



Council of Governors Meeting

Friday 26th June 2020

Held in virtual session using web conferencing

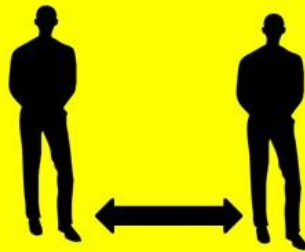
STAY SAFE

STOP THE SPREAD

Keeping our visitors, patients and staff safe



Wash your
hands often and
use the hand
gel provided



Maintain
social
distancing at
all times



Follow any one
way systems in
place
operations and
keep to the left

Help us help you



SOCIAL DISTANCING

New infection prevention and control (IPC) measures on the use of face masks to help prevent the spread of COVID-19 infection in hospitals were announced by the Secretary of State for Health and Social Care on 5th June 2020

Council of Governor meetings

PUBLIC INFORMATION SHEET

The Dudley Group's Council of Governors ordinarily 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.

However, due to the COVID-19 restrictions it is not currently possible to hold public meetings, although the Council of Governors will continue to publish the papers and minutes for these meetings. In addition, there is an option for members of the public to submit any questions they may have to the Council for consideration.

Questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net Responses will either be posted on the Council's meeting web page following the meeting or can be found in the minutes published in due course.

1. Introduction

This sheet provides some information about how the Council meetings work when held face-to-face.

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:

Liam Nevin
Trust Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

Helen Board
Governor and Membership Manager
The Dudley Group NHS Foundation Trust
Tel: 01384 321124 (direct dial) / 01384 456111 ext. 1124
Email: helen.benbow1@nhs.net

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 as described above.

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

Full Council of Governors meeting (virtual)

 Friday 26th June 2020, 14.45hr

Via Webex

Meeting in public session

No.	Time	Item	Paper ref.	By
1.	14.45	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.	14.50	Previous meeting 2.1 Re-appointment of the interim chair 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Catherine Holland, Senior Independent Director Yve Buckland, Chairman
3.	15.00	Governance arrangements FT governance arrangements 2020/21	Enclosure 2	Liam Nevin, Trust Secretary
4.	15.10	Chief Executive's and Chair's update	Enclosure 3 / verbal	Diane Wake, Chief Executive Yve Buckland, Chairman
5.	15.20	Safe, caring and responsive Update from Quality and Safety Committee	Enclosure 4	Liz Hughes, Committee Chair
6.	15.30	Effective 6.1 Update from Finance and Performance Committee 6.2 Update from Audit Committee - Annual Report timetable 6.3 Digital Trust Technology Committee	Enclosure 5 Enclosure 6 Verbal	Jonathan Hodgkin, Committee Chair Richard Miner, Committee Chair Catherine Holland, Committee Chair
7.	15.45	Well-Led 7.1 Update from Workforce and Staff Engagement Committee 7.2 Council of Governors Annual Review 2019/20	Enclosure 7 Enclosure 8	Julian Atkins, Committee Chair Liam Nevin, Trust Secretary

8.	15.55	Governor Matters <i>Relating to items other than the agenda and raised at least three days in advance of the meeting.</i>	Verbal	Fred Allen, Lead Governor
9.	16.00	Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
10.	16.10	Close of meeting and forward dates 2020: 10 th September – full Council of Governors <i>Annual members Meeting date tbc</i>	Verbal	Yve Buckland, Chairman
11.		Reflections on the meeting		All
12.	Quoracy <i>Eight Governors of which at least five are public elected plus chair or deputy chair</i>			

Paper for submission to the Council of Governors on
Friday 26th June 2020

TITLE:	Council of Governors – Note of Meeting held 22 nd May 2020 (using WebEx)		
AUTHOR:	Helen Board Deputy Trust Secretary (Interim)	PRESENTER	Yve Buckland, Trust Chairman Catherine Holland Senior Independent NED
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			x
RECOMMENDATIONS			
To note the items considered at the meeting of Governors on Friday 22 nd May 2020 (held virtually using WebEx).			
CORPORATE OBJECTIVES:			
All			
SUMMARY OF KEY ISSUES:			
<p>The online meeting/briefing held was hosted by Yve Buckland. To note that the meeting supported the Trusts intention to maintain proactive engagement with the Council. To note that a weekly briefing note from the chairman is provided to the Council to ensure governors are informed in a timely manner on matters relating to the Trust COVID-19 response and governance matters.</p> <p>All governors present except for apologies received from:</p> <p>Marlon Amulong Joanna Davies-Njie Maria Kisiel Atef Michael Edith Rollinson</p> <p>Online meetings had been previously held on 1st April and 22nd May and the chairman noted that all governors had now successfully achieved remote access.</p> <p>The meeting held on 22nd May provided an opportunity for Governors to hear from board members and receive updates on as follows:</p> <p>NEDs updates Workforce and Staff Engagement Committee, Julian Atkins, committee chair who highlighted the work being done by the Trust to support BAME and other vulnerable staff, action regarding risk assessment process, mandatory training performance and sickness absence rates.</p>			

Quality & Safety Committee, Liz Hughes, committee chair who highlighted the work of the Clinical Ethics Committee, the decrease in the number of incidents and the outcome of radiology reviews.

Finance & Performance Committee, Jonathan Hodgkin, committee chair who provided a positive update on Trust finances and Trust performance against the constitutional performance standards.

Digital Trust Technology Committee, Catherine Holland, committee chair reported that the Committee had been re-established and was to hold its first meeting in May 2020.

Audit Committee, Richard Miner committee chair who noted the arrangements for end of year reporting, self-certification, progress made with the licence self-certification declaration and the internal audit opinion.

Yve Buckland then invited Lowell Williams, Vij Randeniya and Gary Crowe to provide their thoughts about the Trust's COVID-19 response – all of whom were supportive of the effectiveness of the Executive team performance.

COVID-19 – update on key items

Diane Wake provided the latest COVID-19 figures relating to patients testing positive for COVID-19, staff testing, patients discharged and sadly those that had passed away.

Mr Parmley asked about the Trust's process for the swabbing of patients being discharged to a care home setting, how many Trust staff were involved with training in care homes and what assurances were there that care homes had sufficient PPE. Diane Wake advised all patients were swabbed 24 hours prior to discharge with the results provided to the care home to ensure they made appropriate arrangements for the ongoing care of the patient with isolation facilities as required. The assistance provided to care homes was a system wide activity and the Trust had provided help with PPE, swabbing and guidance..

Mr Allen asked what was known about a possible second surge. Diane Wake replied that a further surge was anticipated in June based on the modelling being done at regional and national level. There were other suggestions that a peak may occur in the autumn.

Staff Governors were asked to provide their feedback on the Trust's COVID-19 response and how staff were coping.

Mrs Marsh commented that the Trust had responded well, staff morale was good and confirmed that training for her dietitian's team had been welcomed and that they had adopted new ways of working such as virtual appointments – overall she had been proud of her team and the Trust as a whole.

Mr Walker commented that their teams had been busier than ever responding to changes required behind the scenes to support facilities required for the COVID-19 response such as increased oxygen supply.

Ms Faulkner concurred that staff morale was really good in these difficult times. Staff are coping very well and adapting to this new way of working. The feedback that she had received is around social distancing and desk space and how we are going to take this forward to ensure that everyone is supported. From a complaints and concerns perspective, starting to receive some concerns in relation to COVID-19, these relate to not being told results etc.

Governance arrangements

Mr Nevin advised that a paper would be formally submitted to the full Council meeting in June setting out the Foundation Trust office governance arrangements for the remainder of the year up to 31st March 2020.

Reappointment of Trust chair *[Yve Buckland left the meeting at this point]*

The Council of Governors were asked to approve the recommendation of the Remuneration and Appointment Committee to extend the appointment of Dame Yve Buckland as interim chairman for a further period.

