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announced!**

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2021**



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PRIDE
MONTH**

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Council of Governors Meeting

Friday 18th June 2021

Held in virtual session using web conferencing

Performance for April

- Four hour access target (combined) – 88.2%. Target 95%
- Cancer 62 day – 74.1%. Target 85%
- Cancer two week wait – 86.8%. Target 93%
- Referral to treatment – The incomplete pathway (% still waiting) was 77%. Target 92%
- DM01 Diagnostic – 80.4% against target of 99%

Deliver safe and caring services

Infection prevention & control for April

- Clostridium difficile – 3 post 48 hours (hospital onset).
- MRSA bacteraemia – 0 post 48 hour cases.
- MSSA bacteraemia – 2 post 48 hour cases.
- E coli bacteraemia – 3 post 48 hour cases.
- Klebsiella bacteraemia – 1 post 48 hour cases.
- Pseudomonas bacteraemia – 1 post 48 hour cases.

Deliver safe and caring services

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
Deputy Trust Secretary
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 18th June 2021 15.00 – 16.30pm
MS Teams

Meeting to consider public papers

No.	Time	Item	Paper ref.	By
1.	15.00	<u>Welcome</u> (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Chairman
2.	15.05	<u>Previous meeting – 26th March 2021</u> 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	15.10	<u>Chief Executive's and Chair's update</u>	Enclosure 2 / verbal	Diane Wake, Chief Executive Yve Buckland, Chairman
4.	15.20	<u>System wide developments</u>	Verbal	Yve Buckland, Chairman
5.	15.30	<u>Green Plan Update</u>	Presentation	Katherine Sheerin, Director Ian Chadwell, Senior Strategy Development Lead
6.	15.45	<u>Safe, caring and responsive</u> Updates from: 6.1 Experience & Engagement Committee (meeting 15/06/21) 6.2 Quality and Safety Committee 6.3 Quality Accounts Governor Comment	Verbal Enclosure 3 Enclosure 4 (to follow)	Committee chair Liz Hughes, Committee Chair Fred Allen, Lead Governor
7.	16.00	<u>Effective</u> To receive updates from: 7.1 Finance and Performance Committee 7.2 Audit Committee 7.3 Digital Trust Technology Committee (meeting 17/6/21)	Enclosure 5 Enclosure 6 Verbal	Jonathan Hodgkin, Committee Chair Gary Crowe, Committee Chair Catherine Holland, Committee Chair

8.	16.15	<u>Well-Led</u> 8.1 Workforce and Staff Engagement Committee 8.2 Trust Secretary report <ul style="list-style-type: none"> • Council of Governors elections 2021 • Lead governor elections 2021 • Annual Members Meeting 2021 8.3 Council of Governors Effectiveness Survey 2021 8.4 NHSI Self Certification	Enclosure 7 Enclosure 8 Enclosure 9 Enclosure 10	James Fleet, Chief People Officer Liam Nevin, Trust Secretary Liam Nevin, Trust Secretary Liam Nevin, Trust Secretary
	16.30	Governor Matters Relating to items other than the agenda and raised at least three days in advance of the meeting.	Verbal	Fred Allen, Lead Governor
	10.	For information ¹ <ul style="list-style-type: none"> • Integrated Performance Report 	Enclosure 11	
	11.	Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
12.		Close of meeting and forward Council of Governors meeting dates 2021: Monday 4 th October Monday 20 th December	Verbal	Yve Buckland, Chairman
13.		Reflections on the meeting		All
14.	Quoracy Eight Governors of which at least five are public elected plus chair or deputy chair			

¹ Papers will be taken as read and noted

**Minutes of the Full Council of Governors meeting
 (to consider public papers)
 Friday 26th March 2021, 15.30pm Held virtually using – MS Teams**

Present:	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	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
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Ms Louise Smith	Staff Elected Governor	Nursing & Midwifery
Mrs Mary Turner	Appointed Governor	Dudley CVS
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	Chairman Chair of meeting	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
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mr Liam Nevin	Trust Secretary	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
Mrs Karen Clifford	Public Elected Governor	Halesowen
Ms Joanna Davies-Njie	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
Mr Tom Jackson	Director of Finance	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
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
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Mr Vij Randeniya	Associate Non-executive Director	DG NHS FT
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT

COG 21/7.0 15.35pm	Welcome
COG 21/7.1	Introductions & Welcome The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.
COG 21/7.2	Apologies Apologies had been received as above.
COG 21/7.3	Declarations of interest The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. The chairman declared interests as Chair of the Birmingham and Solihull Integrated Care System and Pro-Chancellor of Aston University. It was noted that following the appointment to the Birmingham and Solihull Integrated Care System, the chair had stepped down as Chair of the Royal Orthopaedic Hospital.
COG 21/7.4	Quoracy The meeting was declared quorate.
COG 21/7.5	Announcements The chairman advised updated governor biographies had been circulated to assist with governors getting to know each other. Now that the recent COVID-19 surge had subsided, the Trust were busy with recovery and restoration of services, Non-executive directors were coming back onto site and committee meetings would revert to full agenda's. The Council were informed it was Mr Richard Miner's last meeting. The chairman thanked Mr Miner for all of his work and efforts on behalf of The Dudley Group NHS Foundation Trust and the Council of Governors. Professor Gary Crowe would be taking over the chairmanship of the Audit Committee.
COG 21/8.0	Previous meeting
COG 21/8.1	Previous full Council of Governors meeting held on 18th December 2020 (Enclosure 3) The minutes were accepted as an accurate record and would be signed by the chair.
COG 21/8.2	Matters arising There were none.
COG 21/8.3	Action points All actions that were complete would be removed from the list.

	<p>Action COG19/75 – Council to Council meeting (DG & ROH.) Mrs Board reported that this action remained open and would be addressed once restrictions from the COVID-19 pandemic had lifted.</p> <p>Other actions were not due.</p>
<p>COG 21/9.0 15.45pm</p>	<p>Chief Executive report and Chair's update (Enclosure 4/verbal)</p> <p>Ms Wake presented the report provided as enclosure four 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 COVID-19 figures and noted that the recent wave was subsiding with numbers of those admitted with COVID-19 decreasing, with only 26 inpatients that were COVID-19 positive. The Trust had reported a total of 3025 positive cases, 2046 since 01st September 2020 and a total of 741 COVID-19 related deaths. It was said that the demands on the Trust due to the pandemic were decreasing however, critical care remained full of 23 patients, just over the funded baseline of 21 patients. Five of those patients were COVID-19 positive. There had been an improvement in staff absence which was just over 5%. 90 staff remained absent due to COVID-19 related illness but 50 of those were shielding and working from home.</p> <p>The rate per 100,000 in Dudley had increased slightly which was a concern but could be explained by schools returning. However, the impact on over 55's appeared reduced because of the success of the vaccination programme. The Midlands were leading in this area, with 4.8million people having received their first dose and 350,000 who had received their second. Staff were being supported to have the vaccine and the Trust was working closely with Public Health to ensure positive messages were delivered to local communities. The Black Country Living Museum vaccination site would be offering drop-in sessions, in order to offer more flexibility to encourage uptake but this would be a logistical challenge to manage. The Russells Hall Hospital vaccination centre, based within Action Heart, had reopened but only for a short time whilst second vaccines were given to those who had already received their first there. Ms Wake commended the work the employment bureau, led by James Fleet and his team, had undertaken in supporting the vaccination programme, recruiting a large volume of staff across the Black Country and West Birmingham.</p> <p>Work had progressed well on the modular build with the project on track. It was envisaged the Acute Medical Unit would relocate to the new building, freeing a large space within the organisation. Work would be undertaken with the clinical teams on how to utilise the vacated space to future proof the organisation.</p> <p>In conclusion, Ms Wake detailed the Healthcare Heroes awards for teams, individuals and volunteers continued as recognition of the significant contribution staff made daily. Today, Long Service Awards had been presented to acknowledge those members of staff who had worked over 25 years for the Trust.</p> <p>Questions were invited from governors. In response to a question from Dr Mandiratta regarding the uptake of vaccines amongst staff, Ms Wake outlined the difficulty in monitoring this due to the vaccination programme being managed nationally, as well as it being a sensitive subject. However, the Trust was promoting the vaccination programme across the organisation and support was</p>

