The Dudley Group
NHS Foundation Trust

Council of Governors Meeting

Thursday 12th March 2020

Meeting rooms 7 & 8, Clinical Education Centre, 1st Floor, South Block, Russells Hall Hospital, Dudley DY1 2HQ

See below for the headlines of the Constitutional Performance Standards for the current reporting month. Please refer to the Integrated Performance Report for further details.

Performance February 2020

- Four hour access target (combined) – 78.3%. Target 95%
- Cancer 62 day – 70%. Target 85%
- Cancer two week wait – 76.4%. Target 93%
- Referral to treatment – The incomplete pathway was achieved with a performance of 92%. Target 92%
- DM01 Diagnostic – 92.4% against target of 99%

Infection prevention and control

- Clostridium difficile – 0 post 48 hours in December.
- MRSA bacteraemia – 0 cases in December.
- MSSA bacteraemia – 1 post 48 hour cases in December.
- E coli bacteraemia – 2 post 48 hour cases in December.
- Klebsiella bacteraemia – 1 post 48 hour cases in December.
- Pseudomonus bacteraemia – 0 post 48 hour cases in December.

Council of Governor meetings

PUBLIC INFORMATION SHEET

The Dudley Group's Council of Governors meet in public every quarter and welcomes the attendance of members of the public and staff at its Council meetings to observe the Council's activities in fulfilling their duties and responsibilities.

1. Introduction

This sheet provides some information about how the Council meetings work.

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

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

Copies of the agenda and papers for the public meeting are available at the meetings, and on the Trust website www.dgft.nhs.uk or may be obtained in advance from the following key contacts:

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2. Council Members' interests

All members of the Council are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a Register of Interests. If you would like to see the register, please contact the trust secretary.

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

3. Opportunity for questions

The chairman will endeavour to respond to questions from the public on agenda items, where time permits. Members of the public, should raise any questions directly related to an agenda item with the chair.

4. Debate

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

A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

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

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

6. Future meeting dates

For details of future Council of Governors meetings, please visit the Trust's website www.dgft.nhs.uk

7. Accessibility

If you would like this information in an alternative format, for example in large print, please call us on 0800 073 0510 or email dgft.pals@nhs.net

Agenda

The Dudley Group NHS Foundation Trust

Full Council of Governors meeting (Public)

Thursday 12 March 2020, 15.00hr
Clinical Education Centre, Russells Hall Hospital, Dudley

Meeting in public session

No.	Time	Item	Paper ref.	By
1.	15.00	Welcome (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Chairman
2.	15.05	Previous meeting 2.1 Minutes of the previous full Council of Governors meeting held on 19 December 2019 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	15.10	Governance arrangements 3.1 Council of Governors documents for approval: - Terms of Reference for approval - Code of Conduct for approval - Annual work plan 2020/21	Enclosure 2	
4.	15.20	Chief Executive's and Chair's update including: - Coronavirus update - MCP update - Trust Strategy update - ED redesign project	Enclosure 3 Verbal Verbal Verbal Verbal	Diane Wake, Chief Executive Yve Buckland, Chairman Karen Kelly, Chief Operating Officer Tom Jackson, Director of Finance James Fleet, Interim Director of Strategy & Transformation Karen Kelly, Chief Operating Officer
5.	15.35	Presentation Dudley Improvement Practice – *the results so far*	Presentation	Peter Lowe, Head of Improvement Practice
6.	15.50	Safe, caring and responsive 6.1 Update from Experience and Engagement Committee 6.2 Update from Clinical Quality, Safety and Patient Experience Committee	Enclosure 4 Enclosure 5	Yvonne Peers, Committee Chair Liz Hughes, Committee Chair

7.	16.10	<u>Effective</u> 7.1 Update from Finance and Performance Committee 7.2 Update from Audit Committee	Enclosure 6 Verbal	Jonathan Hodgkin, Committee Chair Richard Miner, Committee Chair
8.	16.30	<u>Well-Led</u> 8.1 Update from Workforce and Staff Engagement Committee - Update on the Dudley People Plan 8.2 Trust Secretary update • Lead Governor arrangements 2020 • 2020 Governor business calendar updates • NHS Provider licence Self-certification arrangements • Governor training and development 2020	Enclosure 7 Enclosure 8	Julian Atkins, Committee Chair Liam Nevin, Trust Secretary
9.	17.00	Governor Matters *Relating to items other than the agenda and raised at least three days in advance of the meeting.*	Verbal	Fred Allen, Lead Governor
10.		For information • Integrated Performance Report • Annual Report & Quality Account timetable • Complaint, Litigation, Incidents and PALS report Q3	Enclosure 9 Enclosure 10 Enclosure 11	
11. 12.	17.15	Any Other Business (to be notified to the Chair)		Yve Buckland, Chairman
13.		Close of meeting and forward dates 2020: 11 June 10 September 10 December		Yve Buckland, Chairman
Quoracy	*Eight Governors of which at least five are public elected plus chair or deputy chair.*			

Enclosure 1

The Dudley Group NHS Foundation Trust

Minutes of the Full Council of Governors meeting (Public)
Thursday 19th December 2019, 17.45pm
Clinical Education Centre, Russells Hall Hospital, Dudley

Present: Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
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
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

In Attendance:	Status	Representing
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Governor & Membership Manager	DG NHS FT
Dame Yve Buckland	Chairman **Chair of meeting**	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Mr Vij Randeniya	Associate Non-executive Director	DG NHS FT
Mr Adam Thomas	Acting Chief Information Officer	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Apologies:	Status	Representing
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Ian James	Associate Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Nicola Piggott	Public Elected Governor	North Dudley
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Alan Walker	Staff Elected Governor	Partner Organisations
Cllr Steve Waltho	Appointed Governor	Dudley MBC

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COG 19/67.0	**Welcome (Public & Press)**
COG 19/67.1 17.40pm	**Introductions & Welcome** The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting. The chairman introduced and welcomed Ms Jill Faulkner who had been elected as staff governor in the recent round of elections to represent the constituency of non-clinical staff. The chairman expressed her thanks and gratitude for the commitment and support of Mrs Phillips who had served two full terms as staff governor for the constituency of non-clinical staff and had successfully chaired the Council's Experience and Engagements Committee. The chairman introduced recently appointed non-executive directors Dr Elizabeth Hughes and Professor Gary Crowe, and Mr Lowell Williams and Mr Vij Randeniya as associate non-executive directors. The chairman added that Dr Hughes would chair the Clinical Quality, Safety and Patient Experience Committee of Board and thanked Ms Holland for her stewardship of the Committee.
COG 19/67.2	**Apologies** Apologies had been received as above.
COG 19/67.3	**Declaration of interest** The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. There were none. The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.
COG 19/67.4	**Quoracy** The meeting was declared quorate.
COG 19/67.5	**Announcements** **Emergency department demand** The chairman reported that the emergency department remained under pressure owing to high demand. She referenced a similar scenario facing other trusts across the local and national area. She noted that in addition to the anticipated winter pressures, there were some spikes in activity attributed to seasonal flu and encouraged all to have the flu vaccine. She gave an assurance that staff were keeping patients safe and asked for a note of thanks be made to all frontline teams for their sustained effort to alleviate and manage the day-to-day pressure. The chairman confirmed that the Trust continued to work with other stakeholders in the local health economy with longer term plans formulated to ease the demand. She added that, in response to a question from a consultant earlier that day, the Trust continued to fully fund the ED department as needed. However, it was nationally acknowledged that there was a need to create more capacity in the NHS systems. Mr Parmley asked if the recent announcement by the newly elected prime minister about more funding for the NHS referred to the existing pledge or new money.

	Mr Jackson said that there were encouraging signs and gave the example of the reinstatement of the nursing bursary and changes to visa arrangements aimed at supporting more specialist consultants from abroad. **Sparkle party** The chairman thanked those governors who had attended the event that had raised over £3k towards the children's ED fund and added that it was a really great night with a genuine feeling of fun.
COG 19/68.0	**Previous meeting**
COG 19/68.1 17.50pm	**Minutes of the previous full Council of Governors meeting held on 19th September 2019** (Enclosure 1) The minutes were accepted as an accurate record and would be signed by the chair.
COG 19/68.2	**Matters arising** There were none.
COG 19/68.3	**Action points** All actions that were complete would be removed from the list. Action COG19/52.2 – **governor attendance at meetings of the Risk and Assurance Committee**. Dr Gee reported that he had attended two meetings of the committee and had no items to report by exception. He had been impressed by the robust coverage of the content and drew assurance that the Trust was committed to learning. Dr Gee said he would continue to attend for the remainder of the financial year. **Action complete**
COG 19/69.0 17.55pm	**Chief Executive report and Chair's update** (Enclosure 2) Mr Jackson presented the report provided as enclosure two and asked those present to note the activities, updates provided and news items related to the Trust, the region and the wider national arena. Mr Jackson highlighted the following: **Dudley Improvement Practice** represented a long term approach to innovation and improving efficiencies which was working its way through the organisation with the recent addition of executive level improvement coaches. **National Staff Survey** had achieved an improved response rate compared to the previous year and provided staff from across the Trust with a voice to support improvement. **Christmas in the Trust** had seen a series of competitions and activities aimed at bringing Christmas cheer to staff, patients and visitors. This had included the production of a Makaton Christmas video and an 'Elf on the Shelf' daily competition. **Multi-speciality Community Provider (MCP)** Mr Jackson summarised the principles that underpinned the development of MCP arrangements and noted it was the first of its kind in the country. He confirmed that the MCP would take the form of a separate organisation that would utilise the shell left behind following a

	merger of two local mental health Trusts. The strategic outline case had been submitted with a requirement for the project to move at pace with a focus on developing further clinical, workforce and financial pathways. This would address the mitigation of risks faced by each of the partner organisations. The chairman thanked Mr Jackson for the update and confirmed that there would be further opportunity for discussion about the MCP in the private session that would follow on conclusion of the public session of Council.
COG 19/70.0 18.05pm	**Presentation** Mr Thomas, chief information officer, provided an update on the Digital Trust project with a review of the project achievements to date and those planned for the first six months of 2020. The chairman thanked Mr Thomas for the presentation and acknowledged the many benefits the digitisation of healthcare would bring for patients. The chairman invited questions. Mr Heaton asked about staff training in advance of the rollout of the new digital system and whether the new systems would enable doctors to fast track a patient for discharge or referral. Mr Parmley asked what steps would the Trust take to ensure the security of the new digital platforms and who would fund the replacement of the PCs in GPs. Mr Thomas confirmed that the GP PC upgrade was part of a national initiative and would be centrally funded. He confirmed that the Trust maintained compliance with ISO270001 and noted that the Trust was the first in the country to achieve this standard when it was first accredited three years ago. He assured governors that the Trust took digital security very seriously and regularly use covert campaigns to test the security. He confirmed that staff received comprehensive training ahead of the launch of any new software and that 'floorwalkers' were deployed and actively supported front line staff when new systems were introduced. Mrs Board stated that governors who had attended the recently relaunched Trust engagement events at Corbett and Guest outpatient centres had the opportunity to talk to the team responsible for managing patient records. The patient records team had extended an invitation to the Council to visit the central storage facility which would be arranged for the New Year. The chairman asked how effectively the Trust was managing the transition from paper to digital records. Mr Thomas confirmed that they continued to work with the health records team and other stakeholders from the wider health economy. He indicated that it would require a significant investment to fully digitise all patient records. He provided an example of a local Trust who had had been on a similar journey for seven years. He explained that there were national enquiry requirements that dictated that records related to paediatric patients or those that had received blood products be retained indefinitely and could not be destroyed. Mr Thomas confirmed that optimising the storage facility remained an improvement topic and gave the example of reviewing the storage requirements for active and inactive records. Mrs Marsh noted that her department and others have an issue with storage of

	patient records and would welcome a solution. The chairman acknowledged the hard work of the digital Trust team and confirmed that the Board had recognised the importance of the project and at its next meeting it would be considering whether to re-establish a Digital Committee which would provide an upward report to Council. **Action** Council of Governors to be invited to visit Centafile health records storage area. **Mrs Board**
COG 19/71.0	**Safe, caring and responsive**
COG 19/71.1 18.20pm	**Update from Experience and Engagement Committee** (Enclosure 3) Ms Peers presented the report from the last meeting held in October 2019 given as enclosure three and highlighted the following items discussed: • Blood labelling – this item remained a concern for the Committee and confirmed that it would be followed up and monitored by the Clinical Quality, Safety and Patient Experience Committee • Outdated policies and procedures – it had been noted that a large volume had become out of date but was able to confirm that measures taken subsequent to the meeting had reduced the amount significantly • Poor attendance at meetings across a number of Trust committees caused some concern that this would hinder delivery of effective operational activities • Patients Telephone access to some Trust departments at weekend where the committee had noted the difficulty encountered by a patient with concerns or querying an appointment. The Chief Nurse had agreed to review this and report back to the next meeting. *Post meeting note – chief nurse has reported that the OBT operate at weekends and would be available to help with appointment queries. Appointment letter templates to be reviewed to ensure correct number was provided.* Mr Heaton shared his experience when phoning endocrinology where the department kept their answering machine on until lunch time. The chairman asked for clarification of the process to ensure that policies were kept up to date. Dr Hobbs replied that a comprehensive review of all policies was underway which involved rationalising them to avoid duplication and would utilise a software package to track and apply all updates issued by NICE and other national bodies. Mr Nevin confirmed that the Trust used a central database to track the review dates and support the management cycle and reported a reduction in the number of out of date policies. Ms Peers advised that the Committee had received **assurance** that the Dementia Strategy environmental actions were nearing completion and that staff governors would be given sufficient time to fulfil their governor duties. The committee had **agreed** that membership recruitment should focus on engaging with younger people and staff governors had met to discuss engagement activities and development of resources to support the ‘out there’ activity. The

	Committee had also agreed to establish a governor fundraising initiative to support the purchase of parent beds for the children's ward. Subsequent to the meeting, a raffle had been held at the December membership 'meet our experts' event had raised £57.00. Ms Peers circulated an information leaflet providing information about the Governors Just Giving page and encouraged all council members to come forward with fundraising ideas.
COG 19/71.2 18.30pm	**Update from Clinical Quality, Safety and Patient Experience Committee** (Enclosure 4) Dr Hughes presented the report given as enclosure four and asked the Council to note the contents that summarised the discussions at the last meeting held 26th November 2019. She then highlighted the following by exception: *[Mrs Marsh left the meeting at this point]* The committee received an update on the implementation of **seven day service clinical standards** and raised a concern that the standard may not be met in Urology due to a national shortage of consultants and had requested an action plan and timescale to rectify the situation. Concern was noted over the **backlog of complaints** in divisions and the length of time to resolve. It was noted that Dementia screening had seen a dip in the previous quarter and the committee had sought further assurance on remedial plans. The Committee was updated on the launch of the virtual glaucoma clinic that would commence in December 2019 and increase the number of overdue follow ups. A full paper would be provided to the Executive Committee outlining the investment required and targets. The Committee had been assured by the content of the first paediatric report 2018/19 that had illustrated the achievements in the department in the previous 12 months. Dr Hughes reported that 14 policies had been ratified by the Committee. The chairman thanked Dr Hughes for her report and invited questions. Ms Peers queried how the virtual glaucoma clinic would practically operate. Mr Atkins confirmed that patients still physically attended a clinic appointment and would be scanned by an allied health professional or nurse and the tests results would be reviewed by the consultant at another time resulting in more patients being seen. Dr Hughes suggested that the name of the initiative be changed to reflect nurse led or multi skilled team reviews. Dr Hobbs noted that the virtual clinic meant that a clinic scan could be undertaken and was not dependent on the consultants attendance who would be able to review the scan at a later date and provide a report. The initiative had been developed as part of the Dudley Improvement Practice techniques and ensured follow up in a timely manner and better utilisation of equipment.

	Dr Gee asked if it the approach was in line with the national redesign for outpatient services. Dr Hobbs confirmed that this was the case and was also supported by the CQC. Mrs Faulkner confirmed that the process for resolving complaints in a timelier manner was being addressed and explained that the number of new complaints received continually outnumbered the amount of complaints closed. Mr Parmley queried if complaints was part of PALS and recounted his recent experience of the PALS service where his concerns had been dealt with in a timely manner. The chairman asked Mrs Faulkner to pass on the feedback to the PALS team and thanked Dr Hughes for the update.
COG 19/72.0	**Effective**
COG 19/60.1	**Update from Finance and Performance Committee** (Enclosure 5)
18.40pm	Mr Hodgkin presented the report given as enclosure five that reflected the items considered at meetings held in September, October and November 2019. Mr Hodgkin confirmed that the Trust has delivered against the **income and expenditure plan** with support from the CCG and advised that this had released £1.3m of funding for quarter 2. He added that **cost controls** had been effective across most of the year. The **Referral to Treatment Target** (RTT) target had been achieved month on month. Mr Hodgkin reported that the Trust had slipped behind its £1.9m plan at the end of November attributed to additional staffing costs to meet increased demand and keep patients safe. He noted that the surgery division has seen some shortfall in income and was unlikely to recover the situation in the current financial year. The land sale had encountered delays and the Trust was now likely to need to borrow additional funds. The **Diagnostic** target had not been achieved and this was attributed to equipment failure that had created a backlog of scans. Two week cancer screening services had seen an increase in the number of referrals as a result of support provided to a neighbouring trust and the Trust expected to be achieving the target at the end of January 2020 with the 62 day target back on track by end of March 2020. Mr Hodgkin reported that the Trust would continue to work with the Provider Sustainability Fund (PSF) bonus was awarded. He added that Dr Gee had attended two of the Committee meetings in the reported period and invited his feedback. Dr Gee commented that he had been impressed with level of challenge and questioning by non-executive directors. He stated that he would continue to attend the meetings for the remainder of the financial year. Mr Heaton asked if we were to borrow funds this year would it then reduce our

	budget for the next financial year. Mr Jackson confirmed that it would be classed as a borrowing and sit on the balance sheet as a loan. There would be controls attached to the borrowing and the intention would be to borrow on a short term a basis and he confirmed that the Trust would receive the full budget for 2020/21. The chairmen confirmed that there would be an ongoing dialogue with all providers in the Black Country region about the system as whole and explore how it could be used to attract additional funding. She added that the Trust would also continue to look at cost improvement opportunities. Mr Heaton asked if the PFI partners paid a ground rent to the Trust. Mr Jackson confirmed that the PFI contract was comparable to a mortgage and was favourable in terms of the value for money when compared to other PFI arrangements in other trusts. The benefit to the Trust is the rolling life cycling and equipment replacement ensuring that the estate and equipment stayed well maintained an up-to-date as needed. Ms Davies-Njie queried the rationale behind the work we are doing with another trust that had negatively impacted on our own performance. Mr Hodgkin confirmed that The Dudley Group had completed supporting the Wolverhampton and Dudley breast screening service of which we were an active partner and were now focussed on bringing our performance up to date adding that such reciprocal arrangements were not unusual in the spirit of collaborative working. The chairman said that it had been the right thing to do for women in the area. Mr Parmley asked for an update on the sale of land at the Corbett site and whether the Trust had considered building additional treatment facilities on the land. Mr Hodgkin advised that the initial developer had seen some changes in their organisation and the Trust had subsequently approached the second bidder and negotiations were underway with the projected closure of the deal likely to be later in 2020. Mr Jackson confirmed that as part of the national directive, all trusts are encouraged to dispose of spare land. The chairman added that the proposed housing development had been unpopular with the local community. The Chair thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.
COG 19/72.2 18.50pm	**Update from Audit Committee** (Enclosure 6) Mr Miner presented the report given as enclosure six that provided the highlights of the last meeting held on 18th November 2019: Mr Miner confirmed that the r**ole of the audit committee** was to assure the board there are good and effective controls in place**.** The committee actively monitored

	the Board Assurance Framework, managed risk and the Trusts appetite for risks. Mr Miner asked the Council to draw assurance that the local audit and any issues raised were recorded and effectively managed. The chairman thanked Mr Miner for the update and invited questions. There were none.
COG 19/73.0	**Effective**
COG 19/61.1 18.55pm	**Update from Workforce & Staff Engagement Committee** (Enclosure 7) Mr Atkins presented his report given as enclosure seven and asked those present to note that the report contained an update from the meeting held on 26 November 2019. Mr Atkins commented that the discussion focussed predominantly on HR management and HR strategy to provide assurance that matters associated with delivering improvements and actions were monitored closely. He then gave the example of the good progress being made on delivering the Dudley People Plan action plan which included: **Leadership development** where in the last 12 months, 108 middle managers had completed the 17 day course and more cohorts were studying presently. The **Managers Essentials** training sessions had also recently been launched providing new and existing managers the opportunity to brush up on their HR management skills. Mr Atkins noted the concern raised in respect of the **unused funds in the Trust's apprenticeship scheme** and had been assured that the Trust would undertake some actions to minimise losses in future months. Positive assurance had been received in respect of the Capsticks report where the results of the most recent **Medical Engagement Survey** had shown a significant improvement from a similar survey carried out in 2018. Mr Atkins confirmed that there would be additional support and recruitment into senior and management positions for the Clinical Support Division where it had been identified that short term sickness absence and staff turnover in that division had been higher than in other areas. **Mandatory training** levels had seen an improvement with the latest performance of 89 per cent against a target of 90 per cent. The take up of **flu vaccinations** was slightly behind compared to the same point last year and additional effort was being made to encourage more staff to come forward for the vaccination. Mr Atkins confirmed that Mr Allen and Ms Peers had attended recent meetings of the Workforce and Engagement Committee and invited their feedback. Mr Allen commented that the meetings were well attended with a good level of challenge and debate and noted they were very much HR led.

