

**Minutes of the Full Council of Governors meeting  
(to consider public papers)  
Friday 18<sup>th</sup> December 2020, 15.00pm Held virtually using – MS Teams**

<b>Present:</b>	<b>Status</b>	<b>Representing</b>
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Mrs Karen Clifford	Public Elected Governor	Halesowen
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Ms Louise Smith	Staff Elected Governor	Nursing & Midwifery
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Cllr Steve Waltho	Appointed Governor	Dudley MBC

***In Attendance:***

Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary (Interim)	DG NHS FT
Dame Yve Buckland	<b>Chairman Chair of meeting</b>	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr 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
Mrs Katherine Sheerin	Director of Strategy & Transformation	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

***Apologies:***

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Mr James Fleet	Chief People Officer	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Nicola Piggott	Public Elected Governor	North Dudley

Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

<b>COG 20/26.0</b> 15.03pm	<b>Welcome</b>
<b>COG 20/26.1</b>	<p><b>Introductions &amp; Welcome</b></p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.</p> <p>She welcomed the following governors returned on the conclusion of recent elections:</p> <p>Helen Ashby, Stourbridge  Karen Clifford, Halesowen  Alan Rowbottom, Tipton and Rowley Regis  Louise Smith, Nursing and midwifery staff;  Sandra Harris elected for a second term to represent Central Dudley  Maria Lodge-Smith, Brierley Hill  Chauntelle Madondo, Rest of England</p> <p>The following organisations had also selected their governor representatives:</p> <p>Dr Mohit Mandiratta representing the Dudley Clinical Commissioning Group and Michelle Porter representing the Trust's Partner Organisations.</p> <p>The chairman thanked the outgoing governors for their dedication and support:  Farzana Zaidi, Tipton and Rowley Regis  Arthur Brown, Stourbridge  Peter Siviter, South Staff and Wyre Forest  Rex Parmley, Halesowen</p>
<b>COG 20/26.2</b>	<p><b>Apologies</b></p> <p>Apologies had been received as above.</p>
<b>COG 20/26.3</b>	<p><b>Declarations of interest</b></p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University. The chairman advised that she would take up the appointment as chair of the Birmingham and Solihull Integrated Care System from January and step down as chair of the Royal Orthopaedic Hospital.</p>
<b>COG 20/26.4</b>	<p><b>Quoracy</b></p> <p>The meeting was declared quorate.</p>
<b>COG 20/26.5</b>	<p><b>Announcements</b></p> <p>The chairman advised that the next governor training and development session would take place in January and the full list of 2021 meetings and training calendar was appended to the Trust Secretary report given as enclosure seven.</p>
<b>COG 20/27.0</b>	<b>Previous meeting</b>

<p><b>COG 20/27.1</b></p>	<p><b>Previous full Council of Governors meeting held on 25<sup>th</sup> September 2020</b> (Enclosure 1)</p> <p>The minutes were accepted as an accurate record and would be signed by the chair.</p>
<p><b>COG 20/27.2</b></p>	<p><b>Matters arising</b> There were none.</p>
<p><b>COG 20/27.3</b></p>	<p><b>Action points</b> All actions that were complete would be removed from the list.</p> <p><b>Action COG19/75 – Council to Council meeting (DG &amp; ROH.)</b> Mrs Board reported that this action remained open and would potentially be scheduled as a virtual meeting in the New Year.</p> <p>Other actions were not due.</p>
<p><b>COG 20/28.0</b> 15.10pm</p>	<p><b>Chief Executive report and Chair’s update</b> (Enclosure 2/verbal) Ms Wake 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.</p> <p>Ms Wake then provided an update on the latest <b>COVID-19</b> figures and noted that the second wave was merging in wave three with numbers of those admitted with COVID-19 increasing. The Trust had reported a total of 1823 positive cases and 427 COVID-19 related deaths. There was increased pressure on the critical care teams with some staff feeling the strain of caring for very poorly patients as Christmas neared. There had been an initial increase in <b>staff absence</b> which had latterly improved. Whilst the Trust continued to perform comparatively well, Ms Wake noted that there had been a number of 12 hour breaches and the challenge remained to manage winter pressures, maintain patient flow and ensure that patients remained safe. The Trust continued to promote health and wellbeing support available for all staff.</p> <p>Ms Wake reported that elective and cancer work had continued with <b>restoration and recovery</b> trajectories on track and the Trust had continued to use facilities in the independent sector and noted that the arrangements may change in the New Year.</p> <p><b>Covid-19 vaccinations</b> for NHS staff were underway and Ms Wake confirmed that the Trust was the lead employer for the Black Country and West Birmingham and commented positively on the impressive numbers recruited thus far. The first site in the area to administer vaccines was based at Walsall Manor Hospital. Vaccinations facilities were scheduled to open at the Russells Hall Hospital site in late December. The Trust was working to the Joint Committee on Vaccination and Immunisation (JCVI) guidance in terms of how staff were prioritised for vaccination. The Trust was also providing support to the Black Country Living Museum which was scheduled to be operational in January 2021.</p> <p><b>Lateral Flow testing</b> had commenced with kits distributed to Trust staff. Of the 8248 registered results with 0.7% recorded positive; subsequent PCR tests confirmed 50% of those has positive with those staff advised to self-isolate.</p> <p>Mr Parmley asked whether the Nightingale Hospitals were presently used for</p>