	<p>being offered individually to staff to address any concerns and meet individual needs.</p> <p>Mrs Ashby asked for a progress report on the Changing Places project. Ms Wake advised additional charitable funding had been secured and she would provide an update on the schedule of work shortly.</p> <p>Councillor Waltho requested an update following the charitable fundraising by governors to purchase beds for the children's ward. It was confirmed the beds had been purchased and a small amount of money remained. The Experience and Engagement Committee meeting would discuss this, as well as the next potential fundraising project.</p> <p>The chairman thanked governors for their fundraising, time and continuing support provided to the Trust. Thanks were also extended to staff and volunteers on behalf of the Council and Board, having risen to unforeseeable challenges the previous year had presented.</p>
COG 21/10.0	System wide developments
	<p>The chairman outlined how there was an emergence of integrated care systems across the Black Country. It was thought that Foundation Trusts would remain and would be asked to think of their role in the wider system rather than just their locality. There was a move away from Primary Care commissioning to a collaborative approach, sharing resources through agreement across the Black Country which would be targeted to improve health inequalities across the area.</p> <p>The Council of Governors would have an important role as part of the proposals. Plans were being developed for the Council to collaborate with governor colleagues at the Black Country Mental Health Foundation Trust.</p> <p>Further updates would be provided as timelines and priorities were developed.</p>
COG 21/11.0	Safe Caring and responsive
COG 21/11.1 15.55pm	<p>Update from Quality and Safety Committee (Enclosure 5)</p> <p>Professor Hughes presented the report given as enclosure five and asked the Council to note the contents that summarised the discussions at the last meeting held 23rd February 2021. 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 received assurance in relation to the reduced number of non-COVID-19 hospital acquired infections as there had been an intense focus on control.</p> <p>Significant progress had been made following the procedural document management review and recommendations were being implemented.</p> <p>The investigation into the labelling of blood in tubes continued and a further update was due at the May meeting of the committee.</p> <p>As of 1st March 2021, positive assurance had been provided that partners would be able to attend routine prenatal screening scans.</p>

	<p>A matter of concern identified by the committee was the increased number on the Patient Treatment List which would be mitigated by restoration and recovery work commencing on 1st March 2021.</p> <p>Several decisions had been made, including agreement of the Quality Priorities and Quality Metrics for 2021-2022 and the Dementia Strategy, with an addendum in relation to actions in place to support the patient group as a result of COVID-19 and the operational changes that occurred.</p> <p>In response to a question from the chairman, Professor Hughes gave an overview of the Ethics Committee that had been established at the beginning of the pandemic. The remit was to ensure all patients were being treated appropriately and received high quality care, whilst addressing operational issues that arose because of the pandemic. The work the Committee had undertaken had been utilised to compare systems and processes with peers nationwide. Initially the committee met daily, but currently were meeting every fortnight. Professor Hughes described how this had developed into collaborative working with other trusts and stakeholders in the area for which she was chair of the joint committee. They were now considering the restoration system and how support with mutual aid could be offered across the area. It was said to have been very useful, having brought trusts together allowing equality of access to treatment across the Black Country irrespective of which trust patients were admitted to.</p> <p>The chairman thanked Professor Hughes for her report and for all the work undertaken with the Ethics Committee.</p>
COG 21/11.2	<p>Charitable Funds update (Verbal)</p> <p>Mr Atkins reported that the last meeting had been held on the preceding Monday, where discussions had taken place regarding fundraising for the next financial year. A number of events would be virtual, and places had been allocated for the virtual London Marathon. Also, a local HSBC branch had chosen the charity as their Charity of the Year.</p> <p>A report was provided on the total balances in fund, showing just over £2.4million. Income for the year to date was £980,000; £748,000 from donations and grants; £222,000 from NHS Charities and they were informed a further £121,000 would be provided by NHS Charities Together in the near future.</p> <p>Spending had been £688,000, with a focus on improving facilities, in particular rest areas, for staff. There had been a recent spending strategy meeting, at which it was approved to provide a porta-cabin within the grounds of the hospital for staff to use.</p> <p>The meeting had approved a bid for a sensory pod, specifically for patients with learning disabilities who attend the Trauma and Orthopaedic Outpatient Department.</p> <p>Questions were invited, to which there were none.</p> <p>The chairman noted it was good to see some of the charitable funds, along with measures from the Trust and gifts from the community, being used to support staff.</p>
COG 21/12.0	Effective

<p>COG 21/12.1 16.10pm</p>	<p>Update from Finance and Performance Committee (Enclosure 6)</p> <p>Mr Hodgkin presented the report given as enclosure six that reflected the key matters considered since December 2020 and highlighted the following items:</p> <p>Positive assurance provided that despite the challenges presented by COVID-19, the Trust continued to demonstrate robust operational performance, comparing well with regional peers, particularly in regard to cancer 2 week wait (2WW), 31-day and referral to treatment times (RTT). The Trust would achieve a break-even position at the end of the financial year, with a potential small surplus. Strong external assurance had been provided regarding the performance of the vaccination Workforce Bureau. Assurance had also been given that the costs would be fully reimbursed.</p> <p>Concerns remained around the restoration and recovery of services post COVID-19, as this would be a lengthy process. It was said that the Trust would have to consider the long-term recovery of both staff and restoration of services. The modular build had been delayed to the end of May but it was anticipated it would still be delivered within budget.</p> <p>The Trust started the year in a strong financial position, with block funding arrangements in place for the first half of the year. Clarification was awaited for the arrangements for the second part of the year due to the move to collaborative working.</p> <p>The chairman thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.</p>
<p>COG 21/12.2</p>	<p>Update from Audit Committee (Verbal)</p> <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>A number of financial reports were presented by the auditors providing substantial assurance the Trust were well managed financially. The Head of Internal Audit's yearly opinion had been drafted and was anticipated to be positive. Also, the internal audit plan for 2021 had been approved and there had been a beneficial Audit Committee effectiveness review. Considerable progress had been made with the maintenance of the declarations of gifts and hospitality register to ensure the Trust were compliant.</p> <p>Finally, Mr Miner advised there had been a successful transition period with Professor Crowe, who would be taking over as Chair of the Audit Committee. Mr Miner offered thanks to the Trust and Council of Governors for their support during his time at the organisation.</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>
<p>COG 21/12.3</p>	<p>Update from Digital Trust Technology Committee (Enclosure 7)</p>