	The chairman thanked Mr Atkins for the update and invited questions. Mr Parmley asked what improvement there had been with staff morale and how quickly were items dealt with when raised via the Freedom to Speak Up (FTSU) process. Mr Atkins confirmed that morale amongst consultant staff had improved and there had been a higher completion of the national staff survey. Response time to resolve concerns raised via the FTSU process were varied and dependent on the complexity. All efforts were made to actively promote local resolution wherever possible. Dr Hobbs confirmed that the results from the most recent medical engagement survey had indicated a move from the bottom quartile to the upper quartile and that a third of medical staff took part. He felt assured that the survey had provided clear feedback that the interventions and increased engagement taken by the Trust had been positively received. Dr Hobbs advised that there would be an ongoing commitment to work with staff to support continued improvement.
COG 19/74.0	**Well-led**
COG 19/74.1 19.25pm	**Trust Secretary update** (Enclosure 8) Mr Nevin introduced the report and asked those present to note the arrangements in relation to the review of the Trust's **Scheme of Delegation** that had now been finalised. **Governor elections 2019** had concluded on 27th November and returned Ms Faulkner has the successful candidate representing non-clinical staff. **Governor training during 2019** had covered a wide range of topics and provided all Council members with an extensive programme and opportunity to acquire the relevant knowledge required to fulfil their role. Referring to the pre-meet held with the Council immediately prior to the formal meeting, he confirmed that there was agreement to adjust the start time of the **times of the quarterly Council meetings for 2020** which would commence at 3.00pm following a pre-meet at 2.30pm. The Governors meeting calendar would be updated accordingly and recirculated to all. The chairman thanked Mr Nevin for his report and invited questions. Mr Heaton asked for clarification on the election process for staff governors. Mr Nevin confirmed it was contracted to an independent company and had followed the Model Rules as set out in the Trust's Constitution and had followed the same process as public governor elections. There were none. **Action** update the governor meeting calendar to reflect adjustment to start time of quarterly council meeting and recirculate. **Mrs Board**
COG 19/74.2	**Update from Remuneration and Appointments Committee** (Enclosure 9)

	Mr Nevin introduced the report to note the arrangements for the remuneration of the chairman and non-executive directors recently introduced by NHS England and confirmed that Governors would be required to apply the guidance when considering the remuneration for any new appointments or re-appointments. The Trust would not be expected to alter the remuneration of the existing chairman or non-executive directors. Mr Parmley asked about the variations of remuneration of non-executive directors in Trusts across the Country. Mr Nevin advised that there were some significant differences and that the new guidance was expected to provide a consistent approach during the period of implementation.
COG 19/75.0	**Governor matters** (Verbal) *This section relates to items raised by governors other than those covered on the meeting agenda.* *[Mr Williams left the meeting at this point]* The lead governor declared that the following the items had been raised in advance of the meeting: 1. **Meeting with lead governor from Royal Orthopaedic Hospital**. Mr Allen advised that he had recently met with the lead governor from the Royal Orthopaedic Hospital (ROH) to set up a meeting of the Dudley Group Council to meet (ROH) Council in the New Year. He asked those present to show their support for this proposal. All present **agreed.** There was a discussion regarding transport options for Dudley Governors to undertake the visit. Mrs Board to arrange as required. **Action** Arrange transport for Dudley Governors for their visit to ROH on date to be agreed **Mrs Board** 2. **ED Redesign Programme Board.** Mr Parmley confirmed that he had expressed an interest in the project and had been invited as a Council member to be a member of the Programme Board. He provided an update on the progress made thus far and noted that the project was time sensitive and in order to receive the full funding allocation would need to meet some key milestones. The chairman thanked Mr Parmley for the update and requested that the project be included as an agenda item at the next meeting of Council. **Action** ED redesign project to be included as an agenda item for the next meeting of Council **Trust Secretary** 3. **Governors charity activities** the Council had chosen to support fundraising to purchase parent beds for the children's ward and confirmed that over £50 had been raised in the raffle at the Meet our experts' event held on 11th December. Mr Allen also thanked Mr Heaton who had generously offered to donate sufficient funds to purchase a bed outright adding that there would be a cheque presentation event in the coming weeks. 4. **Quality and Safety Reviews** Mrs Board confirmed that the 2020 schedule had been circulated to the Council and encouraged governors to attend as an opportunity to visit different areas of the Trust and speak directly to staff and

	patients to gather feedback. 5. **Governor attendance at Board Committees** Mr Allen thanked those governors who had attended Committee meetings and encouraged other governors to attend where possible.
COG 19/76.0 19.40pm	**For Information** (Enclosures 10, 11 and 12) The chairman asked those present to note the following reports for information and invited questions. There were none. - Integrated Performance Report - Annual Report and Quality Account timetable. Governors were asked to note the requirements for the preparation of a governor comments on the Quality Account - Update on Freedom to Speak up Initiative.
COG 19/77.0 19.40pm	**Any other Business** There was none.
COG 19/78.0	**Close of meeting and forward dates: 2020** The chairman advised that the next quarterly meeting of the full Council would take place on Thursday 12th March 2020. Mr Allen added that the next governor training and development session would take place on Thursday 23 January 2020. The chairman thanked all for attending and drew the meeting to a close at 19.40pm

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 19 December 2019

Item No	Subject	Action	Responsible	Due Date	Comments
COG 19/56.3	Risk and Assurance Committee	Provide feedback from attendance at the Risk and Assurance Committee to the next meeting of the Full Council	Dr Gee	19/12/2019	Dr Gee provided update at December meeting of the full Council **Complete**
COG 19/70.0	Governors to visit Centafile offsite records storage facility	Arrange for the Council of Governors to visit Centafile health records storage area.	Mrs Board	31/1/2020	Visit arranged for 25/3 from 2-4pm **Complete**
COG 19/74.1	Governor meeting calendar 2020	Update the governor's 2020 meeting calendar to reflect adjustment to start time of quarterly council meeting and recirculate.	Mrs Board	31/1/2020	**Complete**
COG 19/75.0	Council to Council meeting (DG & ROH)	Arrange transport for Dudley Governors for their visit to ROH on date to be agreed.	Mrs Board	31/1/2020	Proposal to visit RoH on 20/5 and atnend their CoG meeting **to be updated**
COG 19/75.0	ED redesign project	**Action** ED redesign project to be included as an agenda item for the next meeting of Council	Trust Secretary	12/03/2020	**Complete**

Enclosure 2

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
12th March 2020

TITLE	Council of Governor documents for approval		
AUTHOR	Helen Board Deputy Trust Secretary (interim)	**PRESENTER**	Liam Nevin Trust Secretary

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COUNCIL			
Decision	**Approval**	**Discussion**	**Other**
	X		

RECOMMENDATIONS

To reflect best practise, each of the following documents have been subject to an annual review and are submitted to the full Council of governors for approval with:

1. Council of Governors Terms of Reference (with no change)
2. Governors Code of Conduct (with no change)
3. Annual work plan 2020/21

CORPORATE OBJECTIVE

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

SUMMARY OF KEY ISSUES

Once approved, the documents will be effective.

IMPLICATIONS OF PAPER			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK none			
RISK	**N**		**Risk Description:**
	N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well led
	NHSI	**Y**	**Details:** good governance
	Other	**Y/N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE:** Council of Governors 12/03/2020
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y/N**	**DATE:**

The Dudley Group
NHS Foundation Trust

COUNCIL OF GOVERNORS
TERMS OF REFERENCE

1. Constitution

1.1 The Trust shall have a Council of Governors, which shall comprise both elected and appointed Governors. The Council of Governors in its workings will be required to adhere to the Terms of Authorisation and Constitution of The Dudley Group NHS Foundation Trust and such other guidance as issued by the Independent Regulator for NHS Foundation Trusts. Standing Orders as defined in the Constitution of The Dudley Group NHS Foundation Trust shall apply to the conduct of the working of the Council of Governors.

2. Membership

All Governors
Trust Chair

3. Attendance

3.1 In accordance with the Trust Constitution, the chairman of the Board of Directors or, in his/her absence, the deputy chairman, shall preside at meetings of the Council. All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the committee.

3.2 The following members of staff will usually be in attendance at meetings:

- Director with lead responsibility for Governor Development

3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Council has the power to co-opt for a specified task or period of time or to request attendance of any member of Trust staff as necessary and to commission input from external advisors as agreed by the Chair

3.4 The trust secretary will ensure that an efficient secretariat service is provided to the Council.

3.5 Meetings of the Council of Governors shall normally be a meeting in public. Members of the public may be excluded from the whole or part of a meeting for special reasons, either by resolution of the Council of Governors or at the discretion of the chair of the meeting.

4. Quorum

4.1 As defined in the Trust Constitution a quorum will consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.

4.2 If the chair or vice chair is not present the meeting is not quorate. The meeting can proceed but not in public. Another non-executive director present will be nominated to chair by those members present.

5. Frequency of meetings

5.1 Ordinary meetings of the Council shall be held at such times and places as the Board of Directors may determine and there shall be not less than 3 or more than 4 formal meetings in any year except in exceptional circumstances as set out in the Trust Constitution.

5.2 It is expected that members attend at least 75% of the meetings in the year as defined in the Trusts Code of Conduct for Governors.

5.3 In accordance with the Trust Constitution, the chair of the Trust may call a meeting of the Council at any time. If the chair refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of members of the Council, has been presented to him or her, or if, without so refusing, the chair does not call a meeting within seven days after such requisition has been presented to him or her at Trust's Headquarters, such one third or more members of the Council may forthwith call a meeting.

5.4 Where under the terms of 5.3 Governors meet in the absence of action requested of the chair the lead governor shall convene and chair the meeting and request the senior independent director to attend.

6. Statutory Powers and Duties of the Council of Governors

The duties of the Council of Governors, to be undertaken in accordance with the Trust Constitution are:

6.1 To appoint and, if appropriate, remove the chair at a general meeting.

6.2 To appoint and, if appropriate, remove other non-executive directors at a general meeting.

6.3 To decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors.

6.4 To approve (by a majority of members of the Council) the appointment by the non-executive directors, of the chief executive.

6.5 To appoint and, if appropriate, remove Trust's external auditors at a general meeting.

6.6 To receive the NHS Foundation Trust's annual accounts, any report of the auditors on them, and the Annual Report including the Quality Account at the Annual Members' Meeting.

6.7 To be consulted by the Trust's Board of Directors on forward planning and to have the Council of Governors' views taken into account.

6.8 To receive appropriate assurance from the Board of Directors on any systems, processes or actions that impact on the Councils ability to meet its responsibilities defined above.

6.9 To approve significant transactions which exceed 25% by value of FT assets, FT income or increase/reduction to capital value.

6.10 To approve any structural change to the organisation worth more then 10% of the organisation's assets, revenue or capital by way of merger, acquisition, separation or dissolution.

6.11 To decide whether the level of Private Patient income would significantly interfere with the Trust's principal purpose of providing NHS services.

6.12 To approve amendments to the Trust's Constitution.

In addition;

6.13 The Council will establish appropriate Committees to assist in the discharge of responsibilities.

6.13.1 Each Committee shall have such Terms of Reference and 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.

6.13.2 The Council may not delegate any decision-making or executive powers to any of its Committees or Sub-committees.

6.13.3 The Council shall approve the appointments to each of the Committees which it has formally constituted.

6.14 Governors will also undertake duties to support membership engagement and recruitment in line with the Trusts Terms of Authorisation.

7. Reporting

7.1 The Council of Governors will receive reports from members of the Board of Directors as required to enable the Council to fulfil the duties described above.

7.2 The Council will also receive reports from any Committee established by the Council of Governors to support the business of the Council of Governors. Any recommendations made by these Committees will require ratification by the full Council of Governors.

8. Review

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

The Dudley Group
NHS Foundation Trust

Governors' Code of Conduct

1. Introduction

Public service values are expected to be at the heart of the NHS and those who work in it have a duty to conduct NHS business with probity and to demonstrate high ethical standards of personal conduct

The Trust Constitution requires that the Governors follow the Code of Conduct at all times whether acting individually or collectively

Governors' attention is also drawn to Trust policies regarding confidentiality and use of information, including:

- Confidentiality policy
- Raising Concerns Speak Up Safely (whistleblowing) policy
- Conduct policy

Whilst these policies have been drawn up principally for staff, the principles therein should be followed by all Governors. Any queries regarding the content or interpretation of this Code of Conduct or any Trust policy should be directed to the trust secretary.

2. Scope

A Governor must observe this Code of Conduct whenever he/she:

- Conducts the business of the Trust
- Acts as a representative of the Council of Governors (CoG); or in a way that can be interpreted as representing the CoG or the Trust
- Acts as a representative of the Trust

The Code of Conduct shall be applied in conjunction with the Trust Constitution and adhered to where the conduct of a Governor can be regarded as bringing their office as a Governor, or the Council of Governors itself, into disrepute.

3. The Nolan Principles

The Committee on Standards in Public Life (1996), chaired by Lord Nolan established seven "principles of public life", set out below, and which have been adopted by the Trust and must be observed by Governors:

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

4. General Obligations under the Code of Conduct

Every member of The Dudley Group NHS Foundation Trust Council of Governors will:

- Actively support the vision and values of the Trust and assist in developing it as a successful organisation working collaboratively with the Board of Directors, Trust staff, members and partner organisations;

- Endorse and uphold the principle that The Dudley Group NHS Foundation Trust is an apolitical organisation and recognise that they represent the constituency that elected them, or organisation that appointed them, rather than any trade union, political party or other organisation they may have affiliation to;

- Abide by the Standing Orders for the practice and procedure of the Council of Governors;

- Ensure attendance and participation in all relevant induction, training and development events for Governors;

- Act with honesty, integrity and objectivity in the best interests of the Foundation Trust and not seek any privileges, preferential or special treatment arising from the governor role. Governors are to ensure their official capacity (or any other circumstance) is not used to improperly confer or secure an advantage or disadvantage for themselves or any other person;

- Maintain an attendance record at meetings of the Council of Governors, relevant committees and Members' meetings as required. An attendance record of less than 75% or two consecutive absences without reasonable justification to be absent from CoG meetings may lead to expulsion from the Council;

- Contribute actively and effectively to the work of the Council of Governors to enable it to fulfil its role to best effect. Recognise that the Council of Governors exercises collective decision making in the best interests of patients, local community and staff;

- Recognise that the Council of Governors has no day-to-day managerial or operational role within the Foundation Trust;

- Act as an ambassador for the Trust in a manner that reflects positively upon it;

- Respect and treat with dignity and fairness colleagues, patients, relatives, carers, the public, NHS staff and partners in other agencies;

- Appropriately refer any feedback, concerns or complaints they may receive from Members to the PALS team or the Foundation Trust office in the first instance;

- Seek to ensure that the membership of the constituency, or the organisation represented (by an Appointed Governor), is properly informed and able to influence services;

- Maintain a high level of confidentiality and not disclose any information given in confidence without the consent of a person authorised to give it, unless required to do so by law;

- Governors should operate to equal opportunities principles and inclusivity to ensure that no-one is unfairly discriminated against because of their religion, race, colour, gender, marital status, disability, sexual orientation or age;

- Support and assist the chief executive as Accountable Officer in his/her responsibility to answer to NHS Improvement /England (formerly) Monitor (the Independent Regulator of NHS Foundation Trusts), commissioners of health services and the public, in terms of fully and faithfully declaring and explaining the use of resources and the performance of the Trust, in putting national policy into practice and delivering targets;

- When reaching decisions consider any relevant advice given by a director or Committee of the Trust and be willing to give reasons for those decisions, and;

- Draw the attention of the Trust chairman or Trust secretary to any possible breach of this Code, Standing Orders, or the Constitution.

5. Governors and the Media

As well as occasionally speaking for the Trust, it is recognised that governors have an important role in representing their constituency Members or the organisation that nominated them to the Council of Governors.

Should a Governor be approached by the media to comment on any matter of Trust affairs, she/he must contact the trust secretary or head of communications for advice before responding. It may well be more appropriate for the response to be made by the chief executive or a director. Should the view of the full Council of Governors be sought by the media on any matters of Trust affairs, the Chair will consult as appropriate and practicable and issue on its behalf.

A Governor may feel the need to express a personal view to the media on a matter of Trust affairs or act as a spokesperson for their constituency or nominating body. The individual Governor must preface any comments by a statement that they are expressing a personal view, or that of their constituency/nominating body, and not necessarily the view of the Council of Governors. The Governor is expected to alert the trust secretary or head of communications of their intention to speak to the media about Trust business.

NOTE for the avoidance of doubt the word media includes all forms of social media, online media as well as formal printed media.

6. Work with External Organisations

Governors may be approached by external organisations to work with them on shared objectives. Such invitations must always be notified to the chair or trust secretary for advice as to the appropriateness of acceptance. Governors may only claim to represent the Trust if nominated to the role by the chairman or the Council of Governors. Other joint work can only be accepted on the understanding that the governor is participating as an individual and not as a representative of the Trust. Governors are reminded to ensure that they have considered issues of safety before agreeing to provide any personal details or agreeing to meetings with third parties.

7. Visits

Governors are not permitted to use their position to independently arrange visits to Trust facilities or other organisations. Arrangements must always be agreed through the Foundation Trust Office. However this restriction is not intended to limit contact with external organisations but this should be done in an independent capacity and not as a Trust Governor and not by using Trust business as the purpose.

8. Conduct at full Council and sub committee meetings

Governors are reminded that these meetings are for the conduct of Trust business. It is important that contributions are relevant to the matter at hand. To avoid confusion, if a Governor wishes to make an announcement or distribute material to Governors during a meeting this should be agreed in advance of the meeting with the chairman.

9. Additional provision for Staff Governors – time off

In addition to the above provision, Staff Governors are subject to the provision that application for time off from normal duties to attend to the business of the Council of Governors will be dealt with in accordance with Trusts' Special Leave Policy.

10. Termination & removal from office

The grounds on which a person holding office of Governor shall cease to do so are set out in the constitution under section 12:

- It otherwise comes to the attention of the trust secretary at the time that the member of the Council of Governors takes office or later, that the member is disqualified in accordance with annex 6 of the Trusts' Constitution;
- They resign by giving notice in writing to the trust secretary;
- In the case of an elected Member of the Trust, they cease to be a Member of the Trust;
- In the case if an Appointed Member of the Council, the appointing organisation terminates the appointment;
- They have failed to undertake mandatory training that all Members of the Council of Governors are required to undertake, unless the Council is satisfied that;
    - the failure to undertake training was due to a reasonable cause; and
    - they will be able to undertake the required training within such a time period as the Council considers reasonable
- They fail to attend two consecutive full Council meetings in any financial year unless the Governors are satisfied that:
    - the absences were due to reasonable causes; and
    - they will be able to start attending meeting of the Council of Governors again within such period as the Council considers reasonable.
- They have failed to sign or deliver to the trust secretary a statement in the form required by the Council confirming acceptance of this Code of Conduct;
- They are removed from the Council by a resolution approved by the majority of the remaining Members of the Council present and voting at a General Meeting of the Council on the grounds that:
    - they have committed a serious breach of this Code of Conduct; or
    - they have acted in a matter detrimental to the interests of the Trust; or
    - they have failed to discharge their responsibilities as a Member of the Council of Governors

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Personal Declaration

I (full name)……
have read, understood and agree to comply with The Dudley Group NHS Foundation Trust's Code of Conduct for Governors. I agree to inform the trust secretary if at any time I become unable to comply with the Code or any part thereof.

If during the course of my duties as a Governor I become involved with, or aware of any confidential information, including that relating to any person e.g. patients, carers, visitors, staff, or information relating to any Trust business, I will not at any time during or after my term of office as a Governor use or disclose such information.

I understand that a breach of this code and the general obligation of confidentiality will be considered as a serious offence/misconduct issue. I understand that it is a requirement of the Constitution to sign the Code of Conduct and that failure to do so will preclude me from continuing in office as a Governor

Signature……

Date…….

Once signed, please return this page to the Foundation Trust office.

The Dudley Group
NHS Foundation Trust

Council of Governors Committee
WORKPLAN – Financial Year 2020/21

Council Committee meetings are held regularly to support the full Council to effectively deliver is duties and responsibilities.

	AGENDA ITEM / ISSUE	Jan/Feb	Mar/April	May/June	July/Aug (Annual Members' Meeting)	Sept/Oct	Nov/Dec
Key	**Full Council of Governors meetings held: March, June, September and December.**		X	X		X	X
	Experience and Engagement Committee	X		X		X	X
	Appointments & Remuneration Committee			X			
1.	**Quality, Safety and Performance**						
	Board Feedback and Trust Developments (strategy workshops held as needed in year)		X			X	
	Finance and Performance *reports required*		X	X	X	X	X
	Quality assurance & Quality Priorities update *Patient experience Group and Quality and Safety Group reports to committee*	X		X		X	
2.	**External Auditors/ audit processes**						
	Annual report by Audit and Assurance Committee on External Auditors			X	X		
	Appoint or remove Auditors (if required)						
	Annual review of performance of the Trust in delivery of Board Assurance Framework						
	Receive regular updates on corporate risks		X		X	X	X
3.	**Forward Plan and Strategic activity**						
	Inform staff, members and wider public of forward plan/quality priority indicators	X	X	X	X	X	X
	Draft Forward/Annual Plan developments for next financial year *Governors meet to agree collective priorities*		X				
	Canvas staff, members and wider public and stakeholder opinion on key themes	x	x	x	x	x	x
	Comment on Final Draft of Forward/Annual Plan (submitted to NHSI)					X	
	Multi-specialty Community Provider (MCP), Sustainability Transformation Programme(STP) (ICS),	x	x	x	x	x	x
	Approvals – significant transactions, as required						
4.	**Annual Report and Accounts**						
	Review draft Quality Accounts indicators and priorities and prepare comment upon them		X				
	Receive Quality Accounts (including auditors report)				X		
	Receive Annual Accounts (including auditors report on them)				X		
5.	**Governance and Constitutional matters**						
	Review and agree next year's Work plan		X				

	AGENDA ITEM / ISSUE	Jan/Feb	Mar/April	May/June	July/Aug (Annual Members' Meeting)	Sept/Oct	Nov/Dec
	Review Corporate Governance Statement and other statements required by the Licence		X				
	Appoint/re-appoint Lead Governor						X
	Review and confirm Committee Terms of Reference and membership		X				
	Progress report on Trust Membership *including engagement activities*	X		X		X	X
	Update reports from Council Committees and Working Groups		X	X		X	X
	Review of NED/ Review and agree remuneration for NEDs as required			X			
	Appoint/reappoint NEDs and Trust Chair as required						
	Review and agree changes to Trust Constitution (if any)					X	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
12th March 2020

TITLE	Experience & Engagement Committee Highlights Report 25th February 2020		
AUTHOR	Yvonne Peers, chairman	**PRESENTER**	Yvonne Peers, chairman

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COUNCIL

Decision	Approval	Discussion	Other
	X	X	

RECOMMENDATIONS

The Council of Governors is asked to receive the summary reports from the last meeting of the Experience & Engagement Committee held on 25th February 2020 and note the following:

1. Matters of concerns and key risks to escalate
2. Major actions commissioned/work underway
3. Positive assurances received
4. Decisions made –
   a. Governors were asked to consider the quality indicator for local audit in terms of its accuracy. Agreement was made to recommend Falls: Numbers for approval to the next meeting of the Full Council.
   b. Governors & Members Engagement Plan 2020 – 2022 was reviewed with agreement to recommend to the Full Council for approval. Therefore the Council is asked to approve the Governors & Members Engagement Plan 2020 – 2022

CORPORATE OBJECTIVE

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

SUMMARY OF KEY ISSUES

The Committee reviewed and discussed the items as indicated on the attached upward report sheet with an agreement to recommend the Governors & Members Engagement Plan 2020 – 2022 to the full Council for approval.

IMPLICATIONS OF PAPER			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK none			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Links to all domains
	NHSI	**Y**	**Details:** good governance
	Other	**Y/N**	**Details:**

REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE:** Council of Governors 12/03/2020
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y/N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM Experience and Engagement Committee

Date Group last met: 25th February 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Blood Labelling - Request made for report detailing progress being made on reducing number of incidences, details of any harm, human factors involved and remedial action taken.
- Complaints response - Assurance that a full update with trajectory for the number of complaints and backlog is timely monitored.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Membership recruitment to focus upon engaging young people and developing a relationship with the local youth council is in progress.
- "Governors Out There" activities included – Quality and Safety Reviews, Meet the Experts Events, Governors information and Awareness Stands, Learning through Experience Events, ED Redesign Programme Board.
- Governors Charity Fundraising Campaign 2020 -noted decision to fundraise and support the purchase of four parent beds for the children's ward.

POSITIVE ASSURANCES TO PROVIDE

- Concerns raised over Coronavirus. Assurance was given that NHS/Public Health guidance was being followed.

DECISIONS MADE

- Governors were asked to consider the quality indicator for local audit in terms of its accuracy. Agreement was made to recommend Falls: Numbers for approval to the next meeting of the Full Council.
- Governors & Members Engagement Plan – agreed to recommend to the Full Council for approval.

Chair's comments on the effectiveness of the meeting:

The meeting was quorate with 11 governor members in attendance. All topics were thoroughly discussed and all members actively participated in the discussions.

Enclosure 4

The Dudley Group NHS Foundation Trust

Paper for submission to the Governors Experience and Engagement Committee on the Tuesday 25th February 2020

TITLE:	**Quality Account – Local Indicator for Audit requiring Governors decision**		
AUTHOR:	Derek Eaves, Professional Lead for Quality	**PRESENTER**	Mary Sexton, Chief Nurse Helen Board, Governor and Membership Manager

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
√	√	√	

RECOMMENDATIONS

- To agree a local indicator for audit and recommend this to the Full Council of Governors

CORPORATE OBJECTIVE:

Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have

SUMMARY OF KEY ISSUES:

The Governors will be aware that each year a local indicator is chosen by them for external audit as part of the national Quality Account requirements to ensure that the data being produced and monitored by the Trust is correct and robust. This is not an audit of whether the Trust is performing well or not with regards to the indicator. As a reminder, the ones agreed and audited in the last four years were:

2018/19 SHMI (Mortality)

2017/18 Falls with Harm

2016/17 FFT (Friends and Family Test) in Emergency Department

2015/16 Clostridium Difficile

(In 2018/19, the SHMI was strongly recommended by NHS Improvement. In the past and this year the decision is solely for the Governors)

Following discussions amongst senior clinical staff, the Governors are recommended to choose one of the following. To ensure no duplication of effort, these have been suggested as they are presently not currently externally audited in terms of their accuracy:

- Falls: Numbers
- Complaints: Numbers and times of response

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK None			
RISK	**N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details:**
	NHSI	**Y**	**Details:** As per Quality Account requirements
	Other	**Y**	**Details:** As per DoH Quality Report requirements
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE:**
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y**	**DATE:** Governors Experience and Engageement Committee 25th February 2020 Full Council of Governors 12th March 2020

The Dudley Group
NHS Foundation Trust

Governor and Membership Engagement Plan 2020-22

Recruitment | Engagement | Communication

1. Introduction

The Governor and Membership Engagement Plan 2020-22 has been developed by the Council of Governors and the Foundation Trust office with input from the Trust's executive team and the communications service lead.

The Plan sets out the scope and objectives to support the Council to effectively recruit, engage and communicate with the FT membership to comply with its requirements as set out in the Health and Social care Act 2012 and also to comply with the Trust's Terms of Licence.

A Foundation Trust has a Council of Governors who are accountable to, and are elected by, it's Members (public and staff) and appointed by local organisations.

