUTHOR:</b>	Richard Miner Audit Committee Chair	<b>PRESENTER:</b>	Richard Miner Audit Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
The Council is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Audit Committee meeting held on 19 August 2019.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	N		<b>Risk Description:</b>
	<b>Risk Register:</b> N		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Well Lead
	<b>NHSI</b>	N	<b>Details:</b>
	<b>Other</b>	Y	<b>Details:</b> Good Governance

## UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 19 August 2019

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Format and structure of the Board Assurance Framework (BAF) to be reviewed as felt to still be too complex
- Premature close down of internal audit recommendations before full evidence is available to support closure
- Roll out of full implementation of ED rostering on Allocate

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Continuation of BAF review by Interim Chief Nurse and Board Secretary with proposals being presented to Executive Directors and Board
- Reinforce, by directors to managers responsible, importance of full implementation of internal audit recommendations before being closed down
- Internal Audit and Mr Atkins (through Workforce Committee) to follow up implementation of the ED rostering on Allocate

### POSITIVE ASSURANCES TO PROVIDE

- Good level of progress made against the 2019/20 clinical audit plan
- Good level of progress made against Internal Audit work undertaken
- Good level of progress made against the LCFS work plan
- Significantly reduced losses and special payments during Q1

### DECISIONS MADE

- Approval of 2018/19 Clinical Audit Annual Report
- Approval of 2019/20 Clinical Audit Plan
- Approved changes to the reopened internal audit recommendations implementation dates
- Accepted the changes to the Internal Audit 2019/20 plan
- Approved the action plan arising from recommendations made following external auditors review of 2018/19 Quality Accounts

### Chair's comments on the effectiveness of the meeting:

Short and effective meeting with key issues to follow up



**Paper for submission to the Council of Governors on 19 September 2019**

<b>TITLE:</b>	<b>Summary of Workforce &amp; Staff Engagement Committee</b>		
<b>AUTHOR:</b>	<b>Andrew McMenemy, Director of Workforce &amp; OD</b>	<b>PRESENTER:</b>	<b>Julian Atkins, Chair of Committee</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL:</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
The Council is asked to receive the main items addressed at the Workforce and Staff Engagement Committee and to be assured that there continues to be good progress alongside the Committee aims that are aligned to the Dudley People Plan.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO4: Be the place people choose to work    SO5: Make the best use of what we have</b> <b>SO6: Deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
This summary of the Committee meetings that took place in July & August 2019 provide the Trust Board with assurance regarding matters associated to the Workforce and the Dudley People Plan are being managed and taken forward effectively and appropriately.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y		<b>Risk Description:</b>
	Risk Register: Y		<b>Risk Score</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	CQC	Y	<b>Details: Well Led</b>
	NHSI	Y	<b>Details: Annual Business Planning Process</b>
	Other	N	<b>Details:</b>

## CHAIRS LOG

### UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - 29<sup>th</sup> July 2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>The risk associated with pension implications for staff earning above the relevant threshold was escalated alongside mitigations to manage the risk. It was advised that this risk has also been added to the Corporate Risk Register.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The Committee acknowledged the changes to the training associated to the Nursing Associate Programme from September 2019. It was therefore determined that work would be commissioned to revise the business case associated to the Nursing Associate Programme accordingly.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Taking consideration of the workforce efficiency and transformation programmes assurance was provided regarding interim changes in the Workforce Directorate to better manage these challenges.</li> <li>The Committee received a positive update associated to the Trust progress regarding Apprenticeships. The progress against target to meet the levy as well as the development and implementation of the new speciality standards was noted.</li> <li>The quarter 4 Staff Friends and Family results provided positive assurance based on a significant increase on feedback received alongside improvements with the feedback for those recommending the Trust as a place to receive care and to work. The Committee recognised the 'Make it Happen' OD programme as having a positive impact that has supported this assurance.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>It was agreed to accept and ratify the new Dudley People Plan. It was also agreed that the Plan should be presented to the Trust Board in October 2019.</li> <li>The Committee received an option appraisal regarding the Staff Survey for 2019. The options allowed for a sample of staff to undertake the survey against a full census of staff. It was determined by the Committee that although there were constructive arguments for the sample, that the full census was the recommended way forward for this year.</li> <li>The Committee ratified the Medical Staff Appraisal Policy as well as the Senior Medical Leave Policy.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p> <p>The meeting was reasonably well attended and included good levels of challenge and debate.</p>	

## CHAIRS LOG

### UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met: 27<sup>th</sup> August 2019

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> <li>The report associated to Consultant Job Planning raised partial assurance that Job Plans were being reviewed and completed. The risks associated to the Job Plans related to their alignment to the business planning process and whether they were annualised, which the Committee accepted would be the next stage of Job Planning implementation.</li> <li>The Committee received further detail associated to the risks regarding Priority One Mandatory Training subjects that demonstrated unsatisfactory compliance rates below 80% that require further escalation.</li> <li>The Committee acknowledged the capacity restraints on the Workforce Directorate, taking consideration the significant workforce agenda and recommended that this was escalated to the relevant risk register.</li> </ul>	<ul style="list-style-type: none"> <li>The Committee received a comprehensive presentation regarding the actions to support improved levels of staff attendance. A separate work stream has been commissioned with the Director of Workforce as SRO and Becky Cooke as Operational Lead. This work would also involve relevant Divisional, Professional and staff representation and it was agreed to take the form of Listening in Action.</li> <li>It was decided that a review of Mandatory Training would be initiated alongside Subject Matter Experts, the Corporate Nursing Team and the Workforce Directorate. The aim being to create a more efficient process that provides the relevant training framework for all staff.</li> </ul>
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> <li>The Medical Revalidation Annual Organisational Report provided positive assurance associated to revalidation of the medical workforce.</li> <li>The Workforce Key Performance Indicators in relation to turnover, appraisal rates and recruitment timeline demonstrated continued good progress and assurance.</li> <li>The Head of Learning &amp; OD provided assurance regarding the framework for training associated to Safeguarding.</li> <li>The Medical Director provided assurance that all Consultant Job Plans would have their annual review completed by the end of this financial year.</li> </ul>	<ul style="list-style-type: none"> <li>To support the Freedom to Speak up Action Plan that included the relevant training for FTSU Guardians as well as relevant others to support staff raising concerns.</li> <li>It was agreed that individuals demonstrating non-compliance regarding Priority One Mandatory Training areas would be communicated to by the Director of Workforce &amp; Chief Nurse prior to further escalation.</li> <li>The corporate risks associated to workforce were presented and it was determined that notwithstanding some additions to the mitigations, that the risk scores should remain at this time.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> The meeting was well attended and included good levels of challenge and debate. However, the main contributions were provided by either Board members or staff from the Workforce Directorate. The Committee will be more effective with more ownership from Divisional representatives. Therefore I will work alongside the Director of Workforce &amp; OD to develop the agenda that encourages greater ownership from Divisional leads.</p>	

**Paper for submission to the Council of Governors**  
**19 September 2019**

<b>TITLE:</b>	Trust Secretary Report to Governors		
<b>AUTHOR:</b>	Mr Liam Nevin, Trust Secretary Helen Board, Governor & Membership Manager	<b>PRESENTER:</b>	Mr Liam Nevin, Trust Secretary
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
1. Receive this report as requested by the Council and note its content relating to: <ul style="list-style-type: none"> <li>• Council of Governor elections 2019</li> <li>• Governor attendance at Board Committees</li> <li>• Trust Constitution update</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1:</b> Deliver a great patient experience, <b>SO2:</b> Safe and Caring Services, <b>SO3:</b> Drive service improvements, innovation and transformation, <b>SO4:</b> Be the place people choose to work, <b>SO5:</b> Make the best use of what we have, <b>SO6:</b> Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>1. Trust Constitution update</b> A review of the scheme of delegations is being undertaken which will review the draft content, the structure of the document, the practice adopted by other Trusts and my own experience of drafting schemes of delegations. The outcome of this will be reported back to the next meeting of the Council of Governors.			

## 2. Governor attendance at Board committees

In response to feedback received as part of the CoG Effectiveness Survey 2018/19 where the recommendations were agreed at the Full Council meeting held at the end of June 2019. All Governors have been invited to express their interest for which of the committees of Board they would like to attend.

The Committees report directly to the Board and are both chaired, and attended by, non-executive directors as well as other senior trust staff.

The Committees are:

<b>Finance &amp; Performance Committee</b>	<b>Workforce and Staff Engagement</b>	<b>Clinical Quality, Safety &amp; Patient Experience</b>	<b>Audit Committee</b>
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Governors are invited to attend in an 'observational' capacity in order to view the workings of each committee. There is an expectation that no more than two governors would attend any one meeting. There would be an opportunity for individual governors to rotate their attendance.

At the time of preparing this report three Governors have expressed an interest and will have the opportunity provide feedback at the next Council of Governors meeting in December 2019.

## 3. Council of Governor Elections 2019

Elections are underway for vacancies in the following staff constituencies:

- Non-clinical staff
- Nursing & Midwifery

The elections will be run in accordance with the Model Rules of Elections as set out in the Trust's Constitution. Civica Election Services Limited will oversee and run the nominations and ballot process using the following timetable:

- Friday 13 September: Notice of Election and call for nominations
- Friday 11 October 2019: Nominations deadline
- Friday 1 November 2019: Notice of Poll published
- Wednesday 27 November 2019: Close of election
- Thursday 28 November 2019: Declaration of results published

### IMPLICATIONS OF PAPER:

RISK	N		Risk Description
	Risk Register: N		Risk Score
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details
	NHSI	N	Details:
	Other	Y	Details: Good governance

**Paper for submission to the Council of Governors**  
**27 June 2019**

<b>TITLE:</b>	<b>Remuneration &amp; Appointments Committee Report for meeting held 23 April 2019</b>		
<b>AUTHOR:</b>	Dame Yve Buckland, Chairman Helen Board, Governor and Membership Manager	<b>PRESENTER:</b>	Dame Yve Buckland, Chairman
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	<b>X</b>	<b>X</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
The full Council of Governors is asked to note the following items for discussion and approval where indicated. <ol style="list-style-type: none"> <li>1. Terms of Reference revised for approval</li> <li>2. Establishment of the Council's Remuneration and Appointments Committee</li> <li>3. Non-executive director recruitment update.</li> </ol>			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			

## SUMMARY OF KEY ISSUES:

Following the recent restructure of the Committees of Council, the arrangements regarding the Council of Governors Remuneration and Appointment Committee were also considered and action taken as follows:

- 1. Terms of Reference revised** and attached as appendix 1 have been circulated to all Council members for virtual approval. The revisions have been as follows:
  - The membership has been increased from three to five governors, including at least two public governors and one stakeholder governor
  - A quorum will consist of three Governor members and the Trust chairman.
  - The Trust chairman will normally chair the committee. In the absence of the Trust chairman or in the event that a conflict of interest arises, for example, when the Committee is considering the chair's reappointment or remuneration, the meeting will be chaired by the lead governor
  - Expansion of the specific duties of the Committee

### The Council of Governors is asked to formally approve the Terms of Reference

- 2. Establishment of the Council's Remuneration and Appointments Committee.** Council members have been canvassed for expressions of interest with the following Governors recommended as members of the reformed Committee:

Fred Allen, Lead Governor  
Dr Gee, Appointed Governor  
Hilary Lumsden, Public Elected Governor  
Ann Marsh, Staff Elected Governor  
Yvonne Peers, Public Elected Governor

- 3. Non-executive director recruitment update.** Interviews took place on 19 Thursday 2019 where shortlisted candidates were invited to attend a stakeholder panel and interview activity. As the interview activity takes place directly prior to the Full Council of Governors meeting, the outcome will be provided as a verbal update along with any recommendation for approval of appointments should the process successfully identify candidates for the post of non-executive director and associate non-executive director.

**The Council of Governors is asked to formally approve appointments as non-executive directors as verbally recommended by the chair following the recent recruitment process of the 19<sup>th</sup> September 2019.**

## IMPLICATIONS OF PAPER:

RISK	N		Risk Description
	Risk Register: N		Risk Score
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	N	Details:
	Other	N	Details:

## Appendix 1

### REMUNERATION and APPOINTMENTS COMMITTEE (COUNCIL OF GOVERNORS) TERMS OF REFERENCE

#### 1. Constitution

- 1.1 The Council of Governors' Remuneration and Appointments Committee (the Committee) is constituted as a standing committee of the Council of Governors. Its constitution and terms of reference are set out below.

#### 2. Authority and Scope of Powers

- 2.1 The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to co-operate with any request made by the Committee.
- 2.2 The Committee is authorised by the Council of Governors to request professional advice and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

#### 3. Purpose

- 3.1 The Committee is responsible for advising the Council of Governors on the remuneration and appointment of the Chairman and Non-executive Directors. The Council of Governors, on the recommendation of the Remuneration and Appointments Committee, is responsible for setting the remuneration and appointment of the Chairman and Non-executive Directors at a General Meeting.

#### 4. Membership and Chairmanship

- 4.1 The membership of this Committee will be:
- The Trust Chairman;
  - The Lead Governor;
  - Five other Governors, including at least two public governors and one stakeholder governor.
- 4.2 The Trust Chairman will normally chair the Committee. In the absence of the Trust chairman or in the event that the Chairman has a conflict of interest, for example, when the Committee is considering the Chairman's re-appointment or remuneration, the meeting shall be chaired by the Lead Governor.

#### 5. Attendance

- 5.1 Other managers/staff may be invited to attend meetings depending upon issues under discussion, in particular it is expected that the Trust Secretary and a senior representative from HR will be attendance to offer advice and support the Committee.
- 5.2 The Trust Secretary will ensure that an efficient secretariat service is provided to the Committee.

#### 6. Quorum

- 6.1 A quorum will consist of three Governor members and the Trust Chairman.

#### 7. Frequency of meetings

- 7.1 Meetings will be called as required.



7.2 Ad hoc meetings can be called by the Trust Chair or as a result of a request from at least two members of the Committee. The request is to be made to the Trust Chair.

7.3 It is expected that members attend all meetings as much is practicably possible.

## **8. General duties of the Committee**

8.1 The Committee shall have such power and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by the Independent Regulator. Such terms of reference shall have effect as if incorporated into the Standing Orders.

8.2 To discharge any action required of it from the Council of Governors.

## **9.0 Specific duties of the Remuneration and Appointments Committee will be to;**

### **Appointments role**

The Committee will:

- a) Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the board of directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- b) Review the results of the board of directors' performance evaluation process that relate to the composition of the board of directors.
- c) Review annually the time commitment requirement for non-executive directors.
- d) Give consideration to succession planning for non-executive directors, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the board of directors in the future.
- e) Make recommendations to the Council of Governors concerning plans for succession, particularly for the key role of chairman.
- f) Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- g) Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- h) Agree with the Council of Governors a clear process for the nomination of a non-executive director. This process should ensure that any regulatory requirements or FT Code of Governance recommendations (such as the "Fit and Proper" test and the need to confirm the status of any non-executive required to be independent) are complied with.
- i) Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- j) For each appointment of a non-executive director, in conjunction with the Trust Secretary and Director of Workforce, prepare a description of the role and capabilities and expected time commitment required.
- k) Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.
- l) Ensure that proposed non-executive directors' other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- m) Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- n) Ensure that on appointment non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of director meetings.

- o) Advise the Council of Governors in respect of the re-appointment of any non-executive director. Any term beyond six years must be subject to a particularly rigorous review.
- p) Advise the Council of Governors in regard to any matters relating to the removal of office of a non-executive director.
- q) Make recommendations to the Council of Governors on the membership of committees as appropriate, in consultation with the chairs of those.

## **Remuneration role**

The Committee will:

- a) Recommend to the Council of Governors a remuneration and terms of service policy for non-executive directors, taking into account the views of the chairman (except in respect of his/her own remuneration and terms of service) and the chief executive and any external advisers.
- b) In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors.
- c) Agree the process and receive and evaluate reports about the performance of individual non-executive directors and consider this evaluation output when reviewing remuneration levels.
- d) In adhering to all relevant laws and regulations establish levels of remuneration which:
  - are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
  - reflect the time commitment and responsibilities of the roles;
  - take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
  - are sensitive to pay and employment conditions elsewhere in the Trust.

## **10. Reporting**

- 10.1 The Committee shall report in writing to the Council of Governors the basis for its recommendations. The Council shall use the report as the basis for their decisions, but remain accountable for taking decisions on the appointment, remuneration and terms of service of the Chairman and Non-executive Directors.
- 10.2 The Committee will receive reports from the Trust as required to enable the members to fulfil the duties described above.
- 10.3 The Committee will also receive reports to support the business of the Committee commensurate with the duties requested by the Council of Governors. Any recommendations made by these committees will require ratification by the full Council of Governors.

## **11. Review**

- 11.1 The Terms of Reference of the Council of Governors committees shall be reviewed at least annually or as part of any application to amend the Constitution of the Trust.

Date of adoption: *Virtual approval sought ahead of ratification at the Full Council of Governors meeting on 19 September 2019*

Date of next review: August 2020

**Paper for submission to the Council of Governors**  
**On 19 September 2019**

<b>TITLE:</b>	<b>Integrated Performance Report for Month 4 (July) 2019</b>		
<b>AUTHOR:</b>	<b>Informatics</b>	<b>PRESENTER</b>	<b>SUBMITTED FOR INFORMATION</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>Y</b>
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL:</b>			
To note the current performance against KPIs for information			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			

## **Performance**

### **Diagnostic Performance (DM01)**

The diagnostic standard (DM01) was achieved for July 2019 with a performance of 99.22% against the target of 99% patients seen in less than 6 weeks. As per previous months the greatest area of risk to the target remains within MRI, which accounted for 49 out of a total of 57 breaches. Work in ongoing in respect to reducing the remaining backlog which consists of Cardiac MRI and GA MRI and additional lists completed and planned for August and September respectively should bring these down to manageable levels. In order to sustain performance, a number of positive meetings have been held with Cardiology and Imaging with a view to ensuring that job planned capacity is cross-covered during times of annual leave and Cardiology on call commitments.