All Governors present, representing the majority, agreed and it was formally resolved to re-appoint Dame Yve Buckland as interim Trust chairman for a further twelve months effective from the end of May 2020.

Next meeting

The next meeting of the full Council of Governors is scheduled for 26th June 2020 and will be held using online conferencing.

IMPLICATIONS OF PAPER:**IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK** *(set out narrative here)*

RISK	Y/N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y/N	Details:
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

Paper for submission to the Council of Governors on
Friday 26th June 2020 (virtual session)

TITLE:	Restoration & Recovery - Foundation Trust Governance arrangements April 2020 – March 2021		
AUTHOR:	Helen Board Deputy Trust Secretary (Interim)	PRESENTER	Liam Nevin, Trust Secretary
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
<p>To review and approve the proposed the Foundation Trust governance arrangements for the restoration and recovery during the period April 2020 to March 2021 related to:</p> <ol style="list-style-type: none"> 1. Chair and NED appraisals 2. Council of governors annual work plan 3. Council of Governor Elections 2020 4. Trust Constitution review 5. Trust public membership 6. Membership engagement activities 			
CORPORATE OBJECTIVES:			
All			
SUMMARY OF KEY ISSUES:			
<p>In line with guidance issued by NHS Improvement /England on 28th March 2020, in order to reduce the governance burden, many governance items were cancelled and/or deferred in response to the Government's level 4 incident status of the Coronavirus pandemic.</p> <p>Subsequent guidance relating to 'restoration and recovery' has been issued and the following sets out the proposals to reinstate and, in some cases, defer a number of activities:</p> <ol style="list-style-type: none"> 1. Chair and NED appraisals with supporting 360 degree process to be concluded by the end of September 2020 which represents an extension to the original timeframe of three months. 2. Council of Governors annual work plan quarterly meetings and committees of council are currently stood down. Weekly chairman's briefings will continue to be issued with monthly (or more frequent if required) on line briefing meetings held, hosted by the chairman. Non-executive directors to also participate in the briefings providing governors with an opportunity for engagement with Governors who will also continue to receive invitations to observe 			

committees of Board held using video conferencing.

Any items of business requiring full Council endorsement will be sought using remote methods such as video conferencing, telephone and email.

3. **Council of Governor Elections** proposed that the elections scheduled for December 2020 continue as planned. Constituencies with vacancies arising in December 2020 include:

December 2020

- Brierley Hill: Natalie Neale
- Dudley Central: Sandra Harris
- Halesowen: Rex Parmley
- South Staffs & Wyre Forest: Peter Siviter
- Stourbridge: Arthur Brown
- Tipton & Rowley Regis: Farzana Zaidi

Also to include Nursing & Midwifery – one vacancy left unfilled after last round of elections that concluded in November 2019.

Thereafter, elections are scheduled in 2021:

June 2021

- North Dudley: Yvonne Peers
- Nursing & Midwifery: Margaret Parker
- Partner organisations: Alan Walker
- Allied Health Professional (AHP) & Health Care Scientists (HCS): Edith Rollinson
- AHP & HCS: Ann Marsh

4. **Trust Constitution** review to be undertaken within its usual cycle during quarter 3 of the current financial year and submitted to the board of directors and the council of governors for approval in January 2021.
5. **Trust public membership** is to be maintained at 13,000 or more to comply with the conditions of our license. The number of public members at 31st March 2020 is 13,671. Each month the database is cleansed to remove those members who have deceased or moved away. Over the last 12 months, the public membership database has seen between 6 and 24 removed each month. This is expected to increase as an impact of the Coronavirus pandemic. The Trust has cancelled all face-to-face membership engagement where the bulk of new member sign up occur, and it is proposed to launch an on line campaign to sign up new members to replace those that are lost and continue to encourage new Trust volunteers to sign up.
6. **Membership engagement** events are cancelled until further notice. Publication of the quarterly Your Trust members' newsletter is also paused. Interim measures include provision of monthly email briefing to FT members.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK (set out narrative here)

RISK	Y/N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or	CQC	Y	Details: Well led
	NHSI	Y	Details: Good Governance

LEGAL REQUIREMENTS			
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE: May 2020
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

**Paper for submission to the Council of Governors
on 26th June 2020**

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Council of Governors are asked to note the contents of the report previously submitted at the Board of Directors on 11 th June 2020.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Coronavirus • Innovative Working • Trust Praised in House of Commons • The One Show • Charity Update • Visits and Events • National News • Regional News 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N	Risk Description:	
	Risk Register: N	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: Board of Directors 11th June 2020

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

Coronavirus (COVID-19)

Staff testing

We began antibody testing week commencing 25th May 2020 with the aim of ensuring every member of staff who wishes to have the test, can have the test. As at 3rd June 2020 we completed more than 2500 staff tests. The antibody blood test will show whether or not a staff member has developed antibodies to the virus. We are seeking consent from our patients and offering the test to them. We are also supporting primary care and other partner organisations. The support of our Pathology team and Phlebotomists has been fantastic to achieve this so quickly. Guidance is expected on the requirements of further staff testing.

An antibody test result can only tell an individual whether or not they have had the virus in the past. The presence of antibodies signals that the body has staged an immune response to the virus.

Antibody tests are also being used currently in surveillance studies, to understand what proportion of the population have already had the virus. Our understanding of the virus will grow as new scientific evidence and studies emerge.

Innovative working

Dealing with the COVID-19 crisis has led to some innovative ways of working from virtual outpatient appointments to changes to the way clinicians in the hospital and community have rapid access to patient results. I have been so impressed by everyone's response to the pandemic and for embracing new ways of working.

For example, **video consultation calls and virtual waiting rooms** are helping to ensure patients get the care they need during the COVID-19 pandemic. We were quick off the mark to introduce new nationally procured technology during the coronavirus lockdown. Our video consultation system Attend Anywhere has proved invaluable for patients to be able to get the consultations they require when it is not necessary for them to physically be at one of our sites. Where patients do need to come to our hospital or outpatients sites, we have measures in place to keep them safe including social distancing markers on our floors, hand gels are readily available and we swab every patient for COVID who comes for an overnight stay. For planned procedures, patients will also be tested before they come in for surgery.

Many of our staff now conduct meetings remotely using MS Teams **video conferencing** software which has proved efficient, avoids the need to locate rooms and travel, and supports social distancing. This gives staff in our isolation areas where they are unable to use mobiles the ability to communicate with colleagues and share patient information securely.

We have changed our practice across all of our community services dependant on clinical need. We have replaced many clinics with **telephone assessments** and home visits undertaken when clinically necessary. Our continence patients have said they are happy to have assessments/reviews instead of attending clinics. As we look at implementing more virtual assessments, there will be benefits, including an impact on reducing waiting times in some areas as we can have more 'slots'. We are looking to **implement therapy software** which will enable exercise classes to be held virtually, reduce amount of follow-ups and so release time to care. The flexibility of our staff and the way they have responded has been outstanding. Thank you to all our community teams.

Our nutritionists have created a **support pathway** to ensure patients have supplements prescribed to them. This has reduced the number of referrals allowing ward staff to concentrate on critically ill patients.

During the crisis our **Pharmacy Department organised an outpatient medicines home delivery service** which proved very popular with shielded patients. A nurse from our outpatient department was redeployed to support the Pharmacy Department organise volunteers to deliver medicines. This innovative approach has had a significant impact on patient care where our nurse has intervened in organising community nursing, equipment and treatment based counselling. Thank you to Anne Groucutt, Jane Elvidge and Natalie Hill for making this happens.