Foundation Trusts have a duty to engage with the public, patients and carers. They also have a duty to ensure their membership is representative of the communities they serve.

The Dudley Group NHS Foundation Trust is required to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Licence. The public and staff members of the Council of Governors are elected from the Foundation Trust Membership.

2. About the Trust

The Dudley Group NHS Foundation Trust is the largest employer in the Dudley area and provides a range of hospital and community services to more than 500,000 people across the Dudley Borough and beyond its borders to include parts of Staffordshire, Shropshire, Worcestershire, and Warwickshire.

The Trust's vision:

Trusted to provide, safe, caring and effective services because people matter

Supported by the following six strategic objectives:

- Deliver a great patient experience
- Deliver safe and caring services
- Drive service improvement, innovation and transformation
- Be the place people choose to work
- Make the best use of what we have
- Deliver a viable future

3. Membership Vision

The Trust's membership vision is to maintain a membership that is representative of the communities served by the Trust and ensure that it engages effectively with its existing membership.

The Trust seeks to establish a membership which is:

- Representative
- Inclusive
- Informed
- Questioning, and
- Diverse

The Trust presently maintains a public membership that continues to be mostly well represented by constituency, age, gender across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base.

4. Current Communication and Engagement with Members

Informing members ↓	Members seeking information from our Trust ↑	Trust obtaining information from members ↑↓	Participation for members ↓↑
The Your Trust Magazine / newsletter	Dedicated governor and membership email addresses	Trust website and staff intranet 'The Hub'	Voting in elections for the Council of Governors
Emails (targeted and general)	Trust Annual Reports	Dedicated governor and membership email address	Volunteer opportunities
Via social media	Annual Members' Meeting	Dedicated membership phone number	Attending the Council of Governors meeting
Pre-election information	Pre-Election: candidate sessions	Surveys	Members events
Annual Members' Meeting	Members events	Recruitment events	Governor attendance at community/ support groups
Local news media	Patient participation panels	PLACE Audit	Listening events

5. Targeted Membership

The Trust currently has a public membership of more than 13,500 and intends to further broaden and strengthen membership. Regular membership profiling of the Foundation Trust public membership identifies areas where there may be under representation.

Our objectives are to:

- **Increase under represented membership:** To review on at least a yearly basis where the Trust membership is under represented and develop active recruitment as needed. For example, in Q2 2019/20 the Trust's public membership is under representative as follows:

  Age range
  - 16 – 22 years
  - 30 – 39 years

  Ethnicity
  - Black, Asian and some minority ethnicities.

- **Identify key groups for recruitment:** To decide on a yearly basis key groups for the recruitment of membership and design a recruitment campaign to reflect this. For example, what are we going to do in the coming years 2020 to 2022.

- **Promote the Council of Governor role:** raise awareness of the duties and responsibilities of the role and promote forthcoming vacancies.

6. Membership Information and Benefits

Anyone over 16 years of age can become a member.

There is no minimum time commitment. Members can choose how much they would like to be involved. Members may simply choose to receive regular updates from the Trust, or they might want to get more involved by taking part in surveys, engagement or special projects.

Members of the Trust, can:

- Have a say about how the Trust plans and deliver its services
- Help the Trust to decide what services it should improve and develop, by taking part in surveys, discussions and focus groups

- Attend events to hear more about local health services and plans for the future
- Attend the quarterly meetings of the Council of Governors, held in public
- Vote for Governors, or stand for election themselves
- Choose their own level of commitment
- Receive the Your Trust Magazine/newsletter
- Receive Discounts: Heath Service Discounts is a website that offers a wide range of great discounts from high street brands to holidays and mortgages.

7. Membership Structure

Public Constituency

Patients, carers and the public must live in one of the eight public constituency areas listed below for them to become a member of the Foundation Trust. These constituency areas ensure the Trust's membership is representative of both its patient base and the local population.

The public constituencies are:

- Brierley Hill
- Central Dudley
- North Dudley
- Tipton & Rowley Regis
- Rest of the West Midlands
- Halesowen
- South Staffordshire and Wyre Forest
- Stourbridge

Those living outside of the public constituencies as listed above, may become a member and assigned to a catch all 'Outside of the West Midlands' constituency.

Staff Constituency

All qualifying staff who are directly employed by the Trust are Members by default (with a right to opt out of membership if they so choose). This reflects the importance to the Trust of engagement with its staff, and is consistent with what staff have said they would expect.

Staff who are employed by the Trust's contractors and who meet the eligibility criteria as set out in the Trust Constitution are entitled to become members.

The staff constituencies include:

- Nursing and Midwifery
- Allied Health Professionals and Health Care Scientists
- Non-clinical
- Medical and dental
- Partner organisations

8. Recruitment and Engagement

The following initiatives will be considered to support recruitment and engagement:

- **Governors 'Out there'**: the initiative has been developed to support a wide range of opportunities for both governors and the Trust to achieve key engagement, recruitment and communication objectives;

- **Linking to national and local campaigns**: To liaise with the Trusts Communications and Engagement plan to link with national and local awareness days and campaigns in order to raise the profile of the Trust and of membership. An example to include recruitment and engagement events around national campaigns such as Year of the Nurse 2020.

- **Liaise with other local stakeholders** to promote membership recruitment and engagement opportunities including Dudley CCG, Healthwatch, Dudley CVS and other associated healthcare organisations.

- **Governors**: Governors to utilise their own existing networks such as community or faith groups to recruit and engage with members. The Trust to arrange ‘meet and greet’ opportunities in Trust locations.

- **Trust volunteers:** continue to offer foundation trust membership to all new Trust volunteer recruits.

- **Liaising with minority groups and organisations**: Liaise with minority groups such as Black Minority Ethnic (BME) and Lesbian Gay Bisexual and Transgender (LGBT) Groups as well minority organisations to recruit members from marginalised groups.

- **Website:** Continue to use the Trust website to promote membership, provide information and maintain online forms to sign up new members.

- **Digital and social media:** The Trust will use a variety of social media to engage with members and also to publicise the membership engagement and recruitment events.

- **Events:** To organise members' events throughout the year to showcase the services offered by the Trust and to gather feedback from Trust members and the wider community.

- **Governors chosen charity:** annual charity activity fundraising to support a hospital cause chosen by the Council of Governors.

- **Your Trust magazine/newsletter:** The Trust will continue to use the Your Trust magazine/newsletter to keep members informed but will also encourage contribution of articles from members.

9. About Governors

The governor role

A public or staff governor is elected to represent the constituency of which he/she is a member and normally holds office for a term of three years. A governor is expected to attend meetings of the Council of Governors a minimum of four times per year and to participate in other activities arranged by the Council, including regular committee meetings and members' events. The position is unpaid, however expenses incurred (such as travel) when carrying out the duties of a Governor will be reimbursed.

The responsibilities of a Governor can be summarised as follows:

The Council of Governors, collectively, is the body that binds the Trust to its patients, service users, staff and stakeholders. Specifically the Council of Governors is responsible for:

- Holding the non-executive directors, individually and collectively to account for the performance of the Board of Directors;
- Representing the interests of the Members of the Trust as a whole and the interest of the wider community;
- Receiving the Trusts' Annual Accounts, any report of the auditor on them and the Annual Report;
- Being consulted by the Board of Directors regarding forward planning and service development;
- Appointing and, if required, removing the chairman and non-executive directors of The Dudley Group NHS Foundation Trust;

- Approving the appointment by the non-executive directors of the chief executive, and;
- Appointing and, if required, remove the auditor.

The Health and Social Care Act 2012 also included some news roles and responsibilities for governors:

- Approving significant transactions which exceed 25% by value of the Foundation Trust (FT) assets, FT income or increase/reduction to capital value;
- Approval of any structural change to the organisation worth more than 10% of the organisation's assets, revenue or capital by way of merger, acquisition, separation or dissolution ;
- Deciding whether the level of private patient income would significantly interfere with the Trust's principal purpose of providing NHS services, and;
- Approving amendments to the Trust's Constitution.

Other responsibilities can be summarised as follows:

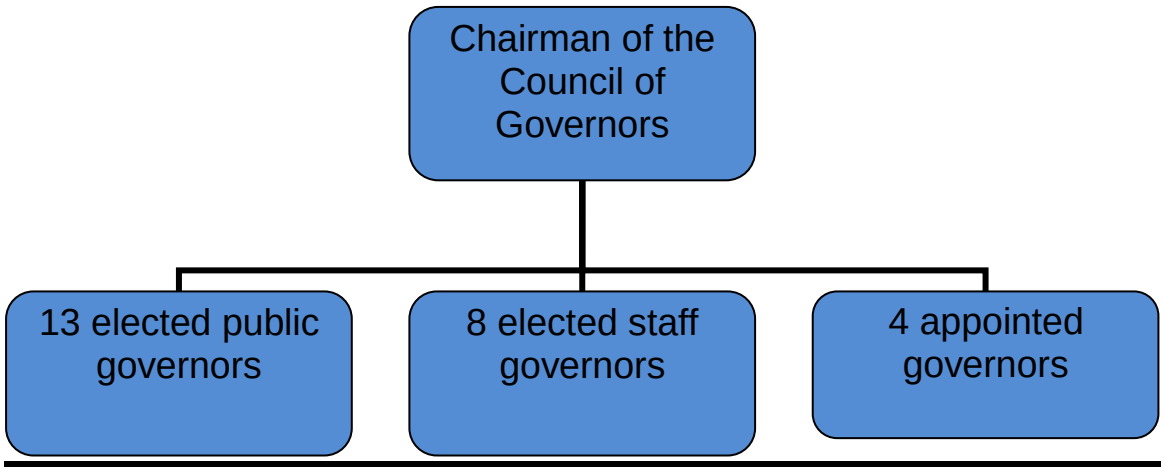
- **Engagement:** Governors are at the heart of our community and are expected to engage regularly with their members and support recruitment campaigns to increase membership.

- **Performance review:** To receive reports on the performance of the Trust and hold the non-executive directors to account.

- **Approvals:** To be involved with forward planning and Trust projects so that we make the right decisions for our patients.

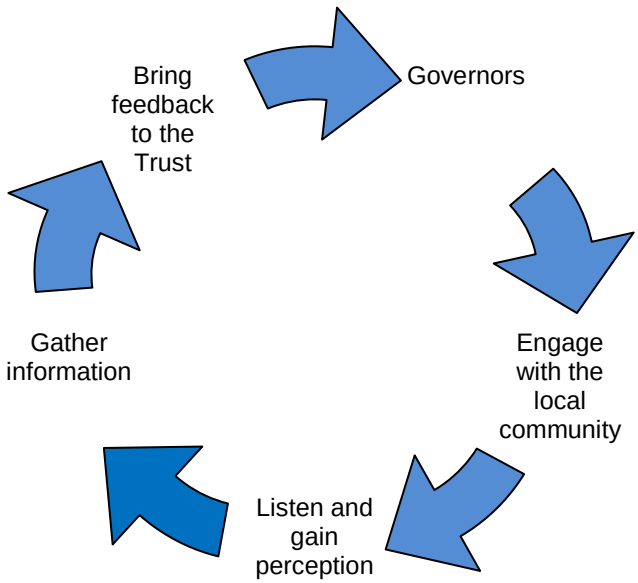
- **Advocacy:** To act as an ambassador for the Trust and the NHS in the community, and through day-to-day contacts.

Council of Governors composition



10. Governor Involvement

The Governors have a duty to engage with members and also act as facilitators between the members and the Trust. They also have a duty to keep members informed about the current plans of the Trust and also gather views and opinions from members and feedback back to the Trust. The diagram below illustrates this process:



Governors 'Out there'

The initiative was developed in collaboration with Governors and is designed to support a wide range of opportunities for both governors and the Trust to achieve the following key objectives;

- Raise awareness and promote the activities of the Trust
- Develop relationships with our local communities
- Seek views of Trust members and those of the wider public
- Recruit new members including from under represented areas
- Raise awareness of the governor role and promote forthcoming governor vacancies

The Trust will also support governor involvement and engagement using a range of methods:

- **Your Trust magazine/newsletter:** Governors to be invited to contribute to the Your Trust magazine/newsletter. This will be an opportunity for governors to inform and engage members with topics that might be of interest to them.

- **Members' events:** Governors to be invited to attend members' events in their respective constituencies to engage with members and recruit new members and listen to their feedback.

- **Recruitment events:** Governors will be encouraged to attend recruitment events to recruit new members and also gather feedback.

- **Governors' own networks:** Governors will be encouraged to utilise their own existing networks such as faith and community groups and to support other Governors.

- **Annual Members' Meeting:** Governors will be supported to host an information stand at the Annual Members' Meeting to engage with members to raise awareness of the governor role and the work of the Trust.

- **Training:** All governors to be offered communications and engagement training a part of their induction and ongoing development.

- **Meet and Greet stand in Trust locations:** Governors will be encouraged to regularly host a 'meet and greet' stand in public areas at Trust locations to support engagement and recruitment.

- **Audit and quality review:** The Trust will ensure that governors are regularly offered the opportunity to participate in local and national audit and quality review activity to include the annual Patient Led Assessment of the Care Environment (PLACE) and local audit activity e.g. Quality & Safety Reviews.

- **Committed to Excellence staff awards:** Consideration to be given for the Council of Governors to support a Committed to Excellence category.

11. Plan on a page

Council of Governors and membership engagement 2020 - 2022

Primary aims:

- **Strengthen the way in which The Dudley Group is accountable to the local community**
- **Develop relationships across the community and broaden scope of influence**
- **Maintain a representative membership that reflects the community served by the Trust**

Raising awareness of the Trust strategy 2019 – 2021; sharing performance highlights & facilitating feedback

Raising awareness of the Governor role and promote forthcoming vacancies

Support membership recruitment and engagement

Suggested events and activities:

- ✓ Regularly host promotional stand at each of Trust locations, health centres in each locality, libraries and community events.
- ✓ Support governors to connect with community groups in their respective constituency.
- ✓ Re-instate 'Behind the scenes' member events.
- ✓ Sustained participation with Trust reviews, mini PLACE activities & Patient experience listening events.
- ✓ Establish Annual Governor-led charity event supporting Trust charity chosen by CoG.
- ✓ Consideration for Council to support Committed to Excellence category.
- ✓ Quarterly member's newsletter highlighting Trust developments and performance.
- ✓ Sustained engagement with Trust exec and non-exec team on formal/informal basis.

Supported by:

- **Proactive and sustained communication using variety of communication channels to raise the profile of the work of the Council**
- **Refreshed promotional resources and training for governors**
- **Effective utilisation of membership database marketing facilities**
- **Dedicated governor and membership manager**

Delivering the plan

Members of the Council of Governors to work in conjunction with the Governor and membership manager to develop an action plan to meet the objectives of the plan. *See appendix 1 for draft*

The action plan will be monitored by the Council of Governor's Experience & Engagement Committee with regular reports provide to the full Council of Governors at its quarterly meeting.

12. Evaluating success

It is important that the governor and membership engagement plan evolves over time to continue to reflect the diverse and changing communities in each constituency area. The Trust will evaluate its success by:

- An annual review of the Governor and Membership Engagement Plan led by the Experience & Engagement Committee.
- Reviewing the engagement activities to assess engagement opportunities provided.
- Consulting and working with the Council of Governors to agree future initiatives and plans.
- Maintain the public membership in line with license requirements
- A regular governor and members' survey to gain feedback.
- Monitoring timely completion of actions.

Outstanding
To be updated
Complete

Appendix 1

Action plan (*note – action plan to be fully populated with actions once Plan is confirmed)*

Governor and Membership Engagement Plan 2020-22

Action no.	Date action added	Area	Action required	Who	Progress notes	Completion date	status
1		Recruitment	Regularly analyse membership composition against local community data to identify under-represented areas of membership	Governor & Membership Manager			
		Recruitment	Actively recruit new members with consideration given to increasing membership for under-represented areas	Council of Governors			
		Engagement	Expand contacts with under-represented communities	Council of Governors			
		Communication	Maintain regular communication with members using a variety of media	Governor & Membership Manager			

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to
Council of Governors
Thursday 12 March 2020

TITLE:	**Clinical, Quality, Safety & Patient Experience (CQSPE) Highlights Report for meetings held December 2019 and January 2020**		
AUTHOR:	**Julie Everingham**	**PRESENTER**	**Dr Elizabeth Hughes**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		X	

RECOMMENDATIONS

- To note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

- As detailed in the paper

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y/N**		**Risk Description:**
	Risk Register: Y		**Risk Score:** Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Links all domains
	NHSI	**Y**	**Details:** Links to good governance
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE (FORMERLY CQSPE) TO PUBLIC BOARD

Date Committee last met: 25/02/20

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The Committee noted concerns regarding COSHH certificates for cleaning products under the responsibility of Interserve. Interserve has been asked to provide generic COSHH assessments for wards and units where appropriate. An update was requested for the next Committee.
- Timeliness of complaints responses remain a concern.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Quality Priority Accounts - further work was requested to refine and strengthen focus on patient experience measures.
- The Committee noted that actions were underway to address the prescribing practice in the GI Unit and requested a joint report from the GI Unit and Pharmacy to come to May 2020 meeting.
- The Committee noted that actions were underway to address concerns about blood tubes being incorrectly labelled. Additional printers had been purchased and a new process is being agreed. The Committee required a further report to the next meeting to confirm that the new process had been fully implemented, and to receive a report on the number of incidents reported.

POSITIVE ASSURANCES TO PROVIDE

- The Committee was assured of positive actions being taken to improve overdue follow-ups in Ophthalmology and Paediatrics
- Good progress has been made regarding mandatory training. Significant work has been done to improve data quality and this has enabled managers to address individuals when non-compliant.
- Assurance was received that the majority of actions under the CQC Improvement Plan had been completed.

DECISIONS MADE

- The Committee were invited to reduce the risk score on 2 BAF risks:
  - *BAF 1b: Failure to meet access standards caused by inability to improve patient flow and work eff3ectively with very local partners will result in an adverse outcome for the patient.*
  - *BAF 2b: Insufficient effective leadership and capacity may result in the trust being unable to efficiently manage and deliver safe services for our patients.*

  The Committee agreed that both risks remained vulnerable the decision was made to maintain the current risk scores in both cases.

Chair’s comments on the effectiveness of the meeting:

- There is further work to do on papers to provide key assurances and focus on the quality of papers
- Papers need to demonstrate greater assurance through action trackers
- Minutes are to be updated prior to the meeting
- There was greater emphasis on positive improvements
- The change in membership was agreed to be an improvement

NHS
The Dudley Group
NHS Foundation Trust

UPWARD REPORT FROM CLINICAL, QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE (CQSPE) TO PUBLIC BOARD

Date Committee last met: 28/01/20

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Low compliance with VTE assessment and plan for improvement • Medicine prescribing on the endoscopy recovery chart showing improvement but not yet at acceptable standards • Maternity CNST challenges in meeting particular standards due to data challenges • Poor mandatory training compliance for medical staff	• The Committee continue to monitor progress regarding measures to address overdue Paediatric and Ophthalmology overdue follow-ups
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Good practice in promptly addressing issues relating to an HSE complaint in Podiatry with appropriate resolution • Good improvement in Achieving Excellence requirements	• To amend the terms of reference of the Committee and to re-designate it as the Quality and Safety Committee • To approve the Premises Assurance Model

Chair's comments on the effectiveness of the meeting:

- The meeting ran late due to a delay at the start because of the late arrival of presenters of agenda items and reports overrunning their time slots. The chair noted that presenter should highlight the key issues to the Committee.
- Catherine Holland will chair the February meeting.

NHS
The Dudley Group
NHS Foundation Trust

UPWARD REPORT FROM CLINICAL, QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE (CQSPE) TO PUBLIC BOARD

Date Committee last met: 17/12/2019

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Committee were notified of patient safety and staff wellbeing issues surrounding capacity and corridor care and it was agreed to escalate these concerns to the Board of Directors	• The Committee remain sighted and updated on the progress to reduce Paediatric and Ophthalmology Overdue Follow-ups. A full trajectory and action plan was requested for the February meeting. • The Committee continues to monitor the number of complaints and backlog held both centrally and within divisions and has requested a full update with trajectory in the January Quarterly report.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Assurance was provided that due to the GI Unit JAG accreditation, the current process of bowel screening is robust. • The committee agreed the broad topics for the Quality Priorities 2020/21 and the three quality metrics for the three elements of quality to go into this year's quality report (although there remained a query on one of the metrics to be agreed at the next meeting). A more detailed report is anticipated in February/March.	• 5 policies were ratified by the Committee remotely via email circulation. • Medicine & Integrated Care Divisional Governance Meeting Terms of Reference were presented and approved.
Chair's comments on the effectiveness of the meeting: • The shortened agenda allowed for greater depth of discussion and challenge surrounding key issues of quality, safety and patient experience.	

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 12th March 2020

TITLE:	**Update from the Finance and Performance Committee**		
AUTHOR:	Jonathan Hodgkin Finance & Performance Committee Chair	**PRESENTER**	Jonathan Hodgkin Finance & Performance Committee Chair

CLINICAL STRATEGIC AIMS

Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.

CORPORATE OBJECTIVE:

S05 Make the best use of what we have
S06 Plan for a viable future

SUMMARY OF KEY ISSUES:

Summary report from the Finance and Performance Committee meetings held in January and February 2020.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:** Failure to remain financially sustainable in 2019/20 (COR1012) Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		**Risk Score:** (COR1012) 15 (COR1011) 8
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:** Achievement of Financial Targets
	Other	**Y**	**Details:** Value for Money
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 27 February 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• January Board agreed a revised Income and Expenditure forecast of £3.2m lower than original internal plan • Year-end forecast has further deteriorated by £0.6m from the revised plan • Significant MCP spend • Diagnostics and key cancer targets missed since October 2019, in some cases by substantial amounts	• Sustained focus on delivering revised Income and Expenditure plan and control total • On-going discussions with system partners about optimising system finances
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Delivered Q3 income and expenditure with CCG support, securing a further £1.94m Provider Sustainability Fund (PSF) allocation • Following CCG cash support, Trust will remain cash positive through 2019/20 • Continued delivery of RTT target • Actions in place to return cancer 2 week wait to target by April and 62 day wait by July • Actions in place to consistently deliver diagnostics target by July	• Recommended Board approval of North Block fire precaution works business case • Agreed to pause Trainee Nurse Associates programme pending review of workforce planning • Agreed negotiating parameters for 2020/21 financial plan discussions with system partners

Chair's comments on the effectiveness of the meeting:

Well attended, challenging meetings. NEDs Catherine Holland and Gary Crowe have rotated off the Committee and Lowell Williams has joined.

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on Thursday 12th March 2020

TITLE:	**Summary of Workforce and Staff Engagement Committee meeting on Tuesday 25th February 2020**		
AUTHOR:	**Julian Atkins Non-executive Director**	**PRESENTER**	**Julian Atkins Non-executive Director**

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		x	

RECOMMENDATIONS

The Council is asked to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.

CORPORATE OBJECTIVE:

SO3:Drive service improvement, 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:

As detailed in the paper.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Well led**
	NHSI	**Y**	**Details:** Annual Business Planning Process
	Other	**N**	**Details:**

REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE:** Board of Directors 12/3/2020
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y/N**	**DATE:**

The Dudley Group NHS Foundation Trust

CHAIRS LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met: 25th February 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Whist the **staff survey** results highlight some areas of improvement, the Committee highlighted some clear messages regarding the way that staff feel about, and experience their working lives.
- The Committee heard that the Trust's **occupational health service** has significant delays in access to medical management referrals (average waiting time for an employee to see the Staff Health and Wellbeing Doctor is two months). There was also a broader discussion regarding the limited nature of the existing occupational health provision, including the lack of well-being services. The Interim Director of Strategy & Transformation is undertaking a compete review of the OH service and presenting recommendations and a plan for improving the service and its impact of supporting staff to stay at work and return to work.
- The Committee noted an increase in the **BAF risk score** from 12 to 16 for 4A 'Be the place people choose to work', to reflect staff survey results and other key indicators. A more substantial set of actions have been assigned to the key risks.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Based on a paper summarising the Trusts current position relating to **equality and inclusion** activity, the Trust's equality and inclusion work programme will be re-launched and re-energised. There has been limited activity and/or success promoting equality and inclusion during the past 12 months, furthermore the commitments within the Trusts People Plan (domain 3; Equality, Fairness & Inclusion) have not been delivered. A detailed work plan will be developed, in partnership with staff side colleagues and presented to the Committee in May.
- A campaign of active engagement with staff and staff side organisations is being launched to co-develop **staff survey improvement plans**. This work is being led by the Trust CEO and Interim Director of Strategy & Transformation, working closely with Divisions and includes a series of CEO staff survey roadshows and visits to areas which have produced poor staff engagement results. Other action includes; a joint statement of commitment to staff engagement by the CEO and staff side lead, detailed updates published on hub and also the introduction of regular pulse surveys for all staff to capture real-time feedback on how staff are feeling across the Trust.