	<p>Ms Holland presented the report given as enclosure seven and highlighted the following items considered at the last meeting held on 18th February 2021:</p> <p>There was an ongoing significant cyber security risk, but assurance was provided that significant protection measures were in place. The Committee had been assured that although the Clinical Safety Officer position, a mandated role, remained vacant and that cover arrangements were in place and an active recruitment drive was ongoing. The Maternity Electronic Patient Records project had had excellent engagement from staff and was progressing well, with roll out anticipated for April.</p> <p>A demand, capacity, review and priority matrix for digital projects was in development to ensure new projects were carefully prioritised to maximise benefit. An update would be provided later in the year.</p> <p>An internal audit for 2021/2022 had been commissioned and there had been an agreement in principle for strategic level support for the Personalised Health Record, which fits with the overall digital strategy. Updates would be brought back to the Council once progressed.</p> <p>In response to a question from Mr Heaton regarding cyber security threats, Mr Thomas advised there were robust systems in place with a number of lines of defence against potential attacks. There was a dedicated team who worked closely with the National Cyber Centre and work was continuous to keep pace with the ever-changing nature of the threats. Ms Holland confirmed that any high-level threats were immediately reported to the Board.</p> <p>The chairman thanked Ms Holland and Mr Thomas for the update.</p>
COG 21/13.0	Well-Led
COG 21/13.1 16.30pm	<p>Workforce & Staff Engagement Committee (Enclosure 8)</p> <p>Mr Atkins presented the report given as enclosure eight and highlighted the items that had been considered at the two Committee meetings held. He noted that the Committee agenda had been limited to those items requiring consideration in line with interim governance arrangements to reduce the burden for senior and operational staff. The matters under consideration had included:</p> <p>Two areas of concern were discussed. A robust plan would be presented at the April meeting of the committee setting out a recovery plan for mandatory training, particularly in regard to resus and safeguarding. The other concern related to staff health and wellbeing due to the pressures of COVID-19. Assurance had been provided that support was in place for staff. An Employee Assistance Programme was established at the start of the pandemic, providing 24/7 counselling support to those who wished to access it and services from the local mental health trust had also been accessed.</p> <p>Mr Atkins advised the 2020 staff survey results were presented at the February meeting that showed a number of improvements across areas when compared to the previous year's survey. Subsequent to the meeting, they were informed that the Dudley Group was one of the ten most improved trusts in the country. Plans were being rolled out corporately and locally to improve results further. Pulse surveys would also be launched to track progress and allow action to be taken in a timely manner. Mr Shabir Abdul, the new Head of Equality and Inclusion, would</p>

	<p>look at actions that needed prioritising in order to improve the experience of diverse staff across the Trust.</p> <p>A large recruitment initiative had commenced at the start of the year and by the beginning of April over 140 Healthcare Support Workers would have been appointed. The vaccination programme had recruited a substantial number of staff and volunteers within a relatively short time period. It was reiterated the outstanding work undertaken by James Fleet and the HR team with this programme.</p> <p>Draft details had also been provided regarding a new dashboard for staff information that would launch shortly for managers to help improve how they manage their areas.</p> <p>Mrs Ashby queried if there was assurance in place for staff that if they accessed counselling support it would not affect their career pathways. Mr Atkins answered that staff were encouraged to access support and use facilities available. It was confirmed that support was accessed confidentially; any reports provided would not provide details of individuals.</p> <p>Mr Heaton proposed that recruitment initiatives should be an invitation to visit the Trust. It was agreed that it was important the correct message was delivered.</p> <p>The chairman thanked Mr Atkins for the update and noted the good progress made, particularly in regard to the improvement in staff morale evidenced in the staff survey results.</p>
COG 21/13.2	<p>Trust Secretary report (Enclosure 9)</p> <p>Mr Nevin presented the report as read and highlighted the following:</p> <p>Council of Governor elections had commenced, with two public governor vacancies and four staff governor vacancies having been advertised. The new appointees would be welcomed at the June 2021 Council of Governors meeting.</p> <p>Membership remained stable at 13,492, above the requirements of the conditions of the Trust's licence.</p> <p>Procedural document reviews were undertaken annually and had been provided for information as no changes were proposed.</p> <p>The Council's Remuneration and Appointments Committee had launched a recruitment exercise for an associate non-executive director, and confirmed that governors would be invited to participate in the interview and recruitment process.</p> <p>The chairman thanked Mr Nevin for the update and invited questions. There were none.</p>
COG 21/14.0 16.45pm	<p>Governor matters (Verbal)</p> <p><i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>There were no such matters raised.</p>
COG 21/15.0	For information

	The chairman asked those present to note the contents of Integrated Performance Report given as enclosure 10 and the Complaints, Litigation, Incidents and PALs (CLIP) Report given as enclosure 11. Questions were invited, there were none.
COG 21/16.0	Any other Business There were no other items of business raised.
COG 21/17.0	Reflections on the meeting There were none.
COG 21/18.0	Close of meeting and forward dates: 2021 The chairman advised that there was a governor training session scheduled for 27 th April 2021 and the next quarterly meeting of the full Council would be held on Friday 18 th June 2021. The chairman thanked all for attending and drew the meeting to a close at 16.55pm.

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 26th March 2021

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 Under review
BoD 20/209.1	Diversity and inclusion	Invite chairs of BAME and LGBTQ+ Inclusion Networks to present to future governor meeting	LN	June 2021 Oct 2021	Revised to October 2021

Enclosure 2

Paper for submission to the Council of Governors on 18th June 2021

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 is asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Coronavirus • Committed to Excellence • Patient Feedback • Event with Local Third Sector Groups • Update from Healthwatch Dudley • Prof. Ted Baker Visit • Dudley Partnership Board • Visits and Events 			
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	BOARD OF DIRECTORS	N	DATE: 10/06/21
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 10th June 2021

Coronavirus

In response to an increase in new variants within the Dudley borough, we are asking everyone to do their bit to stay vigilant. The single most important thing people can do is take up both doses of the vaccine when it is offered and to keep their close contacts with people as low as possible. If meeting up with people inside homes, they should open windows and doors for good ventilation. People are also advised to carry out regular symptom-free testing, wear a face covering as much as possible and wash hands regularly.

Committed to Excellence

We were very pleased to be able to hold our staff awards, Committed to Excellence, on 19th May 2021. This year the event was virtual with the awards presentation pre-recorded and streamed 'as live' during the event.

The awards are our way of saying a huge thank you to our clinical and non-clinical staff, and staff in our partner organisations, who continued to strive for excellence in an extremely challenging year. To reflect the extraordinary year, we presented a number of special awards that highlighted their efforts during COVID.

We were also extremely delighted to present two awards to external organisations who supported us during this pandemic. Special guests included Suzanne Webb MP and then Cllr David Stanley.

Patient Feedback

ED: The staff were excellent and courteous, they reassured me and explained everything. We have truly got the best NHS service, I really do appreciate them and take my hat off to them all, our doctors and nurses all deserve a medal.

Dermatology (Corbett): Well organised, warm staff who were very thorough, clear and reassuring.

C1: I was treated with respect and dignity by the fantastic staff.

DRS (Rehab pathway): Delighted with the care I received from everyone that I had dealings with. They could not have been kinder.

C4 (Day case): Always polite and caring.

Maternity: The midwives were very caring and listened to my needs.

Ward B6: I got new crutches, the treatment I needed and the staff were super. The care I received was excellent and so good I would book in for a holiday.

GUM: Every precaution taken for COVID-19. All staff polite and I was given duty of care and confidentiality.

Children's Outpatients: Everything was excellent, Staff were friendly and clear.

Community Heart Failure: Very efficient and supportive, also listened to what patient had to say.

C4 (Georgina): The whole team was so helpful and amazing.

AMU - Everything was excellent. Everyone was so nice and gentle. I'm very happy with the experience.

GI unit - Very good and friendly staff making you feel at ease and comfortable throughout.

Event with Local Third Sector Groups

I was delighted to lead an event with Health Watch Dudley and Dudley CVS which brought together more than 20 local community organisations with Trust clinicians to explore how we can work together better to improve services for patients. The event had three themes – cancer services, children's services and improving discharge arrangements for patients, and there were lots of ideas exchanged. This is the second joint event we have held with Health Watch and Dudley CVS who have been great partners in supporting how we can connect better with local people and groups. The three organisations have committed to continue this work and to build and deepen relationships through these conversations. The next event will be particularly focused on groups who can help us connect better with people facing inequalities.