Our podiatry surgery staff were redeployed into theatre working in roles outside their normal practice which has demonstrated the diverse skills of our Allied Health Professional staff. We are now remodelling our current service.

There are many more examples of innovative working which is improving delivery of patient care and reducing face-to-face appointments.

Trust praised in House of Commons

Health Secretary Matt Hancock thanked staff at Russells Hall Hospital in the Commons on Tuesday 2nd June and said he would love to visit, either virtually or physically, when invited to do so by Stourbridge MP Suzanne Webb.

Ms Webb had raised the issue of the Trust urgently needing capital investment to enable services to re-start while adhering to social distancing. She praised the 'compassionate and heroic efforts' of staff and asked Mr Hancock to join her in thanking staff personally and discussing the investment needed by visiting.

Mr Hancock said he was 'delighted to thank everybody at Russells Hall'.

The One Show at Russells Hall Hospital

We were delighted to welcome BBC's The One Show to the hospital recently to help host Alex Jones surprise one of our wonderful volunteers Roger Brown after he was secretly nominated for One Big Thank You. We helped the team from The One Show pull off the big surprise for Roger, who has volunteered at Russells Hall Hospital for three years. The One Big Thank You included a surprise virtual performance from the Trust choir, of which Roger is a member, and a special thank you from choirmaster Gareth Malone.

It was a lovely piece and really lovely to see such a hero receiving the recognition he deserves. I would like to pay a special thank you to Roger for all his volunteering work and to those staff members who helped behind the scenes to stage the surprise.

Charity Update

COVID-19 has created an unprecedented response in the support of NHS Charities, both nationally and locally. The focus on NHS Charities has been phenomenal for fundraising and it has also raised awareness. We are making plans to maximise on this positive publicity by saying thank you, by demonstrating the benefits of all the donations and by involving our community in building a long term plan for the future of our Trust charity.



NHS Charities Together

www.nhscharitiestogether.co.uk

Our charity has recently become members of NHS Charities Together (previously called the Association of NHS Charities). This is a collective body representing all Trust Charities who are members. Our timely joining meant we didn't miss out on the initial grant of £32,000. We have since received a second grant of £35,000.



COVID-19 Dudley Group Crisis Appeal

www.justgiving.com/campaign/NHSThankYou

This appeal was created as we went into lockdown to support the DGNHS Charity. We have many examples of how the general public have been supporting our Trust because of the pandemic, both financially and with donations of gifts

Large COVID-19 related donations to date

£500,000	In Touch Games
£67,000	NHS Charities Together
£10,000	Marcegaglia corporate donation
£10,000	Bissill Charitable Trust
£10,000	Rotary Club Dudley
£7,000	MKR Charitable Trust
£5,000	Member of the public to say 'thank you to staff'
£3,500	Rotary Club Halesowen and Rowley Regis

Online Fundraising supporting COVID-19

A record 38 JustGiving Pages have been set up by members of the public and to date have raised £14,000 (including GiftAid).



Rainbow merchandise

The rainbow has become the **COVID-19 – Supporting our NHS** emblem. As a result a variety of handmade badges and keyrings have been donated to the Trust. Our volunteers have been selling them wherever possible and to date have raised £1,400 for the COVID-19 Appeal.



Super Hero 5 Week Strava Virtual Challenge

www.facebook.com/events/179940593410283

The Super Hero 5k running event, planned for June has now been relaunched as a Super Hero Strava Challenge. The Super Hero theme is now more important than ever and we hope for an enthusiastic take up. Entry is free by setting up a JustGiving page. Participants will be encouraged to dress up as super heroes.



Dudley – For the Love of Scrubs

www.facebook.com/groups/254724365682679

The charity helped support the launch of the 'Dudley – for the Love of Scrubs' Facebook Group. This is a local independent community group which co-ordinates the sewing of scrubs, facemasks, washbags and other hand-made items. They offer support and advice to its members. They liaise directly with the Trust.

Dudley Group NHS FT Scrubs appeal page

<http://www.dgft.nhs.uk/making-scrubs-for-our-hospital-staff/>

This information page is on the Trust website and has all the information needed for anyone wishing to make scrubs for our staff.

Non-financial donations

The Trust has been receiving numerous daily donations of food (pizza, curry, etc.) which has been distributed on across the Trust. We have also received various store cupboard essentials, toiletries, pyjamas and other goods which have been made up into 'well-being' gifts and care packages for those struggling either financially or logistically.

Visits and Events

14th May 2020

15th May 2020

21st May 2020

21st May 2020

22nd May 2020

29th May 2020

4th June 2020

8th June 2020

Board meeting

Virtual meeting with MP's

Clinical Shadowing shift

Live Chat

Virtual Council of Governors briefing

Live Chat

A&E Delivery Board

Live Chat

National NHS news

NHS England's national medical director insists Britain 'may still need' Nightingale hospitals

NHS England's national medical director has insisted, after doctors suggested they were lying empty due to the Government's over-reliance on worst case scenarios.

Telegraph (03.05.20)

HS2 protesters block sites and call for money to go to NHS Demonstrators have blocked access to building sites for the [HS2](#) high-speed railway in London and Warwickshire, in protest at construction work continuing amid the coronavirus crisis. The group, which calls itself HS2 Rebellion, claims the work is non-essential and that, by failing to stop during the lockdown, it is putting the lives of workers and their families at risk. **The Guardian (04.05.20)**

Matt Hancock launches contact-tracing app with Isle of Wight trial

A new contact-tracing app for managing the coronavirus outbreak will be piloted on the Isle of Wight this week, the health secretary has confirmed, despite concerns its centralised setup carries privacy risks and will reduce uptake.

Exclusive: 'Wobbly' tracing app 'failed' clinical safety and cyber security tests

The app is being trialled on the Isle of Wight this week, ahead of a national rollout later this month. Senior NHS sources told *HSJ* it had thus far failed all of the tests required for inclusion in the app library, including cyber security, performance and clinical safety. **Health Service Journal (04.05.20)**

NHS workers targeted by hostile states in 'malicious cyber campaigns'. NHS workers, researchers and civil servants involved in the fight against coronavirus are being [targeted by state-backed hackers](#), the UK and US have warned. The hackers "are actively targeting organisations involved in both national and international Covid-19 responses" to steal coronavirus secrets, the security services said. **Telegraph (05.05.20)**

Coronavirus: Reopening Scottish schools too early could 'overwhelm' NHS. Fully reopening primary schools in Scotland would "most likely" see the NHS overwhelmed by coronavirus within two months, Nicola Sturgeon has warned. The Scottish government has published a [new paper](#) of options for starting to lift the virus lockdown. **BBC News (05.05.20)**

NHS faces 'major problems' as charities contemplate withdrawing support. Multiple organisations told *HSJ* that they would have to cut down the help they offer people if they cannot shore up their income. All said they were unlikely to be eligible for the £750m charity funding the Treasury announced on 8 April. The work done by these charities includes nurses providing cancer care, nurse-led telephone support and social support services offered during hospital clinics. **Health Service Journal (06.05.20)**

Government cyber security chiefs warn NHS after hacking attacks. Healthcare organisations have been attacked by cyber criminals seeking to exploit the covid-19 pandemic, according to hacking experts in the UK and USA. Both countries' governments have issued fresh guidance after seeing "large-scale" attacks against national and international health bodies. **Health Service Journal (06.05.20)**

Ministers' unfulfilled coronavirus promises eroding UK public trust. It is a story that has been repeated throughout the coronavirus crisis. An under pressure minister makes a promise about the delivery of protective equipment, new technology or testing capability only to discover that reality fails to match the hype. **The Guardian (07.05.20)**