POSITIVE ASSURANCES TO PROVIDE

- A significant level of work has been undertaken by the Training Team and Divisions to improve the level of **mandatory training compliance**. Surgery Medicine and CSS Divisions all articulated clear recovery plans/trajectories. Andrew Boswell and the training team have provided additional training capacity to increase the number of individuals being trained.
- Positive progress has been made on rolling-out **medical e-rostering** (Medirota) across the Trust. All staff are due to be on the system by June and 'live' by August. The Dudley Group are the first Trust to undertake a full roll-out within Medicine.
- The Trust has enrolled onto the **Stonewall Diversity programme** and will

DECISIONS MADE

- Committee members discussed and agreed that a competency framework and associated **line manager's accreditation** programme is required to build greater line management capacity, capability, core skills and competencies. This work will report back to the Committee in May. This will include a detailed plan and trajectory for roll-out to all line managers, with resource/cost implications.
- A review will be undertaken to establish how effectively **nurse rostering** has been embedded in wards across the Trust. This work will also include developing a plan for rolling out e-rostering/safe-care to community nursing and also AHP's. The Interim Director of Strategy & Chief Nurse will lead this work.

be working closely with Stonewall to launch an active LGBT+ inclusion network. • A **workforce transformation programme** has been launched with HEE, to develop and introduce new ways of working, new workforce models and new roles for multi-professional staff groups. Karen Lewis will be the SRO (Deputy Chief AHP) for this work. Further regular updates will be provided to the Workforce Committee. • The Committee was pleased to receive the **workforce KPI report**, presented in-part in the form of SPC charts. Further improvements are being made to the report, including the addition of trajectories, key messages and action narrative.	• The workforce transformation work streams will report into the Committee on a regular and rotating basis. .
Chair's comments on the effectiveness of the meeting: **This month's meeting was again well attended and had full Divisional representation. The new style agenda, aligned to the domains of the Dudley People Plan, worked well, as did the strategic workforce transformation updates. The quality of papers has improved and it was encouraging to get some assurance on the work that has been undertaken to improve mandatory training compliance, which has been an area of significant concern in previous meetings.** **I will be working with the Interim Director of Strategy & Transformation to improve the flow and format of the meeting, through streamlining the agenda and the core attendees.**	

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
12th March 2020

TITLE:	Trust Secretary Report to Governors		
AUTHOR:	Mr Liam Nevin, Trust Secretary Helen Board, Deputy Trust Secretary (Interim)	**PRESENTER**	Mr Liam Nevin, Trust Secretary

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		x	

RECOMMENDATIONS

Receive this report as requested by the Council and note its content relating to:

1. Lead Governor arrangements 2020 with request to reappoint Fred Allen as lead governor for 2020
2. 2020 Governor business calendar updates
3. NHS Provider licence Self- Certification arrangements
4. Governor training and development 2020

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

1. Lead Governor arrangements 2020

The Lead Governor role is subject to reappointment each calendar year and the Council of Governors is asked to consider the reappointment of Fred Allen as lead governor for 2020.

2. 2020 Governor business calendar updates

Governors are asked to receive the attached meeting calendar for 2020 where those highlighted bright yellow are where all governors are expected to attend.

The calendar contains details of the Trust's key meetings where governors are invited to attend and include the Board of Directors meetings and those of its Committees as per appendix 1. Governors are advised that the Board has established a Digital Trust Technology Committee chaired by Catherine Holland, non-executive director. Dates will be circulated when available

3. NHS Provider licence Self- Certification arrangements

The Trust is required to self-certify against a number of declarations in respect of its provider licence. The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June. The preparation of the self-certification requires that the Council of Governors be consulted.

At this stage the declarations are provisional as the timeline for the final version needs to be informed by the Annual Governance Statement, the Annual Accounts, the Quality Accounts and the Internal Audit opinion.

The Council of Governors is asked to note that the draft version will be subject to review at the next meeting of the Audit Committee on 16 March 2020. Thereafter, the draft version will be circulated to all members of the full Council for review and agree the content of our self-certification.

4. Governor training & development sessions 2020

During 2020, there are a number of sessions planned along with the National Governor Conference in May. Based on governor feedback, the subject/s proposed for each session, is as follows:

Date	Deep dive topic/s	Training	Location
23rd January 2020	MCP	Effective chairing	Dudley
23rd April 2020	Finance & MCP update		Dudley
13th May 2020	Governors national conference		London
28th July 2020	ED redesign project		Dudley
21st October 2020	Workforce		Dudley

The dates have been circulated to the full Council as per the Council of Governors meeting calendar provided as appendix 1.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK - None

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**Y**	**Details:** Good governance
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE:** Council of Governors 12/03/2020
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

Appendix 1

2020	Board of Directors	Finance & Performance Committee 8.30am start	Workforce and Staff Engagement 2.00pm start	Clinical Quality, Safety & Patient Experience 9.00am start	Audit Committee 9.00am – 12 Noon		Council of Governors 2.30pm	Annual General Members Meeting	Engagement and Experience Committee 4.30pm start	CoG Remuneration and Appointments Committee	Governor Training and Development (Evening)	
JAN	16	30	27	28							23	
FEB	13	27	25	25					25			
MAR	12	26	31	24	16		12					
APR	16 S										23	
MAY	14	28	26	26	20				26		13!	
JUNE	11 S						11£			11		
JULY	9	30	28	28				16			28	
AUG	-											
SEPT	10	24	29	22	14		10		22			
OCT	8										21	
NOV	12	26	24	24								
DEC	10 S				14		10		22			

Notes:

morning meetings

$ afternoon meetings

! off site. NHS Providers event in London – two free tickets for governors to attend.

£ ALL governors to meet with the External Auditor

S Board Strategy Sessions

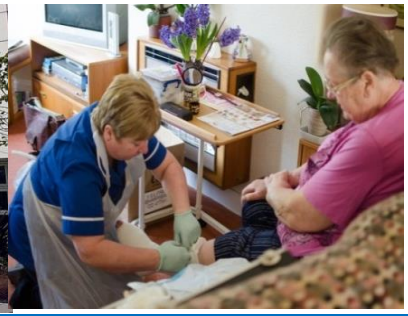
Governors are asked to make every effort to attend those meetings and activities highlighted in bright yellow

Please contact the Foundation Trust Office on 01384 321124

Enclosure 9

The Dudley Group
NHS Foundation Trust

Integrated Performance Report - .21-NJŘ



February 2020

Created by: Informatics.
Title of report: Integrated Performance Report

Executive Lead:	**Performance**	**Chief Operating Officer, Karen Kelly**
	Finance	**Director of Finance, Tom Jackson**

Executive Summary

FFT Response Rate

A total of 4,521 responses across all areas have been received during January 2020, an increase since December 2019 .For April 2019 – January 2020 (72 areas were published) the Trust is achieving the target on 33 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. A&E, inpatients, maternity and community have achieved the target this month.

FFT Percentage Recommended

Response rates have increased for all areas in January 2020

Action taken to improve scores

Scores and methods of data collection have been examined in more detail to identify teams that are performing well and share best practice. Results were presented at the Patient Experience Group in January 2020.

Our 'What Matters You' Campaign has been launched in the Trust to promote the accessibility of giving feedback and to raise the profile of patient experience across the Trust.

Under the new FFT guidance patients are encouraged to give feedback during all stages of their patient journey.

Complaints & PALS

PALS received 217 concerns, 16 comments and 73 signposting contacts totalling 306 in January 2020.

During January 2020, the Trust received 63 new complaints, in comparison to 64 for December 2019 and 68 for November 2019.

There have been 12 re-opened complaints for January 2020.

Dementia (I month in arrears)

The find /assess element whilst below target has improved from previous month and is showing an upward trend. This remains a priority for escalation between matrons.

Investigate has improved and now falls 0.5% below compliance

The refer element is compliant against target.

Falls

There were a total of 90 inpatient falls - this is a slight decrease from December 2019.

Three patients have sustained # neck of femur during January 2020.

Two of the patients have been successfully operated on and one has been discharged.

Pressure Ulcers

There have been no reported avoidable category 3 or 4 pressure ulcers in the Community

There was 1 unavoidable category 3 in the acute setting; this has been reported as an SI

MSA Breaches

There were 19 Mixed sex breaches in January -ICU = 4 breaches, SHDU = 10 breaches And MHDU = 5 breaches

This is an increase from previous month

There continues to be a high demand for beds

Infection Control

MRSA -0

MSSA -1

E Coli -2 Patients were admitted with symptoms

The Dudley Group NHS Foundation Trust

Executive Summary

Stroke (1 month in arrears)

All stroke targets have been met for the month of December 2019

VTE

Trust performance for VTE for January is 94.2%

To be discussed in next Thrombosis group meeting to identify any further potential changes which may improve compliance

Incidents

There was 2 Never Events reported in January 2020:

- INC67875 (2020/903) – Never Event - Interventional Radiology.
- INC67442 (2020/152 – Never Event – Theatres

A further 6 Serious Incidents were reported to STEIS in January 2020:

4 falls resulting in harm (1 in December and 3 in January)

1 unavoidable pressure ulcer

1 in Maternity (Baby was born at 33+2 weeks gestation in poor condition and required transfer to tertiary unit)

% of deaths with priorities of care (8 weeks in arrears)

Trust performance for January is 66%

This is now current data

Moving forward this data will be captured from the GSF log on the hub.as agreed at CQSPE

This will continue to improve when staff improves compliance with using and accessing the GSF log

Safety Thermometer

Patients with harm free care for January is 95.82%.

Executive Summary

EAS Summary

• Improved EAS performance for January in comparison to December. A significant contributing factor in this is the protection of the 8 Rapid Access Bay (RAB) trolleys on AMU which enables those patients who require medical input but not an admission to be moved out of ED.

• The main challenge in January was the number of 12 hour breaches that occurred due to delays of patients accessing a bed. A number of measures have been put in place in February to address this, the main one being the delivery of a reduction in length of stay (LOS) on AMU to ensure increased discharges from this area. a weekly oversight meeting has been put in place with non-executives and executive directors to ensure full oversight is maintained. Emergency Care Improvement Support Team (ECIST) have been contacted and are supporting the trust in the planning of a "Reset" week whereby patient flow processes will be scrutinised and improved in real time to further support flow

• A weekly oversight meeting of EAS performance is chaired by the Chair of the Trust

Cancer Performance

Cancer performance continues to fail against the main targets but recovery is beginning to show in the numbers.

2 week wait is set to decrease to 67% in January. The drop in performance has been driven by more breaches in the colorectal speciality (275), with breast (237) and urology/prostate (77) being the other poorly performing areas. Recovery of the 2 week wait standard is dependent on extra capacity being provided to work through the referral backlog. Each speciality is working to provide extra capacity using either substantive staff or bank/agency.

The Breast symptomatic target will be reported at 4.7% for December against a target of 93%. Demand on this pathway is approx. 100 per week and capacity is also approx. 100 per week provided no clinics are dropped.

It is therefore taking extra activity to work through the backlog built up in the latter half of 2019 and in many cases extra activity provided is then lost when regular activity is dropped due to sickness or A/L. Progress has been slow to recover this target but the current booking day is 16. For January the forecast is 11% showing slight improvement.

The 62 Day target will be the slowest to recover as it will require the preceding targets to be back on track and a significant amount of work to clear a backlog of over 62 day patients (244 undiagnosed and already past day 62, and 47 diagnosed). Performance has not improved in recent months, moving from 73% in October, to 71.5% in November to forecast 73% in December. Success is predicated on timely first appointments (2 week wait) and rapid diagnostic testing which is currently delayed due to a backlog in endoscopy/GI.

Overall PTL size is currently 1,545 which is very high and a result of such high numbers in the latter stages awaiting diagnostics and diagnosis. Colorectal has 139 patients already past 62 days with only 2 being diagnosed due to the endoscopy issues and backlog. The PTL also shows larger than normal undiagnosed numbers in the day 42-62 bracket which is further evidence of diagnostic delays.

The longest waiters in the 104+ day bracket are of the most concern and harm reviews are carried out every fortnight to provide assurance to the trust. The PTL has 68 of these long waits at present which is very high, of which 30 are on the Colorectal pathway, a result of the backlog and long waits to be seen and a further 10 are from Urology, which is expected as the known long wait for robot assisted surgery has been a popular patient choice for over 12 months.

Improving cancer performance requires continued efforts to increase capacity for first appointments (2 week wait), reduction in delays during the diagnostic stages in Imaging, Endoscopy, Surgery etc, and a targeted approach to long waiters to ensure decision makers are progressing pathways towards a definitive treatment or outcome.

The Dudley Group NHS Foundation Trust

Executive Summary

DM01 Validation for January 2020 has been completed and the Trust ended the month at 92.11% with total breaches of 620. The main areas of failure continue to be attributable to both the failure of the Endoscopy Decontamination Unit in September and October 2019, in addition to the ongoing backlog of Cardiac MRI's. In addition, there were a significant number of other MRI breaches (143) due to a now confirmed mismatch between current levels of demand and capacity, as identified via an independent review conducted by PA Consulting, who are supporting Imaging in a number of key areas including a workforce requirements review. The numbers of breaches incurred during January 2020 were also increased due to the focus on 12 hour DTA breach avoidance which resulted in further routine outpatient slots turned over to inpatients and supporting ED flow.

Based on current performance action plans being enacted it is expected that DM01 performance will be circa 94-95% in February 2020 and a return to performance is predicted based on known levels of demand for March 2020.

SURGERY

• RTT performance standard continues to be met, albeit under some pressure. In January the Trust achieved 92.22% against the 92% standard. Although this is level of performance is historically low for Dudley, it remains one of the best levels of RTT performance in the country

• Following a number of operational challenges in January within Theatres there was a significant increase in the number of patients cancelled on the day of the surgery and as a consequence one patient was not readmitted within 28 days. There have been improvements into February in this

• The Trust achieved the RTT standard for January, delivering 92.22% against the national standard of 92%. This performance standard remains a challenge but continues to be delivered. The following specialties remain key in the delivery of improved RTT: General Surgery, Urology and Ophthalmology. Recovery plans are in place with each of these services and continue to be managed weekly. Of particular note, General Surgery is targeting additional theatre capacity in March to improve RT standard before the end of the financial year

WORK FORCE

• Following feedback, the format of reporting has been improved through the use of SPC charts. Further improvements are being made for the March report, including; reflecting the workforce metrics which have been launched by the STP and including a 'key messages' and 'action' narrative.

• Sickness absence has reduced in January from 5.4% to 5.26%, but remains above the Trust's target and above the peer average.

• Capacity issues in Staff Health & Wellbeing have impacted the number of staff seen by the service; whilst there has been a reduction in the number of management referrals, there has been an increase in other interventions, as well as the demand associated with the flu campaign. To support the Trust's health and wellbeing agenda, a service review will take place over the next couple of months, to highlight concerns and make recommendations to improve our ability to support staff and effectively manage absence.

• Whilst intervention from the Learning and Development Team has increased the availability of statutory and mandatory training, the attached report highlights that the Trust is expected to consistently miss the target. Twice-monthly reporting has commenced to support managers/Divisions in addressing local issues. Divisional Directors are due to report their recovery plans and compliance trajectories to Workforce Committee

Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Dec-19	Jan-20	Financial YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	19.8%	19.0%	19.3%	↓	
Friends & Family Test - Inpatients	26.9%	37.0%	29.8%	27.2%	33.7%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	22.2%	33.3%	22.9%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	4.1%	27.2%	5.2%	↑	
Friends & Family Test - Community	3.3%	8.1%	3.1%	4.6%	4.4%	↑	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	74.7%	76.2%	75.7%	↑	
Friends & Family Test - Inpatients	96.7%	97.4%	94.5%	94.7%	94.8%	↑	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	96.4%	97.9%	97.0%	↑	
Friends & Family Test - Outpatients	95.3%	97.4%	90.0%	90.4%	89.5%	↑	
Friends & Family Test - Community	96.2%	97.7%	90.8%	94.5%	92.7%	↑	
Complaints							
Total no. of complaints received in month	-	-	64	63	582	↓	
Complaints re-opened	-	-	11	12	95	↑	
PALs Numbers	-	-	223	306	2528	↑	
Complaints open at month end	-	-	187	190	-	↑	
Compliments received	-	-	909	543	5353	↓	
Dementia							
Find/Assess	-	90%	71.3%	79.4%	77.5%	↑	
Investigate	-	90%	86.5%	89.5%	77.9%	↑	
Refer	-	90%	99.3%	97.8%	97.3%	↓	
Falls							
No. of Falls	-	-	93	90	755	↓	
No. of Multiple Falls	-	-	13	8	65	↓	
Pressure Ulcers (Grades 3 & 4)							
Hospital	-	-	0	0	3	↔	
Community	-	-	0	0	0	↔	
Handwash							
Handwashing	-	95%	99.7%	99.9%	99.8%	↑	
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	11	19	114	↑	

Patients will experience safe care - Patient Safety

	Target (Green)	Dec-19	Jan-20	Financial YTD	Trend	Month Status
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months	105	-	115	-		
SHMI Rolling 12 months	1.05	-	1.11	-		
HSMR Year to date (**Not available**)	-	-	-	-		
Infections						
Cumulative C-Diff due to lapses in care	49	1	0	26		
MRSA Bacteraemia	0	0	0	1	↔	
MSSA Bacteraemia	0	2	1	18	↓	
E. Coli	0	3	2	28	↓	
Stroke (1 month in arrears)						
Stroke Admissions: Swallowing Screen	75%	90.5%	-	94.3%	-	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	95.1%	-	94.9%	-	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	88.9%	-	95.5%	-	
Stroke Admissions to Thrombolysis Time	50%	44.4%	-	53.3%	-	
VTE - Provisional Figures						
VTE On Admission	95%	93.6%	94.2%	94.3%	↑	
Incidents						
Total Incidents	-	1498	1490	14641	↓	
Recorded Medication Incidents	-	357	Missing	3021	↑	
Never Events	-	0	2	3	↑	
Serious Incidents	-	4	6	36	↑	
of which, pressure ulcers	-	0	1	1	↑	
Incident Grading by Degree of Harm						
Death	-	1	1	7	↔	
Severe	-	0	4	15	↑	
Moderate	-	13	12	71	↓	
Low	-	167	211	1528	↑	
No Harm	-	831	924	8988	↑	
Near Miss	-	486	336	4030	↓	
Percentage of incidents causing harm	28%	44.5%	38.0%	15.3%	↓	
Safety Thermometer						
Patients with harm free care (and old harms)	-	95.77%	95.82%	-	↑	

Performance - "At a glance"

Executive Lead: Karen Kelly

The Dudley Group NHS Foundation Trust

Performance - Key Performance Indicators

	Target	Dec-19	Jan-20	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	76.72%	66.3%	84.1%	↓	
2 week wait - Breast Symptomatic	93%	4.7%	9.6%	69.6%	↑	
31 day diagnostic to 1st treatment	96%	98.5%	94.1%	97.8%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	100.0%	97.8%	↔	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	99.3%	↔	
62 day urgent GP referral to treatment	85%	75.6%	57.0%	79.4%	↓	
62 day screening programme	90%	75.0%	89.5%	93.5%	↑	
62 day consultant upgrades	85%	87.5%	80.6%	91.7%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	92.0%	92.2%	93.5%	↑	
RTT Admitted - % treatment within 18 weeks	90%	86.4%	86.2%	87.5%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	92.7%	90.1%	94.1%	↓	
Wait from referral to 1st OPD	26	23	28	253	↑	
Wait from Add to Waiting List to Removal	39	34	44	382	↑	
ASI List		3104	3107	0	↑	
% Missing Outcomes RTT		0.03%	0.03%	0.1%	↑	
% Missing Outcomes Non-RTT		3.3%	4.3%	4.1%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	592	620	2269	↑	
% of diagnostic tests waiting less than 6 weeks	99%	92.4%	92.1%	97.0%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	78.3%	80.8%	81.7%	↑	
Emergency Department Attendances	N/A	9972	8719	92959	↓	
12 Hours Trolley Waits	0	115	115	291	↔	
Ambulance to ED Handover Time - TRUST						
15-29 minutes breaches		2074	1767	17457	↓	
30-59 minute breaches		638	613	4190	↓	
60+ minute breaches		73	54	392	↓	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		16	16	162	↔	
60+ minute breaches		2	3	22	↑	

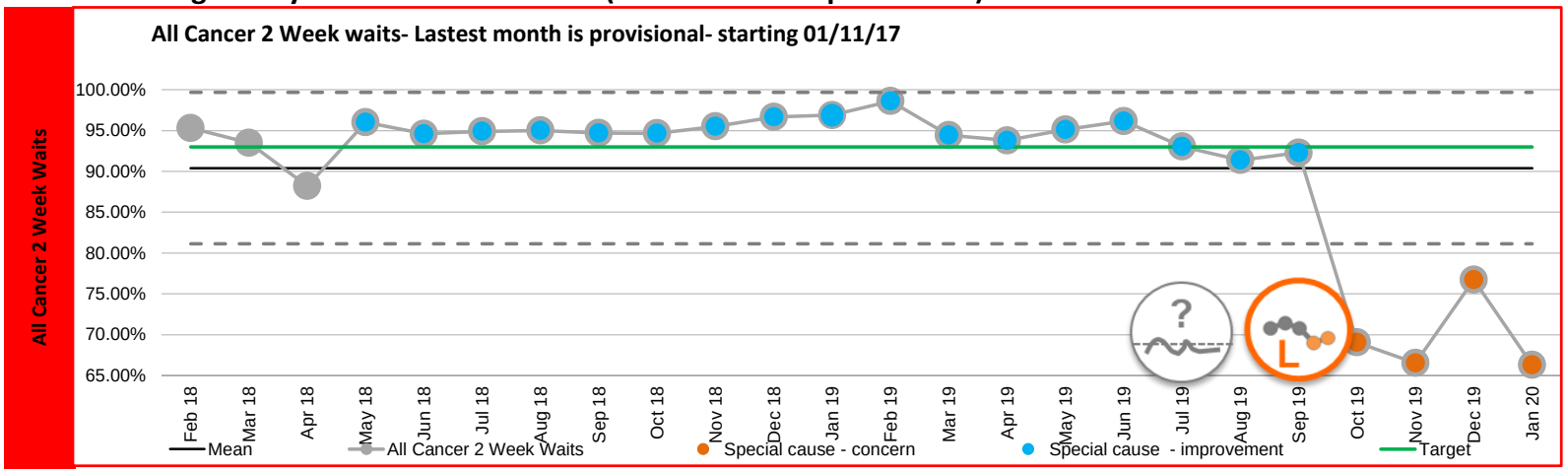
Performance - Key Performance Indicators cont.