Looking forward the Imaging Department is set to commence the replacement of the two CT scanners at the Russells Hall Hospital site from 9<sup>th</sup> September 2019 which is now to be completed in two phases, CT 1 during September – November 2019 and CT 2 during February – April 2020. During these periods it will be essential to maintain the Cardiac CT service in order to continue to achieve the DM01 standard. Agreements from Consultant Cardiologists have been received and will see them complete these scans at the start of each day, Monday to Friday, on the one in-house CT scanner.

### **Cancer**

The Trust's performance against the National cancer standards continues to be very positive and at the time of writing, subject to final validation and agreement with local tertiary centres, all ten cancer metrics have been achieved. Two week wait for July was extremely challenging across a numbers of specialties, in particular Urology, Colorectal and Skin, and performance against this target was the closest in recent memory with a performance of 93.04% against the 93% target. The primary reason for this was due to a number of teams facing capacity challenges, exacerbated by the pension implications of consultants performing additional clinics. Whilst a very high level of breaches were incurred this was matched by a higher than average total activity, hence the target was achieved. The challenges regarding two week wait have continued into August and all is being done to avoid failure. Performance against the 62 day target at the time of writing is 85.1% against the 85 % target, again very tight given capacity challenges, but testament to the amount of work being undertaken to achieve this high profile and important performance target.

Whilst performance remains largely positive, the 28 day faster diagnosis is likely to come into effect from April 2020 (a new and additional target) and shadow monitoring to-date suggests there is work to do across a number of areas to achieve this, in addition to sustaining performance against the existing metrics. Key areas of focus for us include:

- Endoscopy / colonoscopy diagnostics
- Fusion biopsies (Urology)
- More timely diagnostic imaging and reporting
- More timely histology reporting

### **Regulatory Performance – 18 Week Referral Treatment**

The Trust achieved the RTT standard for July, delivering 94.15% against the national standard of 92%. Pressures remain in Urology, General Surgery & Ophthalmology. Additional sessions continue to be arranged to manage demand, although pressure is greater for admitted patients than non-admitted, although the recent reduction in theatre sessions coverage as extra is now impacting on this, particularly in Ophthalmology.

Demand for outpatient services has increased overall this year in the following specialties.

## **Regulatory Performance – 18 Week Referral Treatment - Incompletes**

The total number of incomplete pathways has increased in recent months, although July was down slightly on the June position. In particular there has been an overall increase in incomplete pathways in the following specialties: Urology, Colorectal, Vascular, Oral Surgery and Peads ENT. There remains a continued focus on these specialties on reducing the total number of incomplete pathways.

## **Operational Efficiency – Theatre Utilisation, Theatre Cancellation DNA Rates**

There remains more work to be done on Theatre efficiency and this is being delivered through the Theatre Task and Finish Group. Particular areas of focus in this project are directed towards scheduling, booking and improving notes availability. Currently utilisation of theatres (actual operating time used versus planned time) is around 65%.

Cancellations have increased in recent months and the main reason for this was missing notes. A separate task and finish group has been set up to look at reducing the impact of missing notes and an amendment to the notes policy has been agreed.

## **Workforce**

### **Staff Appraisals**

The appraisal window for all non-medical appraisals closed on 30<sup>th</sup> June 2019 and therefore the Trust continued its good level of compliance at 95.52% for completed appraisals. A review of the process has been undertaken in light of the new Dudley People Plan and the new Behavioural Framework. Therefore work has commenced in consultation with colleagues to develop and enhance the quality of the appraisal paperwork alongside the appraisal meeting and outcomes.

### **Mandatory Training**

The compliance rate continues at the stable level of 89.7%. This represents good performance in terms of overall compliance. However, the focus continues to be on the areas where there are risks associated to continued non-compliance. This is demonstrated with particular non-compliance for some subjects alongside specific staff groups where compliance could be significantly improved.

The subject areas where compliance is Rag rated red and highlights the most significant risk are:

- Child Safeguarding Level 3 – 77.1%;
- Resuscitation Adult – 72%;
- Resuscitation Paediatric – 60.4%.

These subjects are managed via the Head of Non-Medical Education and Training, who has presented current and future intended actions for improvement to both Workforce and the Risk and Assurance Group.

However, this continued non-compliance creates a risk to our patients and staff that requires immediate mitigation. It is intended that all staff who continue to demonstrate non-compliance in these areas will be communicated to regarding their responsibility to have these mandated courses completed within a reasonable timescale.

### **Sickness Rate**

The absence rate has continued to deteriorate from 5.01% in June 2019 to 5.15% in July 2019. The main areas of concern associated to staff group continue to be Care Support staff at 7.88% and nursing & midwifery staff at 5.32%.

In terms of Divisional trends, Clinical Support Services continue to demonstrate the highest levels of absence at 6.49%. Therefore, focus is being provided on particular areas of high

absence to ensure efficient turnaround of absence management and therefore staff returning to work.

In addition, the Finance & Performance Committee as well as the Workforce & Staff Engagement have highlighted their concerns as the continued rise in absence levels and a plan to demonstrate and support improvement. Therefore an initial plan is being presented to the Workforce & Staff Engagement Committee on 27<sup>th</sup> August 2019 prior to Board feedback in October 2019. Long term sickness is driving the increase in our overall sickness absence rates at 3.10%. Therefore, the strategy going forward in the first instance will be to focus on the areas and staff groups demonstrating high levels of long term sickness as a matter of priority.

## Turnover Rate

The turnover rate continues to represent positive retention of our staff and currently sits at 8.73% which is consistent with the previous month. The Trust Turnover target is 8.5% and therefore the Trust continue to demonstrate consistently positive performance. The Trust turnover rate is also below the average turnover rate for acute NHS Trusts in England. The continued focus on staff engagement and development has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we embed the action plans based on the feedback from the national staff survey and regular pulse surveys.

## Recruitment/Staff in Post

The Trust 'staff in post' performance demonstrated another rise within the substantive workforce with a further 54 wte since April 2019 with the current contracted wte at 4469.01 The most significant increase has been within the Care Support staff Group, Nursing & Midwifery and Allied Health Professionals.

In supporting our workforce plans for substantive staff it is important that we continue to be more efficient in our recruitment process. We have recently changed our recruitment timeline from 77 days to 50 days. The introduction of new technology supporting the recruitment process has improved our performance against the 77 day target. Therefore the change to the 50 day timeline being introduced in August 2019 will further support effectiveness over the increase for staff in post as well as supporting our continued reduction in agency expenditure.

We are also developing an enhanced recruitment plan to engage more bank only workers to further aid the reduction in agency expenditure.

## IMPLICATIONS OF PAPER:

<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b> High level of activity could impact on the delivery of KPIs – particularly the Emergency Access target and RTT. The latter would be impacted by increased levels of outliers resulting in cancelled operations
	<b>Risk Register: Y</b>		<b>Risk Score:</b> 20 (COR 079)
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe, Effective, Caring, Responsive, Well Lead
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> A sustained reduction in performance could result in the Trust being found in breach of Foundation Trust licence
	<b>Other</b>	<b>N</b>	<b>Details:</b>



# Integrated Performance Report - Board



August 2019

Created by: Informatics.

Title of report: Integrated Performance Report

Executive Lead:

Performance  
Finance  
Workforce

Chief Operating Officer, Karen Kelly  
Director of Finance, Tom Jackson  
Director of HR, Andrew McMenemyJ



## Executive Summary

### Key Messages

#### CQSPE

##### FFT Response Rate

A total of 7,025 responses across all areas have been received during July 2019, an increase from June 2019 (6,164). Maternity birth is showing the biggest increase in response rates this month at 16.6%, which is an improvement from June 2019 (10.5%). Inpatient department remains on target for response rates again this month. No data was published for response rates for outpatients in June. The national average percentage response rates are not available at the time of writing this report.

##### FFT Percentage Recommended

Percentage recommended scores have improved for inpatient, emergency department, maternity birth, and postnatal ward in July 2019. The emergency department shows the biggest improvement in percentage recommended scores in July 2019 at 80% in comparison to 72.7% in June and is the highest score for the emergency department this quarter.

Inpatients, emergency department, outpatients and community are not achieving the target. The national average percentage recommended scores are not available at the time of writing this report.

##### Action taken to improve scores

1. Feedback Friday is promoted to raise awareness and capture responses. Pop up workshops are situated in the reception areas.
2. Volunteers have concentrated on the wards and outpatients department to encourage patients to fill in the FFT forms.
3. FFT champion meetings are taking place bi-monthly to encourage staff to promote FFT.
4. The Trust Board Performance Dashboard is emailed out monthly to wards and printed copies are brought to the Friends & Family Champion's Meetings.
5. Community are hosting 'Lunch and Learn' sessions to identify trends and learning.
6. We have increased patient experience volunteers to carry out ward visits and promote the Friends and Family Test.
7. The Patient Experience Group will oversee and review the actions within the Patient Experience Strategy to ensure we achieve our quality priorities for patient experience.

8. We have sent communications to all heads of service and departments to ensure that FFT cards are being sent in to patient experience or collected by volunteers at the end of each month to ensure that these are inputted before the deadline for data submission, as a large number of cards were not entered due to a lack of volunteers to input them.

9. A meeting has been arranged with the volunteer coordinator to arrange for a number of volunteers to be inputting FFT cards on a regular basis.

10. We have changed FFT reporting within the outpatients department, as data is currently recorded by location and not by clinic, to ensure that FFT scores can be more closely monitored.

##### Complaints & PALS

PALS received 237 concerns, 6 comments and 74 signposting contacts (signposting includes letters/emails/telephone calls/face-to-face enquiries) totalling 317 in July 2019. The total of the concerns (237) and the total of comments (6) equal 243.

During July 2019, the Trust received 73 complaints. This is a 108% increase from June 2019 (35). July 2018 received similar number of complaints.

The Surgical Division received 39 complaints for July 2019 compared to 17 for June 2019. Medicine & Integrated Care Division received 29 complaints for July 2019 compared to 15 for June 2019. Clinical Support Division received two complaints for July 2019, the same as for June 2019. Corporate Services, Corporate Nursing and External (Security) received 1 complaint each in July 2019.

There have been 13 re-opened complaints for July 2019.

The common theme for complaints is communications, specifically communications with the patient and relatives.





## Executive Summary

### Key Messages

#### CQSPE

##### Dementia

Due to the implementation of Sunrise, the way in which the dementia data is calculated has had to be updated. Going from Sorian to Sunrise means that the way data is inputted has changed, staff are working hard to ensure they are inputting data correctly.

##### Pressure Ulcers

In July 1 Unstageable grade 3/4 pressure ulcer (SI) was reported in the Acute Trust (Ward B1). There were no reported SI's for pressure ulcers reported in the community setting.

##### MSA

In July there were a total of 5 breaches. 3 on MHDU and 2 for Critical Care.

##### MRSA

MRSA Screening - emergency has a compliance of 93.4% this is an improvement on previous months performance. The target is 95%.

##### Infection Control

High Impact Interventions July 2019

HII 1: Ventilator Associated Pneumonia 100%

HII 2a: Peripheral Vascular Access Devices – Insertion 100%

HII 2b: Peripheral Vascular Access Devices - Ongoing Care 99%

HII 3a: Central Venous Access Devices - Insertion 98% -Increase from last month by 23%

HII 3b: Central Venous Access Devices - Ongoing Care 100%

HII 4a: Surgical Site Infection Prevention - Preoperative 100%

HII 4b: Surgical Site Infection Prevention - Intraoperative Actions 100%

HII 5: Infection Prevention in Chronic Wounds 100%

HII 6a: Urinary Catheter - Insertion 100%

HII 6b: Urinary Catheter - Maintenance & Assessment 99%

Hand hygiene 99%

Commode Audits 100%

There were zero C diff cases due to lapses in care reported during July 2019.

##### MSSA

Patient 1 - Patient had a previous admission with infected skin cancer wounds. Treated with antibiotics. This admission he presented with sepsis? Source? Community acquired pneumonia and suffered a fall at home which resulted in #NOF. On 9th July he had pyrexia of 39.5. Has been a patient on B2 ward, no issues with Infection control audits. Probable source of infection = Skin wounds from skin Cancer.

Patient 2 - Patient admitted with alcoholic liver disease, fatty liver and ascites.

Commenced on triple antibiotic therapy. No lines in -situ, just a newly inserted peripheral cannula. No issues on C7 with saving lives scores.

##### E-Coli

Patient 1- Admitted with UTI, treated with antibiotics.

Patient 2 - This lady is a long term in-patient since early June. Intermittent temperature spikes and continuing chest infection post hip fracture repair.

##### VTE

Trust performance for VTE for July 19 is 95.19%.

- Previous measures continue
- Escalation policy to be used where non-compliance identified

##### Incidents

4 Serious Incident has been reported in July 2019:

- o INC58617 (2019/15266) – Delay in the review of MRI results resulting in a delay in identifying a spinal cord abnormality (large thoracic syrinx with atrophic cord).
- o INC59602 (2019/16547) – Fall resulting in a fractured neck of femur - C5
- o INC54013 (2019/15287) – Death of a 21 year old, following presentation to ED on 2 occasions prior to his death.
- o INC56617 (2019/15501) – Avoidable Category 3 pressure ulcer - B1

All incidents moderate and above are reviewed by the patient safety team and identified as a serious incident or the incident is downgraded. This is reflected in the 'incident grading by degree of harm', as in July 19 there are 6 incidents graded moderate and above. At the time of the report the incidents may have been under review.



## Executive Summary

### Key Messages

#### CQSPE

#### Falls

There were 71 inpatient falls for the month of July. 1 patient fell and sustained a fractured neck of femur which required surgery. The has been reported as avoidable. Level of falls consistent with trend.

#### Stroke

'Stroke Admissions to Thrombolysis Time' - achieved a compliance of 60%, reaching the target of 50%. (6 patients achieved this target out of 10). This target not being met may be due patients' medical condition.

'High Risk TIA' - achieved a compliance of 83.3%, just missing the target of 85%. (5 patients achieved this out of 6). This target not being met may be due to the low number of high risk TIA's.

#### % of deaths with priorities of care

It is not currently possible to identify expected/non-expected deaths within the data; however national evidence suggests that 75% of all adult (aged 18 years and over) in patient deaths are expected.

The current Trust target has been set at 60% of patients with expected deaths should have a Priorities for Care of the dying person communication tool initiated as soon as this is recognised. This is to ensure that all conversations, decisions are recorded and that individualised care plans are developed for patients, families and those important to them.

This metric is measured by coding identifying where there is a death and if the patient was known to the specialist palliative care team or where the there is a document in place. The exemptions/exclusions are deaths in the emergency department. Any greyed out cells for wards represent where there were no deaths for the reporting period. Please note the data reported is a month in arrears to account for coding.

The specialist palliative care team are monitoring compliance and driving improvements. Trust wide progress is monitored through the Trust End of Life Working Group.

#### Safety Thermometer

Safety Thermometer for July 19 - 97.79%

Please note: this figure is made up from the number of patients, number of patients

## Executive Summary by Exception

### Key Messages

#### Performance Matters

Committee: F&P

##### A&E 4 hour wait

The combined Trust and UCC performance was below target in month at 87.8%

	Attendances	Breaches	Performance
UCC/A&E Combined (Type1+3)	15271	1798	87.8%

##### Cancer Waits

The Trust's performance against the National cancer standards continues to be very positive and at the time of writing, subject to final validation and agreement with local tertiary centres, all ten cancer metrics have been achieved. Two week wait for July was extremely challenging across a numbers of specialties, in particular Urology, Colorectal and Skin, and performance against this target was the closest in recent memory with a performance of 93.04% against the 93% target. The primary reason for this was due to a number of teams facing capacity challenges, exacerbated by the pension implications of consultants performing additional clinics. Whilst a very high level of breaches were incurred this was matched by a higher than average total activity, hence the target was achieved. The challenges regarding two week wait have continued into August and all is being done to avoid failure. Performance against the 62 day target at the time of writing is 85.1% against the 85 % target, again very tight given capacity challenges, but testament to the amount of work being undertaken to achieve this high profile and important performance target.

Whilst performance remains largely positive, the 28 day faster diagnosis is likely to come into effect from April 2020 (a new and additional target) and shadow monitoring to-date suggests there is work to do across a number of areas to achieve this, in addition to sustaining performance against the existing metrics. Key areas of focus for us include:

- Endoscopy / colonoscopy diagnostics
- Fusion biopsies (Urology)
- More timely diagnostic imaging and reporting
- More timely histology reporting

##### 2WW

The target was achieved once again in month. During this period a total of 1417 patients attended a 2ww appointment with 106 patients attending their appointments outside of the 2 week standard, achieving a performance 93% against the 93% target.

##### Referral to Treatment (RTT)

The Trust achieved the RTT standard for July, delivering 94.15% against the national standard of 92%. Pressures remain in Urology, General Surgery & Ophthalmology. Additional sessions continue to be arranged to manage demand, although pressure is greater for admitted patients than non-admitted, although the recent reduction in theatre sessions coverage as extra is now impacting on this, particularly in Ophthalmology. Demand for outpatient services has increased overall this year.