patients. Ms Wake advised that use of the units would only be considered if the situation became gravely serious and noted that if the Trust sent patients they would need to send Trust staff too. The chairman noted that the Trust remained under level 4 government control and were encouraged to work with our system partners to manage patients safely. The chairman noted Dr Mandiratta had recently featured on TV and commended the work of GPs in the delivery of COVID-19 vaccination in the primary care setting. Dr Mandiratta thanked everyone for their support and commended the amount of work of all involved in the last few weeks to support the roll out. He noted the good progress made and the collaboration and help provided by the Trust's pharmacy team.

Work had progressed well on the **modular build** with the project on track to deliver extra beds and capacity to support winter pressures. Councillor Waltho asked about the impact on parking as a result of the loss of car park to accommodate the new build and what steps the Trust would take to resolve. Ms Wake replied that more spaces would be created as part of the project but acknowledged the limitations of the site.

In conclusion Ms Wake confirmed that the Trust's coronary care unit at Russells Hall Hospital has been named **Hospital Ward of the Year**. The awards, from the Gold Standards Framework (GSF), recognised that the coronary care team in Dudley is the first such unit in the UK to achieve national accreditation for its care of patients approaching end of life.

The chairman thanked Ms Wake for the update and acknowledged the continued hard work of all staff with the challenges of winter pressures and increased numbers of COVID-19 patients.

**COG 20/29.0 System wide developments**

**MCP/ICP (verbal)**

The chairman advised that the Trust was awaiting formal written confirmation in the coming week on the assessment of Full Business Case submitted by Dudley Integrated Health Care (DIHC) to NHSE/I. She acknowledged the process had strained relationships with primary care but had served to reinforce those held within the clinical teams and regardless of outcomes would want to build strong bonds with primary care to ensure the best care for patients as close to home as possible.

**Acute Collaboration (verbal)**

The chairman explained the context of the collaboration project that centred on the aim for NHS trusts to take the lead on developing ways they could work together to improve clinical and financial viability; to find solutions to shared challenges. Locally, this translated to four Black Country acute trusts coming together to use resources more efficiently: Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

The Royal Wolverhampton and Walsall had opted to form a tight formal chain and introduce a shared chairman and board that reflected their collaboration to date. The Dudley Group had reviewed the proposed options and would pursue a committee in common with Sandwell colleagues to support the development of clinical pathway opportunities to improve care across the Black Country, work with primary care colleagues to work at place level and work with all Trusts to manage the impact of the new Midland Met hospital.