Update from Healthwatch Dudley

Jayne Emery, Chief Officer of Health Watch Dudley, is leaving the service to become a Practice Manager in a local practice. Jayne will be a great loss to Health Watch – she has been a great partner for The Dudley Group over many years and has consistently championed the voice of people and patients. I am sad to see her leave but very pleased that she will continue to have significant role in the health system in Dudley. We wish her every success in her new role.

Prof. Ted Baker Visit

Professor Ted Baker, Chief Inspector of Hospitals for the Care Quality Commission, visited the organisation on 27th May. Professor Baker was accompanied by Fiona Allinson, Interim Deputy Chief Inspector and Sarah Dunnett, Lead Inspector Manager for the Region.

Professor Baker and his colleagues spent some time with the Executive team and then visited a number of our services including the Emergency Department, Ward C5, Emergency Surgical Hub as well as the Undergraduate Centre and the SIM lab. In each of the services and teams visited time was spent with front line clinical staff exploring their experiences over the last year relating to the covid pandemic and focusing on the improvements made to the quality and safety of the services and the impact on patient and staff experiences.

Dudley Partnership Board

I have recently taken over as Chair of the Dudley Partnership Board. This has been in place for a number of years now, bringing together health providers, commissioners, the local authority, Health Watch and Dudley CVS to work on improving health and care for the people of the Borough. Over recent months, the Partnership Board has been working through a development programme to refresh its direction in light of the forthcoming changes to the NHS described in the White Paper 'Integration and Innovation: working together to improve health and social care for all'. This development programme has offered time to consider the priorities for action, with an initial focus on services for children to explore the Partnership Board's role.

The Partnership Board is working through how it takes on the additional responsibilities expected of an Integrated Care Partnership, including having a clear approach to Population Health Management and potentially holding delegated budgets in the future. A workshop to explore and confirm our approach is planned for July 2021.

A full report on progress and key issues will be brought back to the Board in August 2021.

Visits and Events

14th May 2021	Midlands Elective Delivery Programme / Regional Learning Event
14th May 2021	Black Country and West Birmingham Quarterly STP SRM
17th May 2021	Trust Management Team
17th May 2021	Team Brief
17th May 2021	STP Cancer Board
19th May 2021	Committed to Excellence
20th May 2021	Acute Collaboration Programme Board
21st May 2021	Live Chat

24th May 2021	Adoption of ReSPECT in Dudley (Presentation by Clinical Lead/RCUK).
24th May 2021	Vital Signs Transformation Guiding Board
26th May 2021	Provider Collaboratives: New Ways of Working with Sir David Dalton
26th May 2021	Live Chat
26th May 2021	BCWB Elective Diagnostic Strategic Board
27th May 2021	Healthier Futures Partnership Board
8th June 2021	Leading Inclusively with Cultural Intelligence Workshop

Enclosure 3

Paper for Submission to the Council of Governors 18th June 2021

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	PRESENTER:	Liz 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
	Y	Y	
RECOMMENDATIONS FOR THE GROUP			
The Council to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
The key issues are identified in the attached report.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details:
	NHSI	Y	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE: Board of Directors 10/6/21
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: 25/05/21 Quality and Safety Committee

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 25th May 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The Committee received an overview report and action plan to address the risks and gaps identified. Limited assurance was received regarding the oversight of the pressure ulcer incident management framework and subsequent data accuracy. The Trust has completed a full review and is actively delivering its action plan at pace. • Assurance received of the provision of internal and external support provided to clinical leaders in the emergency department since 2017. The recognition that further work was required in relation to psychological safety between teams. Interventions had been identified to deliver a clear and agreed method of promoting and escalating concerns from the multidisciplinary team. • Limited assurance received in relation to a month on month increase of the number of procedural documents exceeding their review date. The framework had been reviewed and actions identified/being delivered for improvement. • Negative assurance received in relation to one of the four Stroke metrics not meeting the required standard of compliance for TIA. Actions have been implemented to address this further decline. • The Trust had recorded an increase in SHMI (standardised Hospital Mortality Indicator) for the last two reporting periods with the latest value of 1.19. The SHMI denominator has reduced disproportionately to impact significantly on overall SHMI. • The number of serious incident actions outstanding. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Wrong blood in Tube report to come back to the Committee following a further deep dive across the Trust and assurance of actions taken in response to the review actions reported to the committee. • Stroke Services trajectory and action plan for recovery to be brought back to the July 2021 Committee
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive assurance received in relation to the NORSE pathway. All actions had been delivered and the first of two audits showed times had significantly improved, there had been a decrease in incidents reported over the previous 12 months and no harm incidents 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approved the Quality and Safety Account for submission to the Board for approval

- Positive assurance received in relation to wrong blood in tube. Following the introduction of measures put in place in the Emergency Departments there had been a reduction in incidents. Further work was being under taken across the Trust to roll this out
- Positive assurance of a detailed and comprehensive action plan developed and being delivered by the Trust in response to the IPC peer review carried out by NHSI/E on the 6th April 2021.

**Paper for submission to the Council of Governors on
Friday 18th June 2021 (virtual session)**

TITLE:	Quality Account 2020/2021 Governor Comment		
AUTHOR:	Helen Board Deputy Trust Secretary	PRESENTER	Fred Allen Lead Governor
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	Provide specialist services to patients from the Black Country and further afield.	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X		
RECOMMENDATIONS			
The Council of Governors is asked to approve the Governor comment given below for inclusion in the Quality Account 2020/2021.			
CORPORATE OBJECTIVES:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<p>Quality Account 2020/2021 Governor Comment</p> <p>Each year the Trust prepares a Quality Account that reports on the quality of services offered. The report is published annually and is available to the public.</p> <p>Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.</p> <p>The council of Governors is invited to review the draft report and prepare a comment.</p> <p>The process adopted in the preparation of the governor comment on the Quality Account 2020/2021 saw a copy of the draft report circulated to all governors for their review and response. Governors were then supported to form a Task and Finish Group led by the Lead Governor to collate responses and formulate the comment for inclusion as given below:</p> <p>The Council of Governors has reviewed the 2020/21 Quality Account and acknowledge the Trusts focus on delivering high quality services during another challenging year.</p> <p>Governors fully support the Chief Executives Statement in Section 1 of this report.</p>			

The Trust has been faced with an unprecedented challenge in its response to the Coronavirus pandemic. The Council of Governors has adapted to new ways of working to support the delivery of their duties and responsibilities. Governors have been impressed with the quality of leadership during the crisis and have continued to receive regular updates and briefings from the Board of Directors and maintained a close working relationship with the non-executive directors in holding them to account for the performance of the Board.

The Council of Governors has supported the expansion of the non-executive cohort to strengthen the clinical skills and expertise of the Board with a particular focus on those with primary care background.

The Council of Governors welcome the continuation of patient experience and discharge management as the Trusts quality priority indicators for 2021/2022. The review of performance data in year has tracked some level of improvement with notable progress made to reduce the time taken to respond to and learn from complaints and that face-to-face resolution meetings have continued. It is also pleasing to note there was continued patient involvement with initiatives such as patient panels, maternity voices partnership and the patient voice volunteers. The discharge management target was not achieved for the year and governors acknowledge that COVID-19 was a contributing factor. Governors have also noted the efforts of all involved, the complexities a discharge can include and welcome further detail on remedial actions, effective multiagency working and assurances that patients understand what is expected of them to support continued improvement.

The Council has continued to review the performance data over the year against each of quality indicators and for the constitutional performance standards. The removal of the Section 31 notices was welcomed. Regular detailed reports are provided to the full Council and to its sub committees that provide details of the Trust's Restoration and Recovery plans and performance in relation to the wider system. It is pleasing to see that the Trust has performed better than the national average against the thresholds set out in the Risk Assessment and Single Oversight Frameworks of NHS Improvement. The Council has noted the robust processes applied to learning from deaths and the focus on continuing to improve case note reviews of deaths in hospital and to arrange external reviews of case notes to further assess quality of care.