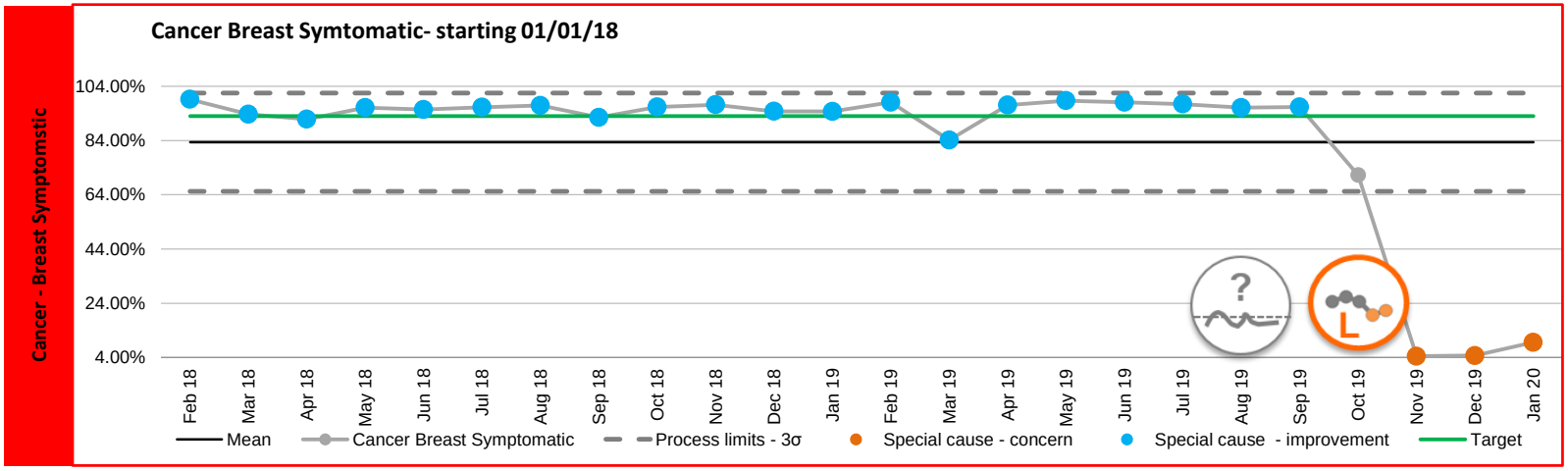
	Target	Dec-19	Jan-20	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.3%	2.6%	1.9%	↑	
Cancelled operations - breaches of 28 day rule	0	0	1	8	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	92.9%	91.6%	86.6%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		75.2%	70.2%	75.0%	↓	
Theatre Utilisation - Main		84.7%	80.9%	85.9%	↓	
Theatre Utilisation - Trauma		88.5%	88.7%	91.6%	↑	
GP Referrals						
GP Written Referrals - made		5671	7054	69031	↑	
GP Written Referrals - seen		5240	6055	58500	↑	
Other Referrals - Made		3812	4547	38097	↑	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.20%	6.10%	6%	↓	
Patients Discharged with a LoS >= 14 Days		2.97%	3.28%	3%	↑	
7 Day Readmissions		4.9%	4.6%	4%	↓	
30 Day Readmissions - PbR		7.9%	8.3%	8%	↑	
Bed Occupancy - %		92%	91%	89%	↓	
Bed Occupancy - % Medicine & IC		96%	94%	93%	↓	
Bed Occupancy - % Surgery, W&C		87%	86.6%	85%	↓	
Bed Occupancy - Paediatric %		87%	71%	58%	↓	
Bed Occupancy - Orthopaedic Elective %		72%	84%	73%	↑	
Bed Occupancy - Trauma and Hip %		96%	97%	94%	↑	
Number of Patient Moves between 8pm and 8am		70	90	822	↑	
Discharged by Midday		12.7%	14.9%	14%	↑	
Outpatients						
New outpatient appointment DNA rate	8%	8.74%	7.17%	7.8%	↓	
Follow-up outpatient appointment DNA rate	8%	7.0%	9.0%	7.9%	↑	
Total outpatient appointment DNA rate	8%	7.6%	8.2%	78.8%	↑	
Clinic Utilisation		79.1%	81.0%	80.3%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.37	2.47	2.8	↑	
Average Length of Stay - Non-Elective	3.4	4.8	4.9	4.8	↑	

Performance Matters (KPIs)

The Dudley Group NHS Foundation Trust

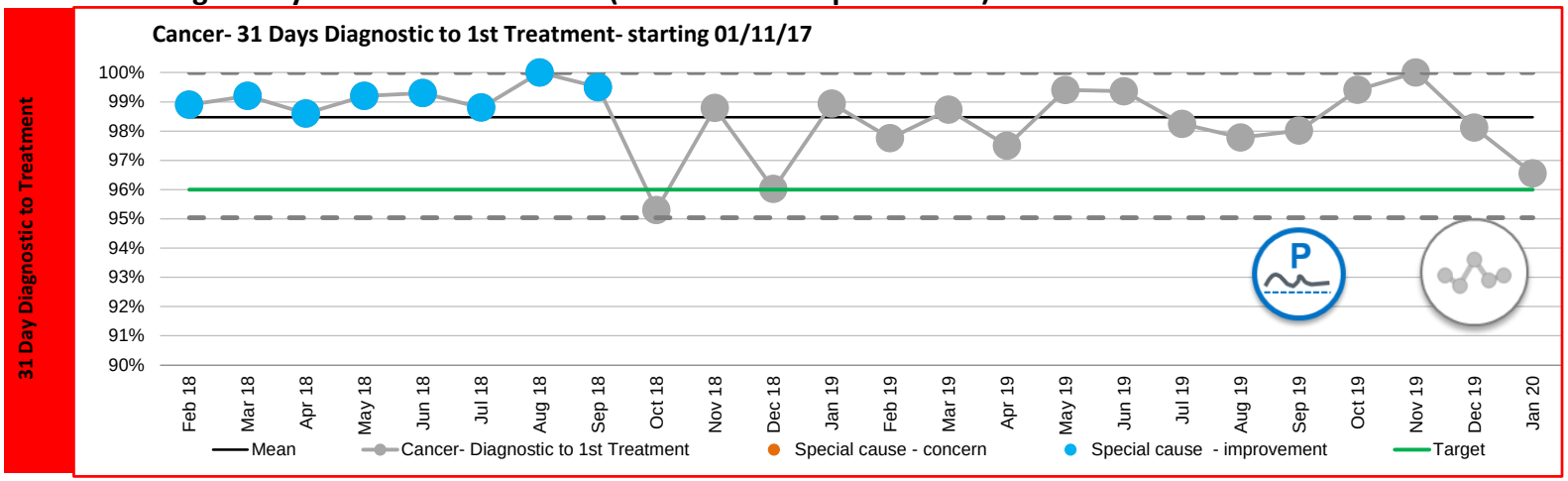
SPC charts-Regulatory Performance - Cancer (Latest month is provisional)

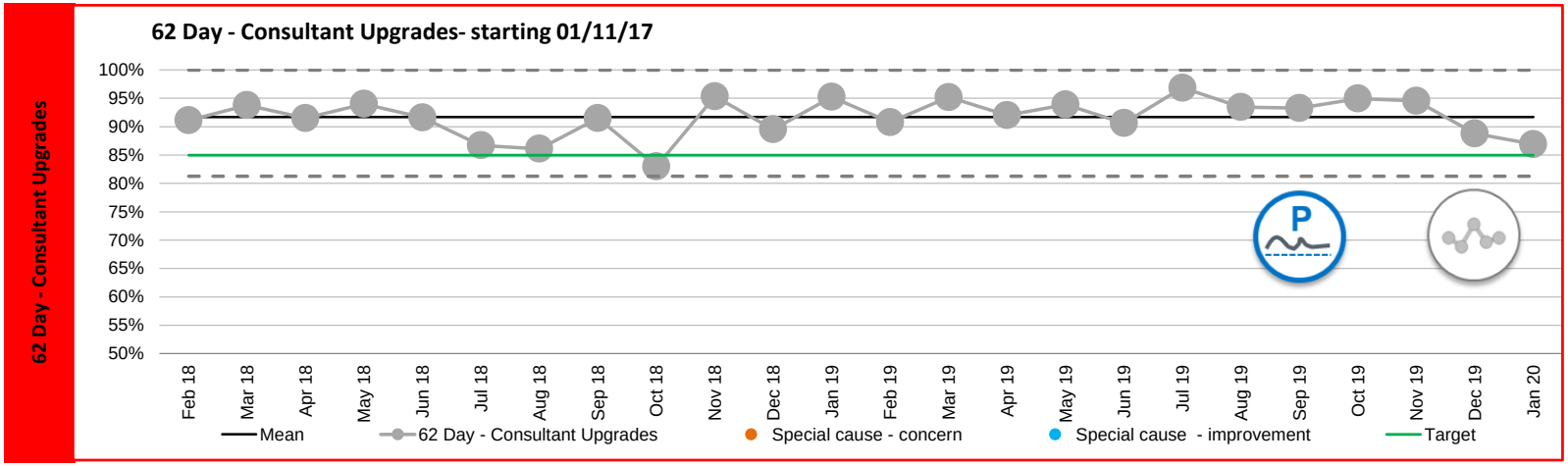




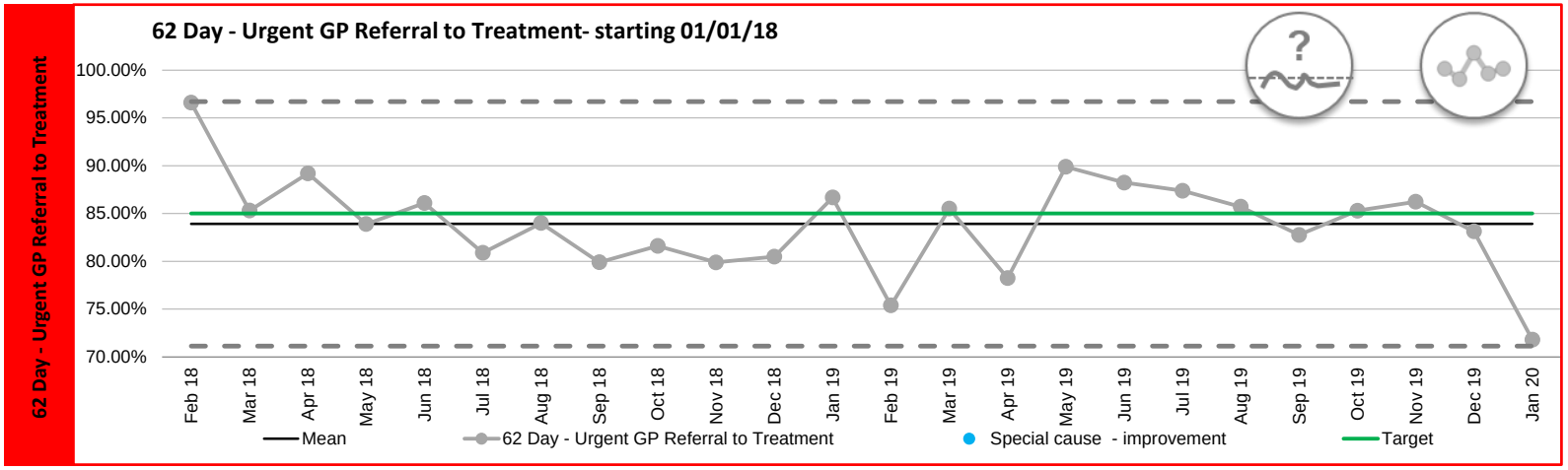
Performance Matters (KPIs)

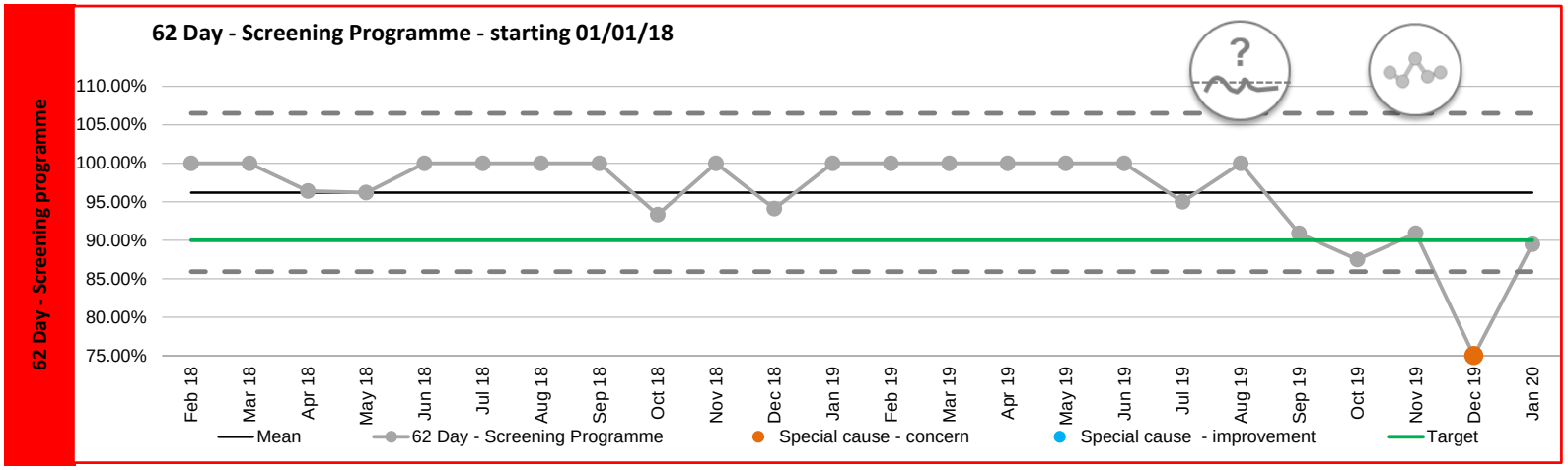
SPC charts-Regulatory Performance - Cancer (Latest month is provisional)





Performance Matters (KPIs)





The Dudley Group NHS Foundation Trust

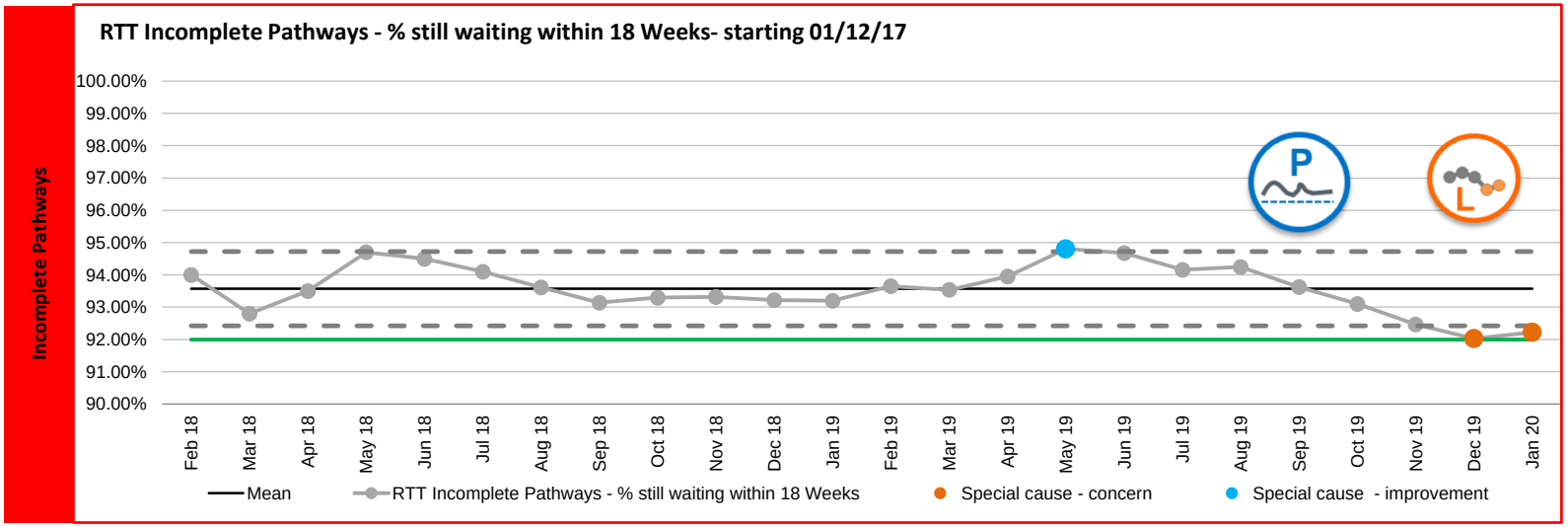
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

RTT 18 Week Performance - WI·ydzI·Nè 2019

Validated Position

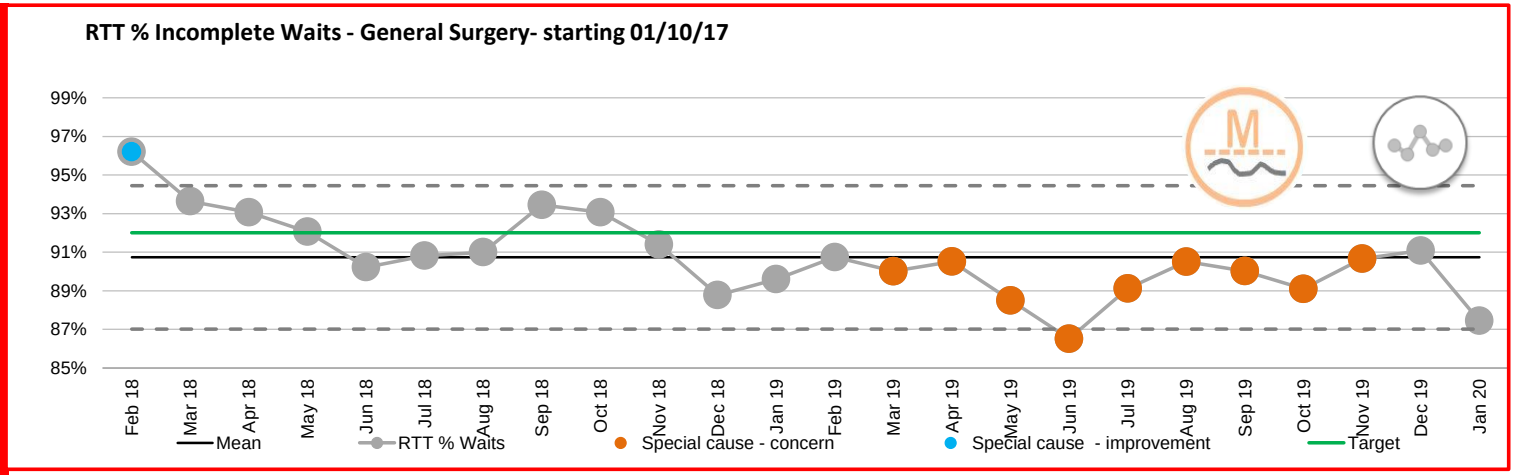
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	993	182	1175	84.5%
101 - Urology	1274	184	1458	87.4%
110 - Trauma & Orthopaedics	1501	57	1558	96.3%
120 - ENT	1339	43	1382	96.9%
130 - Ophthalmology	1744	178	1922	90.7%
140 - Oral Surgery	530	73	603	87.9%
160 - Plastic Surgery	758	133	891	85.1%
300 - General Medicine	2	0	2	100.0%
301 - Gastroenterology	1580	134	1714	92.2%
320 - Cardiology	697	12	709	98.3%
330 - Dermatology	1111	160	1271	87.4%
340 - Respiratory Medicine	392	3	395	99.2%
400 - Neurology	585	57	642	91.1%
410 - Rheumatology	668	36	704	94.9%
430 - Geriatric Medicine	131	1	132	99.2%
502 - Gynaecology	1047	68	1115	93.9%
Other	3893	218	4111	94.7%
Total	**18245**	**1539**	**19784**	**92.2%**

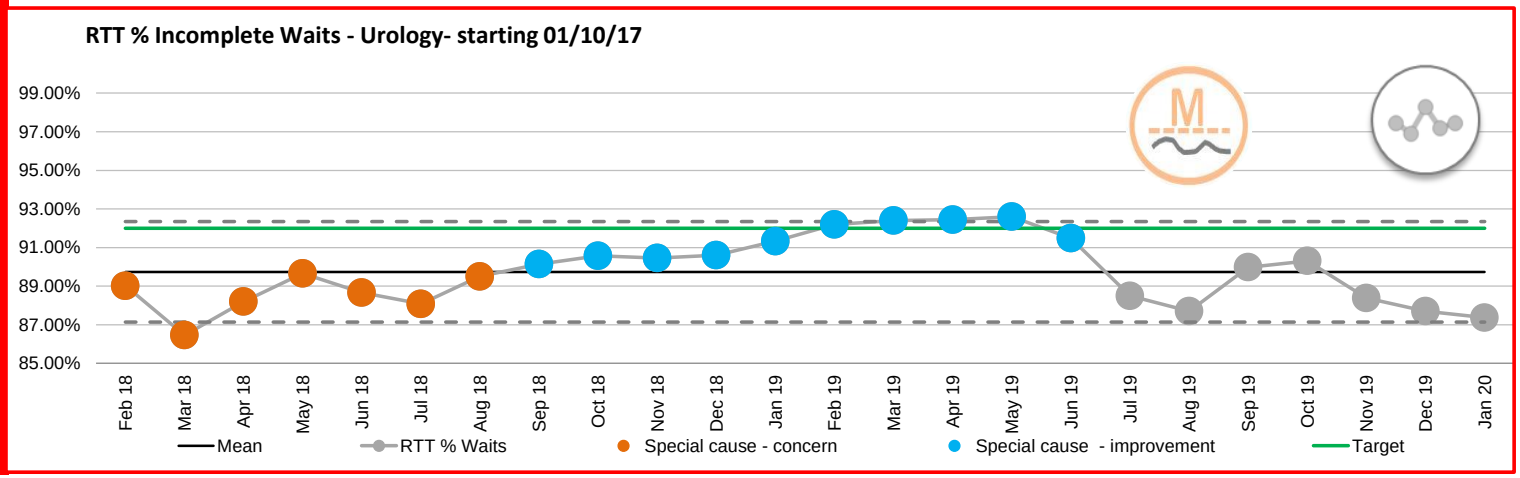


Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target



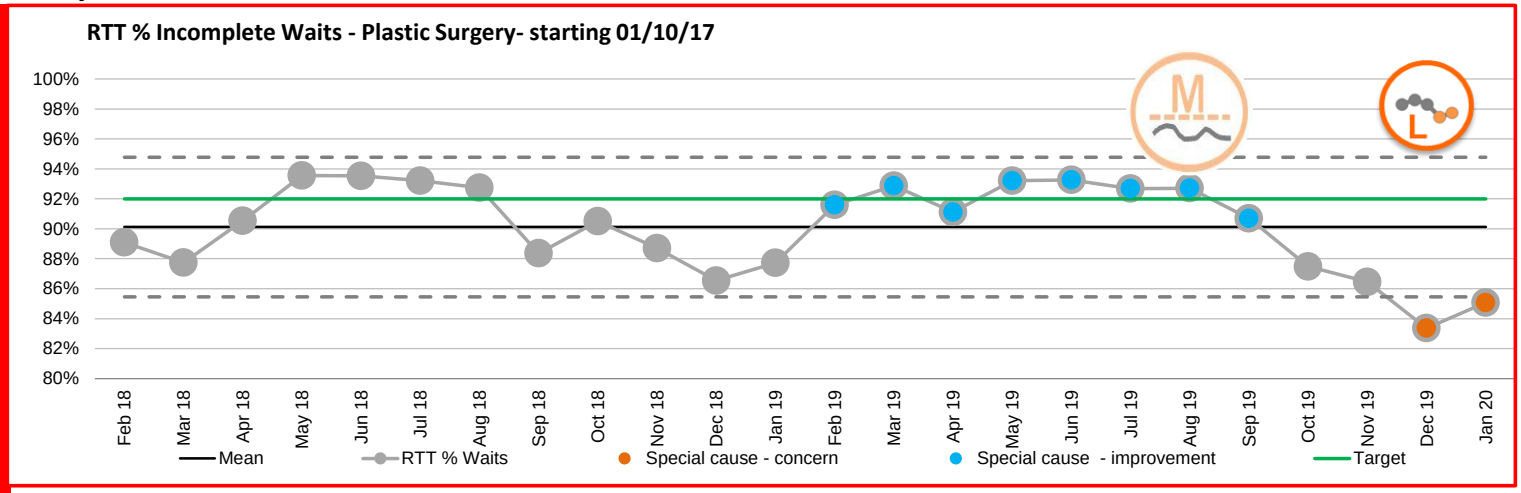


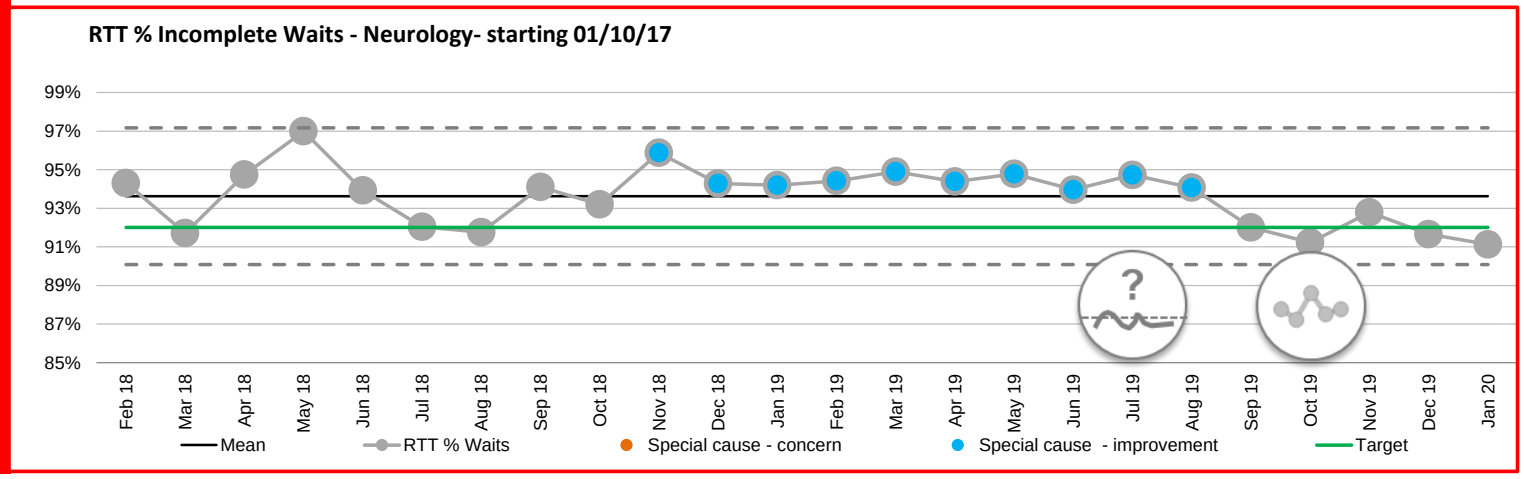
Performance Matters (KPIs)