Coronavirus: NHS trust board tells CEO to ignore ban on buying PPE so it can better protect staff. Many trusts have been buying their own PPE to supplement deliveries from national procurement body NHS Supply Chain, but officials wrote to procurement directors last week saying PPE, along with ventilators and a range of other products in high demand due to Covid-19, will be sourced on a national level to reduce competition for supplies. **iNews (07.05.20)**

English NHS staff sent to Scotland to be tested for Covid-19. NHS STAFF based in England have been told to take seven-hour trips to Scotland in order to be tested for coronavirus, it has been claimed. Frontline workers from County Durham have been told by the Government's website to head to Edinburgh and Perth to get the test carried out – despite the Army recently setting up testing stations in the region, in Bishop Auckland and at Dalton Park. **The National (09.05.20)**

Academics say NHS should have responsibility for future pandemics. PLANNING for any future pandemics should be given to the NHS "free from political interference", academics have said, after the UK's Department of [Health](#) was "found wanting" during the coronavirus crisis. **The National (09.05.20)**

Coronavirus: 'Off-grid' mother's tirade against NHS staff. The mother of a family who have chosen to live an "alternative" lifestyle has criticised NHS staff for

putting [coronavirus](#) on death certificates "against the wishes of families" and posting videos on social media. **Echo News (10.05.20)**

Social care workers at 'significantly higher risk' than NHS staff. New data from the Office of National Statistics suggests social care workers are at a significantly higher risk of death from coronavirus than NHS staff. **Health Service Journal (11.05.20)**

Location data from NHS contact-tracing app could help avoid second lockdown, says former Health Secretary. The NHS [contact-tracing app](#) is still due to roll-out in "mid-May" Matt Hancock has insisted, as the former health secretary Andrew Lansley has said the location data it collects could help avoid a [second national lockdown](#). Mr Hancock said on Tuesday that the NHS Covid-19 App's [trial on the Isle of Wight](#) had "gone well" and that NHS developers had "learned lessons" from glitches users initially reported when it was released last week. **Telegraph (12.05.20)**

Vulnerable patients still without shielding advice, warns national cancer lead. There are extremely vulnerable patients with cancer who have yet to receive a letter advising them to shield from coronavirus, according an NHS clinical director. **Pulse Today (12.05.20)**

Thousands of coronavirus test results 'disappear'. The results of tens of thousands of Covid-19 key worker testing kits have reportedly gone missing, it has emerged. Data from essential workers' home testing and drive-through kits have been 'disappearing into a black hole,' according to NHS sources, reported the HSJ. Without the information, local authorities and organisations do not know exactly how many people in their area have tested positive for the virus. **Metro (13.05.20)**

NHS patients will have to isolate for two weeks before planned surgery. People going into hospital in England for planned surgery will in future have to isolate for two weeks before they arrive, in a move that will affect about 700,000 patients a month. Either they will have to separate themselves from other members of their household, or the whole family group will have to cut off contact with the outside world, for 14 days, just as people with coronavirus already do. **The Guardian (14.05.20)**

NHS triggers 'de-escalation' clause to allow private providers to restart work. Independent hospitals have been given the green light to start some private and NHS elective work, despite remaining 'block-booked' by the NHS in case of a covid surge. The private sector will remain block-booked under commission from NHS England. However, the national commissioner has triggered the "de-escalation notice" in the contract. **Health Service Journal (15.05.20)**

Investment in NHS digital transformation inadequate, says National Audit Office. Recent investment in the digital transformation of the NHS has been "inadequate", according to a report from the National Audit Office (NAO). Digital transformation involves updating existing IT and other digital services to improve how staff within the NHS are able to work as well as make such systems more secure. **ITV News (15.05.20)**

Coronavirus: Mental health of NHS staff at long-term risk. NHS staff are at risk of high rates of post-traumatic stress disorder if they don't get the right support as the coronavirus outbreak subsides, health service adviser Prof Neil Greenberg has said. **BBC News (15.05.20)**

Latest NHS IT revolution is failing to learn lessons from the last £10bn car crash. The UK government is failing to learn lessons from previous NHS IT disasters, including the £9.8bn National Programme for IT (NPfIT) fiasco, the National Audit Office (NAO) has found. **The Register (18.05.20)**

UK coronavirus testing extended to anyone over age of five. Coronavirus testing is being extended in the UK to anyone over the age of five with symptoms, [Matt Hancock](#) has announced, as it emerged that the national rollout for the government's new test and track response appears set to be delayed to June. **The Guardian (18.05.20)**

Loss of smell or taste added to NHS Covid-19 symptoms list. A loss of taste or smell have been added to the NHS coronavirus symptoms list, weeks after experts first raised concerns that Covid-19 cases are being missed. Anyone suffering loss of taste or smell, or a noticeable change, should now self-isolate for seven days to reduce the risk of spreading the infection, according to guidance from the UK's chief medical officers. **Kent Online (18.05.20)**

NHS coronavirus bereavement scheme extended to low-paid workers. A bereavement scheme granting indefinite leave to remain in the UK to relatives of foreign national [NHS](#) staff who die from Covid-19 has been extended to low-paid workers after their exclusion attracted criticism from Labour, trade unions and workers. **The Guardian (20.05.20)**

Track and trace strategy coming late in the day, NHS leaders warn. The Government has defended its position on track and trace, after NHS leaders warned that action to control the future spread of coronavirus is coming late in the day. **Enfield Independent (21.05.20)**

UK urged to scrap healthcare fee for migrant NHS workers. Anger is growing towards the British government over its refusal to exempt overseas NHS workers, many of whom are currently putting their lives at risk on the front lines of the coronavirus pandemic, from paying a fee for healthcare. **Aljazeera (21.05.20)**

Let's stop clapping for the NHS, says woman who started the ritual. The originator of the weekly "clap for carers" has said next Thursday's show of support should be the last, amid concerns the event has become politicised. Annemarie Plas, a Dutch national living in south London, said she was "overwhelmed" by the support for the ritual, but it was better to stop while it was at its peak. **The Guardian (22.05.28)**

CORONAVIRUS: No more deaths reported at York NHS trust hospitals. NO more deaths of patients with coronavirus have been reported at either York or Scarborough hospital. The news from NHS England means the total number of Covid-19 related fatalities at York Teaching Hospital NHS Foundation Trust remains at 196. **York Press (22.05.20)**

Why the NHS will not be back to normal for a very long time. Over the past few months, the thousands of organisations that make up the National Health Service, and the 1.7m people they employ, have turned their attention to one task: dealing with the pandemic. The astonishing transformation that resulted saved many people's lives, and the health service from collapse. Now, however, it must be undone. Medics everywhere are working out how to return to something like normality, even as the virus circulates. Many hospital chiefs believe doing so will prove even more difficult than the initial transformation. **The Economist (23.05.20)**

Matt Hancock unveils 'NHS Test and Trace' system to help end national lockdown. From Thursday at 9am, anyone who has Covid-19 symptoms should report themselves to NHS specialists to get a test. If they test positive, the NHS experts will then contact anyone who has been in close contact with them and ask them to isolate for 14 days, even if they do not have symptoms. **Evening Standard (27.05.20)**

Matt Hancock denies technical issues in NHS Test and Trace app. He told the daily coronavirus briefing that the system works better with human contact tracers. **The National (27.05.20)**

This is who the NHS needs to donate blood plasma to treat Covid patients. Initial findings from tests carried out on blood plasma donations taken from recovered Covid-19 patients by NHS Blood and Transplant (NHSBT) have revealed three key groups of people who are most likely to have potentially life-saving plasma. **Slough Observer (27.05.20)**

Government launches NHS Test and Trace service. In the latest efforts to limit the spread of coronavirus, Government have launched the new NHS Test and Trace service across England, aimed at helping to identify, contain and control the virus. **National Health Executive (28.05.20)**