Governors have an opportunity to make comments on specific examples of good performance and areas that have performed less well. Governors maintain a regular attendance at the monthly board meetings and look forward to the resumption of face-to-face quality and safety review walk arounds.

The Council of Governors note the work of the Trust's Research and Development team who have continued to successfully recruit to a range of COVID-19 and non-COVID related studies, research into practice which has still been able to continue during COVID-19 and that the Trust's clinical audit programme achieved 100% of all local surveys with no recommendations for improvement.

The council has been focussed on workforce matters and have supported the enhanced staff health and wellbeing offering and the Trust's unwavering support of the Freedom to Speak Up initiative. The council closely monitor key workforce performance metrics and seek assurance on the effectiveness of improvement actions and have noted the improvements in the Trust's national staff survey results. The GMC/NETS survey also highlighted many areas of good practice that supports junior doctor training, as well as some areas for improvement. In the year that was challenged by COVID-19, it is good to see so many awards being won by Trust staff. As a major employer in the borough, governors have noted the progress made on pro-actively recruiting to medical and nursing roles and notably the recent campaign that successfully recruited clinical support workers and other key consultant roles.

Governors have placed on record their thanks for the dedication and commitment of all Trust staff who have worked tirelessly to support the COVID-19 response and the restoration and recovery of services as we move into the new financial year.

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: Good Governance, conditions of license
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	Y	DATE: Task and Finish Group 09/06/2021
	COMMITTEE	&	DATE: Council of Governors 18/06/21

Paper for submission to the Council of Governors on 18th June 2021

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	Board of Directors	N	DATE:
	Working Group	N	DATE:
	Committee	N	DATE:

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Report for the period since: 25 March 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • High pay costs due to high bank and agency spend • Uncertainty around the financial envelope for the second half of 2020/21. Additional £15m received in 2020/21 to cover COVID related costs, and while this level of support is continuing in the first half of 2021/22 it may not do so in the second 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Budget pack for first half of 2020/21 • Cost Improvement Plan (CIP) for 2020/21 • Plan for assessment of overseas nurse recruitment trial • Update of long-term financial model • Update on programme of work to address temporary staffing
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Trust achieved a small surplus for 2020/21, delivered the capital expenditure control total and ended the year with a stronger cash position than originally expected. Well placed for the start of 2021/22, with a small surplus in April also • STP funding agreed for the first half of 2021/22 should be sufficient to ensure the Trust is able to breakeven in this period • Outstanding performance of the vaccination employment bureau with external assurance around the level of costs incurred and full recovery of costs incurred in 2020/21 • Robust operational performance both nationally and against regional peers. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Agreed to invest £415k (plus possibly £1k per person if quarantine required) in a one-year trial working with (Integrated Care System (ICS) partners to recruit and onboard 75 international nurses for The Dudley Group • Approved Emergency Planning Response Resilience (EPRR) Annual Report for 2020/21 • Recommended to Board for approval of: <ul style="list-style-type: none"> ○ Minor revisions to Committee's Terms of Reference ○ Outline business case for redevelopment of the Emergency Department ○ Revenue and capital budgets for the first half of 2020/21 ○ Trust wide medicines treatment room cooling and temperature monitoring business case ○ Going concern statement
<p>Chair's comments on the effectiveness of the meeting: Committee has continued to meet virtually with focused agendas. Gradually returning to full agendas. Continued governor attendance welcomed.</p>	

Paper for submission to the Council of Governors on 18 June 2021

TITLE:	Update from the Audit Committee		
AUTHOR:	Liam Nevin Trust Secretary	PRESENTER	Gary Crowe 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 upward report from the last meeting of the Audit Committee held on 20 May 2021.			
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 report from Audit Committee meeting held on 20 May 2021.			
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	BOARD OF DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 20 May 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • None 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Trust Annual Report 2020/21 in draft format and work taking place with External Audit to finalise • External audit of the Trust's financial accounts is underway and is expected to be completed on time • Action plan in place to improve GDPR compliance
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good progress with clinical effectiveness audits • Positive progress made for consultant job planning • Completion of 2020/21 Internal Audit Plan • Positive Head of Internal Audit Opinion given for 2020/21 • Good progress made in taking forward and closing down Internal Audit management actions with currently none overdue • Assurance received that there was a strong anti-fraud culture in place across the Trust • Losses and special payments were within acceptable levels and assurance that processes are in place to capture loss 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Recommended approval of the NHS Provider License Self-Certification Declaration to Board of Directors and Council of Governors • Approved the Local Counter Fraud Specialist 2020/21 Annual Report • Approved the Audit Committee Annual Report subject to update in relation to internal and external audit opinions
<p>Chair's comments on the effectiveness of the meeting: Good areas of assurance received with no areas of concern requiring escalation</p>	

Enclosure 7

Paper for submission to the Council of Governors on 18th June 2021

TITLE:	Workforce and Staff Engagement Committee Report		
AUTHOR:	James Fleet Chief People Officer	PRESENTER	James Fleet Chief People Officer
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>	
SO1: Deliver a great patient experience SO4: Be the place people choose to work			
SUMMARY OF KEY ISSUES: <p>The Workforce and Staff Engagement Committee convened a Deep-Dive session, focusing on Organisational Development and Leadership, on 25th May.</p> <p>Objectives for the session were:</p> <ul style="list-style-type: none"> ○ To undertake an objective and critical review of the pre-COVID OD/development offer and service delivery model ○ Identify and highlight gaps, risks, and concerns ○ Present and discuss: <ul style="list-style-type: none"> - Recent improvements to the service offer - OD approach to Creating a Compassionate Culture - Emergent model for Improving and Developing Teams - Confirm next steps and regular reporting to WSEC on delivery <p>Overview - Key Actions, Decisions and Updates:</p> <ul style="list-style-type: none"> ○ The Deep-Dive session was a well-attended session, with strong engagement and participation from attendees. ○ I was encouraged by the calibre of the discussions, the focus and evident commitment by attendees that development, especially around the welcome to the trust and enabling growth of talent and succession, is a high priority for the Trust. A series of well-articulated principles for strategic development were presented through summary reports and a presentation on the bespoke team offer was delivered. ○ The format for the deep dive reflected the approach taken for previous topics. This includes a review of data/metrics to provide a foundation for discussion and critical review of issues and solutions. In relation to development data, the analysis provided a partial position for this review as the capture of data has not been robust before 2021. This means that not all training activity is accessible within ESR (the workforce data system) and some training records are held only in local excel files. This limits the KPI and metrics able to be reported on in relation to training and development. The information provided gave a summary position of an increase in development activity at pace, until 2020 when cessation of activity due to the pandemic impacted progress made. Whilst recognising that the gap in data and effective metrics means that both participation and impact of training are difficult to measure, that activity is now underway to remedy this position for training in place – and planned for future delivery. 			

Identifying appropriate metrics for regular reporting to Committee was a key output of the discussion.