The Dudley Group NHS Foundation Trust

Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target



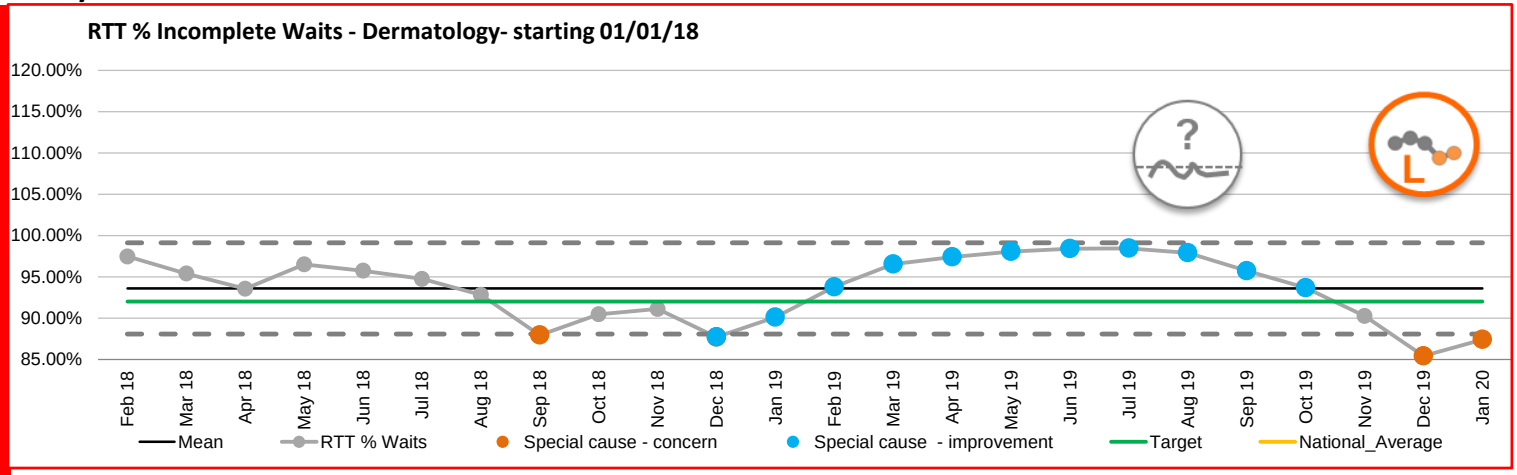


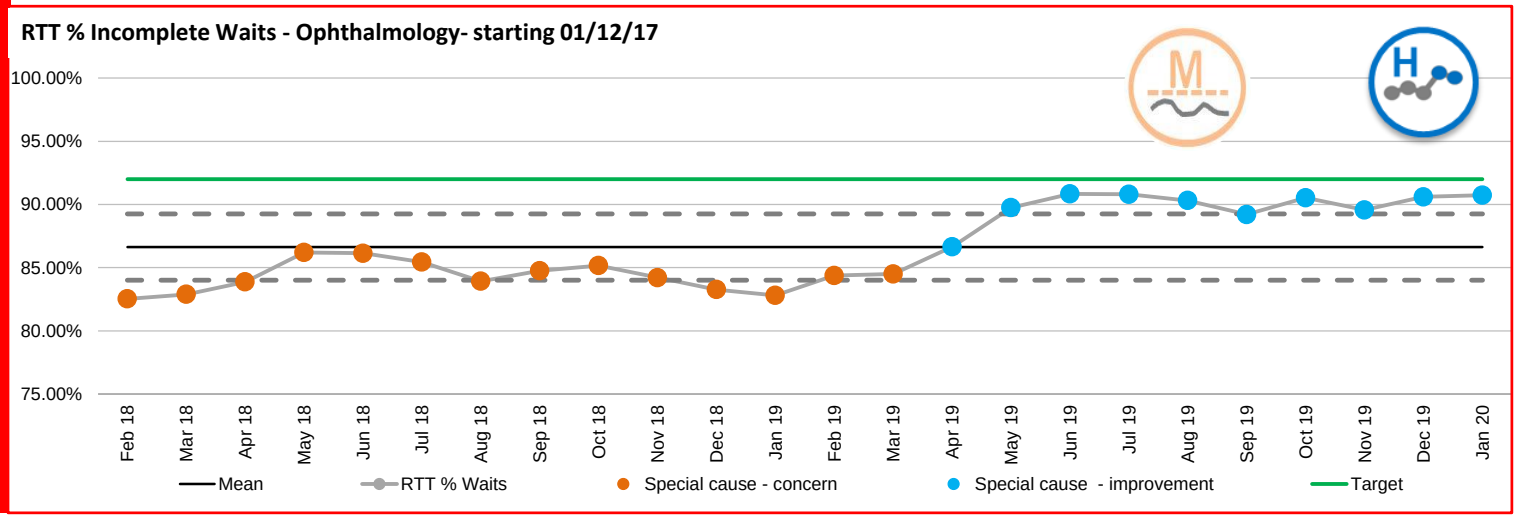
Performance Matters (KPIs)

The Dudley Group NHS Foundation Trust

Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities missing target

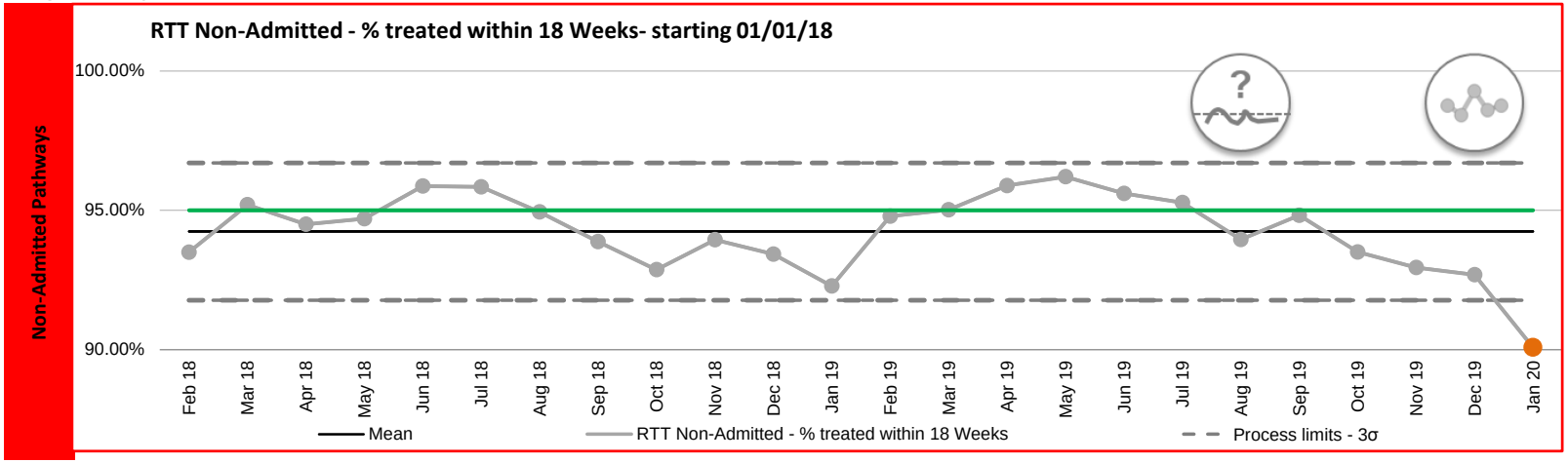


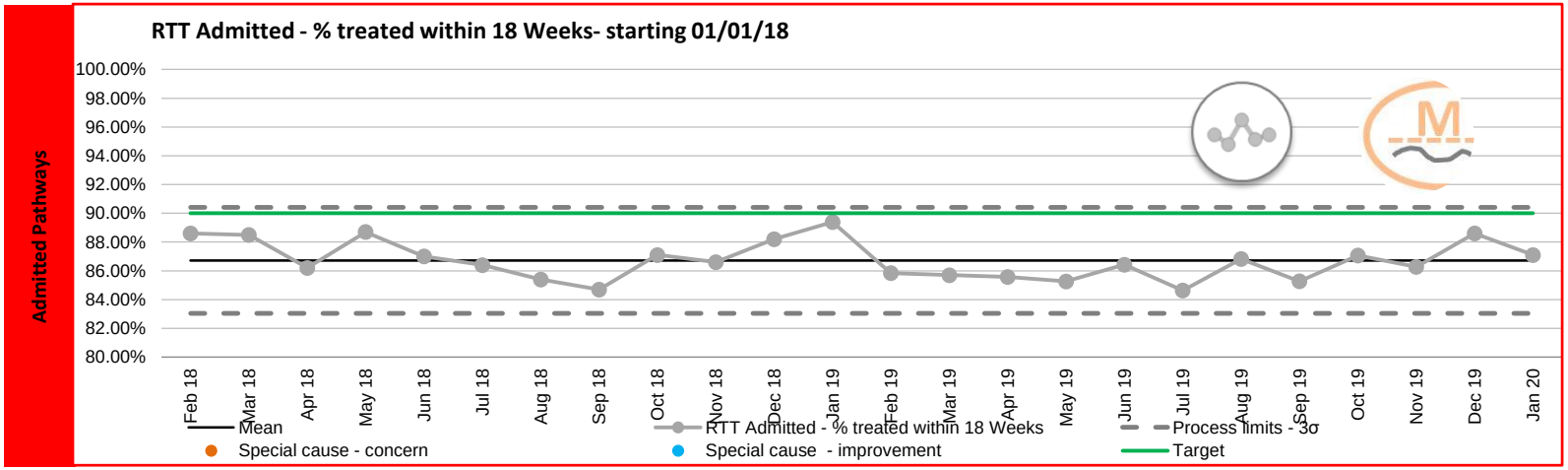


Performance Matters (KPIs)

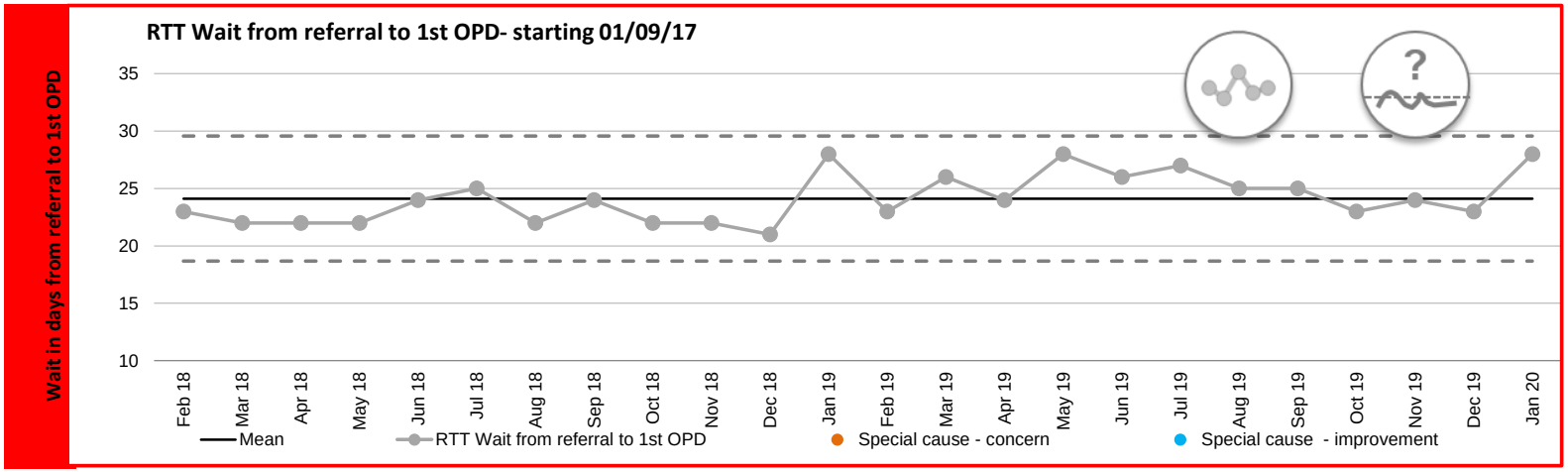
The Dudley Group NHS Foundation Trust

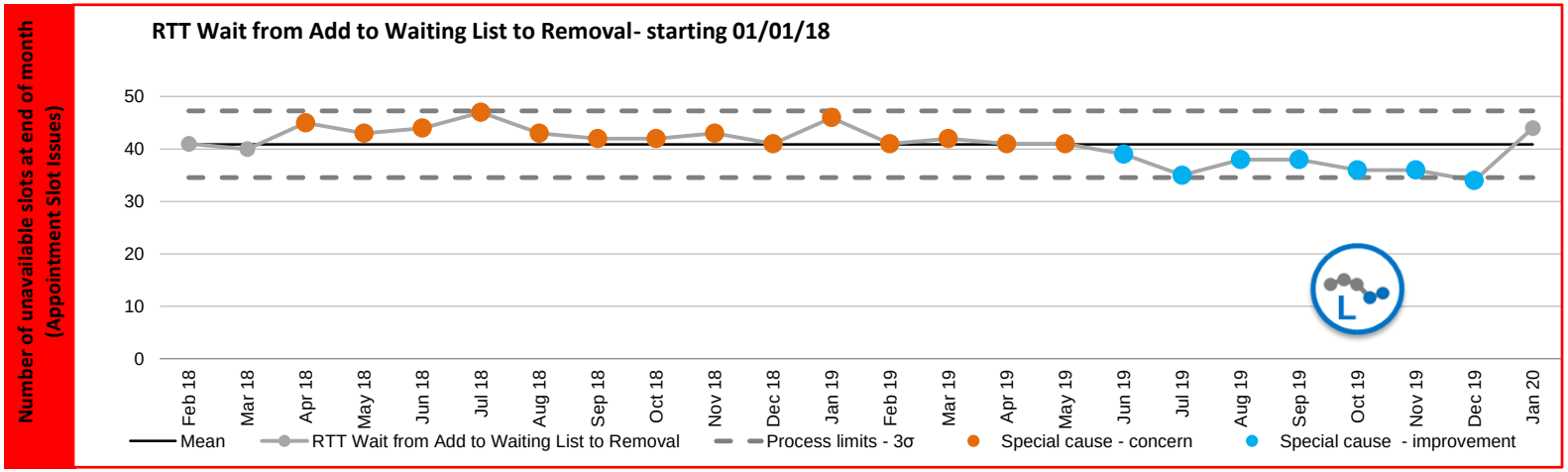
Regulatory Performance



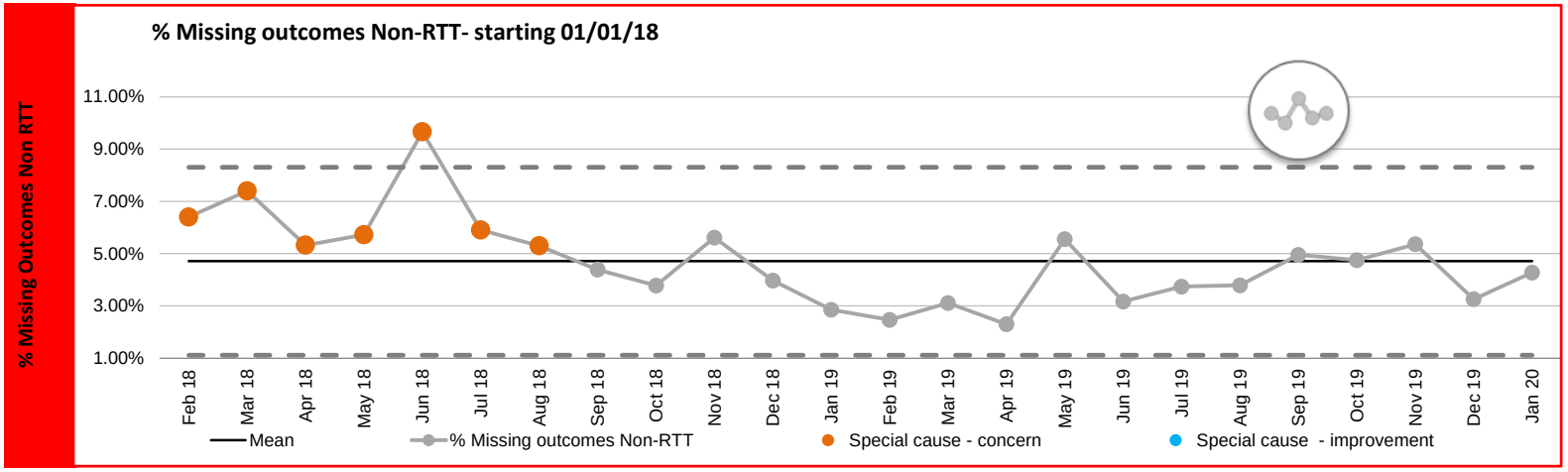


Performance Matters (KPIs)





Performance Matters (KPIs)

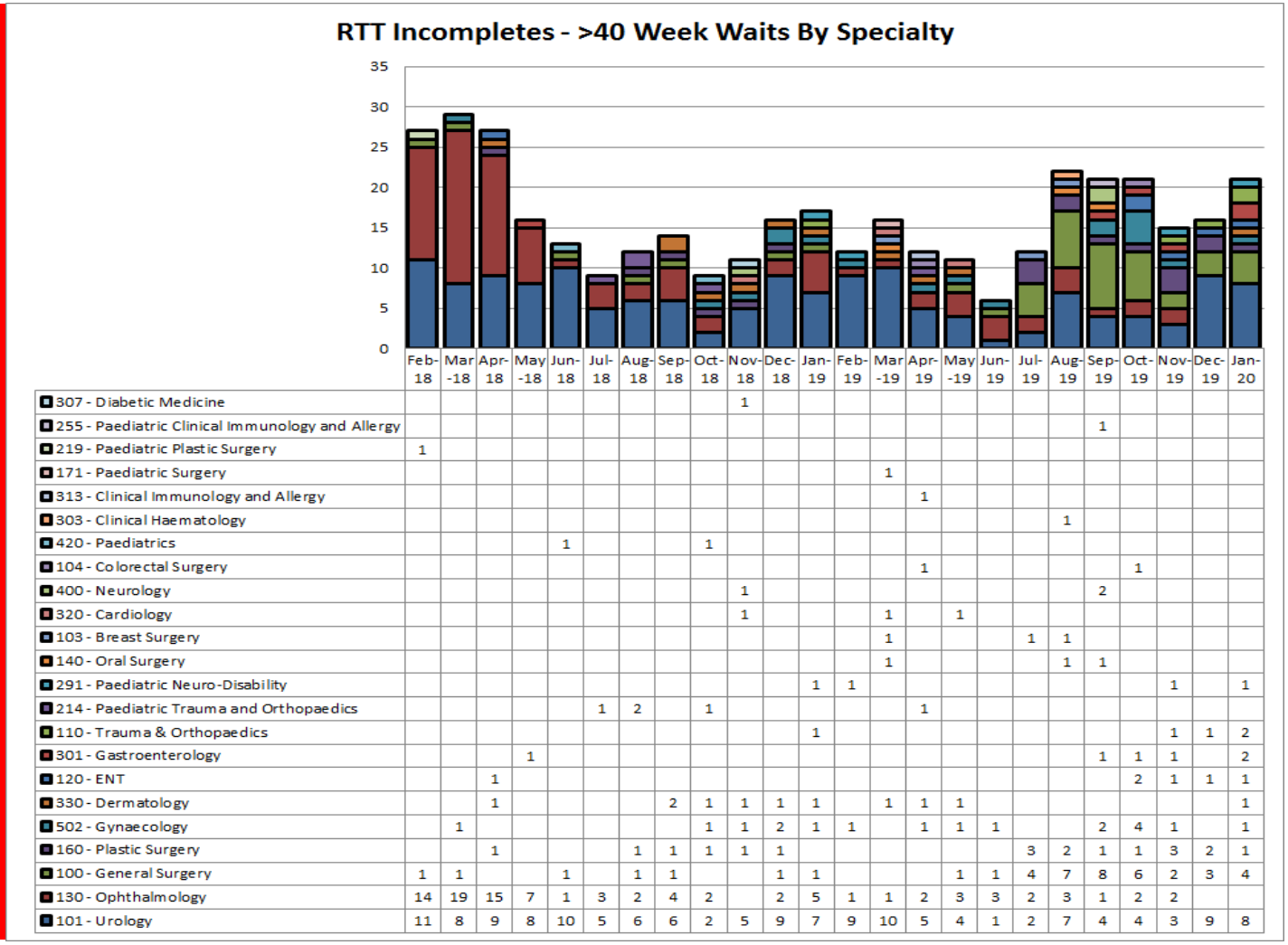


The Dudley Group NHS Foundation Trust

Performance Matters (KPIs)

Regulatory Performance

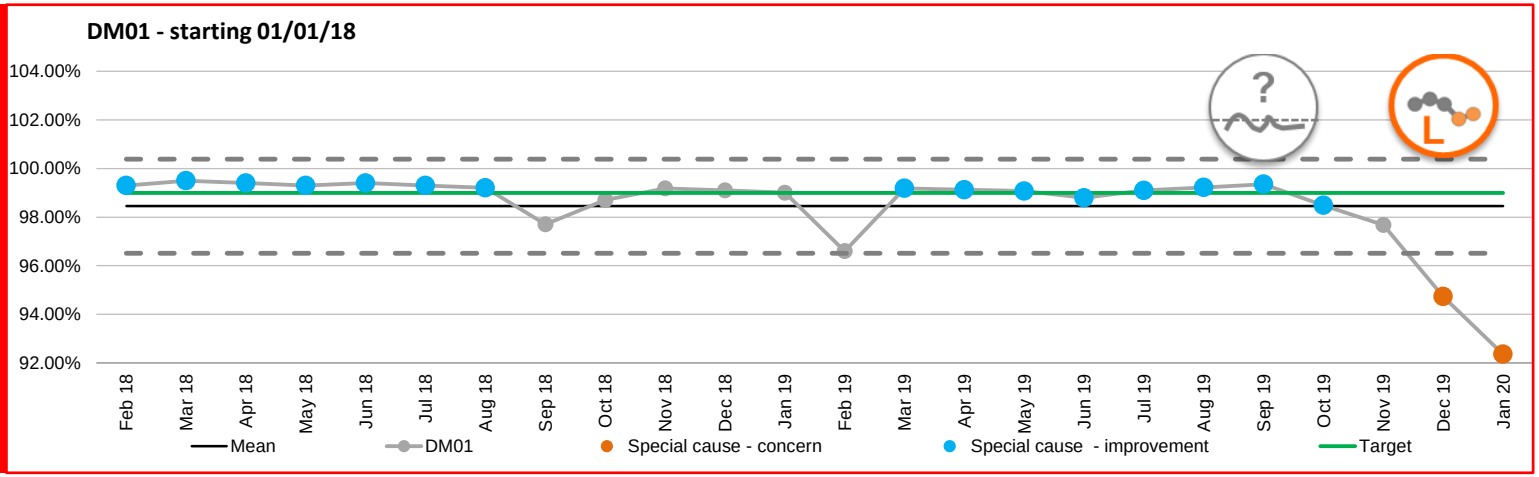
RTT Incompletes by Specialty



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
307 - Diabetic Medicine										1														
255 - Paediatric Clinical Immunology and Allergy																				1				
219 - Paediatric Plastic Surgery	1																							
171 - Paediatric Surgery														1										
313 - Clinical Immunology and Allergy															1									
303 - Clinical Haematology																			1					
420 - Paediatrics					1				1															
104 - Colorectal Surgery															1						1			
400 - Neurology										1										2				
320 - Cardiology										1				1		1								
103 - Breast Surgery														1				1	1					
140 - Oral Surgery														1					1	1				
291 - Paediatric Neuro-Disability												1	1									1		1
214 - Paediatric Trauma and Orthopaedics						1	2		1						1									
110 - Trauma & Orthopaedics												1										1	1	2
301 - Gastroenterology				1																1	1	1		2
120 - ENT			1																		2	1	1	1
330 - Dermatology			1					2	1	1	1	1		1	1	1								1
502 - Gynaecology		1							1	1	2	1	1		1	1	1			2	4	1		1
160 - Plastic Surgery			1				1	1	1	1	1							3	2	1	1	3	2	1
100 - General Surgery	1	1			1		1	1			1	1				1	1	4	7	8	6	2	3	4
130 - Ophthalmology	14	19	15	7	1	3	2	4	2		2	5	1	1	2	3	3	2	3	1	2	2		
101 - Urology	11	8	9	8	10	5	6	6	2	5	9	7	9	10	5	4	1	2	7	4	4	3	9	8