Public Health England will keep personal data of people with coronavirus for 20 years. Personal data about people with coronavirus, collected by the NHS as part of the [test-and-trace programme](#), will be kept for 20 years according to a privacy notice posted by Public Health England. **The Guardian (28.05.20)**

Public have 'civic duty' to take part as NHS Test and Trace programme launches across England. System launched ahead of NHS app intended to help people find out if they have come into contact with anyone with Covid-19 symptoms. **Civil Service World (28.05.2020)**

William warns about mental health pressures on 'hero' NHS staff. The Duke of Cambridge has warned the COVID-19 outbreak could leave a legacy of "broken NHS staff" who felt they could not reach out for help. William said frontline doctors, nurses and other workers battling the coronavirus pandemic have rightly been hailed as "heroes" for their efforts. **Richmond & Twickenham Times (28.05.20)**

UK's first nursing degree apprentices graduate and take up roles. Newcastle Hospitals has seen its first students to have graduated from the Registered Nurse Degree Apprenticeship scheme, the first of its kind in the UK, and join the frontline within the trust's hospitals. **National Health Executive (28.05.20)**

Could it be the last Clap for Carers tonight? Today's Clap for Carers - where people across the region and the country applaud to show their appreciation and admiration for key workers - might be the last in its current format. **ITV news (28.05.20)**

Andy Murray to play in charity tournament for NHS organised by brother Jamie. Andy Murray will play in a tournament organised by brother Jamie that will raise money for NHS Charities Together. **BBC Sport (29.05.20)**

NHS moves to protect supplies of critical care equipment. Hospitals in England have been temporarily barred from ordering some key items of equipment used in intensive care units of "an exceptional increase in national demand", even as numbers of patients being treated for coronavirus falls. **Financial Times (29.05.20)**

NHS workers who died from coronavirus to be honoured in national memorial. The 20ft tall bronze monument - known as the '999 Cenotaph' - will be situated in central London, costing an estimated £3million. Britain's first national memorial dedicated to emergency services workers will now include a frontline hospital employee wearing scrubs and a protective face shield, as the coronavirus pandemic has spurred a change in the sculpture's original design. **iNews (30.05.2020)**

Anglia region has second highest daily coronavirus death toll in England. A further 28 patients have died with Covid-19 in hospitals in the Anglia region according to figures released by NHS England on Sunday. It is the highest number of daily deaths reported in any English region on Sunday apart from the North East and Yorkshire. The Anglia region reported, on Saturday, that 24 patients has died with coronavirus with 34 on Friday and 31 on Thursday. **ITV news (31.05.20)**

Privacy group prepares legal challenge to NHS test-and-trace scheme.

Privacy campaigners are preparing a legal challenge to the NHS's coronavirus test-and-trace programme as concerns grow about the amount of contact data that will be collected and retained by government. **The Guardian (31.05.20)**

NHS and councils booked 1,800 care home beds to 'free up hospitals'. New data has revealed that 1,800 beds were reserved at care homes at the start of the pandemic in 17 regions across England so hospitals wouldn't become overwhelmed, reported ITV News. They included 182 beds in Suffolk, 122 in the Wirral and 86 in Oxfordshire, said NHS clinical commissioning groups and councils. **Metro (31.05.20)**

New research centre will focus on BAME health issues in wake of Covid deaths. A new national centre is to be set up to specifically investigate the impact of race and ethnicity on patient health and the NHS workforce, which has been put in "stark" relief by Covid-19. **Nursing Times (31.05.20)**

NHS COVID-19 contact tracers say the 'shambolic' system is 'obviously not ready' and admit they have nothing to do all day – despite being paid up to £27-an-hour. Contact tracers have warned the NHS system designed to curb the spread of Covid-19 in Britain is 'obviously not ready' - and revealed they are being paid up to £27-an-hour to do nothing. **Daily Mail (01.06.2020)**

North Tees & Hartlepool achieves savings with medicines programmes. At a time when cost-saving was as crucial as ever in the NHS, the North Tees and Hartlepool NHS Foundation Trust achieved more than double its medicines savings target, delivering the best value for the North Tees and Hartlepool region and the wider NHS while maintaining high quality patient care. **National Health Executive (01.06.20)**

Regional NHS news

West Midlands Ambulance Service recruits 346 new 111 call handlers amid pandemic. The service has recruited 346 new 111 call handlers since the beginning of the pandemic, with nearly 40 more to come in the next two weeks. The initial job advert went live at the end of March. The WMAS said it received more than 1,000 applications received in one weekend. Bosses at the ambulance service said they anticipated the need for more call handlers when it became clear the country was heading for a major pandemic. **Express and Star (04.05.20)**

West Midlands patients urged to follow-up on cancer symptoms after referral drop-off. PEOPLE in the West Midlands who suspect they may have cancer symptoms are being urged to seek help despite the ongoing COVID-19 pandemic. Health leaders at NHS England and NHS Improvement in the Midlands are stressing the importance of having worrying signs checked out as soon as possible. **Oswestry Advertiser (04.05.20)**

Cancer referrals fall by half at Midlands NHS trust. Toby Lewis, chief executive of Sandwell and West Birmingham NHS Trust (SWBT), said people not attending GPs due to

coronavirus pressures had led to a 50 per cent fall in cancer referrals since the start of April.
Express and Star (07.05.20)

Hospital celebrates International Nurses Day. Staff on the children's ward at Russells Hall Hospital in Dudley turned the clock back for a tea party to celebrate International Nurses' Day. Morrison's supermarket in Kingswinford generously donated cakes for the party which was held to mark the annual May 12 celebration of the birthday of nursing heroine Florence Nightingale. **Stourbridge News (12.05.20)**

Frontline WMAS staff test positive for coronavirus, despite not showing symptoms. 3 per cent of frontline staff working for the West Midlands Ambulance Service have tested positive for coronavirus, despite not showing any symptoms. 16 staff members were found to have COVID-19 after testing over two days. The service says it shows the importance of social distancing. **ITV News (12.05.20)**

Marathon man A bighearted Halesowen man has raised more than £1.9k for the Dudley Group NHS Charity through a 'marathon' challenge which has seen him run more than 300 miles. Matthew Shilvock, of Briery Road, has run 10k a day for 50 days. **Dudley News (14.05.20)**

Children supporting NHS heroes Kind-hearted youngsters have walked and cycled to raise funds for NHS heroes in the Black Country. Having been inspired by the Clap for Carers event, nine-year-old Jaime Downing, from Wollaston, completed a 100km bike ride in aid of the Dudley Group NHS Foundation Trust. Meanwhile, Halesowen brothers Jacob and Noah Beecroft, aged eight and five, trekked the equivalent distance it takes to reach the summit of Snowdon. Both challenges aimed to raise £100 for the trust – but in the end, each clocked up more than 10 times that amount. **Express and Star (16.05.20)**

Health trusts recruit thousands for coronavirus research in West Midlands. A total of 9,742 patients are taking part in 20 pieces of research to better understand the virus and hopefully help to find a cure. It means the region is currently recruiting more participants to studies than any other area in the UK – coinciding with International Clinical Trials Day. **Express and Star (21.05.20)**

Migrant NHS cleaner 'proud' of his role as fee for overseas workers scrapped. A carer from Jamaica who works in the *West Midlands* and did not wish to be named welcomed the surcharge U-turn but called for it to be extended to everyone. **Shropshire Star (21.05.20)**

West Midlands and Warwickshire welcome becoming pilot area for Covid-19 'track and trace'. THE West Midlands and Warwickshire region has welcomed becoming a pilot area in developing a 'track and trace' system to contain coronavirus as lockdown eases. The rapid expansion of testing and tracing people who have been in contact with those with symptoms is seen as vital to preventing a second wave of Covid-19. **Coventry Observer (24.05.20)**