## Executive Summary by Exception cont.

### Key Messages

#### Financial Performance Matters

Committee: F&P

Cumulative deficit of £4.399m for April-July (including PSF) and following consolidation of the pharmacy company and other technical changes. This position is £1.811m behind the control total so the Trust has a significant financial challenge if it is to recover this adverse variance over August and September. The actual July position was approximately £0.6m worse than forecast and as such the year end predicted deficit has deteriorated to £6.601m (now reflecting a deterioration from the base case assumptions approved by the Board (deficit of £5.780m). This assumes the land sale occurs (profit reduced by £0.180m) and that the Trust only earns the Q1 PSF. This position is £9.544m worse than the control total plus a further £5.117m of lost PSF resource. A worse case forecast is estimated to be a further deterioration of £3.8m from the reported position. An upside view is estimated at a £3.9m improvement.

## Executive Summary by Exception cont.

### Key Messages

#### Workforce

Committee: F&P

#### Staff Appraisals

The appraisal window for all non-medical appraisals closed on 30th June 2019 and therefore the Trust continued its good level of compliance at 95.52% for completed appraisals. A review of the process has been undertaken in light of the new Dudley People Plan and the new Behavioural Framework. Therefore work has commenced in consultation with colleagues to develop and enhance the quality of the appraisal paperwork alongside the appraisal meeting and outcomes

#### Mandatory Training

The compliance rate continues at the stable level of 89.7%. This represents good performance in terms of overall compliance. However, the focus continues to be on the areas where there are risks associated to continued non-compliance. This is demonstrated with particular non-compliance for some subjects alongside specific staff groups where compliance could be significantly improved.

The subject areas where compliance is Rag rated red and highlights the most significant risk are:

- Child Safeguarding Level 3 – 77.1%;
- Resuscitation Adult – 72%;
- Resuscitation Paediatric – 60.4%.

These subjects are managed via the Head of Non-Medical Education and Training, who has presented current and future intended actions for improvement to both Workforce and the Risk and Assurance Group.

However, this continued non-compliance creates a risk to our patients and staff that requires immediate mitigation. It is intended that all staff who continue to demonstrate non-compliance in these areas will be communicated to regarding their responsibility to have these mandated courses completed within a reasonable timescale.

#### Sickness Rate

The absence rate has continued to deteriorate from 5.01% in June 2019 to 5.15% in July 2019. The main areas of concern associated to staff group continue to be Care Support staff at 7.88% and nursing & midwifery staff at 5.32%.

In terms of Divisional trends, Clinical Support Services continue to demonstrate the highest levels of absence at 6.49%. Therefore, focus is being provided on particular areas of high absence to ensure efficient turnaround of absence management and therefore staff returning to work.

In addition, the Finance & Performance Committee as well as the Workforce & Staff Engagement have highlighted their concerns as the continued rise in absence levels and a plan to demonstrate and support improvement. Therefore an initial plan is being presented to the Workforce & Staff Engagement Committee on 27th August 2019 prior to Board feedback in October 2019. Long term sickness is driving the increase in our overall sickness absence rates at 3.10%. Therefore, the strategy going forward in the first instance will be to focus on the areas and staff groups demonstrating high levels of long term sickness as a matter of priority.

#### Turnover Rate

The turnover rate continues to represent positive retention of our staff and currently sits at 8.73% which is consistent with the previous month. The Trust Turnover target is 8.5% and therefore the Trust continue to demonstrate consistently positive performance. The Trust turnover rate is also below the average turnover rate for acute NHS Trusts in England. The continued focus on staff engagement and development has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we embed the action plans based on the feedback from the national staff survey and regular pulse surveys.

## Executive Summary by Exception cont.

### Key Messages

#### Workforce

Committee: F&P

#### Recruitment/Staff in Post

The Trust 'staff in post' performance demonstrated another rise within the substantive workforce with a further 54 wte since April 2019 with the current contracted wte at 4469.01. The most significant increase has been within the Care Support staff Group, Nursing & Midwifery and Allied Health Professionals.

In supporting our workforce plans for substantive staff it is important that we continue to be more efficient in our recruitment process. We have recently changed our recruitment timeline from 77 days to 50 days. The introduction of new technology supporting the recruitment process has improved our performance against the 77 day target. Therefore the change to the 50 day timeline being introduced in August 2019 will further support effectiveness over the increase for staff in post as well as supporting our continued reduction in agency expenditure.

We are also developing an enhanced recruitment plan to engage more bank only workers to further aid the reduction in agency expenditure.

#### Staff Development

The Developing Leaders programme continues to demonstrate significant success with over 140 staff now commenced or booked on the programme. It is intended that targets will be set this year that ensure we work towards all staff in a leadership role having undertaken this programme. We will also be working towards all aspirant leaders being part of the programme as a pre-requisite to their leadership role.

In terms of our use of the apprenticeship levy we are pleased that we are currently on track to achieve our end of year target of 109 apprentices. This will be supported with the Nursing Associate apprentices where the first 30 commenced in July 2019 with further intakes expected in September 2019.

#### Staff Engagement

The recent 'Make it Happen' events have concentrated on receiving feedback from staff as part of a strategy to undertake a pulse survey to benchmark against themes from the National Staff Survey. The feedback on the whole has been extremely positive with nearly 90% of staff recommending the Trust as a place to work with almost the same proportion recommending the Trust as a place where they would recommend as a place for a friend or relative to receive care.

The publication of the Dudley People Plan alongside the Dudley Behavioural Framework aligned to the NHS interim People Plan provides an emphasis on supporting our staff to improve our services. The Workforce Team continue engaging with staff to share the main elements of the Dudley People Plan and Behavioural Framework within the next iteration of the 'Make it Happen' events that have been successfully launched in August 2019.



## Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

### Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Jun-19	Jul-19	Financial YTD	Trend	Month Status
<b>Friends &amp; Family Test - Response Rate</b>							
Friends & Family Test - ED	12.3%	19.4%	18.6%	19.3%	19.1%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	34.4%	31.2%	34.3%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	15.4%	21.6%	20.9%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	7.1%	6.3%	5.2%	↓	
Friends & Family Test - Community	3.3%	8.1%	4.5%	4.3%	4.3%	↓	
<b>Friends &amp; Family Test - Percentage Recommended</b>							
Friends & Family Test - ED	88.7%	94.5%	72.7%	80.0%	74.2%	↑	
Friends & Family Test - Inpatients	96.7%	97.4%	94.2%	94.3%	94.7%	↑	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	96.9%	100.0%	99.3%	↑	
Friends & Family Test - Outpatients	95.3%	97.4%	88.8%	88.7%	89.0%	↓	
Friends & Family Test - Community	96.2%	97.7%	92.8%	90.5%	92.5%	↓	
<b>Complaints</b>							
Total no. of complaints received in month			35	73	214	↑	
Complaints re-opened			10	13	35	↑	
PALs Numbers			272	243	1084	↓	
Complaints open at month end			199	171	-	↓	
Compliments received			545	468	1958	↓	
<b>Dementia</b>							
Find/Assess	90%	83.7%	78.4%	86.0%	↓		
Investigate	90%	83.0%	86.3%	88.1%	↑		
Refer	90%	95.3%	95.4%	94.3%	↑		
<b>Falls</b>							
No. of Falls			59	71	268	↑	
Falls per 1000 bed days			3.60	4.06	3.90	↑	
No. of Multiple Falls			4	3	17	↓	
Falls resulting in moderate harm or above			0	1	2	↑	
Falls resulting in moderate harm or above per 1000 bed days			0.19	0.19	-	↔	
<b>Pressure Ulcers (Grades 3 &amp; 4)</b>							
Hospital			0	1	4	↑	
Community			0	0	0	↔	
<b>Handwash</b>							
Handwashing			99.7%	99.8%	99.7%	↑	

### Patients will experience safe care - Patient Safety

	Target (Green)	Jun-19	Jul-19	Financial YTD	Trend	Month Status
<b>Mixed Sex Accommodation Breaches</b>						
Single Sex Breaches	0	7	5	27	↓	
<b>Mortality (Quality Strategy Goal 3)</b>						
HSMR Rolling 12 months (Latest data Jan 19)	105	118	115	-		
SHMI Rolling 12 months (Latest data 18/19 Q1)	1.05	N/A	1.13	-		
HSMR Year to date (Not available)				-		
<b>Infections</b>						
Cumulative C-Diff due to lapses in care	49	2	5	5	↑	
MRSA Bacteraemia	0	0	0	0	↔	
MSSA Bacteraemia	0	0	2	7	↑	
E. Coli	0	4	2	12	↓	
<b>Stroke (1 month in arrears)</b>						
Stroke Admissions: Swallowing Screen	75%	95.0%	-	94.7%		
Stroke Patients Spending 90% of Time on Stroke Unit	85%	95.6%	-	93.5%		
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	100.0%	-	100.0%		
Stroke Admissions to Thrombolysis Time	50%	60.0%	-	52.9%		
<b>VTE - Provisional Figures</b>						
VTE On Admission	95%	94.0%	95.3%	94.8%	↑	
<b>Incidents</b>						
Total Incidents		1458	1401	5623	↓	
Recorded Medication Incidents		386	0.952639	1395	↓	
Never Events		0	0	0	↔	
Serious Incidents		4	4	14	↔	
of which, pressure ulcers		0	1	4	↑	
<b>Incident Grading by Degree of Harm</b>						
Death		1	0	2	↓	
Severe		0	3	3	↑	
Moderate		3	3	9	↔	
Low		138	175	573	↑	
No Harm		877	861	3424	↓	
Percentage of incidents causing harm	28%	39.8%	38.5%	14.6%	↓	
<b>Safety Thermometer</b>						
Patients with harm free care (and old harms)	-	96.45%	-	-	↑	

## Performance - "At a glance"

Executive Lead: Karen Kelly



## Performance - Key Performance Indicators

	Target	Jun-19	Jul-19	Actual YTD	Trend	Month Status
<b>Cancer Reporting - TRUST (provisional)</b>						
All Cancer 2 week waits	93%	96.15%	93.0%	94.5%	↓	
2 week wait - Breast Symptomatic	93%	98.1%	97.4%	97.8%	↓	
31 day diagnostic to 1st treatment	96%	98.0%	100.0%	98.4%	↑	
31 day subsequent treatment - Surgery	94%	95.7%	94.4%	97.3%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	98.2%	↔	
62 day urgent GP referral to treatment	85%	82.8%	81.1%	84.5%	↓	
62 day screening programme	90%	100.0%	100.0%	100.0%	↔	
62 day consultant upgrades	85%	93.3%	89.9%	93.4%	↓	
<b>Referral to Treatment</b>						
RTT Incomplete Pathways - % still waiting	92%	94.7%	94.2%	94.4%	↓	
RTT Admitted - % treatment within 18 weeks	90%	86.3%	88.6%	86.8%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	95.6%	95.3%	95.7%	↓	
Wait from referral to 1st OPD	26	26	27	105	↑	
Wait from Add to Waiting List to Removal	39	39	35	156	↓	
ASI List		2741	3183	0	↑	
% Missing Outcomes RTT		0.04%	0.11%	0.1%	↑	
% Missing Outcomes Non-RTT		3.2%	3.7%	3.7%	↑	
<b>DM01</b>						
No. of diagnostic tests waiting over 6 weeks	0	65	57	265	↓	
% of diagnostic tests waiting less than 6 weeks	99%	99.1%	99.2%	99.0%	↑	
<b>ED - TRUST</b>						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	82.8%	80.4%	81.2%	↑	
Emergency Department Attendances	N/A	9112	7674	35167	↓	
12 Hours Trolley Waits	0	0	0	10	↔	
<b>Ambulance to ED Handover Time - TRUST</b>						
15-29 minutes breaches		1615	1652	6841	↑	
30-59 minute breaches		395	299	1443	↓	
60+ minute breaches		33	41	167	↑	
<b>Ambulance to Assessment Area Handover Time - TRUST</b>						
30-59 minute breaches		10	12	44	↑	
60+ minute breaches		3	1	6	↓	

## Performance - Key Performance Indicators cont.

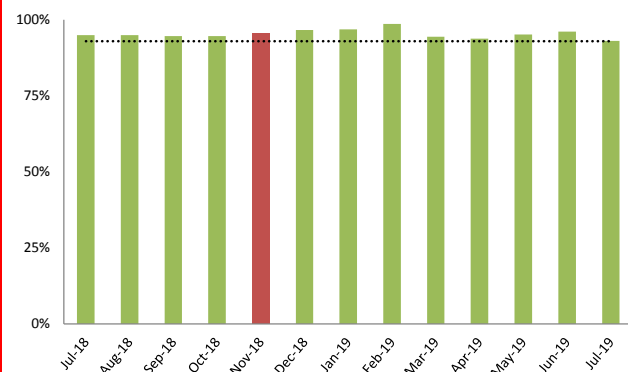
	Target	Jun-19	Jul-19	Actual YTD	Trend	Month Status
<b>Cancelled Operations - TRUST</b>						
% Cancelled Operations	1.0%	2.3%	2.4%	1.9%	↑	
Cancelled operations - breaches of 28 day rule	0	0	1	1	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
<b>GP Discharge Letters</b>						
GP Discharge Letters	90%	74.6%	90.3%	77.3%	↑	
<b>Theatre Utilisation - TRUST</b>						
Theatre Utilisation - Day Case (RHH & Corbett)		76.9%	74.8%	76.9%	↓	
Theatre Utilisation - Main		84.9%	85.6%	86.4%	↑	
Theatre Utilisation - Trauma		94.3%	95.4%	92.9%	↑	
<b>GP Referrals</b>						
GP Written Referrals - made		6193	6986	27158	↑	
GP Written Referrals - seen		5551	6455	23152	↑	
Other Referrals - Made		3677	3932	15229	↑	
<b>Throughput</b>						
Patients Discharged with a LoS >= 7 Days		6.40%	6.40%	6%	↔	
Patients Discharged with a LoS >= 14 Days		3.08%	2.77%	3%	↓	
7 Day Readmissions		3.4%	3.0%	3%	↓	
30 Day Readmissions - PbR		7.8%	6.8%	7%	↓	
Bed Occupancy - %		84%	89%	88%	↑	
Bed Occupancy - % Medicine & IC		84%	95%	92%	↑	
Bed Occupancy - % Surgery, W&C		87%	82%	84%	↓	
Bed Occupancy - Paediatric %		59%	57%	59%	↓	
Bed Occupancy - Orthopaedic Elective %		69%	65%	70%	↓	
Bed Occupancy - Trauma and Hip %		96%	89%	93%	↓	
Number of Patient Moves between 8pm and 8am		97	86	400	↓	
Discharged by Midday		16.3%	14.6%	15%	↓	
<b>Outpatients</b>						
New outpatient appointment DNA rate	8%	8.06%	7.32%	7.9%	↓	
Follow-up outpatient appointment DNA rate	8%	8.6%	6.4%	7.5%	↓	
Total outpatient appointment DNA rate	8%	8.4%	6.8%	30.9%	↓	
Clinic Utilisation		79.6%	79.6%	79.6%	↔	
<b>Average Length of stay (Quality Strategy Goal 3)</b>						
Average Length of Stay - Elective	2.4	2.42	2.60	2.6	↑	
Average Length of Stay - Non-Elective	3.4	4.7	4.4	4.8	↓	



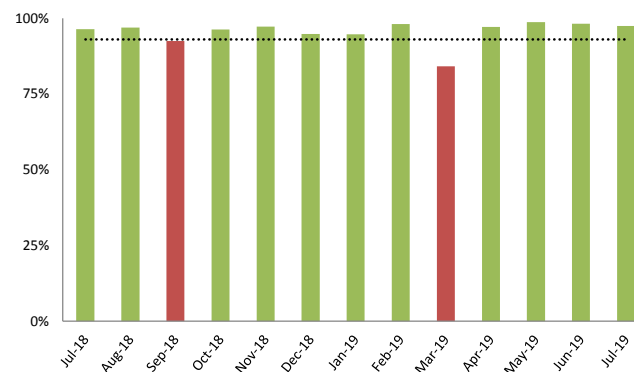
## Performance Matters (KPIs)

Regulatory Performance - Cancer (Latest month is provisional)