- This baseline position gave a foundation for an enthusiastic discussion amongst members on the key areas for development moving forward to embed a culture of learning and development and priorities for the year ahead. This included a commitment to continuing the successful Developing Leader's and Manager's Essentials programmes. Members also identified several themes for further work including a development offer for support workers, systems leadership skills and competencies and multidisciplinary learning opportunities to strengthen the leadership conversations between non-clinical managers and clinical leaders in medical, nursing and AHP staff. There was a keenness amongst members to ensure that the management development programmes were reaching all the leaders and managers, in areas where leadership and management has been identified as an improvement goal. The Head of OD explained that although initially the programmes had been advertised and open to all nominees, the approach moving forward is to ensure effective targeting across the trust to prioritise: those teams/services with lower take-up; staff who declare a disability or are from a BAME background; areas already identified for support as a result of staff survey responses; linking with HR and other teams to use informal and formal feedback to identify those staff who may benefit from attending alongside early adopters.
- A summary report was presented which outlined a series of engagement workshops undertaken with some of the Executive Directors during 2020 to provide an outline of priorities to develop a Leadership Strategy for the trust. The committee was grateful for the commitment of the Chief Nurse, Medical Director, Chief Operating Officer and HR Director in giving their time to support this work. As a result, several areas of work for future development were identified which included:
 - Induction, our welcome to the trust and developing learning and improvement mind-set at the start to ensure people choose and stay at Dudley
 - Talent and succession plans and programmes to ensure we provide opportunities for people to grow, develop and thrive
 - Support to improve workplace behaviours linked to bullying and harassment and civility and respect as these have been cultural issues for several years
 - High performing teams
- This provided a foundation for discussions around future programmes and activities for the organisational development team, and the founding principles for an outline OD and Leadership Strategy. There were four key work activities highlighted with a summary of planned work, alongside the invitation for the Committee to comment and influence the development of the strategy principles.
- Induction – Welcome to the Trust was the first area for discussion. An outline plan for the welcome to the trust presented a pathway for new staff from recruitment through to their first year in post. Members of the committee shared their personal experiences of their own induction and identified several important elements to include going forward. This was focussed around: supporting new line managers to be up and running in their new role with the tools to lead their team and service; ensuring that we help people new to the NHS navigate a new system and language from the start; getting our housekeeping elements ready for day 1 including ID badges which are central to belonging; having a flexible but consistent offer for different staff needs; having regular touchpoints and buddies to support alongside line managers.
- A DRAFT programme for Development activities for 2021/22 was presented which outlined additional programmes and learning activities planned for the year. This includes expanding

current programmes (Manager's Essentials and Developing Leaders) and additional workshops, learning opportunities and targeted development work. Committee members were pleased to see an expanded offer, especially in meeting gaps already identified in opportunities for support workers, newly qualified staff, emerging leaders, and clinical leaders. There was a keenness to include skills around system leadership – to support our staff to develop their connections and networks outside the organisation. In addition, identifying that team working and communication skill development remains a core priority. The programme will be developed into a published prospectus by July 2021 to support personal development plans in Appraisals.

- The item on succession planning and talent generated a detailed discussion around ambition, opportunities and how the organisation should structure a programme. There was recognition that this is a huge piece of development work to embed and that this should form a topic for a future deep dive later in the year. In the meantime, a pragmatic approach was agreed which would allow for:
 - Developing elements of a formal programme over time to support a strategic approach to talent management and succession planning which includes identifying talent-maps for senior posts in the short term, moving towards all leadership posts over the next 12 months
 - Creating an internal development scheme for talent which enables staff to experience growth opportunities/projects across the whole organisations (rather than within a specific discipline or division)
 - Focussing on the short term (next 3 months) on identifying talent through known networks and setting up initial talent escalators with those individuals around personal development and growth plans, mentors, and future career conversations
 - Implementing talent and potential conversations
 - Developing leadership competencies for generic and specific roles
 - Identifying barriers to progression in response to concerns about readiness and confidence to progress so that talented leaders are enabled to move safely and with support to do so
- There was a high level of enthusiasm and excitement about the potential in this work and working in a multidisciplinary way. Rachel Andrew, Karen Brogan Helen Bromage and Karen Lewis reported that they are commencing conversations about this as part of the recruitment and retention action plans to escalate progress quickly.
- There was a commitment to continue to provide assurance on this item and to undertake a review of progress on initial actions and a detailed proposal for a trust Talent and Assessment Board as a subject for a further Deep Dive before the end of 2021.
- The final element presented was a summary of planned activity during 2021 to review the purpose, structure and supporting framework for the delivery of appraisal conversations. There was a discussion around the importance of line manager conversations with their team members, identifying development needs and career conversations. This linked to expectations around appraisals meeting several expectations – and a review of focus for 2022. This will include engagement with staff and ensuring that although medical staff have a separate revalidation expectation, that there is an opportunity to link career, wellbeing, and strategy conversations to their appraisals also.
- In summary, the OD and Leadership team described several programmes and development activities already underway. They gave an update on the investment posts approved during 2020 with 3 additional trainers now in post and developing and delivering new programmes. The engagement activity with executives had identified key priorities and the discussion at the committee has provided a secure framework for a transformational Organisational Development

and Leadership Strategy, as well as delivery of an improved scale and scope of activity across the portfolio. The strategy will return for ratification in August.

- The final item was a presentation on bespoke development – focussed on how the HR, Improvement and OD teams are collaborating to improve and develop operational teams across the Trust. Peter Lowe, Karen Brogan and Rachel Andrew described how they have established a business partner model to deliver this work, identifying a team member in each of their teams to form a team working triumvirate for each division. They described that they had recognised that HR, OD, and Improvement teams were working on bespoke responses in isolation or with limited collaboration because people would request help from who they knew rather than an understanding of what they can help with. The support required often bridges across more than one function. e.g. structural and people challenges, systems and processes causing frustration. Karen, Peter and Rachel described the initial diagnostic to assess the understanding of the problem and to identify potential metrics and agreed to implement triumvirate teams across HR, OD and Improvement for this work – allocating teams to each division to enable consistency in the approach, individuals and teams to develop relationships and understanding of their division, which enables sustained changes to be made and embedded.
- These triumvirates are now working within each division to map areas of concern, any existing requests for help and combining informal and formal intelligence to identify those areas that would benefit from support for improvement. The team are applying a standard risk assessment to enable prioritising of teams which pose the greatest risk. This will enable resources to be allocated on a quantifiable basis and will consider workforce measures alongside service performance. The next steps are the design and delivery of activities to support teams which include small team work to large service support, targeted development work with groups or full teams, improvement workshops, reviews of structures/job roles
- This is an area already highlighted by peers as innovative practice and has the potential to support resolution for areas of concern to improve more quickly by focussing a shared improvement and development approach and sustained, embedded changes. There will be regular reporting through to the Workforce Committee on interventions and progress and there are strong links to the Staff Survey engagement and improvement activity within the triumvirates.

The following documents were received for information/assurance:

- Workforce KPI Report
- Resus Plan which provided significant assurance and an amended training approach to support compliance against target. The quality of the report and approach was commended by the committee.
- Board Assurance Framework Report
- Corporate & Significant Risk Report

The next Workforce and Staff Engagement Committee Deep-dive session is planned for 27th July and will focus on Dudley Improvement Practice.

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description: corporate risk register engagement and retention of staff
	Risk Register: Y		Risk Score:
COMPLIANCE	CQC	Y	Details: Caring, Well Led

and/or LEGAL REQUIREMENTS	NHSI	Y	Details:	
	Other	N	Details:	
ACTION REQUIRED OF COMMITTEE :				
Decision	Approval		Discussion	Other
	√		√	
RECOMMENDATIONS FOR COMMITTEE:				
Note and support the key developments, actions and decisions.				