Record number call NHS for dental treatment in face of COVID-19. Dental care referrals in the West Midlands have spiked to the highest level ever recorded as the suspension of routine dentistry continues in response to COVID-19. In April, 10,292 callers were redirected to urgent dental care (UDC) hubs after ringing NHS 111 with oral health concerns, reports *The Express and Star*. This means one in 10 of all NHS 111 calls in the West Midlands region led to treatment advice involving a dental problem. **Dentistry Online (26.05.20)**

GP referrals drop across Black Country and Staffordshire. Health leaders have warned that the NHS faces a “wave of increasing demand” as the initial coronavirus peak abates, with a drop in non-Covid related activity during the crisis storing up problems for the future. **Express and Star (27.05.20)**

West Midlands’ 111 ambulance call answering 'is best in the country'. The West Midlands’ 111 service was the only one in the country to meet a national call-answering target, performing nearly twice as well as providers in some other areas, its chief says. **Shropshire Star (27.05.20)**

Brave the shave. A pair of dedicated frontline NHS workers have braved the shave to raise money for their department. The two members of Russells Hall Hospital’s Breast Imaging Department have had their locks chopped in aid of The Dudley Group NHS Charity. Consultant radiographer Anne Mannion and clinical superintendent Emma Dobbs took on the clippers at the Dudley hospital on Friday, May 22, while respecting social distancing measures and wearing face masks. Anne and Emma have been working tirelessly to support the Breast Imaging Department, which is reliant upon state of the art technology to treat patients. **Express & Star (28.05.20)**

The last Clap for Carers in the Midlands. People across the Midlands took part in what could be the last Clap for Carers last night (May 28). **ITV news (28.05.20)**

Coronavirus: Walsall trust creates stone garden memorial. A hospital trust has created a memorial to the friends, families and colleagues of staff who have died during the coronavirus pandemic. Painted stones were laid outside the A&E entrance at Walsall Manor Hospital in a socially distanced ceremony on Wednesday. **BBC News (28.05.20)**

School student launches petition calling for NHS day. A Black Country school pupil has created a petition calling for an annual day of recognition for NHS staff. **Express & Star (28.05.20)**

12 more coronavirus deaths confirmed in Black Country, Birmingham and Staffordshire. The rise means 2,344 patients have now died in the region's hospitals, while at least 527 people have died with the virus in care homes. **Express & Star (29.05.20)**

Coronavirus delaying cancer treatments for Birmingham patients, say GPs. Patients suspected of having cancer are not getting appointments or diagnostic tests in Birmingham because efforts are focused on coronavirus, GPs say. **BBC News (29.05.20)**

Surge in excess deaths recorded in Herefordshire in April. Deaths in Herefordshire surged above usual levels in April as coronavirus crisis took hold, official figures show. **Ludlow & Tenbury Wells (30.05.20)**

Seven more coronavirus deaths confirmed in Black Country, Birmingham and Staffordshire. Four new deaths were confirmed at the University Hospitals Birmingham NHS Foundation Trust where 913 patients have now died. The trust runs Queen Elizabeth, Heartlands, Good Hope and Solihull hospitals and has had more coronavirus deaths than any trust in the country. **Express & Star (31.05.20)**

Paper for submission to Council of Governors
26th June 2020

TITLE:	Quality & Safety Committee Highlights Report for 26 th May 2020		
AUTHOR:	Julie Everingham – PA to the Chief Nurse	PRESENTER	Elizabeth Hughes, Non-executive Director
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Council 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:			
<ul style="list-style-type: none"> 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:

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE TO PUBLIC BOARD

Date Committee last met: 26/05/20

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> VTE assessment compliance worsened in March 2020 and it is recognised that targets will only consistently be met once an electronic solution is in place. C Holland will raise this at the Digital Committee as a priority and personally with Adam Thomas. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Paper to be provided to the Committee in November 2020 once the NORSE re-audit has been undertaken.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Gold Standards Framework has embedded further during the COVID pandemic and DGFT CCU will be the first CCU in the country to be awarded accreditation. The Committee commended the work under taken by Dr Jo Bowen and her team. The paper highlighted the fantastic work the team have done in supporting patients and staff through the pandemic. The Committee commended the work undertaken by the Ethics Committee and welcomed it's continuation. The Committee were provided with assurance regarding the Plain Film Backlog of reporting. All reporting will now go through a Radiologist and there will be no auto-reporting and a monthly ad-hoc check will be in place to ensure none have been submitted through the auto-reporting system. A final report will be provided to the Committee after final sign-off from the Harm Review. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Trust to uphold a firm process regarding correct blood labelling of tubes and clear communication to be provided to new cohort of junior doctors.
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> The meeting took place via Webex with a reduced attendance limited to presenters, Board Secretary, Executive and Non-Executive Directors The meeting was declared quorate 	

**Paper for submission to the Council of Governors
on 26th June 2020**

TITLE:	Update from the Finance and Performance Committee		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	PRESENTER	Jonathan Hodgkin F & P Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Council 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.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
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:

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 28 May 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Positive financial outcome for 2020/21 possible in part because of additional support to recognise the historic underfunding of urgent and emergency care • Operational changes due to COVID-19 are complicating assurance around divisional spend • Cancer, diagnostics and referral to treatment performance have all been adversely affected by COVID-19 pressures 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • ED redesign project paused with NHSI support and will restart post COVID-19 • Divisional budgets being recast to enable greater assurance around spend in the second half of the year • Potential transformation cost improvement plans to be reviewed • Restoration and recovery performance to be benchmarked regionally
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Final Trust I&E outturn for 2020/21 was a surplus of £3.5m. Consequently the Trust has delivered a net surplus over the last two years taken together. This is a very significant achievement • The interim national financial framework (initially for April to July, but likely to be extended, possibly until the end of the year) is intended to ensure that the Trust achieves breakeven. Initial indications are that this should be the case • Potentially the interim financial framework could also provide the basis for a reset of finances going forward • Healthy cash balance of between £35k and £45k due to timing of payments under the interim financial framework • Emergency Access Standard currently being achieved. This is a very significant achievement • Restoration and recovery plans developed and progress to be monitored by the committee 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • To develop a detailed business case for a 60 bed modular ward to meet potential future COVID-19 demand, accommodate the capacity implications of social distancing and facilitate the delivery of the ED redesign
<p>Chair's comments on the effectiveness of the meeting: Meeting frequency impacted by COVID-19. Virtual meetings not as effective as face-to-face, but the best option at this time</p>	

**Paper for submission to the Council of Governors
on 26th June 2020**

TITLE:	Update from the Audit Committee		
AUTHOR:	Richard Minder Audit Committee Chair	PRESENTER	Richard Miner Audit Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Council is asked to note the contents of the report.			
CORPORATE OBJECTIVE:			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Summary reports from Audit Committee meetings held April and May 2020.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N	Risk Description:	
	Risk Register: N	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	N	Details:
	Other	Y	Details: Good Governance
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 16 March 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Follow up actions and timings arising from partial assurance reports on radiology and sickness absence Of £31,475 of losses on overseas visitors, £30,806 refers to previous years. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Internal audit EPR work deferred until early 2020/21 Advisory work on CQC radiology recommendations to be finalised Follow up of internal audit recommendations Continued development of the BAF involving further work on aligning some of the risk mitigations.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Chris Walker (Deputy DoF) appointed fraud champion Substantial assurance in respect of cash receipting and treasury management, journals/supplier payments, general ledger and financial reporting, creditor payments Reasonable assurance in respect of CIP delivery and scrutiny Partial assurance in respect of radiology reporting and escalations; sickness absence Clinical audit programme remains “on track” Losses on current numbers for overseas visitors remain well controlled. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Approved the LCFS work plan for 2020/21 Approved 2020/21 internal audit plan and strategy Approved changes to 2019/20 internal audit plan Ratified anti-fraud and bribery and research governance policies Approved 2019/20 external audit plan (and fees in principle) Approved the accounting policies for 2019/20 and the segmental analysis disclosure
<p>Chair’s comments on the effectiveness of the meeting:</p> <p>The period since the last committee (November) and a substantial number of IA reports provided scope for a lot of discussion and challenge.</p>	