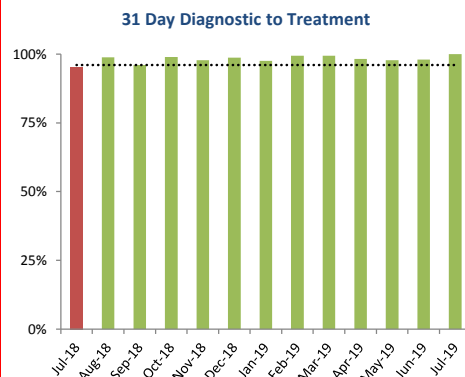
All Cancer 2 Week Waits



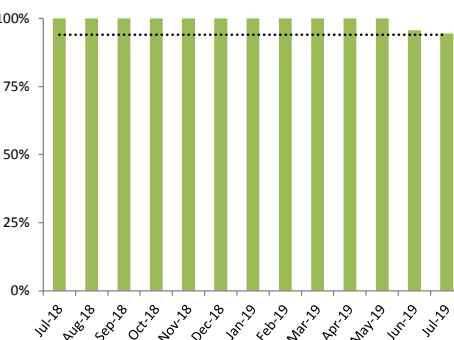
Breast Symptomatic



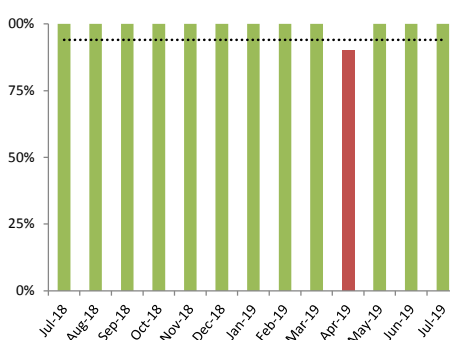
31 Day - Targets



31 Day Subsequent Treatment (Surgery)



31 Day Subsequent Treatment (Drugs)

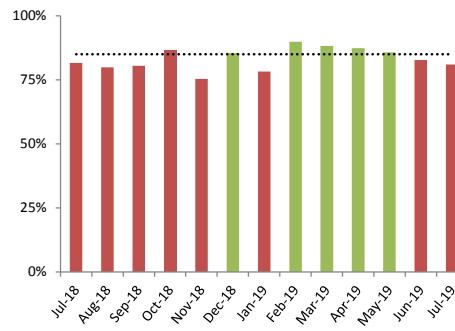


## Performance Matters (KPIs)

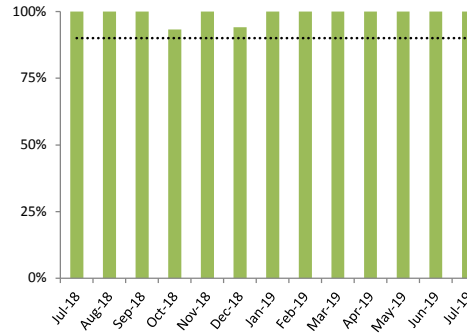
### Regulatory Performance - Cancer (Latest month is provisional)

#### 62 Day Cancer Targets

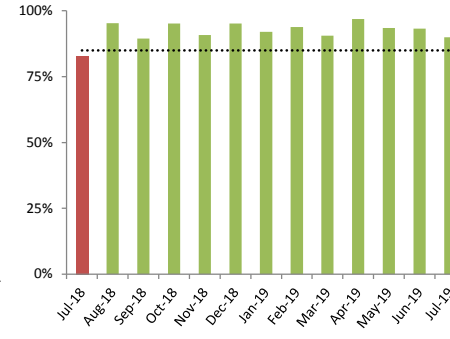
62 Day - Urgent GP Referral to Treatment



62 Day - Screening Programme

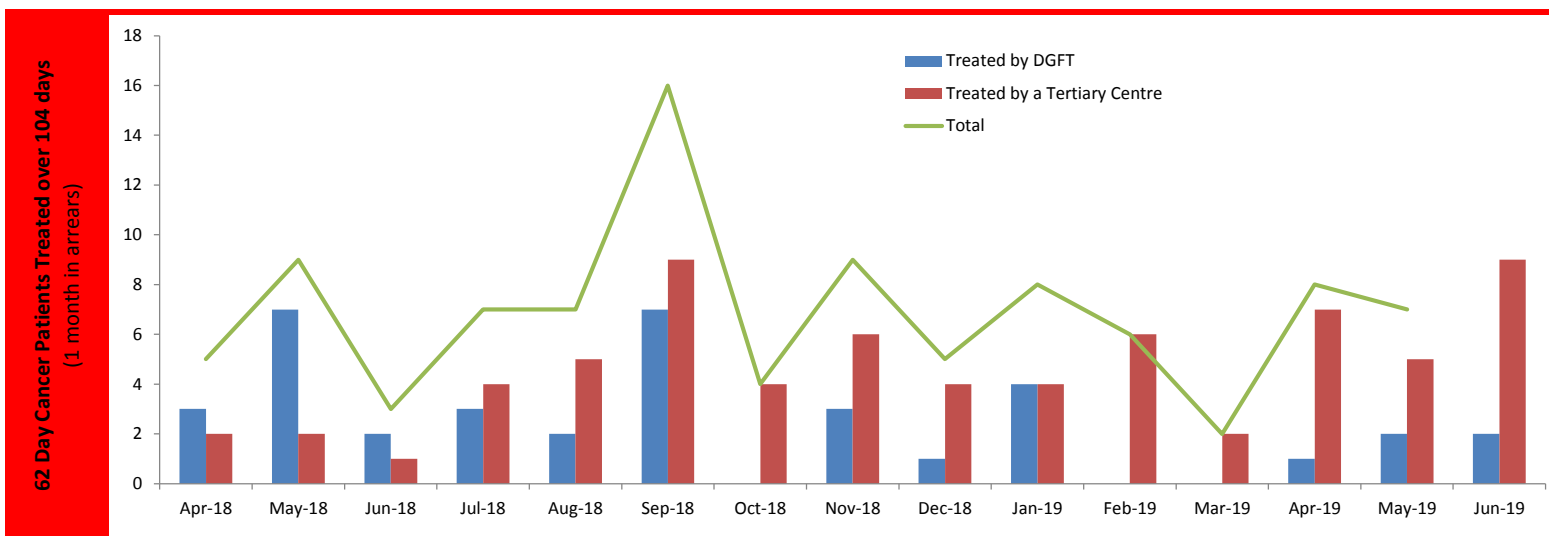


62 Day - Consultant Upgrades



## Performance Matters (KPIs)

### Regulatory Performance - Cancer (1 month in arrears)

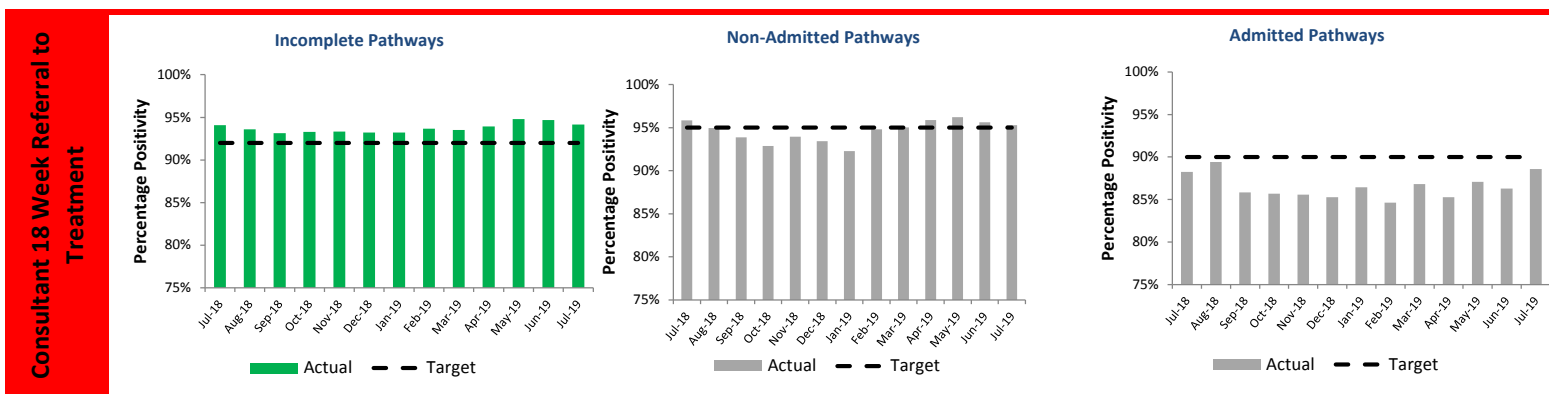


### Regulatory Performance - Cancer (Latest month is provisional)

Comments

## Performance Matters (KPIs)

### Regulatory Performance - 18 Week Referral to Treatment



### RTT 18 Week Performance - July 2019

#### Validated Position

Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	930	103	1033	90.0%
101 - Urology	1226	114	1340	91.5%
110 - Trauma & Orthopaedics	1869	114	1983	94.3%
120 - ENT	1330	24	1354	98.2%
130 - Ophthalmology	1914	193	2107	90.8%
140 - Oral Surgery	640	23	663	96.5%
160 - Plastic Surgery	859	62	921	93.3%
300 - General Medicine	4	0	4	100.0%
301 - Gastroenterology	1274	66	1340	95.1%
320 - Cardiology	553	23	576	96.0%
330 - Dermatology	931	15	946	98.4%
340 - Respiratory Medicine	389	2	391	99.5%
400 - Neurology	607	39	646	94.0%
410 - Rheumatology	691	22	713	96.9%
430 - Geriatric Medicine	120	2	122	98.4%
502 - Gynaecology	1137	69	1206	94.3%
Other	4194	179	4373	95.9%
<b>Total</b>	<b>18668</b>	<b>1050</b>	<b>19718</b>	<b>94.7%</b>

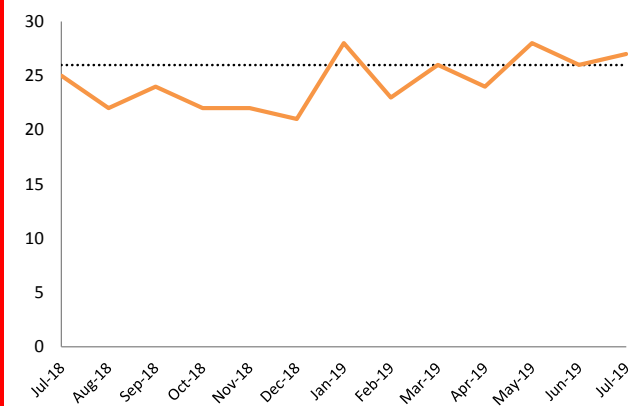
#### Comments

The total number of incomplete pathways has increased in recent months, although July was down slightly on the June position. In particular there has been an overall increase in incomplete pathways in the following specialties; urology, colorectal, vascular, oral surgery and peds ENT. There remains a continued focus on these specialties on reducing the total number of incomplete pathways.

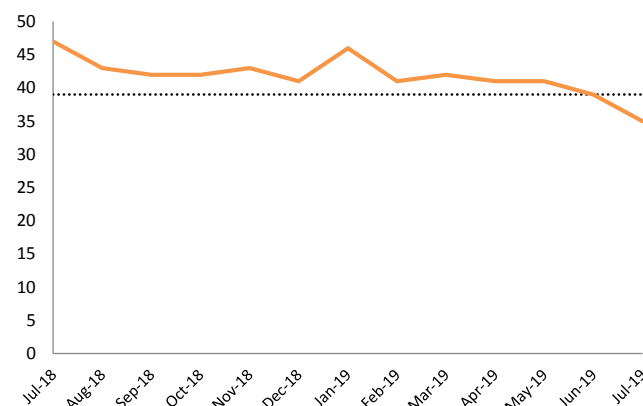
## Performance Matters (KPIs)

### Regulatory Performance - 18 Week Referral to Treatment

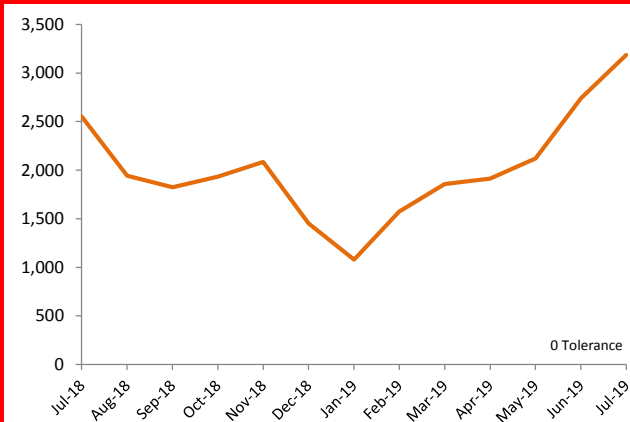
Wait in days from referral to 1st OPD



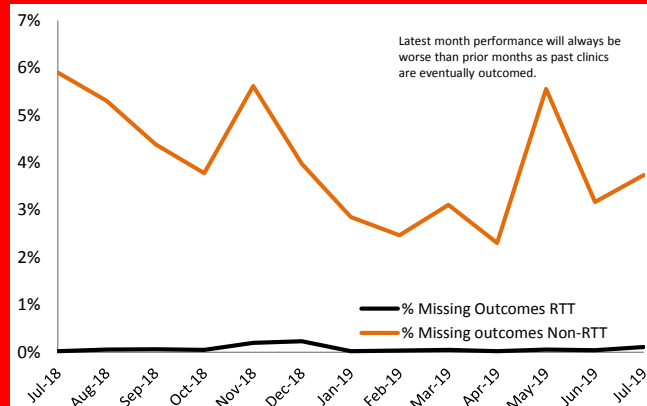
Wait in days from Add to Waiting List to Treatment or Removal



Number of unavailable slots at end of month (Appointment Slot Issues)



% Missing Outcomes

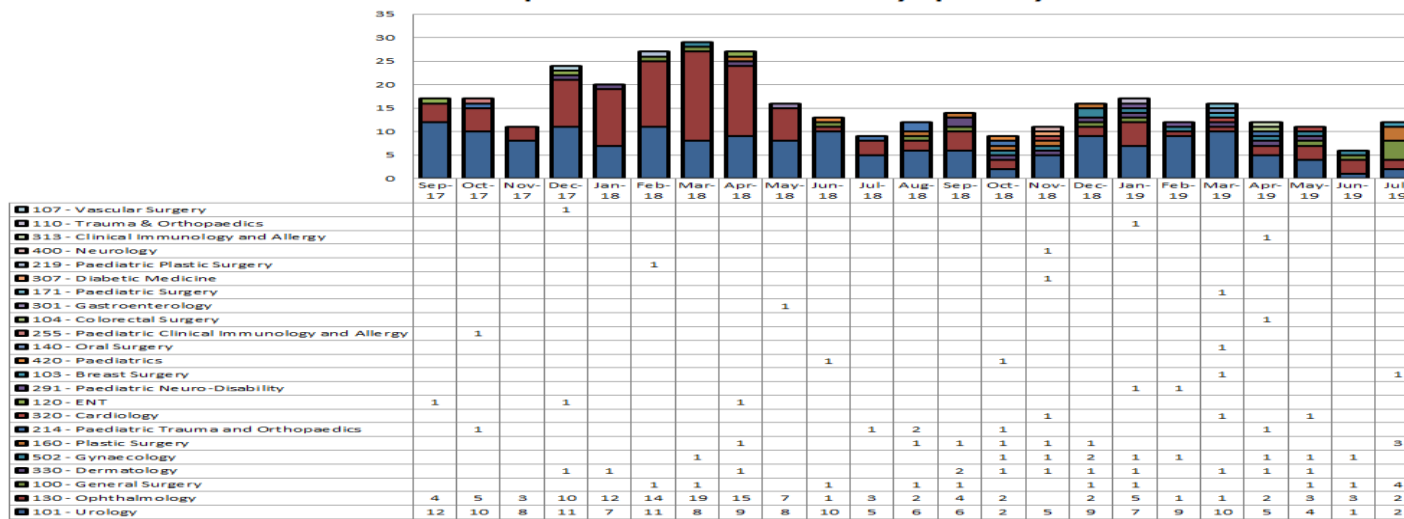


# Performance Matters (KPIs)

## Regulatory Performance - RTT Incompletes

RTT Incompletes by Specialty

RTT Incompletes - >40 Week Waits By Specialty

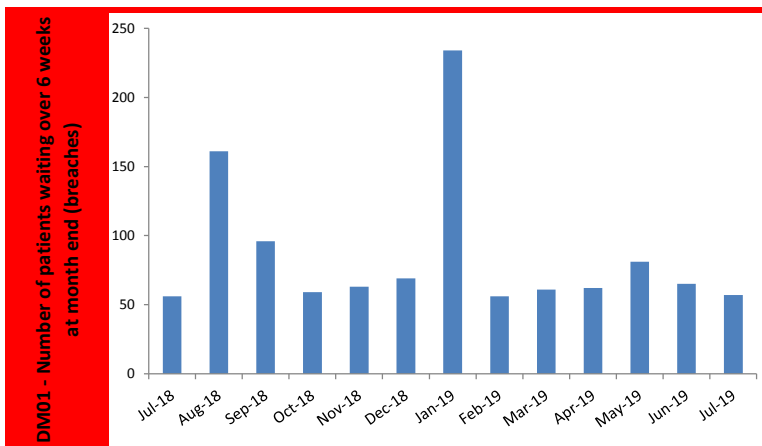
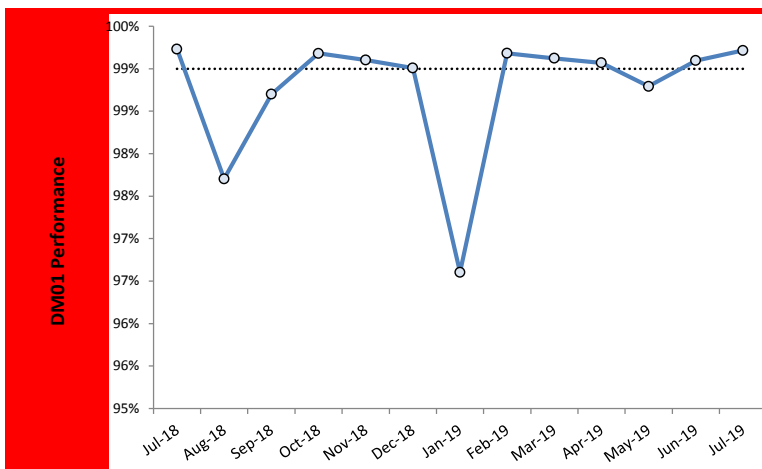


Comments

There is 0 RTT waits over 52 weeks

## Performance Matters (KPIs)

### Diagnostics



### DM01 Comments

The diagnostic standard (DM01) was achieved for July 2019 with a performance of 99.22% against the target of 99% patients seen in less than 6 weeks. As per previous months the greatest area of risk to the target remains within MRI, which accounted for 49 out of a total of 57 breaches. Work in ongoing in respect to reducing the remaining backlog which consists of Cardiac MRI and GA MRI, and additional lists completed and planned for August and September respectively should bring these down to manageable levels. In order to sustain performance, a number of positive meetings have been held with Cardiology and Imaging with a view to ensuring that job planned capacity is cross-covered during times of annual leave and Cardiology on call commitments.