	<p>Mr Heaton referenced the project to digitise patient records and requested a project update and the costs involved. Mr Thomas reported good progress with the digital agenda in last 12 months and gave examples of the introduction of electronic observations, virtual clinics and electronic prescribing with further developments scheduled for 2021. The project continued to attract national funding that supplemented the previous commitment of £32m for digital investment over 10 years.</p>
<b>COG 20/30.0</b>	<b>Safe Caring and responsive</b>
<b>COG 20/30.1</b> 15.30pm	<p><b>Update from Quality and Safety Committee</b> (Enclosure 3)</p> <p>Ms Holland presented the report given as enclosure three and asked the Council to note the contents that summarised the discussions at the last meeting held 24<sup>th</sup> November. She noted that as the Trust was subject to level 4 national controls arising from the pandemic the agenda was reduced to facilitate and enable service leads to focus their time on clinical matters.</p> <p>The committee had escalated the matter of the Trust's compliance with the labelling of <b>blood in tubes</b> and had requested further reports to be presented to the December meeting. The chairman noted the issue had initially been raised by the late Pat Price.</p> <p>Ms Holland noted that the Committee had received significant assurance on actions and the timeline for compliance with the <b>CNST maternity incentive scheme</b> and the clear identification of reporting lines for Board and Committee.</p> <p>Mr Heaton enquired how long it took for the results of blood tests taken using purple topped tubes to get to the Consultant or GP. Ms Wake replied that bloods were generally processed on the day they were taken and the provision of results to the GP practice would usually be within 24- 48 hours dependent on the complexity of the tests involved. Mrs Lodge Smith advised that the purple topped tubes were for a full blood count and would usually take 24-48 hours subject to which day of the week it is taken and then dependent on the turnaround time for the GPs to contact their respective patients.</p> <p>The chairman thanked Ms Holland for her report.</p>
<b>COG 20/30.2</b>	<p><b>Charitable Funds update</b> (Verbal)</p> <p>Mr Atkins reported that the last meeting had been held on the preceding Monday. Whilst the Trust had postponed many fundraising events, the Trust had received £700k from a range of sources. Some had been spent in the short term for the immediate benefit and relief for patients and staff and gave examples that included provision of chill out areas. Mr Atkins advised that ideas for the remainder of the funds were under consideration to support several strategic projects designed to deliver longer term benefits. Further information would be shared with governors.</p> <p>Mr Atkins reported that £100k had been received from the NHS Charities Together and earmarked for partnership working with the Mary Stevens Hospice. He noted a fund balance of £2.5m and stated that previous share based fund investments had seen some losses which were expected to recover.</p> <p>Mrs Ashby asked if match funding would be an option to support the Changing Places project. Ms Wake advised that she had been involved with the installation of Changing Places facilities in her previous trusts and would support the project with Trust funds to form part of the package. Mr Heaton enquired whether the</p>

	Trust had received any of the money raised by Sir Toms Fund. Mr Atkins advised that the NHS Charities fund included the money raised by Sir Tom.
<b>COG 20/31.0</b>	<b>Effective</b>
<b>COG 20/31.1</b>	<b>Update from Finance and Performance Committee</b> (Enclosure 4)
15.45pm	<p>Mr Hodgkin presented the report given as enclosure four that reflected the key items considered at the meeting held in November 2020 and highlighted the following items:</p> <p>Positive assurance provided that the Trust had achieved a <b>break even position</b> in the first half of the year and a small surplus in October. Regional benchmarking provides assurances that spend levels are appropriate, and lower than at Sandwell and Walsall. <b>Restoration and Recovery</b> of activity levels is broadly on track and also on track to deliver performance standards for cancer and diagnostics by end of March 2021. He noted that the Trusts <b>Referral to Treatment</b> performance was amongst the best in the country.</p> <p>The Committee had approved divisional budgets for the remainder of the year and had recommended the <b>Trust's Green Plan</b> and the <b>Patient Administration system</b> support contracts for Board approval.</p> <p>The Chair thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.</p>
<b>COG 20/31.2</b>	<b>Update from Audit Committee</b> (Verbal)
	<p>Mr Miner advised that the primary purpose of the Committee was to provide assurance to the Board on the robustness of Trust governance. Mr Miner confirmed that the Committee had last met on the preceding Monday and provided a verbal update on items that had been considered:</p> <p>The internal auditors had prepared and submitted three substantial <b>audit reports</b> relating to Trust financial controls and had awarded the <b>highest rating achievable</b>. The Committee had reviewed the <b>Business Assurance Framework</b> and were satisfied it offered positive assurance. The external auditor, Grant Thornton, had considered the Trusts forward plans in the context of emerging Integrated Care Systems and associated cash flow. Mr Miner expressed that it had been a positive meeting overall and emphasised that the Trust had a strong finance and assurance team.</p> <p>The chairman thanked Mr Miner for the update and noted the important role of the chair of the Audit Committee to report to governors as well as externally and commended all for the performance achieved in the last year.</p>
<b>COG 20/31.3</b>	<b>Update from Digital Trust Technology Committee</b> (Enclosure 5)
	<p>Ms Holland presented the report given as enclosure five and highlighted the following items considered at last meeting held on 22<sup>nd</sup> October 2020:</p> <ul style="list-style-type: none"> <li>• Digital Trust Technology Committee NEDs were in support of the NHS Providers Digital Boards</li> <li>• Programme Proposal, with three NEDs and three ED roles acting as board advocates.</li> <li>• Two RSM internal audits commissioned for April now arranged for November</li> <li>• Electronic Venous Thromboembolism Bleeding Risk Assessment (eVTE) is</li> </ul>