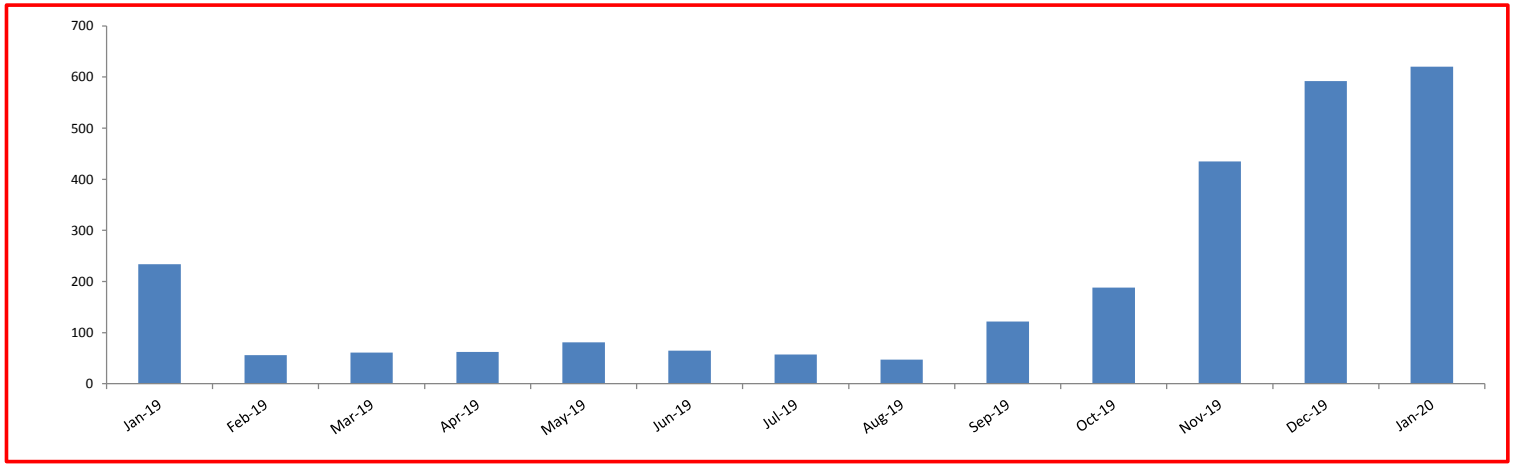
Performance Matters (KPIs)

DM01 Performance



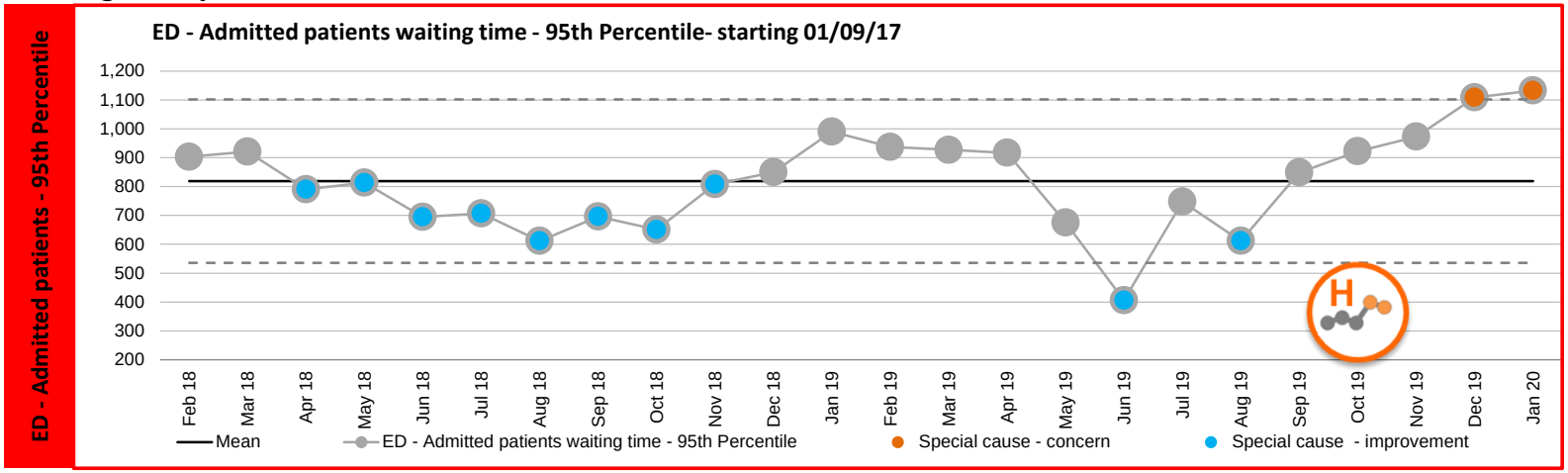
SPC

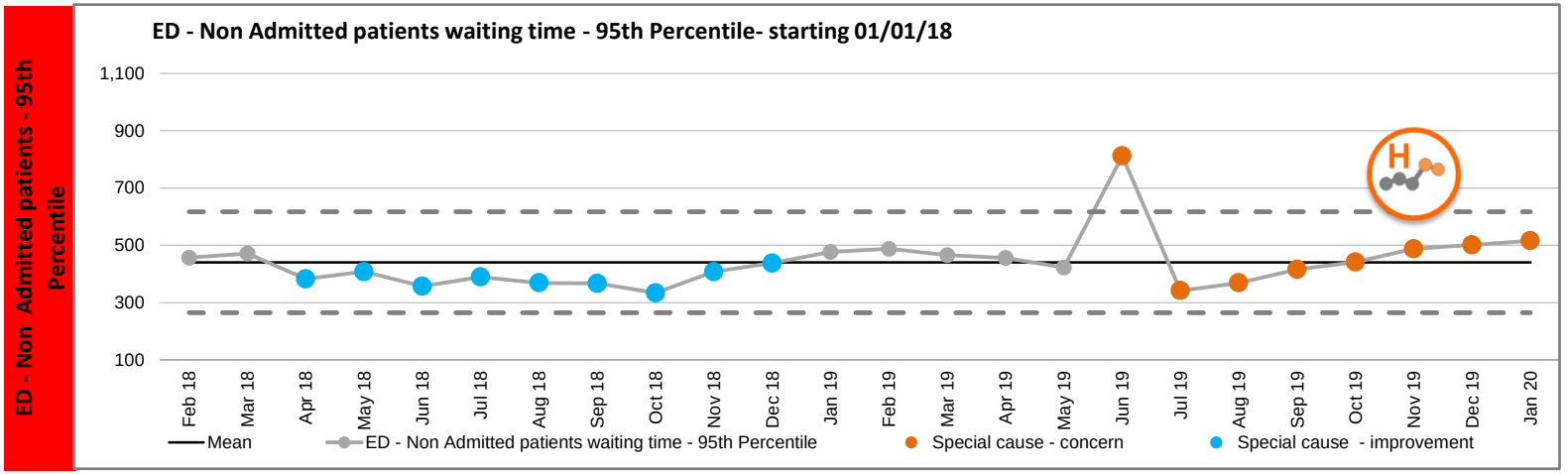
DM01 - Number of patients waiting over 6 weeks at month end (breaches)



Performance Matters (KPIs)

SPC Regulatory Performance - ED

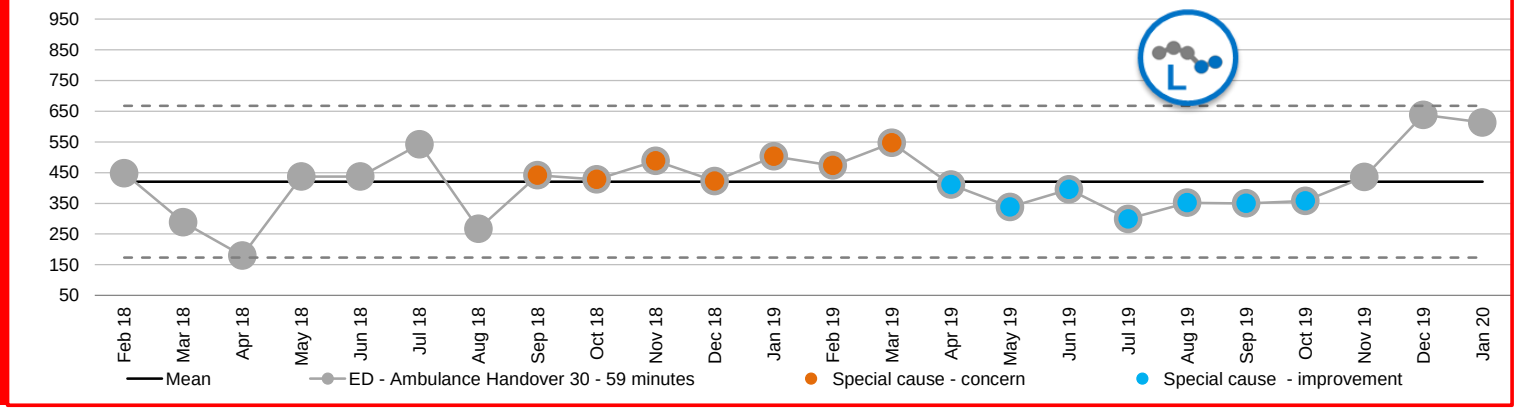




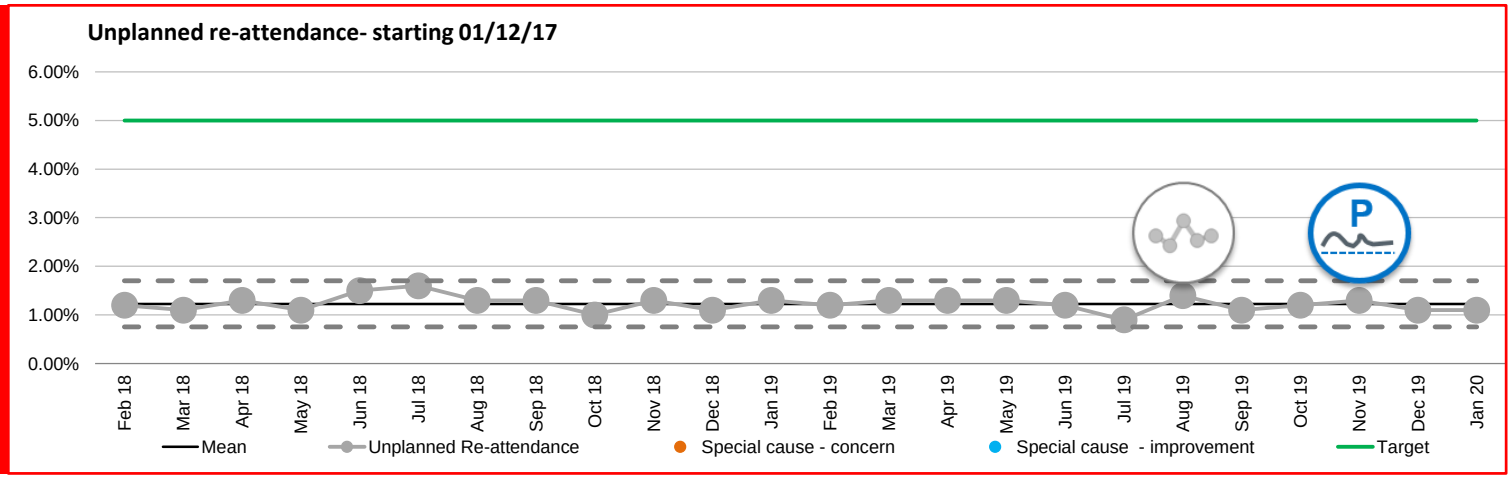
The Dudley Group NHS Foundation Trust

Performance Matters (KPIs)

Ambulance Handover - 30 - 59 mins



Unplanned Re-attendance



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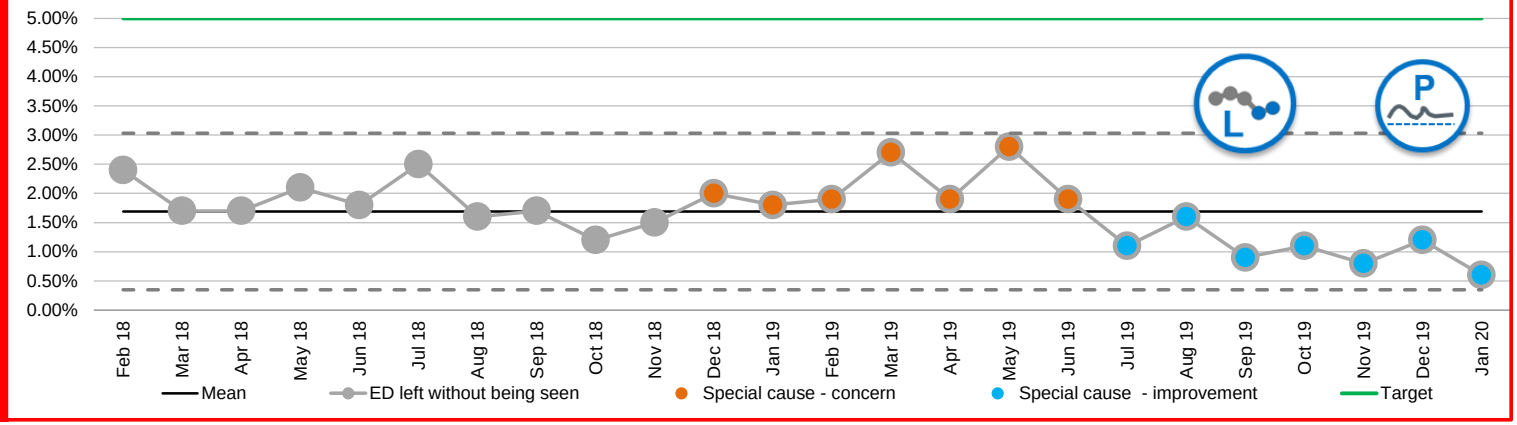
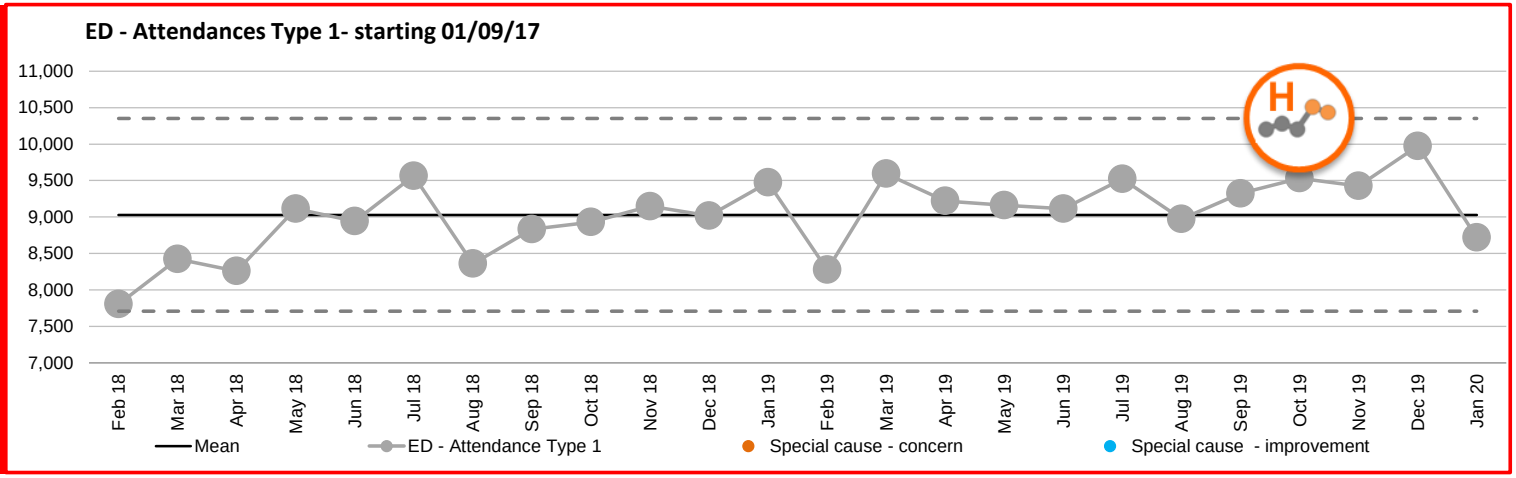
Performance Matters (KPIs)

ED - Left without being seen



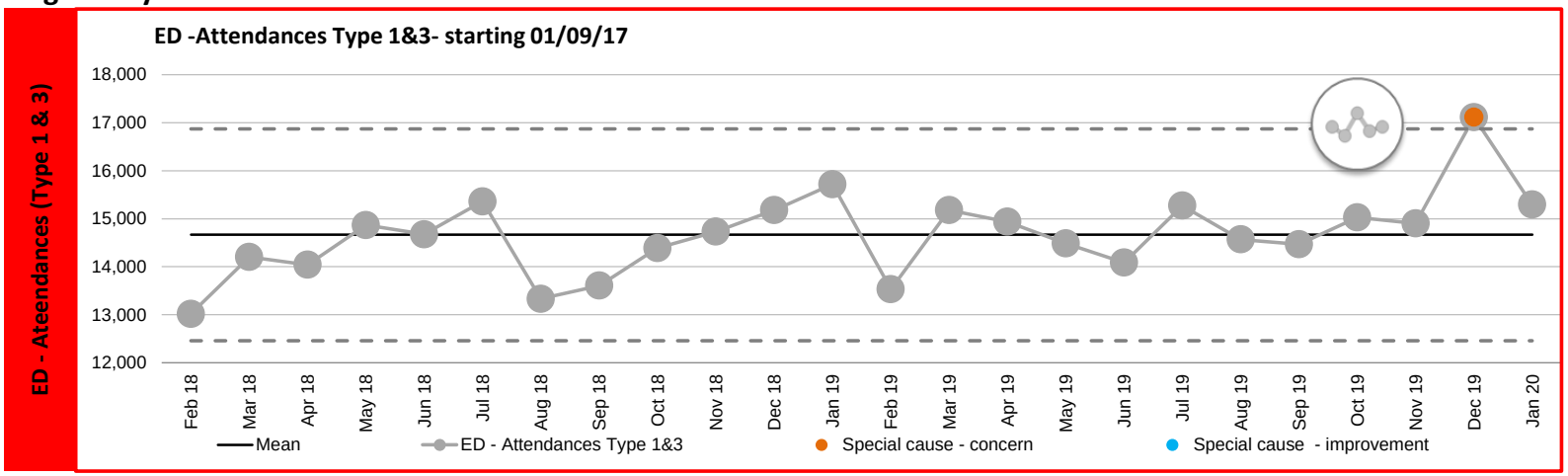
ED - Attendances (Type 1)

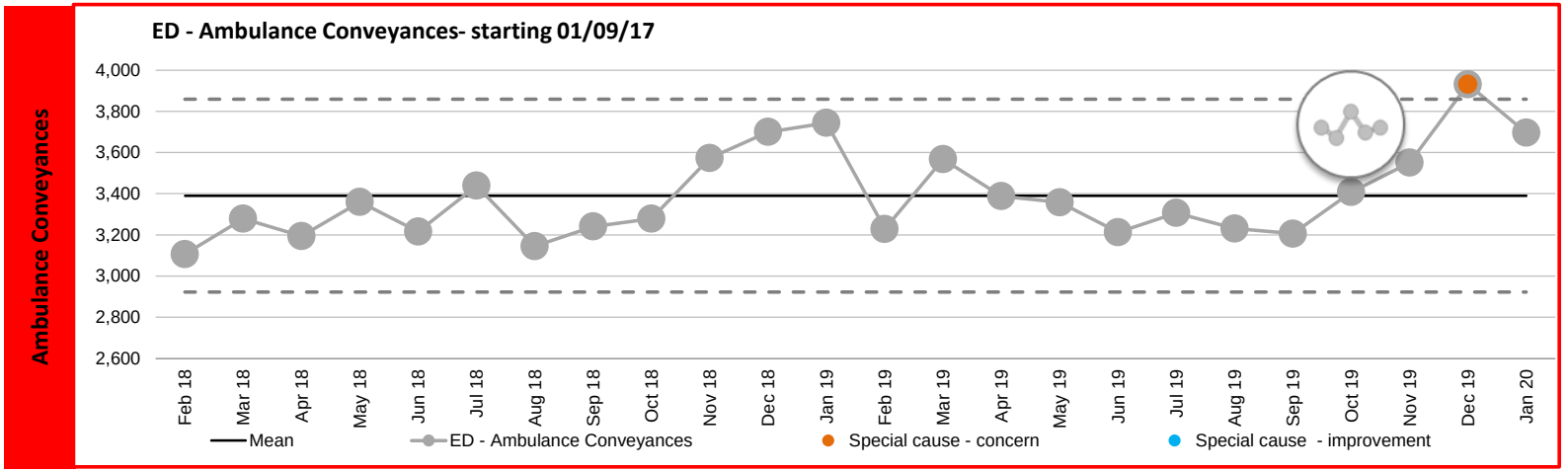


Performance Matters (KPIs)

The Dudley Group NHS Foundation Trust

Regulatory Performance - ED





The Dudley Group NHS Foundation Trust

Workforce - "At a glance"

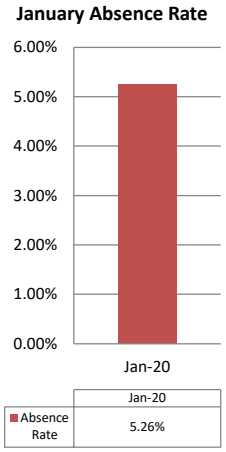
Executive lead:

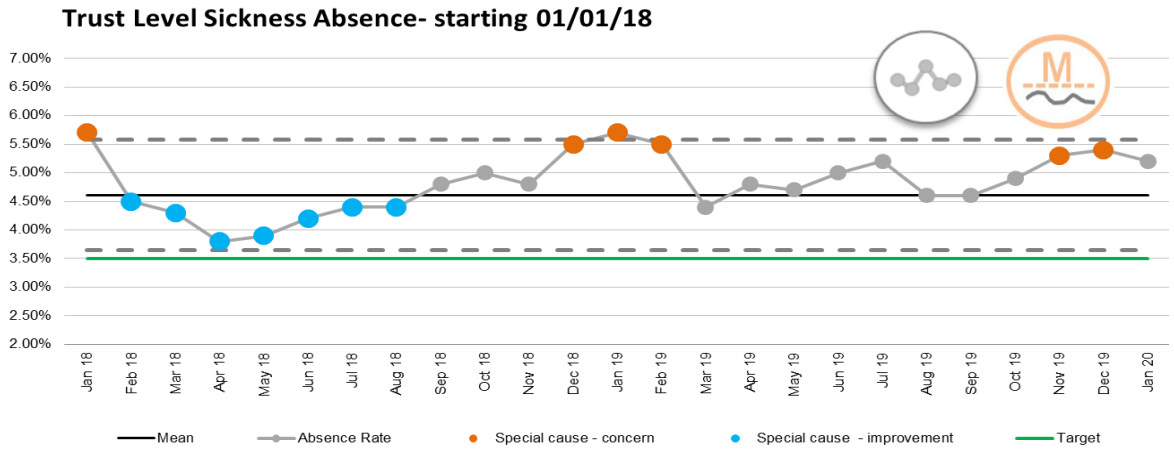
People	Target			Actual		Month
	19/20	Dec-19	Jan-20	YTD	Trend	Status
Workforce						
Sickness Absence Rate	3.50%	4.55%	5.26%	4.98%	↑	
Staff Turnover	8.5%	9.13%	9.13%	8.80%	↔	
Mandatory Training	90.0%	89.5%	89.5%	89.8%	↔	
Appraisal Rates - Total	90.0%	95.5%	95.5%	83.0%	↔	

Workforce Performance

The Dudley Group NHS Foundation Trust

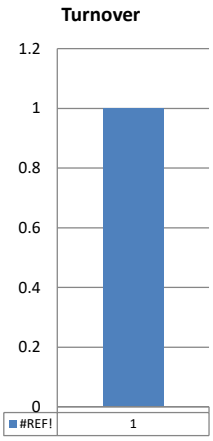
Sickness Absence - Target 3.50%

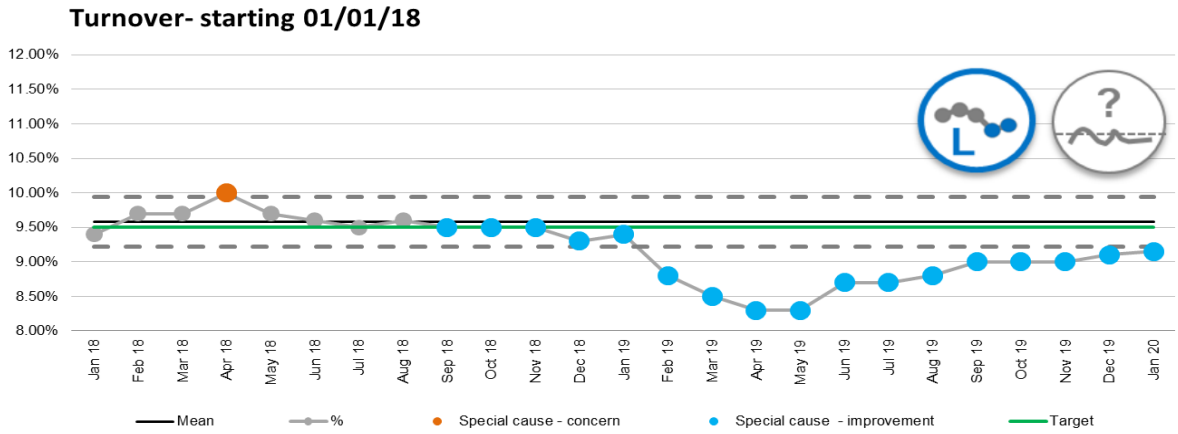




SPC review indicates that the Trust is expected to consistently miss the target. Sickness absence remains relatively constant at 5.26% in January when compared to the previous month. Whilst there have been decreases in the amount of time lost due to stress/anxiety this is still the most common reason (by time lost) for absence. Additionally whilst the amount of time lost due to 'Cough/colds' has decreased slightly the amount of time lost is still high and in addition a there has been an increase in the amount of time lost due to 'chest infections''.