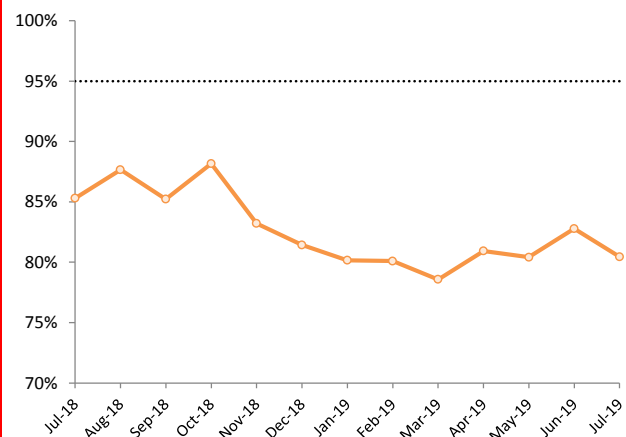
Looking forward the Imaging Department is set to commence the replacement of the two CT scanners at the Russells Hall Hospital site from 9th September 2019 which is now to be completed in two phases, CT 1 during September – November 2019 and CT 2 during February – April 2020. During these periods it will be essential to maintain the Cardiac CT service in order to continue to achieve the DM01 standard. Agreements from Consultant Cardiologists has been received and will see them complete these scans at the start of each day, Monday to Friday, on the one in-house CT scanner.

## Performance Matters (KPIs)

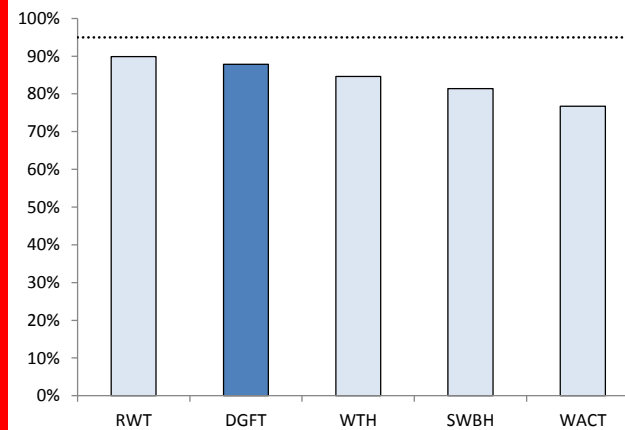
### Regulatory Performance - ED

Please note: HEFT and UHB data has been merged

#### A&E 4 Hour Wait - Combined

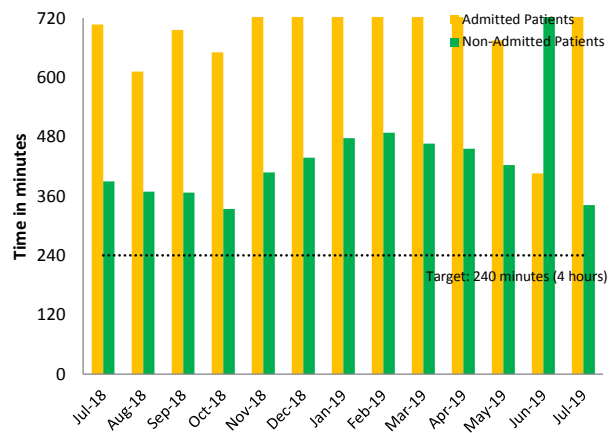


#### A&E 4 Hour Wait - Benchmarking



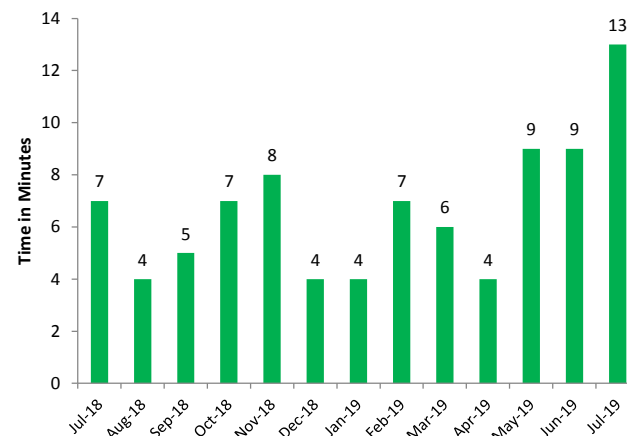
#### Waiting time in ED

95% of patients waited no longer than this



#### Waiting Time to Initial Assessment

95% of patients waited no longer than this

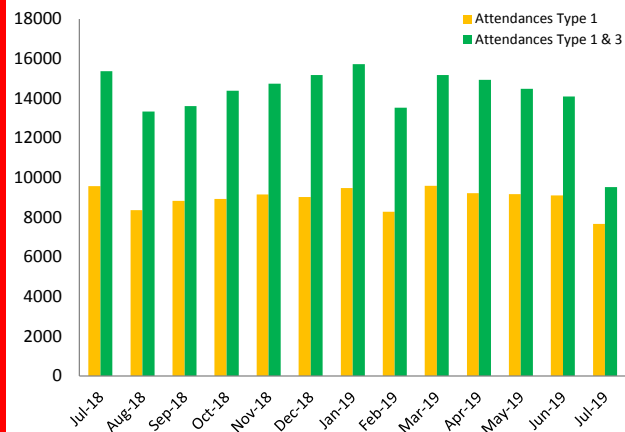




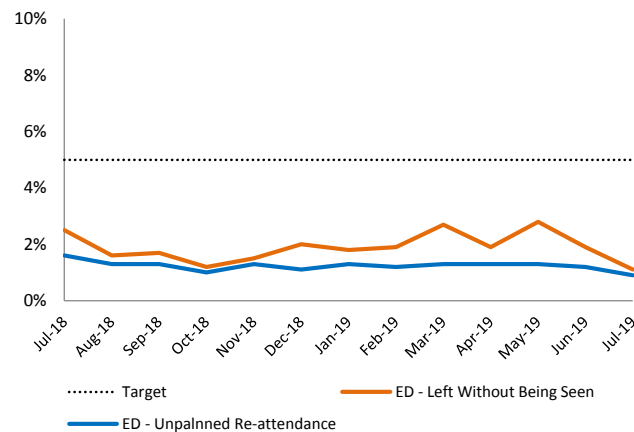
## Performance Matters (KPIs)

### Regulatory Performance - ED

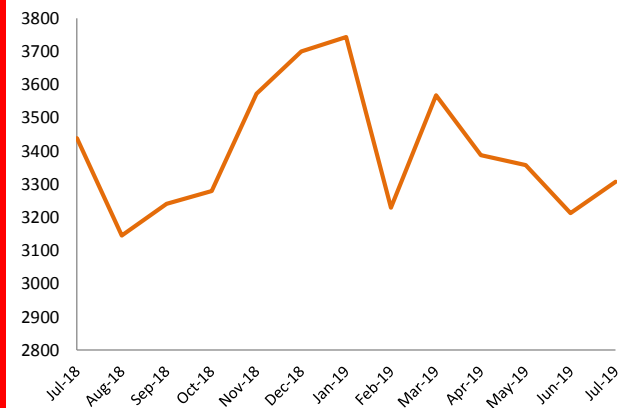
#### Number of Attendances



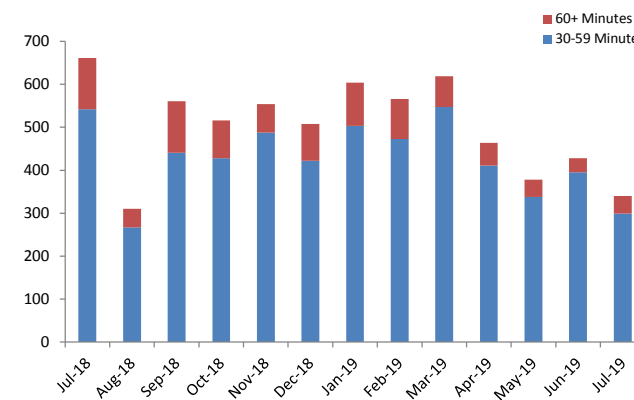
#### A&E Left without being seen & Unplanned Re-attendances Rates



#### No. of Ambulance Conveyances



#### Ambulance Handovers



# Financial Performance - "At a glance"

Executive Lead: Tom Jackson



## Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>ACTIVITY LEVELS (PROVISIONAL)</b>								
Elective inpatients	541	506	-6.5%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,043	3,860	-4.5%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	3,830	3,913	2.2%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	44,232	43,921	-0.7%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,380	7,674	-18.2%	305	25,595	26,316	2.8%	721
<b>Total activity</b>	<b>62,026</b>	<b>59,874</b>	<b>-3.5%</b>	<b>1,485</b>	<b>167,051</b>	<b>166,859</b>	<b>-0.1%</b>	<b>-192</b>
<b>CIP</b>								
Income	206	384	86.3%	178	652	953	46.2%	301
Pay	276	644	133.4%	368	1,094	1,347	23.2%	253
Non-Pay	1,723	263	-84.7%	-1,460	2,469	879	-64.4%	-1,590
<b>Total CIP</b>	<b>2,205</b>	<b>1,291</b>	<b>-41.5%</b>	<b>-914</b>	<b>4,215</b>	<b>3,180</b>	<b>-24.6%</b>	<b>-1,035</b>
<b>INCOME</b>								
NHS Clinical	30,977	30,276	-2.3%	-701	117,836	117,058	-0.7%	-778
Other Clinical	439	307	-30.0%	-131	1,358	1,176	-13.4%	-182
STF Funding	431	431	0.0%	0	1,400	1,776	26.9%	376
Other	1,544	1,881	21.8%	336	6,941	7,476	7.7%	535
<b>Total income</b>	<b>33,391</b>	<b>32,895</b>	<b>-1.5%</b>	<b>-496</b>	<b>127,534</b>	<b>127,486</b>	<b>0.0%</b>	<b>-48</b>
<b>OPERATING COSTS</b>								
Pay	-19,608	-19,452	-0.8%	157	-78,956	-78,533	-0.5%	423
Drugs	-3,018	-2,953	-2.2%	65	-11,600	-12,393	6.8%	-792
Non-Pay	-6,542	-8,381	28.1%	-1,839	-30,625	-31,794	3.8%	-1,169
Other	-1,900	-1,843	-3.0%	57	-7,541	-7,436	-1.4%	105
<b>Total Costs</b>	<b>-31,068</b>	<b>-32,628</b>	<b>5.0%</b>	<b>-1,560</b>	<b>-128,722</b>	<b>-130,156</b>	<b>1.1%</b>	<b>-1,434</b>

## Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>EBITDA</b>								
	£'000	£'000		£'000	£'000	£'000		£'000
	4,219	2,128	-49.6%	-2,091	6,335	4837	-23.6%	-1,498
Depreciation	-756	-739	-2.2%	17	-2,987	-2964	-0.8%	23
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,147	-1,107	-3.5%	40	-4,566	-4485	-1.8%	81
<b>SURPLUS/(DEFICIT)</b>	<b>2,316</b>	<b>282</b>	<b>-87.8%</b>	<b>-2,034</b>	<b>-1,218</b>	<b>-2612</b>	<b>114.5%</b>	<b>-1,394</b>
<b>SOFP</b>								
	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-1,297	-554	-57.3%	743	-4,317	-1,993	-53.8%	2,324
Inventory					3,530	3,685	4.4%	155
Receivables & Prepayments					14,804	15,826	6.9%	1,022
Payables					-28,567	-27,910	-2.3%	657
Accruals							n/a	0
Deferred Income					-3,391	-3,963	16.9%	-572
<b>Cash &amp; Loan Funding</b>								
	£'000	£'000		£'000	£'000	£'000		£'000
Cash					4,401	7,835	78.0%	3,434
Loan Funding							n/a	0
<b>KPIs</b>								
EBITDA %	14.6%	7.4%	-7.2%		2.4%	1.8%	-0.5%	
Deficit %	8.0%	1.0%	-7.0%		-0.5%	-1.0%	-0.5%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					3	4		

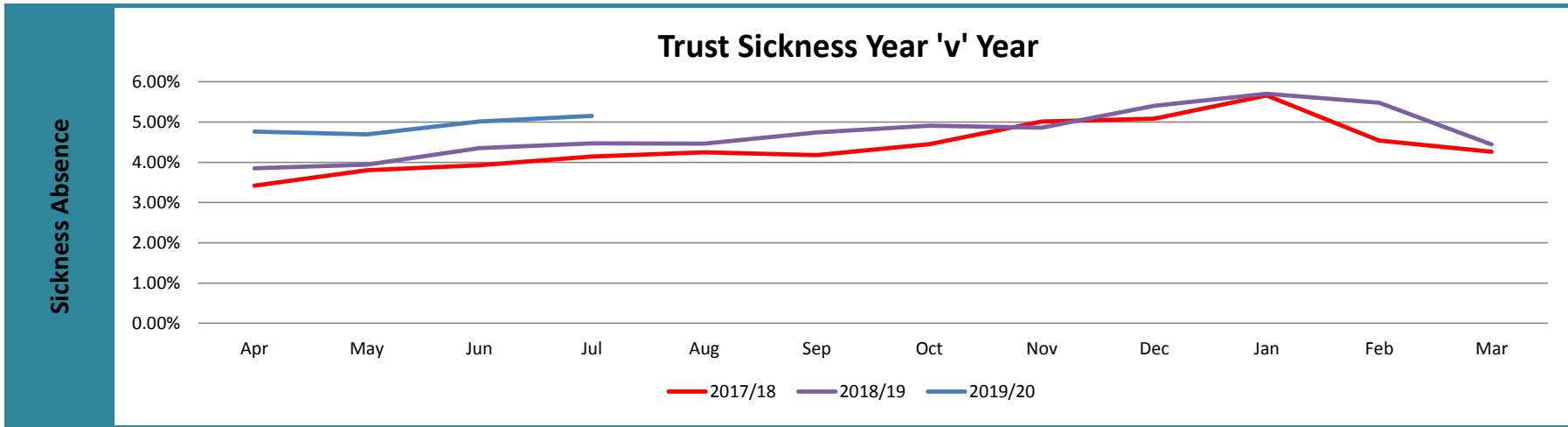


## Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People			Actual		Month
	Target			YTD	Trend	Status
	18/19	Jun-19	Jul-19			
<b>Workforce</b>						
Sickness Absence Rate	3.50%	4.76%	5.01%	4.90%	↑	
Staff Turnover	8.5%	8.66%	8.72%	8.47%	↑	
Mandatory Training	90.0%	90.0%	89.7%	89.7%	↓	
Appraisal Rates - Total	90.0%	95.5%	95.5%	64.2%	↔	

## Workforce



Quality Indicators

Heat Map - July 2019

KPI																														
Environmental Cleaning																														
Hand hygiene																														
MRSA Screening - elective																														
MRSA Screening - emergency																														
HCAI CDIFF - due to lapses in care																														
Saving Lives - 02b peripheral lines																														
Saving Lives - 06b urinary catheter																														
Datax incidents reported																														
Falls, injuries or Accidents																														
Pressure Ulcers - Grade 3/4																														
Serious Incidents																														
Never Events																														
Nutrition Audit																														
Pain Score																														
Medicines Management Audit																														
% of Deaths with Priorities of Care																														
Fluid Balance Management Audit																														
VTE Assessment Indicator (CON01)																														
Pressure Ulcer Audit																														
FTT - Response Rate																														
FTT - Recommended %																														
Complaints																														
Compliments																														
Appraisals																														
Mandatory Training																														
RN Average Fill Rate (day shifts)																														
RN Average Fill Rate (night shifts)																														
Sickness Rate																														
Ward	Patient Safety & Quality															Clinical Indicators			Patient Experience			Workforce & Safer Staffing					Ward RAG Trend			
AMU			NA					131	11					ND							6	1		ND			ND	→0	↑2	↓-2
B1								11	1		1				NA						1	19						↑1	↓-5	↑5
B2 Hip								15	2												2	1						↑1	↑2	↓-1
B2 Trauma								10	4				ND			ND					2	14						→0	↑1	↓-2
B3								20	0												0	0						→0	↓-1	↑3
B4			NA					64	3												0	0						↓-1	↓-5	↑6
B5								12	0												2	2						↑1	↓-1	↑1
C1	ND		NA					26	1												0	49						→0	↓-3	↑3
C2			NA	NA			NA	24	4					NA			NA				2	1						↓-1	↓-2	↑1
C3			NA	NA				32	3								ND				2	49						↓-3	↑1	→0
C4								10	0												0	24						↑2	↓-3	↑2
C5								43	3		1										0	30						↓-1	↓-4	↑6
C6								37	3						NA						0	0						↑1	↓-3	↑3
C7								34	2												1	0						↓-3	↑3	↑1
C8								38	1										ND		0	9						↓-1	↓-2	↑3
CCU & PCCU								13	0						NA						1	2						↑1	↓-1	↑2
Critical Care			NA					26	6												0	0						↓-4	↑2	↑1
Maternity			NA	NA				135	8						NA			NA			4	37						→0	↑1	↓-4
MHDU			NA					20	4									ND			0	18						↓-4	→0	↑3
Neonatal			NA				NA	33	0							NA		NA			0	10						↓-2	→0	↑3
Trust Total		99.8%	95.7%	93.4%	0			1475	94	0	4	0			46.0%					26.00%	89.80%	73	468							
RAG Rating	R: <85% G: >95%	R: <100% G: 100%	R: <95% G: >95%	R: <95% G: >95%	R: <0 G: 0	R: <75% G: >95%	R: <75% G: >95%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <0 G: 0	R: <0 G: 0	R: <85% G: >95%	R: <85% G: >95%	R: <85% G: >95%	R: <30% G: >60%	R: <85% G: >95%	R: <95% G: >95%	R: <85% G: >95%	R: <26.18% G: >32.74%	R: <96.41% G: >97.31%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% G: >90%	R: <80% G: >90%	R: <80% G: >90%	R: <80% G: >90%	R: <4% G: >3.5%-4%		

## Performance Dashboard

[illegible]

[illegible]

[illegible]



**Paper for submission to the Council of Governors 19 September 2019**

<b>TITLE:</b>	<b>Annual Learning from Complaints Report 2018/19</b>		
<b>AUTHOR:</b>	<b>Jill Faulkner, Head of Patient Experience</b>	<b>PRESENTER:</b>	<b>Jill Faulkner, Head of Patient Experience</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>X</b>
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input checked="checked" type="checkbox"/> <p>High level of confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>General confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>Some confidence in delivery of existing mechanisms / objectives, some areas of concern</p>	<input type="checkbox"/> <p>No confidence in delivery</p>
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
The Council of Governors is asked to receive this report as requested for information.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>Governors are advised that the 'Annual Learning from Complaints' report is a requirement under 'The Local Authority Social Services and National Health Service (England) Regulations 2009.</p> <p>This report summarises complaints and Patient Advice Liaison Service (PALS) activity and performance at The Dudley Group NHS Foundation Trust (DGHFT) for the year 1 April 2018 to 31 March 2019.</p> <p>The report includes details of the number of complaints and PALS received during the year, performance in responding to complaints, Parliamentary Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO) investigations, and action and learning taken by the Trust in response.</p>			

<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y/N</b>		<b>Risk Description</b>
	<b>Risk Register: Y</b>		<b>Risk Score</b> Corporate risk relating to resourcing. Risk score of 15
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details:</b> The Local Authority Social Services and National Health Service (England) Regulations 2009.