- now established as a digital record, KPIs improving.
- Strategic support for the APAS and Oracle business case was provided, that had subsequently been submitted to the Board of Directors.

Ms Holland explained that the meeting scheduled for earlier in the week had been cancelled owing to capacity pressures in the Trust and confirmed that any urgent matters had been considered by the chief information officer and the Chair with input from the non-executive director committee members as required and non-urgent matters were deferred.

The chairman thanked Ms Holland for the update and commended the responsiveness of the IT helpdesk and confirmed that the Board had received a Cyber threat update and noted the effectiveness that the unrelenting vigilance demonstrated.

Mr Heaton asked if the Trust had to pay Microsoft for using its products and how much it was.

Mr Thomas confirmed that the Trust used Microsoft and benefitted from a nationally negotiated arrangement that ensured value for money.

Mrs Marsh asked for clarification about the business case that had mentioned Oracle support. Mr Thomas confirmed that Oracle was software used by the Trust to support some of the Trust's medical systems. The upgrade had been brought forward by Oracle which prompted the requirement for the full business case.

The chairman thanked Ms Holland for the update and noted her supported of the Digital Trust programme that would support better outcomes for patients across a variety of care settings and provide the foundation for closer partnership working.

**COG 20/32.0 Well-Led**

**COG 20/32.1**  
16.00pm

**Workforce & Staff Engagement Committee** (Enclosure 6)

Mr Atkins presented the report given as enclosure six and highlighted the items that had been considered at two Committee meetings held. He noted that the Committee agenda had been limited to those items requiring consideration in order to reduce the burden for senior and operational staff. The matters under consideration had included:

**Recruitment initiatives** and **staffing challenges** to meet the needs of the pressures of COVID-19 and the **vaccination programme** where the Trust was the lead employer for the Black Country. It was noted that remote working had produced productivity gains for non-clinical and clinical staff with line managers supported to manage the process effectively; the **health and wellbeing support** for staff had been enhanced, the **inclusion leads** had reported good progress for their respective networks. **Mandatory resus training compliance** remained a concern and the Committee had requested further updates on this matter.

Mr Atkins noted that the Trust would soon launch a staff **Pulse survey** that would provide near real time data about staff morale that meant action could be taken in a timely manner.

Councillor Waltho thanked Mr Atkins for the report and noted the enhanced support provided to staff. Referencing recent national data that indicated up to 30 per cent of staff were thinking of resigning and many felt bullied, Councillor Waltho

	<p>asked if this was reflective of staff in the Trust. Mr Atkins acknowledged that some issues had been reflected in the national staff survey and summarised the delivery of a very proactive engagement plan that intended to support improved communication with staff and support timely and appropriate initiatives. He illustrated the work of the Freedom to Speak up initiative.</p> <p>Mrs Marsh commented that staff felt well supported and acknowledged the anxiety felt by many was linked to the challenges faced during the pandemic when there was no end in sight.</p> <p>The chairman acknowledged that it was an uncertain time for staff and commended the efforts of the Trust to support them.</p> <p>The chairman thanked Mr Atkins for the update and noted that the chairs of the respective inclusion networks would be invited to attend a future meeting of the Council.</p>
<p><b>COG 20/32.2</b></p>	<p><b>Trust Secretary report</b> (Enclosure 7)</p> <p>Mr Nevin presented the report as read and highlighted the following:</p> <p>Mr Nevin advised that that the Trust had again implemented <b>interim governance arrangements</b> following the return of the NHS to incident level 4 on November 4th 2020. The Trust had encountered daily increases in operational pressures to address rising COVID rates, increasing sickness and the maintenance of the Restoration and Recovery programmes. The Trust had reviewed its position in this regard and approved arrangements that would focus on performance, risk and mandatory business. He reminded governors that they were invited to attend meetings of the Board and, of its Committees in an observer capacity.</p> <p><b>Governor elections</b> had concluded with eight vacancies filled and one vacancy unfilled. The vacancy would be included in the next round of elections scheduled for June 2021.</p> <p>Mr Nevin reminded all governors present that <b>non-compliance with attendance requirements</b> as described within the governors Code of Conduct could lead to removal from office and that the document setting out the process had been circulated as part of the meeting papers.</p> <p>Mr Nevin confirmed that the <b>Trust’s Annual Report and Accounts</b> had been laid before Parliament and subsequently distributed via email to all Governors and was available to access via the Trusts website. Owing to COVID restrictions the Annual Members Meeting had not been held as a face-to-face event and presentation of the Report comprised pre-recorded videos uploaded to the Trust You Tube channel on 30th September 2020.</p> <p>The chairman thanked Mr Nevin for the update and invited questions. There were none.</p>
<p><b>COG 20/33.0</b> 16.20pm</p>	<p><b>Governor matters</b> (Verbal) <i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>The following items had been raised in advance of the meeting:</p>