Paper for submission to the Council of Governors 18th June 2021

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 27th April 2021		
AUTHOR:	Julian Atkins – Non-executive Director	PRESENTER:	Julian Atkins – 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	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	BOARD OF	Y	DATE: 15/04/2021

	DIRECTORS		
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 27th April 2021

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The low compliance numbers for Resus mandatory training were discussed again at this month's WSEC. The Committee had been anticipating a recovery plan for 2021. This plan will be presented to the next business meeting of WSEC (June 21); the plan is being developed by Bill Dainty and Helen Bromage, with the support of Mary Sexton. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee received a detailed analysis report, full of rich data on the Trust's gender pay gap. The deep dive report highlighted that there is a gender pay gap within the Trust, which is most noticeable in the Medical workforce. The analysis prompted wide discussion regarding actions and next steps, given that the Women's Inclusion Network isn't yet fully established, and recognising the need for pace and focus to this key area of inclusion. A task group will be established to establish immediate priorities and actions, based on the robust deep-dive analysis undertaken. This task group will report back to WSEC. The Committee supported the proposed EDI Delivery Model, which captures how the EDI programme aligns with the Staff Engagement Model, including the Staff Partnership Forums and Divisional Engagement Forums. This will form the basis for the Trust EDI Strategy which is being developed and will be presented to the WSEC at a later meeting.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee was updated on the progress of the AHP e-Rostering and e-Job Planning project. Progress to date was positive with AHP and Divisional leads well engaged and welcoming the implementation. The Trust is one of the first to implement both projects at the same time and was therefore invited to join the NHSI/E project group, developing a suite of resource for other trusts, sharing best practise. The 'Happy App' pilot is being launched in June, with four teams keen to trial it. Following the pilot, the app will be rolled out across the trust and integrated as a core part of the Trust's approach to improving staff engagement and experience. The app provides valuable local real-time management information, to inform management action to improve their working experience of their people. Support from OD and DIP will also be provided to managers. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee have asked that additional detail be included into the Workforce KPI report to distinguish between BAU bank/agency staffing usage and bank/agency staff for the Workforce Bureau.

- Positive assurances were provided in the Workforce KPI report, including a reduction in sickness absence and turnover. The Trust remains below the NHS average for turnover.
- The Committee heard from the Head of EDI and Inclusion Network Chairs who provided positive updates on the WRES Delivery Plan, Network Priority Plans and the EDI Delivery Model. Assurance was given that robust plans are in place to ensure the Trust develops and maintains a diverse and inclusive culture. Key actions include training and embedding Inclusion Champions on interview panels and assessing the organisation against best practice standards such as the Stonewall Employers Index. It was also reported that the Trust had recently been chosen to take the lead on developing the BCWB STP's equality and inclusion strategy.
- The Committee received a progress report on divisional staff engagement plans. Each of the Divisional Directors presented their plans and milestone measures, supported by Peter Lowe/DIP. Regular updates will be provided to WSEC.
- The Head of Medical Education shared the outstanding feedback following the assessment of training and education given to medical students from University of Birmingham. The Trust has built a great reputation for its training and education programmes, meaning students often return to the Trust for roles after completing training. For example, 70% of the foundation workforce come from University of Birmingham Medical School.
- The Medical Director briefed the Committee on the excellent results of the Medical Engagement Score Report, where the majority of the themes were RAG rated green. A full report and action plan will be presented at the next meeting.

Chair's comments on the effectiveness of the meeting:

This was the first full WSEC business meeting for some time, therefore there was a full agenda. I was pleased with the high levels of engagement across the different agenda items, and particularly impressed by the quality, rigour and granularity of the Divisional Staff Engagement plans, which are being actively supported by the Dudley Improvement Practice. The Committee welcomes the deep-dive analysis into the gender pay gap which will inform focused and targeted improvement action. It was also good to see the EDI Delivery model, which the Committee supported. This will form the basis for the Trust's EDI Strategy.

**Paper for submission to the Council of Governors on
Friday 18th June 2021 (virtual session)**

TITLE:	Trust Secretary Report		
AUTHOR:	Helen Board Deputy Trust Secretary	PRESENTER	Liam Nevin Trust Secretary
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.		Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	Provide specialist services to patients from the Black Country and further afield.
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			X
RECOMMENDATIONS			
To receive this report and note its content relating to: 1. Council of Governors elections 2021 2. Lead Governor elections 2021 3. Annual Members Meeting 2021			
CORPORATE OBJECTIVES:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
1. Council of Governors Elections Elections closed at 5pm on Tuesday 2 nd June returning the following candidates: <ul style="list-style-type: none"> • Public elected Dudley North, Elizabeth Naylor • Public elected South Staffs and Wyre Forest, Vicky Homer • Staff elected Allied Health Professionals and Health Care Scientist, Gilani Syed • Staff elected Allied Health Professionals and Health Care Scientist, Louise Deluca <p>Two vacancies remain in Nursing & Midwifery. These will be included in elections to be held later in the year.</p> 2. Lead Governor Elections 2021 The present lead governor, Fred Allen will reach his end of term of office in December 2021 and a successor is sought. Publicly Elected Governors are invited to apply for the role and are asked to submit an expression of their interest in the role to the Trust Secretary by 5pm on			

Wednesday 30th June. Details of the role are given in appendix 1. As the term of office will be for minimum two years commencing December 2021, expressions are encouraged from those governors whose term of office extends beyond this time. Where two or more eligible governors indicate their interest in the role, a ballot will be held to conclude with sufficient time for the successful candidate to 'shadow' the current lead governor.

3. Annual Members Meeting 2021

The Trust will hold its Annual Members Meeting on Monday 13th September 2021 where the directors will present the Trust's annual report and accounts, and any report of the auditor on the accounts.

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: Good Governance, conditions of license
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE
	COMMITTEE	N	DATE: CoG 18.6.21

Appendix 1

LEAD GOVERNOR ROLE, RESPONSIBILITIES AND ATTRIBUTES

Accountability	To the Council of Governors collectively as a serving member of the Council.
Role	The Lead Governor role has been created by NHS Improvement (formerly Monitor) to assist the Council of Governors in situations where it is inappropriate that the Council be led by the Chairman or his nominated Deputy.

The Lead Governor is an office holder not an employee of the Foundation Trust.

Key Responsibilities The key responsibilities of the lead governor are detailed below:-

- To represent the Council of Governors with NHSE/I in the circumstances described in the Monitor guidance “Your Statutory Duties”.
- To provide an independent link between the Council of Governors and the Board of Directors, NHS Improvement (formerly Monitor) or other relevant external body in matters where the Council of Governors deems it to be appropriate or where such external parties wish to engage with the Governors.
- To support the Chair in canvassing opinions from Governors when requested.
- To promote to the Board of Directors through the Chair and Board Secretary the benefits of governor engagement within matters of patient safety and patient experience.
- To support the Chair in matters of individual Council of Governor member conduct, attendance, and engagement.
- To support the Chair in conducting a review of the effectiveness of the Council of Governors and their supporting Committees (see appendix for current Committee structure).
- To offer support to Council of Governors Committee Chairs in respect of the operation of their Committees
- To work with the Board Secretary to ensure the Council of Governors is supported to discharge its responsibilities.

Key Attributes The key attributes for a successful lead governor are detailed below:

1. To be able to commit sufficient time to remain engaged with Trust and NHS developments.
2. To have an ability to provide sound judgement in respect of information provided and be able to deal with sensitive and confidential information with appropriate integrity
3. Have the ability to bring together people with different outlooks, knowledge levels to focus on the successful operation of the Council of Governors
4. To display within their own conduct the Trust values and the Nolan Principles

Paper for submission to the Council of Governors
18th June 2021

TITLE	Council of Governors Effectiveness Survey 2020/21 – summary report					
AUTHOR	Helen Board Deputy Trust Secretary		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	
			x			
RECOMMENDATIONS						
SUMMARY OF KEY ISSUES:						
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 2020/21 process was:						
Activity/month 2021	Jan	Feb	Mar	May	June	Sept
Survey circulated to CoG early February to respond by 22 nd February 2021						
Collate data from survey responses						
Review and analyse feedback						
Share findings at Governor Training & Development Session						
Written report to full Council of Governors						
Update on actions to full Council of Governors meeting						
CORPORATE OBJECTIVE						
All						
SUMMARY OF KEY ISSUES						
The Council of Governors is asked to receive the following summary:						
This survey was issued to 24 Council of Governor members in post at that time. Eighteen governors responded to the 46 questions across 10 categories including an option for free text comments.						
Analysis of the results, see appendix 1, identified a small number of areas where further development is needed. The inclusion of free text boxes has proved useful in securing additional commentary to give context to the responses.						