The Dudley Group  
NHS Foundation Trust

# Annual

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# Learning from Complaints

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## Report 2018/19



## 1. Introduction

This report summarises complaints and Patient Advice Liaison Service (PALS) activity and performance at The Dudley Group NHS Foundation Trust (DGHFT) for the year 1 April 2018 to 31 March 2019. The report is written in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 whereby the Trust must prepare an 'annual learning from complaints' report each year.

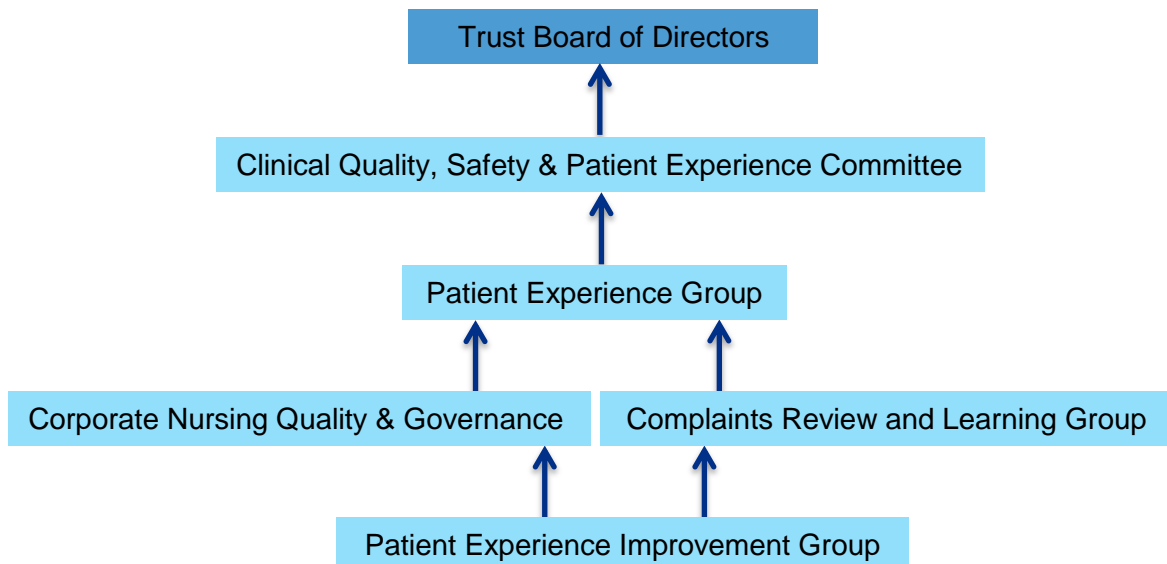
The report includes details of the number of complaints and PALS received during the year, performance in responding to complaints, Parliamentary Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO) investigations, and action taken by the Trust in response.

Our arrangements for receiving and investigating complaints are one element of a wide range of feedback methods which we use to ensure that we listen to and learn from the experiences of the patients and their families who use our services.

The Trust's number one strategic objective is 'to deliver a great patient experience'. DGHFT has a strong focus on improving patient experience and is continuing to develop and evolve robust systems and process to support this.

Patient complaints and PALS concerns are reported to the Trust Board on a quarterly basis within the Patient Experience report. Monthly patient experience reports integrating complaints data with feedback from PALS, national surveys, Friends and Family Test (FFT), NHS Choices and compliments, are also submitted to the Corporate Nursing, Quality and Governance meeting and the Clinical Quality, Safety and Patient Experience Committee of the Trust Board. The monthly report is also taken to the quarterly Patient Experience Group, Patient Experience Improvement Group and the Complaints Review and Learning Group.

The assurance framework is as follows:



Key points to note for 2018/19:

- 566 complaints received.
- 606 complaints closed.
- 100% of complaints were acknowledged within three working days of receipt.
- 20.7% of complaints received had a response within 40 working days.
- 43.7% of complaints closed were upheld/partially upheld.
- 10.8% of complaints closed were reopened.
- 1.1% of complaints were referred to the Parliamentary Health Service Ombudsman (PHSO)
- 0.3% of complaints were referred to the Local Government Ombudsman (LGO)

## **2. Definitions**

Throughout this report the term '*complaints*' is used to describe formal complaints requiring a response from the Chief Executive. All formal complaints are managed through the Trust complaints process and are reported to NHS Digital (formally the Health and Social Care Information Centre) on a quarterly basis.

The term '*concerns*' is used to describe informal contact with PALS which requires a faster resolution to issues that may be resolved in real time. These are usually concerns, queries or requests for information which do not require a detailed and formal investigation, but which may require guidance, signposting or information.

Staff are encouraged to try and resolve complaints at ward or local department level. Where required the lead nurses, matrons and divisional chief nurses will be involved in resolving the concerns as quickly as possible. Where this is not possible they can direct patient/families/carers to the PALS and complaints team. A dedicated email address and telephone number is available for both PALS and complaints.

## **3. Complaints**

The Trust investigates complaints in a manner appropriate to the issues raised and where appropriate we seek and obtain consent for an independent review. We aim to resolve all complaints as quickly as possible and keep the complainant informed as far as reasonably practicable as to the progress of the investigation and any delays.

Each complaint is triaged by the Head of Patient Experience and supported by the senior complaints coordinator. This ensures a consistent approach and ensures an independent view of the issues raised.

All complaints are expected to be acknowledged within 3 working days from receipt. A timescale is identified in line with the Trust policy of 40 working days or where necessary negotiated with the complainant as part of the process at the start of the investigation. This is intended to ensure a realistic timescale is given in the context of the anticipated investigation.

Learning from patient feedback and using it to drive service improvement is fundamental to the organisation to ensure service improvement and support the continued journey working towards improving patient experience.

## 4. Activity & Performance

This section provides an overview and detailed breakdown of key performance and activity data for 2018/19. It includes the number of complaints received, the number of complaints closed, response times and a breakdown of the subjects raised in complaints.

Table 1: Activity and Performance Data

	2017-18	2018-19
Number of complaints received	412	566
Number of complaints closed	225	606
Number of concerns received	2,339	2,749
Complaints reviewed by the PHSO	4	7
Complaints reviewed by the LGO	0	2

There is an increase in activity from 2017/18 (412) to 2018/19 (566), (increase of 37.3%). The focus remains on responsiveness, engaging with users and proactively encouraging patients and their families to give feedback.

To understand if this increase of activity is a national reflection we would usually compare such data with neighbouring trusts but this is not available on NHS Digital at the time of writing this report. It is intimated that this data will be available in September 2019.

The Trust received 2,749 informal contacts (PALS) in 2018/19 which is a rise from the previous year, 2,339 in 2017/18. This is an increase of 410 cases (17.5%). The Trust is keen to address concerns as soon as possible and provide swift action and resolution to the individual highlighting the concern.

### 4.1 Complaints and Concerns Received

Table 2 shows the number of concerns and complaints received during 2018/19. This demonstrates the fluctuations which can occur between each quarter. The chart illustrates a significant increase in all concerns received during Q4, 18/19 (1019).

Table 2

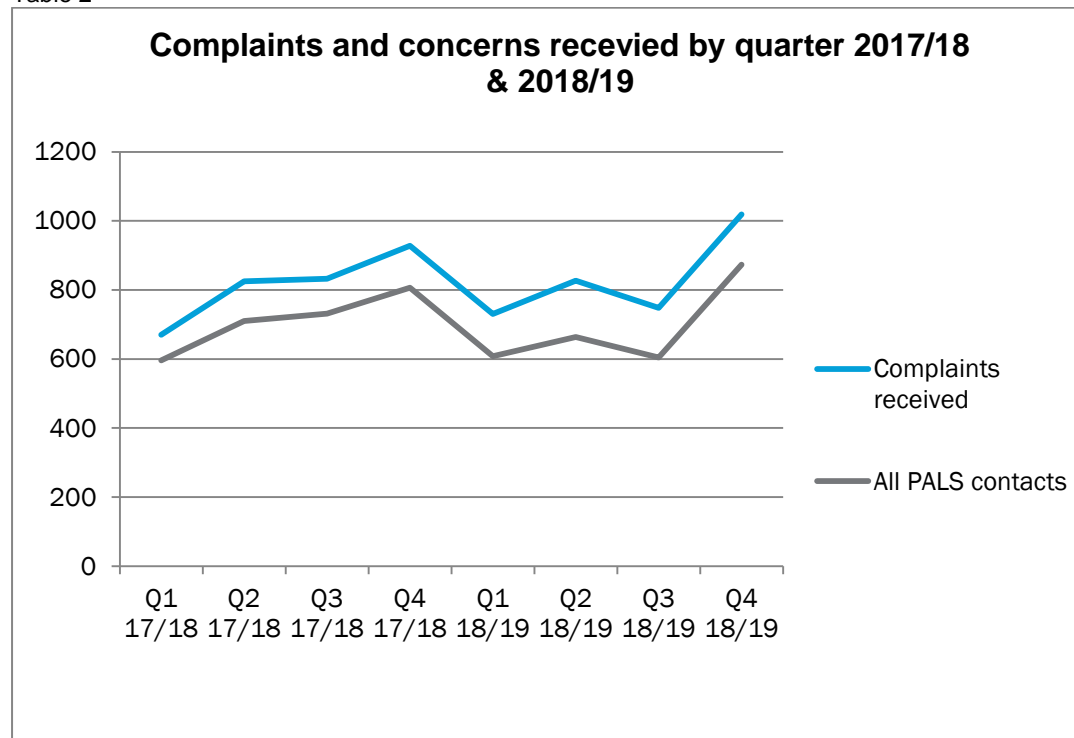


Table 3 details the number of complaints received in each division during 2018/19. The Medicine and Integrated Care Division received the most complaints (307) followed by the Surgery Division (236).

Table 3

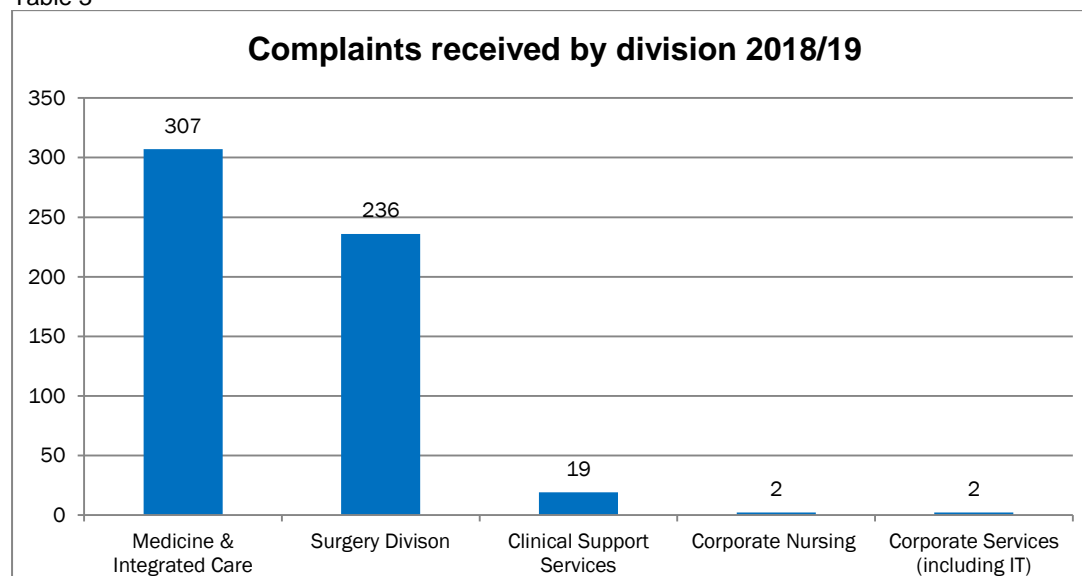
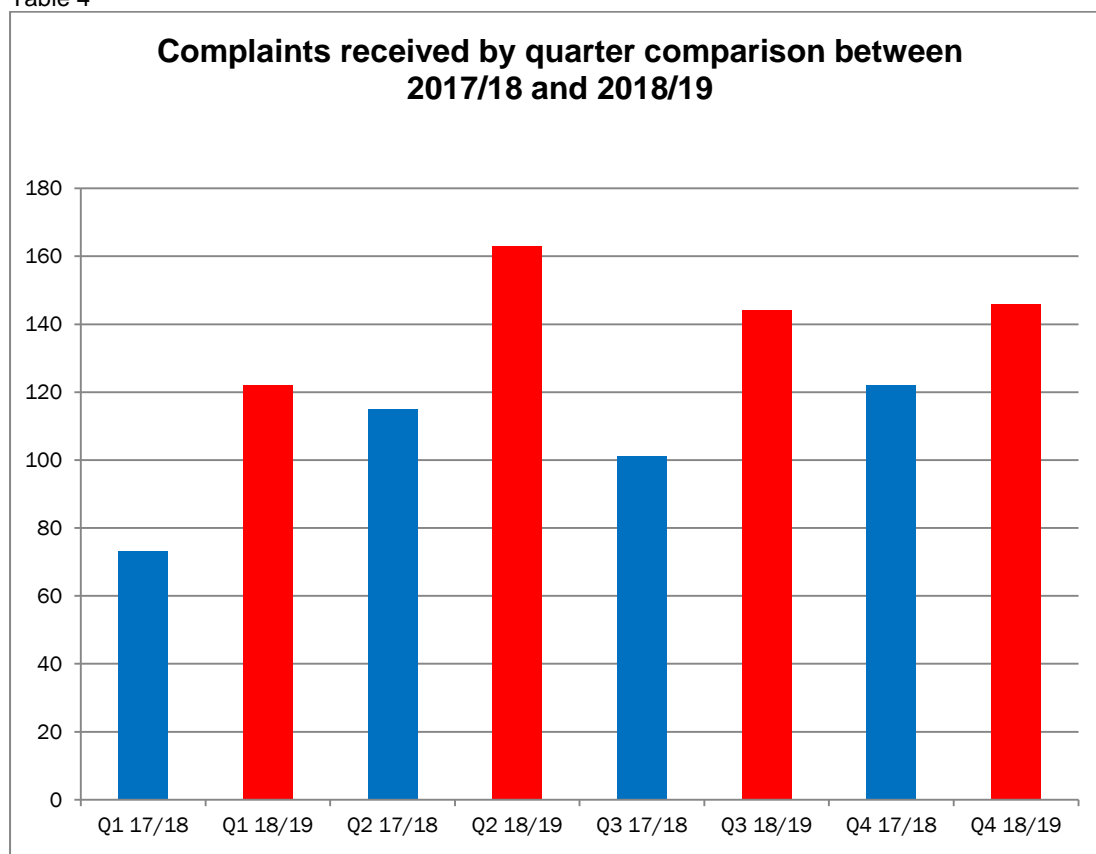


Table 4 represents complaints received by quarter during 2017/18 and 2018/19. Q2, 2018/19 received the most complaints over the two years.

Table 4



#### 4.2 Complaints received by method

Complaints are received by various methods; face to face, email, telephone and letter. Staff are available to meet at any time during office hours, between 8.00am and 5.00pm, Monday to Friday. Complaints received in this way remains minimal but remain a fundamental part of the service available.