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 20 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">At the previous meeting, the Committee requested a verbal update on progress in a number of areas: clinical audit, radiology, consultant job planning, workforce processes and declaration of interest policy. These have been deferred due to Covid19 pressures and will be reviewed again in September.	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">Awaiting final versions of the Annual Accounts and Annual Report for approval.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">The Committee is able to endorse the declarations made in the NHS Provider Licence Self-Certification and which reflects the Trust's improved financial position.That the Head of Internal Audit Opinion for 2019/20 was able to confirm that the Organisation "has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective."Follow up actions on CQC radiology report and partial assurance on electronic rostering.The LCFS annual report which has shown continued improvement.The Committees commitment and acknowledgement of the Trust's anti-fraud culture and an effective risk management process.Noted the losses and special payments report for Q4 which indicates these remain at tolerable levels.	DECISIONS MADE <ul style="list-style-type: none">Agreed changes to the Internal Audit plan driven mainly by the accessibility constraints of Covid19.Approved the 2019/20 Local Counter Fraud Service (LCFS) annual report.Approved the Audit Committee Annual Report for 2019/20.
Chair's comments on the effectiveness of the meeting: The first virtual meeting of the Audit Committee which seemed to work well with full participation and no technical problems.	

Paper for submission to the Board of Directors
on Thursday 11th June

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 26th May 2020		
AUTHOR:	Julian Atkins	PRESENTER	Julian Atkins
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
The Board 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:

	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

CHAIRS LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met:

26th May 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Whilst there were no new risks added to the register since the last report, the Committee discussed concerns regarding the ongoing impact of COVID on the health and wellbeing of the Trust's workforce. In particular the Committee highlighted concerns regarding the service model, capacity and scope of the Staff Health and Wellbeing service (SHAW) to meet the needs of the workforce and to fully support restoration and recovery. The Committee was advised that some improvements have already been implemented, i.e. addition of the new 24-7 counselling service. The Committee were also advised that work is currently being undertaken to review the SHAW service model, including the proposed for an external review of the service (operating model, staffing model, performance KPI's), which will be considered by the Trust Executive Team. The Committee has asked for an update on this work to the next Workforce Committee. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee supported a programme of work that is being undertaken to scope the assimilation of those staff that remain on local T&C's (81 staff in total) onto A4C. The trust is an outlier nationally and locally. This will support recruitment and retention strategies. The Committee received an update on the Equality and Inclusion work programme, which set out some positive developments since the last meeting, but also an ambitious work plan for the next 12 months. This is a key priority for the Trust. Given the recent guidance from NHSI/E, NHS Employers and HSE regarding measures to keep staff safe whilst working, including promoting and supporting remote working (where possible), the Committee has asked for a paper to its next meeting setting out the Trust's vision for transforming ways of working.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Work has been undertaken to strengthen the Trust's job evaluation process. Additional training is being organised to increase the number of individuals trained in both job evaluation and consistency reviews and have introduced a set of KPI's. The HR team have improved the workforce KPI report, which the Committee was pleased to receive. The May report provided greater depth of analysis, as well as a detail and narrative to support discussions regarding practical actions and next steps. Further improvements are planned for the next report due to be presented to the Workforce Committee in July. The Committee was pleased to see that despite the major challenges of recent weeks the Trusts has been able to sustain a credible performance for mandatory training. All statutory subjects are within Amber (80.0% >) or Green (90.0%>) R.A.G.-rating, with exceptions of Adult Resuscitation, Paediatric Resuscitation, Neonatal Resuscitation, Adult Safeguarding 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Amendments to the DBS renewal process were approved. Self-declaration will now be used rather than a 3 year rolling DBS programme, which will form part of the annual appraisal process. This is in line with the approach taken by other Trusts and will increase compliance (currently 60%). Key roles, with greater risk will still be required to follow a DBS renewal programme. The Committee Chair led a discussion regarding the findings and recommendations from an audit report on E-Rostering that was presented to the Audit Committee in May. This report highlights some issues regarding the implementation of nurse rostering. James Fleet and Mary Sexton have committed to reviewing the audit report and to report back to the next meeting of the Workforce Committee.

<p>Level 2, and Child Safeguarding Level 3. The Committee recognised that the L&D team have worked hard to sustain performance in exceptional circumstances.</p> <ul style="list-style-type: none"> • The Committee was pleased to note that the Trust will be recruiting a Head of Equality and Inclusion in the coming months to support the major work programme for Equality and Inclusion. The Committee is also championing the launch of the first two Staff Inclusion Networks during June (LGBTQ+ and BAME). 	
<p>Chair's comments on the effectiveness of the meeting:</p> <p>We reverted to a streamlined attendance for this month's meeting, which worked well, enabling greater depth of discussion and with clearer focus on actions. The updates on Equality and Inclusion were welcomed; there is clear progress but also much more to do in the coming weeks and months which will remain a key area of focus for the Workforce Committee. The Committee also recognised the great work that the training team have undertaken to sustain mandatory training performance, at such a challenging time. In future meetings I am keen to see a stronger input from Divisional colleagues across the range of workforce and people domains.</p>	

Paper for submission to the Council of Governors
26th June 2020

TITLE	Council of Governors Effectiveness Survey 2020 – summary report																																																			
AUTHOR	Helen Board Deputy Trust Secretary (Interim)	PRESENTER	Liam Nevin Trust Secretary																																																	
CLINICAL STRATEGIC AIMS																																																				
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>																																																		
<i>Provide specialist services to patients from the Black Country and further afield.</i>																																																				
ACTION REQUIRED OF COUNCIL																																																				
Decision	Approval	Discussion	Other																																																	
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RECOMMENDATIONS																																																				
SUMMARY OF KEY ISSUES:																																																				
<p>In keeping with best practice, each year the Trust supports a review which considers the effectiveness of the Trust's Council of Governors. The timeline developed to support the 2019/20 process is:</p> <table border="1"> <thead> <tr> <th>Activity/month 2019/20</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>June</th> <th>July</th> <th>Sept</th> </tr> </thead> <tbody> <tr> <td>Survey circulated to all Council members to respond by 31 January 2020</td> <td align="center">■</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Collate data from survey responses</td> <td></td> <td align="center">■</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Review results</td> <td></td> <td></td> <td align="center">■</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Written report to full Council of Governors meeting</td> <td></td> <td></td> <td></td> <td align="center">■</td> <td></td> <td></td> </tr> <tr> <td>Governors workshop to review results, develop actions</td> <td></td> <td></td> <td></td> <td></td> <td align="center">■</td> <td></td> </tr> <tr> <td>Update on actions to full Council of Governors meeting</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td align="center">■</td> </tr> </tbody> </table>				Activity/month 2019/20	Jan	Feb	Mar	June	July	Sept	Survey circulated to all Council members to respond by 31 January 2020	■						Collate data from survey responses		■					Review results			■				Written report to full Council of Governors meeting				■			Governors workshop to review results, develop actions					■		Update on actions to full Council of Governors meeting						■
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<p>The Council of Governors is asked to receive the following summary:</p> <p>This survey was issued to 24 Council of Governor members in post at that time with only a minority responding. Nine governors responded to the 48 questions across 10 categories including an option for free text comments.</p> <p>Initial analysis of the results has identified a small number of responses raised some issues that would benefit from further discussion with the wider council. The inclusion of free text boxes has proved useful in securing additional commentary to give context to the responses. See appendix 1 for the list of survey questions.</p> <p>Potential areas for further discussion based on exceptions as listed:</p> <p><u>Holding to Account</u></p>																																																				

There were the following respondents that **disagreed**:

- One disagreed that what they are told by the Board of Directors matches what they are told by staff and patient governors
- One strongly disagreed issues that have been raised with Board Directors have been dealt with promptly and to their satisfaction
- One disagreed that Directors genuinely listen to what governors have to say

Engagement and Direction

There were no notable exceptions.