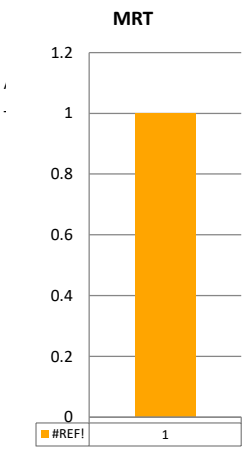
Turnover 8.5%

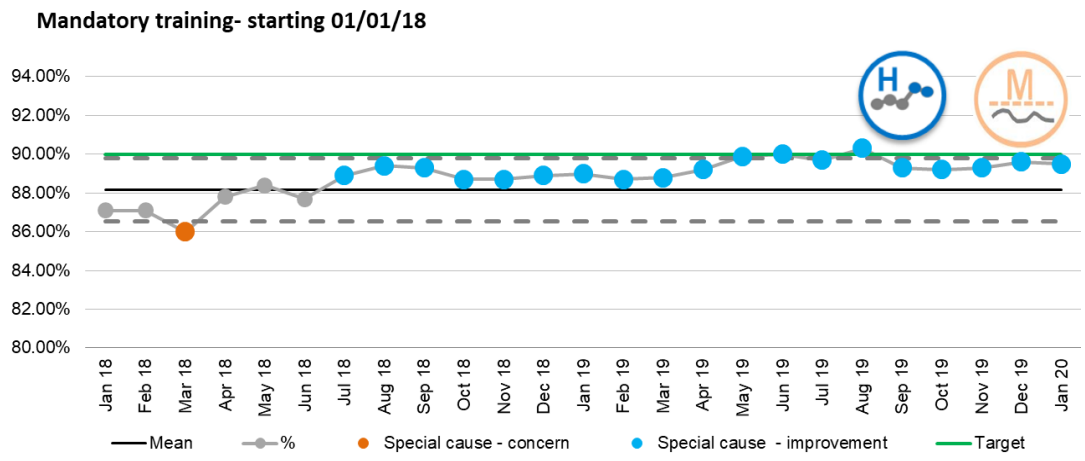




SPC review indicates that the Trust is expected to either achieve or miss the target subject to random variation. There has been a rotation of medical staff in February as well as a number of starters within the Trust Nursing Graduate scheme. These numbers will be reflected in next month (February activity) rerpots.

Mandatory Training - Target 90%





SPC review indicates that the Trust is expected to consistently miss the target. Mandatory Training remains just under the target of 90% with 89.50% performance. There are 21 statutory training subjects of which 18 subject hold either amber or green performance. There are three subjects which presently have red performance and are Resus Adult (75.85%) , Resus Paediatric (77.70%) and Reus Neonatal (76.02%).

Quality Indicators

Heat Map - January 2020

Ward	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	Datix 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 with GSF	Fluid Balance Management Audit	VTE Assessment Indicator	Pressure Ulcer Audit	FFT - Response Rate	FFT - Recommended %	Complaints	Compliments	Appraisals	Mandatory Training	RN Average Fill Rate (day shifts)	RN Average Fill Rate (night shifts)	Sickness Rate	Ward RAG Trend		
	Patient Safety & Quality																Clinical Indicators			Patient Experience				Workforce & Safer Staffing							
AMU			N/A					98	0		1											2	2						-3	-1	1
B1				N/A				15	4		1											1	2						0	-1	2
B2 Hip								20	4													1	17						1	1	-2
B2 Trauma								6	5		2											0	1						0	-1	1
B3								29	8													0	0						-2	1	1
B4			N/A					31	9													2	1						-3	-3	6
B5			N/A					14	1					N/D	N/D							1	1						0	1	1
C1								19	4													1	46						-4	2	1
C2			N/A	N/A	N/A		N/A	48	1													2	0						1	2	-3
C3			N/A					15	0													0	21						0	0	-1
C4								11	1										N/D			0	38						-1	1	1
C5								22	3													1	0						-2	1	1
C6								10	2													1	1						-5	0	3
C7			N/A					32	9													6	10						-1	1	0
C8			N/A					29	19		1								N/D			1	24						1	2	-3
CCU & PCCU			N/A					15	3													1	0						-1	-2	1
Critical Care			N/A					44	1													1	8						0	1	1
Maternity			N/A	N/A				88	0		1		N/A				N/A		N/A			3	9						1	0	0
MHDU								30	0													1	17						-2	0	2
Neonatal			N/A	N/A	N/A		N/A	18	N/A									N/A				0	32						-1	1	1
Trust Total	93%	100%	97.80%	92.10%		97%	99%	1490	109		6	2	96.30%	92.50%	95.50%	29%	97%	94.20%	97.50%			63	543	95%	89.50%						
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% G: 100%	R: <95% G: ≥95%	R: <95% G: ≥95%	R: <0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% 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% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26.18% A: 26.19%-32.74% G: ≥32.75%	R: <96.41% A: 96.42%-97.31% G: ≥97.32%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%			

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of 12th March 2020

TITLE:	Annual Report and Quality Account timetable 2019/20		
AUTHOR:	Derek Eaves, Professional Lead for Quality	**PRESENTER**	For information

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		x	

RECOMMENDATIONS

The Council of Governors is asked to receive and note the timetable for the preparation of the Annual Report and Quality Account for 2019/20 in particular noting the timing for the review of the draft quality account and the drafting of the Governor's comment.

Any governor wishing to view the annual report and accounts from previous years should visit the Trust website and search 'annual report'

CORPORATE OBJECTIVE:

SO 1 – Deliver a great patient experience SO 2 – 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:

Annual Report and Quality Account timetable 2019/20

Each year the Trust is required to prepare and submit annual accounts to NHSI/E, which must include a quality section.

The full report is laid before parliament. Each year, report preparation guidance is issued by NHSI/E. The timetable below sets out the estimated activities that will involve the Council of Governors in the coming year.

The draft version of the Quality Account will be circulated during March with the request for Governors to prepare a comment for inclusion.

Item/month	Dec 2019	Jan 2020	Feb	Mar	Apr	May	Jun	Jul
CoG – receive Timetable for production of 2019/20 Quality Account								
CoG - Agree indicator for local audit								
CoG - Preparation of Governor comment on draft Q Account				By 31st				
CoG - Annual Report & Accounts to private CoG and receive with audit report								
Annual report and quality account published AMM – Presentation of Annual Report & Accounts								

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK n/a

RISK	**N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Links all domains**
	NHSI	**Y**	**Details:** good governance
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE: Council of Governors 19/12/19**
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y/N**	**DATE:**

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 12th March 2020

TITLE:	**CLIP Report (Complaints, Litigation, Incident and PALS)**		
AUTHOR:	Justine Edwards, Patient Safety Manager Karen Obrenovic, Claims and Litigation Manager Lara Fullwood, Senior Complaints Co-ordinator	**PRESENTER**	For information

CLINICAL STRATEGIC AIMS

	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS

- To note the continued commitment to learning from Complaints, Litigation, Incidents and PALS across the Trust as demonstrated within the report.

.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

This report aggregates Complaints, Litigation Incidents and PALS (CLIP) for Quarter 3 (Q3) (2019/2020). All CLIP information is reported within the DATIX system and is aggregated to determine corporate themes and to highlight key issues. The intention of the report is to review the themes and trends within Q3 and to identify learning.

Key Themes identified

An aggregated approach to the analysis of the data has identified 8 key themes across complaints and incidents:

- Discharge
- Health records
- Waiting times and delays in Surgical Ambulatory Emergency Care (SAEC)
- Diagnostic Overshadowing

- Falls
- Communications - patient's with a hearing impairment
- Delay in Test results
- Anticipatory medicines

IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** all Domains
	NHSI	**Y**	**Details:** Well led framework
	Other	**Y**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**Y**	**DATE:** 28th January 2020 CQSPE 12th March 2020 full Council of Governors

CLIP REPORT QUARTER THREE 2019/20

1. INTRODUCTION

This report aggregates Complaints, Litigation Incidents and PALS (CLIP) for Quarter 3 2019/2020. All CLIP information is reported within the DATIX system and is aggregated to determine corporate themes and to highlight key issues. The intention of the report is to review the themes and trends within and to identify learning.

2. SUMMARY

2.1 Year on Year Quarterly Comparison

The following table provides an overview of the year on year CLIP totals for the same quarter for the preceding 2 years.

	Q3 2017/18	Q3 2018/19	Q3 2019/20
Complaints	101	145↑	211↑
Litigation	10	16	12
Incidents	4579	4386	4539
PALS (concerns and comments only)	731	604↓	611↑

On review complaints have received a year on year increase for the same period (Q3) over the last 3 years.

- Q3 2017/18 to Q3 2018/19 - a 43.5% increase.
- Q3 2018/19 to Q3 2019/20 – a 45.5% increase
- Q3 2017/18 to Q3 2019/20 - a 109% increase

Following a 60% increase in claims received in Quarter 3 2018/19 [n=16] the number of claims received decreased for Quarter 3 2019/20 by 25% compared to the same period for 2018/19.

Incidents have seen a 4.4% increase in Quarter 3 2019/2020 compared to Quarter 3 2018/2019 and is comparable to Quarter 3 2017/2018. The Trust continues to encourage incident reporting and the Patient Safety Team are delivering Governance training in the Divisions to encourage staff to report incidents. This details how it is everyones responsibility to ensure that incidents are reported and that a high level of incident reporting is seen as positive.

PALS concerns and comments received for Quarter 3 has seen a decrease in the number since Quarter 3 2017/18. This is due to calls that required sign posting are no longer included in the numbers.

2.2 12 Month Rolling Quarterly Comparison

The following table provides an overview of the rolling quarter CLIP totals reported.

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Complaints	146	141↓	167↑	211↑
Litigation	17	13	6	12
Incidents	4352	4287	4193	4539
PALS(concerns and comments only)	622	638↑	636↓	611↓

The last two quarters (Q2 and Q3 2019/20) for complaints have seen an unprecedented number of complaints received. On average for complaints, the number of complaints received each month is approximately 45-50. This has increased to approximately 55-70 complaints per month in Q2 and Q3 2019/20. The number of complaints received have generally increased which could be a consequence of the winter pressures/increasing demand on services. This goes hand in hand with

negative media coverage both locally and nationally of issues with the NHS. Q1 2019/20 did see a slight decrease in the number of complaints received but not a significant change. Historically over the financial year, we see a trend with Q1 receiving a slightly less number of complaints with Q2 usually being the highest number received. It is unusual to see such an increase for Q3 but a review of content and themes has not identified the reason for this.

The number of claims received for Q2 2019/20 demonstrates a decrease in Quarter 1 2019/2020, despite an increase in the number received for Q3 2019/20 these numbers are consistent with the number of claims typically received with each quarter.

It can be seen that there has been an 8% increase in the number of incidents reported in Quarter 3 2019/2020, this is in line with the Quality Priority 7 to achieve a 5% increase for incident reporting from the number reported in the previous financial year 208/2019. Work will be ongoing to raise awareness to report incidents and embed the subsequent learning

The quarter on quarter figures for PALS concerns and comments are generally as expected with slight variation quarter on quarter but remain consistently between 610- 640.

3. THEMES

3.1 Comparison Table of Themes (High Level)

The following table provides an aggregated overview of the common themes highlighted for Complaints, Litigation, Incidents and PALS.

Themes	Complaints	Litigation	Incidents	PALS
Admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)	√		√	√
Appointments including delays and cancellations / communications	√	√	√	√
Facilities Services	√			√
Failure/Delay in Treatment	√	√		√
Medication	√	√	√	√
Obstetrics	√			
Patient Care including Nutrition and Hydration				√
Palliative Care and End of Life	√		√	
Trust Administration	√			√
Values and Behaviours (staff)	√			√
Waiting times	√		√	√
Communications	√			√

It can be seen that there is some correlation of the themes across Complaints, Litigation, Incidents and PALS (CLIP). The main themes identified across the CLIP are around the categories of discharge, delays, waiting times and medication. These themes will be further considered within the report in relation to learning and its embedding to prevent recurrence and reduce the incidence of repetition.

3.2 Summary of Themes

Each of the themes of regular/new/increased reporting trends for complaints, litigation, incidents and PALS have been reviewed and aggregated to determine corporate themes, key issues and learning. Not all areas of learning can be aggregated across all and some relate to a theme within a singular or multiple capture system. The following are a summary of these

- Discharge
- Health records
- Waiting times and delays in Surgical Ambulatory Emergency Care (SAEC)
- Diagnostic Overshadowing
- Falls
- Communications - patient's with a hearing impairment
- Delay in Test results
- Anticipatory medicines

Section 3 will look at each of these in more detail and the associated learning and changes in practice.

4. BREAKDOWN DETAIL OF IDENTIFIED THEMES

4.1 Discharge

	INCIDENTS				COMPLAINTS		
	Q1 2019/2020	Q2 2019/2020	Q3 2019/2020		Q1 2019/2020	Q2 2019/2020	Q3 2019/2020
Discharge	90	83	60		9	15	9

There is a consistent theme across the CLIP in the first 3 quarters of 2019/2020 in relation to discharge. It is difficult to correlate the exact numbers of complaint which detail concerns around discharge as the data collection includes admissions, discharges and transfers; however it has been observed that there have been a number of complaints received with the primary subject of discharge, detailing issues such as level of support provided following discharge. The incidents relating to discharge include factors such as poor discharge into community, delays in discharge and discharge without plan or medicines. The number of incidents in relation to discharge has reduced by 33% over the last 3 Quarters 2019/2020 and this can be accredited to the initiatives being undertaken by the Trust

The Trust had previously taken the initiative "Don't waste time this life is mine" and improvements were detailed in Quarter 2 CLIP 2019/2020. Further initiatives are being developed which will support the principles of red to green and to reduce delays for patients, a dashboard has been developed and details the patient's across the Trust status in relation to red to green and will provide visual oversight of the progress of patient's care.

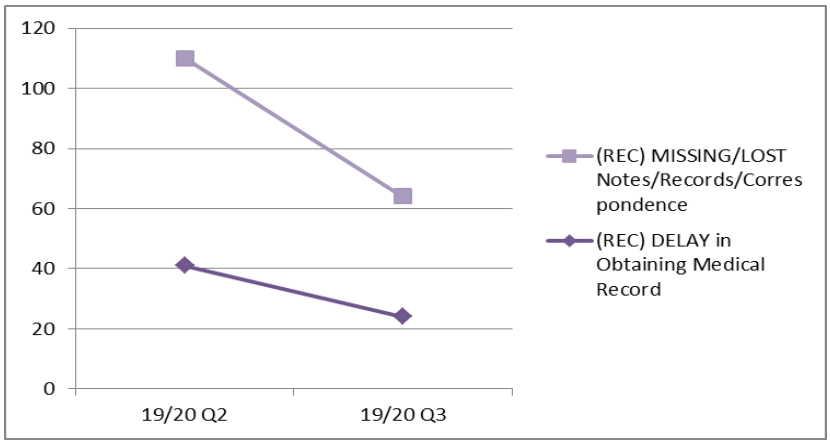
The Discharge Lounge Standard Operating Procedure has been revisited and this will include review of the discharge check list and making amendments to ensure that it is fit for purpose. The completion of the discharge checklist has been added to the perfect ward and an audit is undertaken by the matrons each month to ensure compliance an embedding.

In addition the long term condition team attend board rounds in the high turnover areas, such as ED, C3 and Amu to help with the transition of patients from hospital to the community. Community Nurses are involved in MDT's so that they are involved in the patient's pathway at an early stage.

4.2 Health records

The Trust had seen an increase in the number of incidents in relation to missing notes and delays in obtaining notes; this was reflected in complaints where surgery had been cancelled due to the availability of notes. The Trust introduced the iFit case note tracking system and this led to back log in tracking of notes and strategies were introduced to address the issue.

It can be seen in the chart below that this has led to a significant reduction in the number of incidents, a 43% reduction in incidents relating to missing/lost notes and a 42% reduction in incidents where there were delays in obtaining notes.



There are further improvements to be made and support has been secured from the IT team to support training and sessions are being held weekly. Spot checks are being undertaken by the health records team and staff not compliant will be referred to their line manager and they will be requested to complete the training again.

4.3 Waiting Times and delays in Surgical Ambulatory Emergency Care (SAEC)

There have been a number of complaints that have detailed delays in Surgical Ambulatory Emergency Care (SAEC); these delays are reflected within reported incidents, although small in number in Quarter 2 and 3 2019/2020 there were 10 incidents reported. There have been a number of improvements made to ensure that patients are well informed should there be any delays, this includes the introduction of a Triage dashboard which will provide the staff with oversight of the patients waiting and ensure that they are triaged within timescale. An additional Care Support Worker (CSW) has been secured and is based in the SAEC waiting areas to support winter pressures. The CSW is visible to the patients and can answer any concerns; they can then pass on the concerns to the Triage nurse. The area has appointed two Advanced Care Practitioners who will work in SAEC and this will help to improve the flow through the unit. The patient pathway SAEC managers are working with ED to move the unit to the front door as part of the ED redesign, this will help to improve efficiency and improve the pathway for patients requiring assessment in SAEC.

4.4 Diagnostic Overshadowing

A complaint was received relating to the management of a patient with learning disabilities, following fact finding this was then identified as a serious incident. The investigation highlighted staffs understanding of "Diagnostic Overshadowing", defined as Neurotrauma Law Nexus as 'Once a

diagnosis is made of a major condition there is a tendency to attribute all other problems to that diagnosis, thereby leaving other co-existing conditions undiagnosed'.

(www.mencap.org.uk)

Staff needed to be made aware that a key part of the health professional and patient relationship is creating trust and rapport. However, if the patient has difficulty communicating and being understood by others, this development can take time, which can be difficult in an acute trust. If these principles are not adopted, diagnostic overshadowing can occur when health professionals unwittingly do not apply the same diagnostic principles they would afford others.

This has prompted the development of a screen saver, Patient Safety Bulletin and information booklet for staff. The key points detailed to eliminate diagnostic overshadowing are described by Jim Blair, Royal College of Nursing consultant nurse:

- Assess people's health and wellbeing so that any changes in behaviour that may signify changes in condition or an illness are not attributed to their learning disability.
- Pay close attention to non-verbal communication, for example sounds, body positions, facial gestures and other non-verbal signs that may indicate pain, anxiety and discomfort.
- Be aware of the physical setting and how you can adjust it to support the patient's access, comfort and safety.
- Understand the issues around gaining consent clearly, and make every effort to gain consent.
- Seek out help from people who know the patient best and engage with family or supporters to help you communicate effectively with them. This may help you get to know the person and understand what is in their best interests if they lack capacity to consent.
- Liaise with learning disability team colleagues to support admission and discharge for hospital, or if someone with a learning disability does not turn up for an appointment.

4.5 Falls

The Trust continues to see incidents relating to falls, it can be seen that there has been an increase in numbers over the 3 quarters of 2019/2020. The Trust has not identified any trends the increase is widespread and not concentrated in any particular area in the Trust. Although there has been an increase it should be acknowledged that only 0.5% resulted in significant harm.

	19/20 Q1	19/20 Q2	19/20 Q3
All Patient falls	241	266	292
Patient falls reported as a serious incident	1	2	1

The patient falls lead is undertaking a review and will develop an action plan in response to the findings. One initiative that has already been taken forward is the trial of a new bed alarm, the alarm is currently being trialled on B6. The alarm is a wireless alarm as it was recognised that the wires from the existing bed alarms were getting disconnected and broken. The wireless alarm has a time out button and more audible tones. The bed alarms currently used by the Trust are consumables and not medical devices, whereas the bed alarms being trialled are rented from the company. Additionally the company maintain the alarms and they are replaced annually, this has been identified as more cost effective.

4.6 Communication - patient's with an hearing impairment

In Quarter 3 there has been a cluster of complaints around the service provision for deaf patients, this is not reflected across incidents and claims. The Audiology service has recognised that there was a need to introduce changes across the Trust to support patient with a hearing impairment and their carer's, as well as raising staff awareness of the resources already available. There are deaf awareness posters which are displayed across the Trust. These detail how to effectively communicate with people requiring additional support and offer patient's and relatives who are sensory impaired a card which will identify their needs. Staff have been reminded on how to use the HUB to access information from the British Sign Language Interpreter service in an emergency or out of hours. ED paediatric staff are to attend Makaton training, this will develop staff to enable them to utilise this unique form of language that uses symbols, signs and speech to enable people to communicate.

It has also been recognised by the service that the community audiology outpatient department does not have a text service available, this has led to discussions with the patient access team. They are currently reviewing how the 2 way texting system can be used for patient's attending the community ENT clinics.

4.7 Delay in test results

There was a serious incident delay in the receipt of a histology result due to multiple process failures for sending and chasing histology results between Dudley Group NHSFT and Royal Wolverhampton Trust. This process issue has not been reflected across any other aspects of the CLIP and not identified as a theme across the lower/no harm incidents. It was recognised that there was a need to review a number of the processes within the histopathology laboratory. This has led to the development of a Standard Operating Procedure (SOP) for tracking cases in and out of the department and this has been shared with all the staff and it incudes the process whereby the outstanding worklist is now gathered every ten days and sent to a New Cross representative to chase any outstanding New Cross results. Following the implementation of the SOP a Competency criteria was developed and staff assessed and deemed competent with the task. A record of the competencies has been uploaded onto QPulse

4.8 Anticipatory medicines

In Quarter 2 2019/2020 an new category was added to DATIX for Palliative/End of Life. Since the addition there has been a number of incidents reported relating to anticipatory medicines. Although anticiaptory medicines has not been a subject within complaints and PALS. There have been a number of incidents when a carer or family member has given the patient the medication via a PEG instead of waiting for the nurse to administer them subcutaneously. The community teams have received feedback that patients often do not know what the medicines are and how they should be used. To resolve this issue a leaflet has been produced to give to a patient when the medicines are first prescribed to help improve communications between health care professionals and the patient and their family. This aims to:

- Improve patient understanding of the purpose of these medicines;
- Reduce errors and risks associated with administering these medicines

- Avoid unnecessary prescribing and duplication.

A Patient Safety Bulletin has been shared across the Trust to inform staff of the leaflet that has been developed and how thius should be given to patient and family when anticipatory medicines are prescribed.