	<p>Mr Parmley shared some reflections on his time as governor and thanked the Council for their support. He noted that in his time as governor he had learned so much and asked if there would be other ways that he could support the Council and the Trust. The chairman thanked Mr Parmley for his support during his time in office and encouraged him to remain involved in his membership capacity and to retain contact with the Foundation Trust Team.</p> <p>Mr Parmley expressed his opposition to <b>patient parking charges</b> and asked why, if the government had promised to do away with the charges, were they still in place. Ms Wake sympathised with the effect it could have on some patients and advised that the Trust car parks were managed by the PFI partners, now Mitie. Until such time as the solution could be found nationally, the local arrangements would continue to be under review. The chairman noted the similar comments of other governors present and concluded it would be a topic that would take time to resolve.</p> <p>Mr Parmley commended the usefulness of the <b>Patient Safety Bulletin</b> that, as a layman, they had been very informative and gave thanks for those who author them.</p> <p>The chairman noted that Ms Piggott had raised some matters outside of the meeting and had shared some experience of family members going through ED triage that were not reflective of the assurances received in meetings. Ms Piggott had also indicated her lack of assurance that the complaints and PALS system was robust and responsive. Ms Piggott had also queried some aspects of the referrals process and whether the Trust was always aware of the quality of systems or treatment offered by other trusts and queried how NEDs gained assurance that patients were managed appropriately whilst in the process. Mr Parmley noted that in his experience, the PALS services had provided a prompt response and resolution.</p> <p>Mr Heaton expressed his opinion that staff should not have to pay parking charges when parking on Trust sites. The chairman confirmed that charges were suspended at this time and consideration was being given to waive them indefinitely. Mr Atkins confirmed that this would be raised at the Workforce and Staff Engagement Committee.</p>
<b>COG 20/34.0</b>	<p><b>For information</b> The chairman asked those present to note the contents of Integrated Performance Report given as enclosure 8 and invited questions. There were none.</p>
<b>COG 20/35.0</b>	<p><b>Any other Business</b> There was none.</p>
<b>COG 20/36.0</b>	<p><b>Reflections on the meeting</b> Mr Parmley commented on the comprehensive information provided.</p> <p>The chairman thanked all of the directors on behalf of the Council and noted that it had been an extraordinary year and commended all staff for working together for the people of Dudley. She wished everyone a happy Christmas and a safe New Year.</p>
<b>COG 20/37.0</b>	<p><b>Close of meeting and forward dates: 2021</b> The chairman advised that the next quarterly meeting of the full Council was scheduled for Friday 26<sup>th</sup> March 2021.</p>

	The chairman thanked all for attending and drew the meeting to a close at 16.35pm.
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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 18<sup>th</sup> December 2020**

Item No	Subject	Action	Responsible	Due Date	Comments
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	<i>Subject to social distancing guidelines</i>	Initially proposed to visit RoH on 20/5 and attend CoG meeting <b>Under review</b>
BoD 20/209.1	Diversity and inclusion	Invite chairs of BAME and LGBTQ+ Inclusion Networks to present to future governor meeting	LN	Mar 2021	