#### 4.3 Complaints as a proportion of our activity

Table 5 details the number of complaints received in each quarter in comparison to patient activity. The percentage of complaints received has risen from 0.04% to 0.05%.

Table 5

ACTIVITY	TOTAL Year ending 17/18	Total Q1 ending 30/6/18	Total Q2 ending 30/9/18	Total Q3 ending 31/12/18	Total Q4 ending 31/03/19	TOTAL Year Ending 18/19
Total patient activity	1122726	235891	240030	321252	317804	1114977
% Complaints against activity	0.04%	0.05%	0.07%	0.04%	0.05%	0.05%



#### 4.4 Complaints by subject by quarter

Table 6 shows the top themes of complaints received by quarter during the year. The themes of complaints we receive remain similar from year to year, reflecting the importance that patients place on communication, values and behaviour, effective treatment, timely appointments, discharge and transfers.

Table 6

Quarter 1, 2018/19	Quarter 2, 2018/19	Quarter 3, 2018/19	Quarter 4, 2018/19
Communications	Communications	Communications	Patient care including nutrition and hydration
Clinical treatment – Surgical	Clinical Treatment – Surgical	Values and behaviours – staff	Communications
Values and behaviours – staff	Values and behaviours – staff	Clinical treatment – Surgical	Clinical treatment – Surgical
Admissions/Discharges and Transfers (excl. delayed discharge due to absence of package of care)	Clinical Treatment – General Medicine	Patient care including nutrition and hydration	Values and behaviours – staff
Clinical treatment – Accident and Emergency	Clinical treatment – Accident and Emergency	Clinical treatment – Accident and Emergency	Clinical treatment – Accident and Emergency

#### Surgery Division

- Clinical treatment including failure to diagnose appropriately and lack of care and treatment were the most common themes throughout the year. Patients feel that symptoms are not managed appropriately and that there is a delay in diagnosis or misdiagnosis of the conditions presented.
- Poor communication and information about treatment/care has been raised throughout the Trust. A lack of proper understanding of treatment and time taken by staff to give full explanations has been raised. This also ties in with values and behaviours of staff with patients and relatives feeling a lack of empathy is shown.

#### Medicine and Integrated Care Division

- Poor communication is a recurring theme with many complainants throughout the year. Patients and relatives feeling that staff are generally unsupportive and do not listen to their concerns or questions raised. Staff are not checking that the family/patient understand what they are being told and a lack of information being shared with families around the discharge process.
- Patients are concerned they are not being discharged appropriately with many feeling it is too soon or adequate provisions and follow up are not in place. Patients feel that they have to contact the hospital after discharge to chase up appointments, scans and results.

- Basic patient care concerns relate to lack of assistance with personal care.
- A number of concerns have been raised relating to clinical assessment and treatment within the Emergency Department particularly querying diagnoses, lack of investigations and discharging.

#### Clinical Support Division

- Waiting times for imaging as an inpatient and outpatient.
- Concerns raised regarding injury/bruising sustained during phlebotomy procedures.

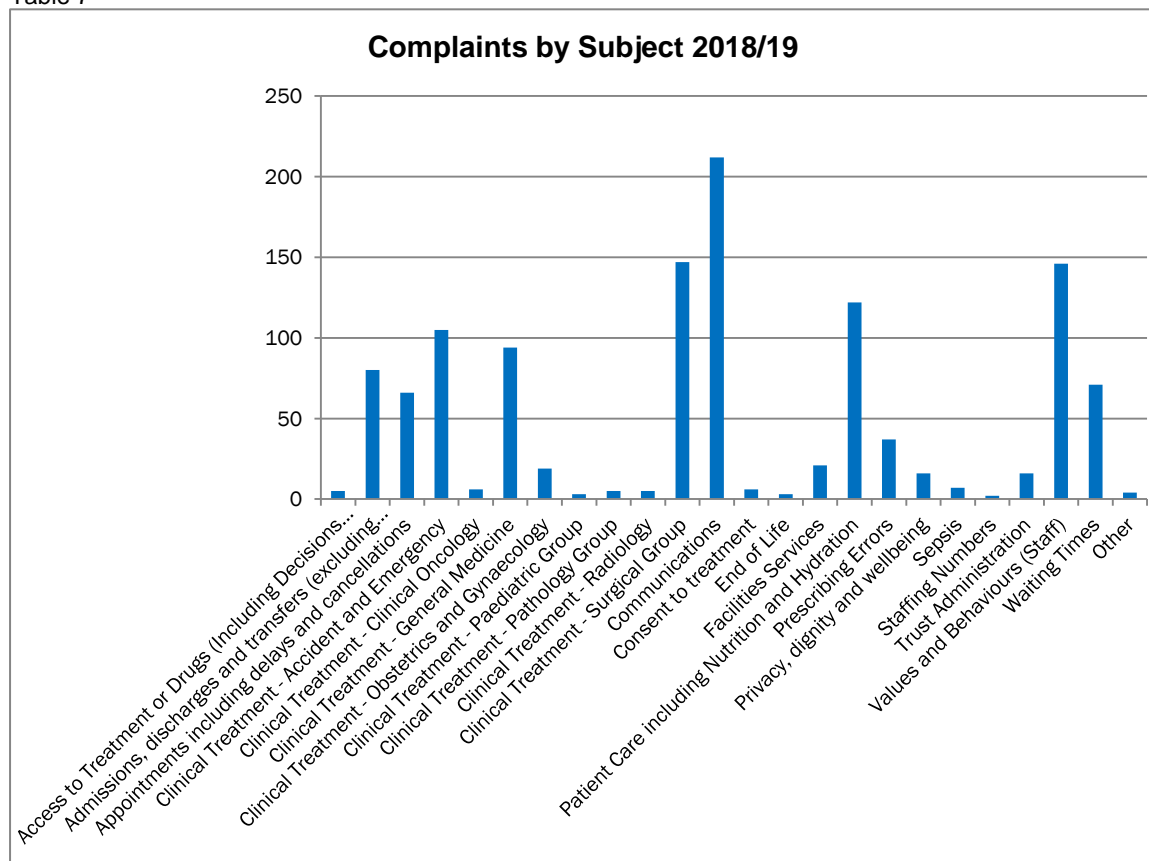
#### Corporate Nursing

- The attitude of staff within the Patient Advice and Liaison Service. This has been discussed with staff and centred around very challenging telephone calls into the service.

#### Corporate Services (including IT)

- The cost of parking and lack of car parking spaces.
- The attitude of security officer when dealing with a difficult patient.

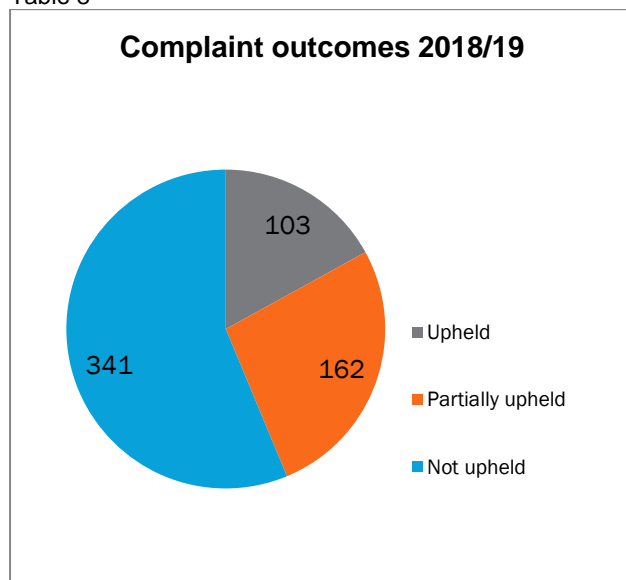
Table 7



#### 4.5 Complaint outcomes

<b>Upheld</b>	Complaints in which the main or majority of concerns were found to be correct on investigation and an apology given.
<b>Partially Upheld</b>	Complaints in which, on investigation, the main concerns were not found to be upheld, however some of the concerns or issues raised by the complainant were found to be correct and an apology given.
<b>Not Upheld</b>	Complaints in which the main or majority of concerns were not found to be upheld on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet the complainant's expectations.

Table 8



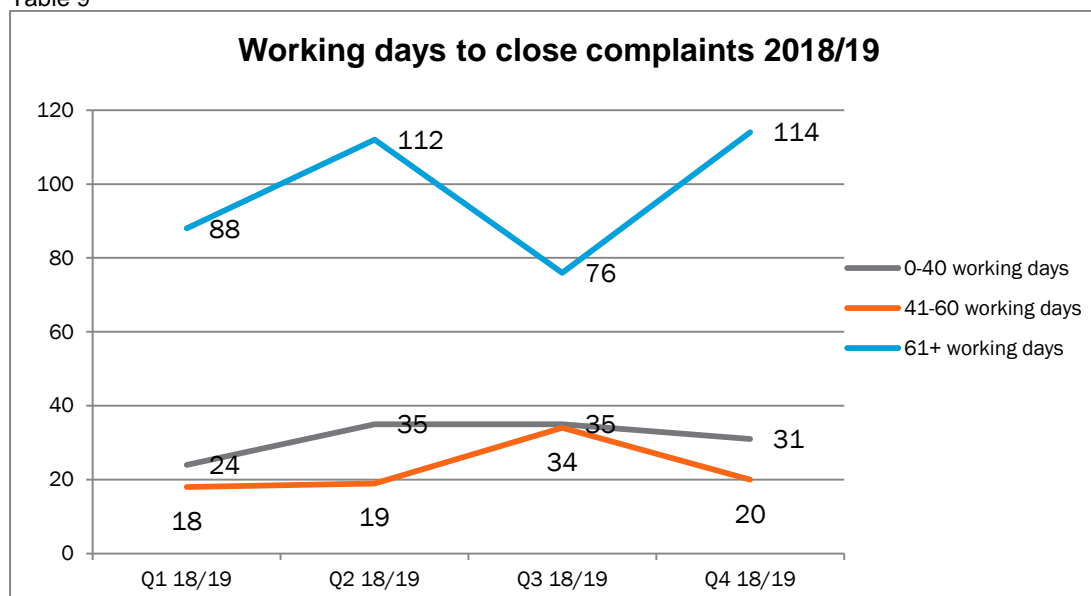
The total number of upheld/partially upheld complaints for 2018/19 was 265 out of a total 606 closed complaints (43.7%). This is a decrease on the previous year (2017/18) whereby 51% of all formal complaints were upheld or partially upheld.

It is of note that upheld complaints are an objective viewpoint by the investigator and the threshold for partially upheld/upheld complaints may vary from trust to trust and thus cannot be used as a benchmark.

#### 4.6 Response times

*Table 9* details the performance for responding to formal complaints. At the time of compiling this report there were 606 complaints closed with appropriate apologies offered in the letter of response from the Chief Executive or within a local resolution meeting (LRM). Divisions are required to take action and demonstrate learning from complaints. Complaints are discussed and progressed through the Divisional Governance arrangements. Performance in responding to complaints within the agreed timeframe is poor but all complainants are contacted to advise of the delay and a new timeframe is given and agreed.

Table 9



## 5. Parliamentary Health Service Ombudsman (PHSO) / Local Government Ombudsman (LGO)

The PHSO and LGO represent the second and final stage of the complaints process.

During the year, the PHSO received seven cases about the Trust. An appealed case against the PHSO decision was reopened by the complainant (totalling eight). Five cases have been carried over from the previous year totalling (13). Six have been closed during the year and seven remain under investigation (including the reopened case).

During the year, the LGO accepted and is investigating two complaints about the Trust; both currently remain under investigation.

## 6. Patient Advice Liaison Service (PALS)

In 2018/19 there were 2,749 PALS concerns received. This is an increase of 410 cases (17.5%) compared to the previous year (2017/18); 2,339. The main concerns raised with PALS relate to appointment delays, availability and cancellation of appointments and communication with patients and their families.

## 7. Learning from complaints

The Trust has made a number of changes and improvements in response to patient complaints. Listening to patient feedback and engaging with the experiences of patients through meetings, patient stories and focus groups supports our staff to improve the standard of care and service provided.

The Trust continues to provide training as part of the Nurse Graduate Training Programme, the Inter Professional Education Programme and corporate induction for all new employees. Complaints are viewed as extremely important pieces of valuable information without which we would not be given the opportunity to learn from errors and improve care and safety for others.

Complaints are reviewed on a monthly basis to identify themes and trends across the Trust. These are then shared with the divisions. Improvement actions and learning is put into practice and reported to the Patient Experience Improvement Group, Patient Experience Group, Complaints Review and Learning Group, Clinical Quality, Safety Patient Experience Group and the Trust Board.

The divisions have provided the following examples of learning from complaints in 2018/19. These aim to improve the process and the opportunity to change, however it is recognised that the focus must be on the actions taken as a direct result of complaints to improve the care we deliver.

- **Patient/clinician communication**

**Complaint description:** There was a delay in a patient receiving the results of a biopsy after being told they would know the results within two weeks.

**Learning & Action taken:** The Trust apologised and the current process explained; three weeks is the usual time frame. Feedback from staff and other patients indicates that the current three week expectation is misleading. The Trust acknowledges that realistic timescales are necessary with patients being contacted when there were any delays. Reassurance was provided that:

- If the histopathologist decides on lengthier test procedures, the referring consultant will be informed and the patient updated with a more realistic timescale.
- Clinicians reminded of the time scales.

**Complaint description:** A LRM was held where relatives complained of the way medical staff broke bad news regarding a patient's prognosis.

**Learning & action taken:** The Trust staff present apologised and acknowledged the distress caused. It was explained that although medical staff receive training in breaking bad news and communication skills, further lessons obviously needed to be learned. The consultant agreed to discuss feedback with junior doctors at the established weekly teaching sessions where they will be asked to reflect, learn and consider how their practice could be improved.

The work being carried out by the Trust as part of the National Gold Standard Framework for palliative care was outlined explaining that it involves two- fold education across medical and nursing staff with an emphasis around communication with both patients and relatives. The matron explained that matron surgeries were being introduced to address concerns in a more timely manner and different shift patterns for senior staff and lead nurses was being considered to improve availability during evening visiting times

**Complaint description:** A complaint was received after a family were wrongly informed that their father had died. The wrong family had been informed.

**Learning & action taken:** Immediate actions were taken at the time including an apology in person from both the Head of Patient Experience and Matron for the area. An internal incident was raised and a RCA completed by an independent Matron. The duty of candour was completed for the families of both patients. A written response also apologised and acknowledged the importance of accurate patient identification checks. The response detailed the actions taken by the ward to avoid repetition:

- Incident discussed with the staff directly involved and a reflective account requested for their personal file

- All nursing documentation removed from the nurses station and relocated to the patient bedside
- Anonymised copy of the complaint shared at ward meeting and daily patient safety huddle board meeting
- Shared across Divisions and discussed at governance and matrons meetings
- Presented to the risk and assurance group to ensure actions completed in a timely manner
- Originator of Trust policy (Care after death in hospital) requested to review and emphasise the importance of patient/ next of kin identification checks

**Complaint description:** Issues with secretary not returning patient calls which caused a delay in medication being dispensed to patient.

**Learning & action taken:** No-one covers the secretary answer phone when the secretary is absent so messages do not get picked up in a timely manner. In working hours, all telephone queries are answered by the secretaries in the office, but unfortunately, the ophthalmology secretaries do not have the capacity to listen to all answer machine messages. Following on from the complaint, the ophthalmology secretaries answer machine message now states when a secretary is on annual leave for any length of time, when they will return to the office and also advises patients to contact the Eye Clinic Helpline for any queries in the secretary's absence. The secretary apologised that this was not done prior to starting annual leave.

The Trust agreed that the inability to speak to the secretary to get concerns answered quickly meant that the patient had to wait an unnecessary amount of time to ascertain their prescription details. Apologies were offered and the Ophthalmology Matron offered to meet with the patient if any further concerns remained.

**Complaint description:** Delay in being seen and treated by doctor.

**Learning & action taken:** SAEC have now changed their clerking document to ensure this is documented clearly to avoid any confusion and unnecessary fasting for any patient in the future. Each day, the shift lead also conducts necessary checks to confirm dietary requirements for patients at each medication round, meaning checks are completed at least 4 times daily.

The Trust is shortly to roll out a new initiative aimed at preventing wasting time in hospital for patients and improving communication between patients and healthcare staff. Under the strap line "Don't waste time, this life is mine" patients will be encouraged to ask 4 things of staff:

- Why am I here?
- What is my plan?
- What will happen to me today?

The intention of the initiative is to tackle gaps in communication and ensure patients do not stay in hospital any longer than they should due to poor communication. This will be reviewed by the Matrons on a daily basis to ensure that all patients are fully aware of their plan of care.

## - **Clinical Treatment**

**Complaint description:** A local resolution meeting (LRM) was held to discuss the complainant's belief that there were flaws in the system regarding Emergency Department

(ED) patients having to wait for a head CT scan.

**Learning & action taken:** During the meeting, the senior radiology team apologised for the patient's unnecessary delay and inconvenience at having to wait in ED for his CT scan. The importance of acquiring consultant radiologist approval for CT requests was explained but it was acknowledged that some radiologists were being over-cautious and seeking approval even when the patient clearly met the NICE guidelines. Reassurance was provided that:

- Feedback would be provided at the next departmental meeting.
- A CT scanner was now available each day solely for the use of in-patients and the ED to minimise delays.