Information

There was one respondent to each question that strongly disagreed to all statements regarding provision, clarity, utilisation of information provided and frequency and level of important information provided.

Role Clarity

All respondents replied strongly agree/agree to each of the questions in this section.

Chairs Leadership

All respondents replied strongly agree/agree to each of the six questions in this section.

Committee Structure

There were two who slightly disagreed/ strongly disagreed with three of the four statements in this section.

Group dynamics

There were the following respondents that **disagreed**:

- One disagreed the Council had agreed a Code of Conduct
- One disagreed that the behaviour of governors is consistent with the values of the FT and public service

Training and development

- One respondent disagreed that longer serving governors supported the development of new governors.

Support to the Council

There were the following respondents that **disagreed**:

- One that paper arrived at least five days before a meeting of the Council
- One disagreed the support provided to the Council enable effective engagement with its membership
- One disagreed meetings of the Council are held at times and in places to enable the maximum number of Governors to attend

Composition

- One disagreed the composition of the Council of Governors is appropriately representative of the local community and stakeholders organisation of the FT
- Three disagreed they are aware of the skills and background of each Governor
- Two disagreed the Council of Governors as a whole has an appropriate balance of knowledge and experience in order to allow it to conduct its business. There is no reliance on a few Governors

Free text boxes were also provided with the analysis of all comments **themed and summarised** as follows:

Suggestions made to improve the effectiveness of the Council:

Information

- Accurate, clear and timely information illustrating Trust performance against KPIs with historic

- comparisons
- Summarise reports

Governor development training

- Frequent informal meetings with lead governor
- The opportunity to do some group work and get to know both other governors and non- executive directors

Meeting arrangements

- Papers to come sooner
- Regular attendance at Council meetings of NEDs and senior managers
- Improved communication with senior managers i.e. medics, matrons
- Length of meetings
- Reduce the paperwork
- MP attendance at Governor meetings
- Encourage better attendance by all Governors at Council and Committee meetings

Other

- Not to focus on personal matters in meetings and signposted to the correct team for resolution e.g. the PALS or complaints teams
- Cease Chinese whispers
- Better awareness of peoples diversity and their needs
- Liaising with other NHS Trusts to share good practice

Things listed that the Council should **continue** to support the effectiveness of the Council:

- To continue to provide training for governors
- Regular informal meetings with the NEDs & Chair
- A good level of communication
- Training and Development
- Events, fundraising and promotions for the Trust e.g. Meet our experts' events
- Pre meetings and the opportunity to work with the non-executive directors

Next steps

All governors are invited to attend a **Governor workshop on 28th July 2020** (held virtually, time tbc) as a forum for Governors to review the survey results in more detail and consider those items where actions may be needed. This will also provide an opportunity to consider those changes already made to the practical arrangements for the support and operation of the council as a result of COVID-19.

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 Well led domain
	NHSI	Y	Details: good governance
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: Council of Governors 26/06/2020
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

Appendix 1 - Governors Survey: questions

Holding to Account

1. I am told the truth about the Trust's performance in a timely way.
2. What I'm told by the Board of Directors matches what I'm told by staff and patient governors.
3. Members of the Board of Directors take the Council seriously and treat Governors with respect – Directors genuinely listen to what we have to say and deliver on their promises.
4. Issues I have raised with the Board of Directors have been dealt with promptly and to my satisfaction.
5. I have confidence in the Governance Systems and Processes operated within the Trust
6. Governors Survey: Engagement and Direction
6. The Council has influenced the future direction of the Foundation Trust (FT).
7. Due consideration has been given to the views of the Council and the FT's membership in preparing the Annual Plan.
8. The methods by which the Council engages with the FT's wider membership are effective.
9. I believe that the Council has made a difference to the quality of care provided by the FT and could point to examples of where we have had a positive impact if asked.

Information

10. The information provided to me as a Governor enables me to discharge my statutory duties effectively.
11. The information we receive as Governors is easy to understand – jargon is avoided and where technical terms are used (e.g. EBITDA) they are explained clearly.
12. As Governors we have been able to influence the level of information we receive.
13. When necessary, the Board of Directors keeps me informed of important developments in-between Council meetings.
14. The Council receives information on key risks facing the FT.

Role Clarity

15. As a Governor, I am clear about my role and my statutory duties.
16. The role of the Council has been openly discussed and clarified.
17. The role of the Board and the differences between the role of an executive director and non-executive Director and is clear.
18. I understand the difference between governing and managing and am I clear that the Council has no role in the operational running of the FT.

Chair's Leadership

19. Council meetings are chaired effectively – agenda items are properly introduced, discussions appropriately summarised and any resulting actions clarified.
20. The Chair encourages all Governors to contribute and does not allow individual Governors to dominate meetings.
21. The Chair is approachable and listens to what I have to say.
22. The Chair is always open to suggestions about how to improve the effectiveness of the Council.
23. The Chair takes the training and development needs of Governors seriously.
24. I understand the role of the lead governor and how that differs to the role of the Council of Governors Chair

Committee Structure

25. The Committees established by the Council are effective in supporting the Council in key aspects of its work.
26. I understand the purpose of each Council Committee.
27. The Committees are supported effectively by directors and senior managers within the Foundation trust.
28. The Governance Committee is effectively chaired.

- 29. The Experience and Engagement Committee is effectively chaired,
- 30. The Strategy Committee is effectively chaired
- 31. The committee structure is reviewed on a timely basis

Council Dynamics

- 32. The Council has agreed a Code of Conduct.
- 33. The behaviour of Governors is consistent with the values of the FT and public service.
- 34. Council meetings are not dominated by certain individuals or small groups of Governors.
- 35. The Council manages to get the right balance between supporting and challenging the Board of Directors.
- 36. Governors are motivated by a desire to improve the quality of care provided to patients.

Training and Development

- 37. As a Governor you have received an effective induction on the role of the Council of Governors and its statutory powers, the services provided by the FT and how the organisation is structured.
- 38. Relevant training is provided on an on-going and timely basis.
- 39. Briefings are provided in relation to key topics when required.
- 40. Governors that have served on the Council for a while support the development of new Governors.

Support to the Council

- 41. Papers arrive at least 5 days before a meeting of the Council.
- 42. The support provided to the Council enable it to engage effectively with its membership.
- 43. The Council is supported by the services of an appropriately skilled Board Secretary.
- 44. Meetings of the Council are held at times and in places that allow the maximum number of Governors to attend.

Composition

- 45. The composition of the Council of Governors is appropriately representative of the local community and stakeholder organisations of the FT.
- 46. The Council of Governors is not too large in size.
- 47. I am aware of the skills and background of each Governor.
- 48. The Council of Governors as a whole has an appropriate balance of knowledge and experience in order to allow it to conduct its business. There is no over reliance on a few Governors.

Free text response options

Please use the free text box to list up to three things we should CONTINUE with that makes the Council effective

Please use the free text box to list up to three things that would IMPROVE the effectiveness of the Council

Please use the free text box to list up to three things that we should CEASE to do that would make the Council more effective