**Complaint description:** A complaint was received regarding a delay in a patient's diagnosis.

**Learning & action taken:** Following a review, it was felt the patient received good care and treatment but recognised that the patient's blood tests should have been reviewed with the radiology investigations as this would have meant earlier follow up with neurology team. Reassurance was provided that all staff involved with the patient's care would be informed of the feedback for their future learning practice and to ensure they review all recent tests, regardless of the reason for hospital attendance.

**Complaint description:** a complaint was received regarding the DVT pathway in AEC which resulted in multiple trips to the hospital.

**Learning & action taken:** The Trust apologised and acknowledged that it was unacceptable for a patient to be expected to attend ED, then return the following day to AEC and wait for a Doppler scan then be expected to return the following day for anticoagulation to be arranged. Assurance was provided that AEC were reviewing the DVT service and introducing new ways of working:

- A sonographer is to be based in AEC to complete Doppler scans in a timely manner and speed up confirmation of the DVT
- Business case being planned to have an anticoagulant nurse based in AEC to provide prompt treatment for a confirmed DVT diagnosis
- Shared learning at staff meeting and daily huddle board meetings

**Complaint description:** Issues relating to care and treatment patient received, lack of observations and pain killers. Lack of communication from doctor and notes state patient discharged herself.

**Learning & action taken:** Lead Nurse has discussed the lack of pain relief administered directly with the nurse involved and at her daily team meetings where she has highlighted the importance of giving pain relief for patients in the waiting area.

**Complaint description:** Concerns relating to patients waiting times and a delay in being seen on SAU.

**Learning & action taken:** Apologised to patient for the delays experienced. Explained that during the night there is a reduced number of the surgical team on duty and they have to cover the wards, ED and the emergency theatre. We should have offered the patient the opportunity to return the following day without the need for him to contact his General Practitioner to get re-referred. This has been highlighted to the ward staff.

Apologised that the wrong arm was identified on x-ray request form. This was a rare event



and should not have occurred and on this occasion it was a genuine mistake. This is no excuse for poor practice and the incident has been escalated to the doctor's supervisor for discussion so the doctor can reflect on, and learn from, this error so it does not occur again.

Apologised for the error in TTO medication. From reviewing the medical records, the nursing staff had attempted to contact the doctor to rectify the prescription, however there was a delay in this being done before the prescription could be resent to the pharmacy. Staff members have been asked to ensure that all prescriptions are checked before being sent to pharmacy to prevent any errors of this nature recurring in future. In 2019 the Trust is implementing an electronic prescribing system which will eliminate such long delays in prescription errors as doctors will not have to return to the ward area or attend the pharmacy to make the changes required.

- **Patient care – nutrition and hydration**

**Complaint description:** As part of a complaint received a patient who had swallowing difficulties did not receive the appropriate food choice.

**Learning & action taken:** The Trust apologised and acknowledged that the correct process had not been followed. Assurance was provided that the Trust recognises the importance of patient nutrition and detailed the policies that are available to guide practice. The Lead Nurse provided assurance that:

- The Red Tray policy would be reintroduced and a copy displayed on the nutrition board as a visual prompt
- Completion of the 'behind the bed boards' would be monitored and audited via monthly nutrition audits
- Protected meal times would be enforced to assist staff with having the time to supervise meal times and assist as necessary
- Interserve staff encouraged to attend daily patient safety huddle meetings to identify patients requiring a special diet and raise awareness of the concern
- Nutrition Champion to initiate staff training
- Raise awareness on the ward with nutrition focused notice board
- Displaying nutrition audit results
- Lead nurse and Matron daily ward rounds to allow patients and families opportunity to voice concerns with timely actions
- Communicated to staff via daily huddle board meetings

- **Values & behaviour**

**Complaint description:** Concerns regarding staff behavior, delayed discharge and communications with relatives.

**Learning & action taken:** Concerns shared with all the Paediatric ED staff to assist in improving attitudes and behaviours of all the staff in that area. Concerns also discussed with the nurse who treated the patient. Staff have been reminded that they should be polite and courteous at all times and how a poor attitude can create a negative perception of the care provided.

**Complaint description:** Issues relating to care and treatment patient received, lack of observations and pain killers. Lack of communication from doctor and notes state patient discharged herself.



**Learning & action taken:** The complaint was read by the surgical management team, with particular focus on the poor attitude of the medical team, and discussed at their risk and governance meeting which is a forum to discuss complaints and any changes in practice which may be required.

**Complaint Description:** Patient complained about the attitude of a member of the reception staff for Pharmacy when she presented her prescription for aspirin.

**Learning & action taken:** Whilst there are guidelines about signposting patients where some medications can be more cheaply over the counter this was inappropriate in this case and the manner in which this was done was inappropriate. Individual staff member spoken to has reflected on the matter and offered her personal apology and all Pharmacy staff briefed at a department meeting to increase awareness and share learning.

### • Admissions and Discharges

**Complaint description:** Patient attended to have ovaries removed. Concerns raised regarding capacity of beds and discharged too early without TTO, discharge letter, dressing and no post-op advice.

**Learning & action taken:** Surgeons need to be more explicit around benefits of day case surgery and ensure that patients know they will go home. It further needs to be communicated what will happen if they cannot go home the same day for any reason. Apology provided for the patient.

**Complaint description:** A patient was discharged with another patient's medication which they had been taking for four days before noticing.

**Learning & action taken:** The Trust apologised and acknowledged that the Trust policy on checking of medications prior to discharge was not adhered to. Reassurance was provided that on receiving the complaint the incident was logged on Datix and a serious incident completed. A list of actions were identified:

- Discussions have taken place at daily huddle board (staff) meetings to share feedback with a signature list completed to ensure all staff are aware.
- Discussions have also taken place at team meetings.
- The medical governance meeting has also discussed this issue.
- The safer medicines practice group/medicines link nurse group have also discussed and shared feedback.
- Staff are to receive refresher training on the Trust's internal reporting system (Datix) to complete any issues in a timely manner or at the time the incident is reported.
- All medications are to be prescribed on a patient's admission.
- All medication is to be thoroughly checked in accordance with the discharge list and in line with the Trust's process.

**Complaint description:** A complaint was received from a GP regarding the discharge of a patient who was a newly diagnosed diabetic.

**Learning & action taken:** The Trust apologised and acknowledged that the patient's care was compromised due to poor communication with the GP practice and lack of equipment supplied on discharge. The Trust assured the GP that safe discharge is a priority for the Trust and as a result of their complaint the learning and actions identified in Medicine would be used throughout the Trust:

- All newly diagnosed diabetics will receive the same treatment advice on discharge.

- A sticker will be placed in the clinical notes to remind clinicians that they need to prescribe insulin needles.
- Blood glucose meters will be provided on discharge.
- Appropriately sized sharps bins will be provided on discharge.
- Discharge checklist revised to include essential information and equipment provided.
- The Diabetes Specialist Nurse will write to the GPs separately to the discharge summary.

In addition actions taken by the ward were:

- The Diabetic Specialist Nurse to attend daily board meeting to advise on diabetes management and discharge planning.
- Staff reminded via the daily safety huddle boards to ensure all patients are discharged with a copy of the discharge summary.

During the investigation it was also identified:

- The GP practice had not been receiving electronic discharge summaries via JAC and the Health Records department had been sending paper copies of the discharge letter. Assurance was provided that the process had now been updated and in line with other practices.
- The patient's family had wanted to provide transport enabling them to accompany the patient home. Staff were reminded to discuss travel arrangements with relatives; recognising that an ambulance is not always required.

## **8. Conclusion**

We are committed to ensuring that we make it easy for patients, relatives and carers to make a complaint or raise a concern and encourage feedback in various ways. We continue to focus on learning and actions from the complaints and feedback received.

Enclosure 12

**Minutes of the Extraordinary Council of Governors meeting (Private)**  
**Thursday 27 June 2019, 17.45pm,**  
**Clinical Education Centre, Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Mr Arthur Brown	Public Elected Governor	Stourbridge
Cllr Colin Elcock	Appointed Governor	Dudley MBC
Dr Richard Gee	Appointed Governor	Dudley CCG
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mr Rex Parmley	Public Elected Governor	Halesowen
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Staff Elected Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Julian Atkins	<b>Acting Chair of Council</b>	DG NHS FT
Mrs Helen Board	Governor & Membership Manager	DG NHS FT
Ms Alison Breadon	Partner	PwC Auditors
Dame Yve Buckland	Interim Chairman	DG NHS FT
Mr Mike Gennard	Partner	RSM Auditors
Mr Gilbert George	Interim Director of Governance/Board Secretary	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Ms Tricia Morrison	Deputy Director of Strategy & Business Development	DG NHSFT
Ms Diane Wake	Chief Executive	DG NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Dr Julian Hobbs	Medical Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Yvonne Peers	Public Elected Governor	North Dudley
Ms Nicola Piggott	Public Elected Governor	North Dudley
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT

Mr Adam Thomas	Acting Chief Information Officer	DG NHS FT
Mrs Natalie Younes	Director of Strategy & Transformation	DG NHS FT

## **ECoG 19/38.0 Welcome, introductions & Announcements**

17.45pm

The chairman opened the meeting of the Extraordinary Full Council and welcomed all to the meeting.

The chairman introduced the following Governors who had been elected following an election process that concluded at the end of May 2019:

- Mr Marlon Amulong, Staff: Nursing & Midwifery
- Dr Atef Michael, Staff: Medical & Dental
- Mrs Hilary Lumsden, Public: Halesowen
- Ms Nicola Piggott, Public: North Dudley (re-elected for 2nd term)

The chairman also welcomed Mike Gennard, Partner, RSM auditors and Ms Alison Breadon, Partner, PwC auditors.

### **Quoracy**

The meeting was declared quorate.

## **ECoG 19/39.0 Declarations of interest**

The chairman declared the following interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.

There were no further declarations received.

## **ECoG 19/40.0 Previous meeting (Enclosure 1)**

The minutes of the previous meeting held on 2 May 2019 were accepted as an accurate record and would be signed by the Chairman.

### **Matters arising there from**

There were none.

### **Actions from the previous meeting**

All actions were completed and would be removed from the list.

## **ECoG 19/41.1 Presentations**

17.55pm

### **Annual Report and Accounts 2018/19, draft (Enclosure 2)**

Mr George provided an update on the preparation and submission of the Trusts Annual Report and Accounts and confirmed that once they had been laid before parliament would be published.

Mr Allen drew attention to page 65 that gave detail of the governors reaching their respective end of term of office and noted an error with the entry for Mrs Price.

**Action** check the Annual Report entry related to Mrs Price's term of office.

### **Mrs Board**

## **Auditors report on 2018/19 Annual Report and Accounts (Presentation)**

The chairman introduced Ms Alison Breadon, Partner PwC who provided the auditor's report upon the Trust's Annual Report and Accounts 2018/19 (draft).

Ms Breadon described the Audit process and confirmed the key audit findings on the financial statements. She then confirmed that PwC had issued the following:

- an unqualified audit report on the financial statements, with the inclusion of a material uncertainty paragraph referring to the Trust's reliance on external borrowing to continue as a going concern;
- a modified use of resources conclusion,
- an unqualified (clean) 'limited assurance' report on the content and the consistency of the quality report and;
- a modified opinion issued in relation to ED data.

Ms Breadon summarised the findings that related to performance indicators and the local indicator selected for audit.

The chairman thanked Ms Breadon for the detailed report and invited questions from those present.

Councillor Elcock asked why the valuation of land and buildings had taken place, why ambulance handover data was unavailable and what audit of wastage in general was in place.

Ms Breadon confirmed that the re-valuation had been undertaken to provide a current view of its valuation.

Mr Miner confirmed that the re-valuation had been conducted in line with regulatory and accounting rules and had included an audit component that had provided assurance that the stewardship of the Trust was effective.

Ms Wake referring the ED data query, advised that this information was not routinely collected at any trust in the Midlands and would remain an item for audit commentary. She emphasised that the Trust's target to triage all patients within 15 minutes of arrival had a greater clinical impact for patients.

The chairman advised that the four hour emergency access target was under review at national level and the focus would remain of an efficient flow of patients through the Trust and the wider health economy.

Mr Miner confirmed that the Trust benchmarked well against other trusts nationally for its use of resources and it remained a constant challenge to ensure that all services operated with maximum efficiency.

Ms Wake confirmed that she was a member of the Finance Improvement Group and offered to provide further information to the council on the subject.

Mr Siviter asked whether the audit of the Accounts had considered the potential cost implication of the Multi-specialty Community Provider (MCP) project.

The chairman confirmed that all aspects of the MCP project were being closely monitored and under review by the Board. There had been no financial impact during the financial year 2018/19.

**Action** An update on the Trust's Financial Improvement arrangements to be provided to the Council. **Ms Wake/Mr Jackson**

The chairman acknowledged that the Trust had encountered many challenges during the year and the council were reminded that the Trust's financial out turn and overall performance had benchmarked well compared to other trusts nationally. She confirmed that the Board were focused on the challenges and remained committed to delivering an improving situation.

*[Dr Michael left the meeting. Mr Jackson joined the meeting]*

### **Internal Audit Annual Report 2018/19 (Presentation)**

The chairman introduced Mr Mike Gennard, Partner RSM who provided an update on the Trust's internal audit processes and progress for the period 2018/19.

Mr Gennard confirmed that the internal audit conclusion was that the organisation has an adequate and effective framework for risk management, governance and internal control. He noted that their work had highlighted some further enhancements to the framework of risk management, governance and internal control to ensure that it remained adequate and effective.

Mr Miner advised that he chaired the Audit Committee which had worked closely with the audit team throughout the year. He confirmed that the management actions arising from the process were closely monitored by the Audit Committee.

Mr Parmley queried whether the internal audit function represented value for money when the Trust employed its own management teams. He also asked how our audit opinion compared to other trusts.

Mr Gennard informed those present that it remained a statutory requirement for Trusts to retain internal auditors that it was especially important for any trust under extreme scrutiny. He confirmed that all NHS trusts were operating in challenging circumstance with some having fallen below the line and that The Dudley Group was not an outlier.

The chairman thanked Mr Gennard for the report.

*[Dr Michael re-joined the meeting]*

## **ECoG 19/42.0 External reviews**

18.40pm

### **CQC inspection report**

Ms Wake provided an update on the expected publication of the report adding that the Trust had completed a factual accuracy review of the draft report and had submitted feedback to the CQC on 24 May.

Ms Wake stated that the CQC had written to the Trust in June 2019 outlining its intention to potentially prosecute the Trust in the case of Mr Smith who had sadly died whilst under the care of the Trust. Ms Wake summarised the details of the case, the investigation undertaken by the Trust, external reviews completed, the present situation with the coroner and the potential impact on the Trust in both financial and reputational terms. Ms Wake confirmed that governors would be kept up to date on this and any other case that the CQC may investigate.

The chairman asked that the information be treated in confidence and gave an assurance that the Council would be updated as the situation unfolded.

Mr Parmley asked if there were any indication of the potential cost of legal representation should the prosecution proceed.

Ms Wake advised that the costs would be funded by NHS Resolution (NHRS) and would also utilise the Trust's retained legal team.

#### **ECoG 19/43.0 Any other Business**

18.48pm

**Appointment of substantive Trust Secretary** Mr Allen asked for confirmation of the arrangements for the period between the conclusion of the assignment for Mr George as interim and the commencement in post of the substantive Trust Secretary. Mr Allen remarked that governors had not been informed of the appointment of Mr Liam Nevin.

The chairman confirmed that the board secretary from the Royal Orthopaedic Hospital would provide oversight and support to the deputy director of governance and the governor manager until Mr Nevin commenced in post. The chairman apologised for the lack of communication to the Council on this matter and suggested that a meeting of the Council with the new Trust secretary be arranged at the earliest opportunity.

**Action:** To arrange meeting of the Council and the new trust secretary at the earliest opportunity **Mrs Board**

**Smoking outside of main reception** Mr Siviter noted that governors had received several complaints whilst recently hosting a meet and greet stall in the main reception of Russells Hall Hospital. He asked for an update on the Smoke Free Trust initiative and in particular if patients were still smoking on the premises. Mr McMenemy confirmed that the Trust sites had gone smoke free on 3 June 2019 and whilst there had been a significant reduction in smoking on site, this was being monitored.

**Informal meeting of governors** Mr Allen advised that the meeting scheduled for 16 July was cancelled and would shortly issue a new date.

**ACTION:** New date for the next Informal meeting of governors to be issued.  
**Mr Allen**

#### **ECoG 19/44.0 Close of meeting and forward dates:**

18.35pm

The chairman thanked all for attending and advised that following a short

break, the full Council of Governors meeting in public session would follow at 18.45hr

Dame Yve Buckland, Chair of meeting

Signed..... Dated .....



**Council of Governors Extraordinary meeting held 27 June 2019**

<b>Item No</b>	<b>Subject</b>	<b>Action</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Comments</b>
<b>ECoG 19/41.1</b>	Annual Report	To check the Annual Report entry related to Mrs Price's term of office	Mrs Board	28/6/19	Checked and flagged to Head of Comms <b>Complete</b>
<b>ECoG 19/41.1</b>	PwC Auditors report - wastage	An update on the Trust's Financial Improvement arrangements to be provided to the Council	Ms Wake/Mr Jackson	19/9/19	Verbal up date to be given at the next meeting <b>Complete</b>
<b>ECoG 19/43.0</b>	Appointment of substantive board secretary	To arrange meeting of the Council and the new board secretary at the earliest opportunity	Mrs Board	19/8/19	Meeting with governors held 2/9/19 <b>Complete</b>
<b>ECoG 19/43.0</b>	Informal meeting of Governors	New date to be issued	Mr Allen	29/7/19	<b>Complete</b>

Outstanding

To be updated

Complete