Potential areas for further development based on exceptions as listed:

There are two responses where 10% or more of the council have identified concerns:

- Council Dynamics -a small number of respondents gave a negative response indicating that Council meetings were dominated by individuals or a small group of governors.
- A small number of respondents indicated they were unaware of the skills or background of other governors.

The remaining sections did not highlight any further notable exceptions.

Analysis of the free text comments commended the effective use of virtual technology during COVID-19 that continued to support timely communication and noted the appreciation of the regular chair's updates, press releases, patient safety bulletins, and regular training and development sessions.

Other comments received supported the resumption of face-to-face meetings and quality walk around activity once allowed that had hampered the 'getting to know each other better' aspect of the Council. Buddying opportunities to support new governors was requested. One strongly made point, highlighted that more training was needed about the statutory duties and decision-making responsibilities of governors.

Action plan

Item	Action	By Who	By when	Status
Resumption of face-to-face meetings	To resume face to face meeting pending lifting of COVID-19 social distancing restrictions	Trust Secretary		In progress
Resumption of quality walk around activity	To resume quality walk arounds meeting pending lifting of COVID-19 social distancing restrictions	Chief Nurse		In progress
Getting to know each other better and buddying opportunities	<ol style="list-style-type: none"> 1. Trust website contains photo portrait with short biog for each governor Our Council of Governors - The Dudley Group NHS Foundation Trust (dgft.nhs.uk) 2. Background and information document created and shared to all council members early March and circulated again 23 April 3. Buddying with longer serving governors offered to all new governors 	Foundation Trust Office	11/3, 23/4	Complete
More training was needed about the statutory duties and decision-making responsibilities of governors	Governor Training & Development sessions delivered modules as follows in the period January to June 2021 – core skills for governors, accountability & holding to account, NHS finance & Audit	Deputy Trust Secretary	January to June 2021	Complete

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 18/6/2021
	WORKING GROUP	Y	DATE: Governors Training & Development session 1/6/21
	COMMITTEE	Y/N	DATE:

Appendix 1 Council of Governors Effectiveness Review 2020

100% agreement	< 100% agreement	> 10% rated as 'disagree, slightly disagree, strongly agree
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Summary

Governors Survey: Holding to Account

I am told the truth about the Trust's performance in a timely way
What I'm told by the Board of Directors matches what I'm told by staff and patient governors
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
Issues I have raised with the Board of Directors have been dealt with promptly and to my satisfaction
I have confidence in the Governance Systems and Processes operated within the Trust

Governors Survey: Engagement and Direction

The Council has influenced the future direction of the Foundation Trust (FT)
Due consideration has been given to the views of the Council and the FT's membership in preparing the Annual Plan
The methods by which the Council engages with the FT's wider membership are effective
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.

Governors Survey: Information

The information provided to me as a Governor enables me to discharge my statutory duties effectively
When necessary, the Board of Directors keeps me informed of important developments in-between Council meetings
The Council receives information on key risks facing the FT
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
As Governors we have been able to influence the level of information, we receive
COVID-19 has meant that whilst we have had to adapt to new ways of working e.g. virtual meetings, I believe that the Committee has remained effective during this time .

Governors Survey: Role Clarity

As a Governor, I am clear about my role and my statutory duties
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
The role of the Council has been openly discussed and clarified
The role of the Board and the differences between the role of an executive director and non-executive Director and is clear

Governors Survey: Chair's Leadership

Council meetings are chaired effectively – agenda items are properly introduced, discussions appropriately summarised and any resulting actions clarified

The Chair encourages all Governors to contribute and does not allow individual Governors to dominate Board meetings

The Chair is approachable and listens to what I have to say

The Chair is always open to suggestions about how to improve the effectiveness of the Council

The Chair takes the training and development needs of Governors seriously

I understand the role of the lead governor and how that differs to the role of the Council of Governors Chair

Governors Survey: Committee Structure

The Committees established by the Council are effective in supporting the Council in key aspects of its work

The Committees are supported effectively by directors and senior managers within the foundation trust

I understand the purpose of each Council Committee

The Experience and Engagement Committee is effectively chaired

The committee structure is reviewed on a timely basis

Governor Survey: Council Dynamics

The Council has agreed a Code of Conduct

The behaviour of Governors is consistent with the values of the FT and public service

The Council manages to get the right balance between supporting and challenging the Board of Directors

Governors are motivated by a desire to improve the quality of care provided to patients

Council meetings are not dominated by certain individuals or small groups of Governors

Governors Survey: Training and Development

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

Relevant training is provided on an on-going and timely basis

Briefings are provided in relation to key topics when required

Governors that have served on the Council for a while support the development of new Governors

Governors Survey: Support to the Council

The Council is supported by the services of an appropriately skilled Board Secretary

Papers arrive at least 5 days before a meeting of the Council

The support provided to the Council enable it to engage effectively with its membership

Meetings of the Council are held at times and in places that allow the maximum number of Governors to attend

Governors Survey: Composition

The composition of the Council of Governors is appropriately representative of the local community and stakeholder organisations of the FT

The Council of Governors is not too large in size

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.

I am aware of the skills and background of each Governor

**Paper for submission to the Board of Directors on
10th June 2021**

TITLE:	NHS Provider Licence Self- Certification		
AUTHOR:	Liam Nevin Trust Secretary	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	
RECOMMENDATIONS			
<ul style="list-style-type: none"> That the Board approve the draft licence self-certification subject to consultation with the Council of Governors 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<p>The Trust is required to self-certify against a number of declarations in respect of its provider licence.</p> <p>The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June.</p> <p>The Trust has improved further from its 2020 self-assessment and which has been reflected in the withdrawal of the three section 31 notices by the CQC. However, two of the standards cannot be achieved whilst the Trust remains subject to undertakings and this is reflected in the supporting paper.</p>			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE	CQC	N	Details:

and/or LEGAL REQUIREMENTS	NHSI	Y	Details: Self- Certification Guidance for NHS Foundation Trusts and NHS Trusts
	Other	N	Details:
REPORT DESTINATION	Council of Governors	N	DATE: 18 June 2021
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: Audit Committee 22 nd March, and 20 th May 2021

NHS Provider Licence Self-Certification

Report to Board of Directors on 10th June 2021

1 EXECUTIVE SUMMARY

- 1.1 The Board is required to make a number of declarations at the year- end. In respect of its annual plan the self-certification set out below is required.

The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June.

- 1.2 The options available are “confirmed” or “not confirmed,” having considered the views of the Council of Governors. If the declaration is not confirmed the Trust are invited to provide summary explanatory information.

2 BACKGROUND INFORMATION

2.1 Declaration 1:

General Condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

The Board is required to confirm it is compliant with the following certification, or explain why it can't certify itself as compliant.

Following a review for the purpose of paragraph 2(b) of license condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the license, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

It is recommended that a “not confirmed” declaration is made.

The Trust has entered into enforcement undertakings that acknowledge that it is in breach of its license conditions. The undertakings entered into by the Trust are set out a letter signed by the Trust and NHSI/E in February 2020. In summary, the Trust received a Section 31 notice arising from the CQC inspection between January and February 2019 and a further Section 31 notice from the CQC in July 2019. Following a CQC inspection in January and February 2019, the Trust was rated by the CQC overall as “Requires Improvement.” However, urgent and emergency care was rated as “inadequate” in the safe domain but overall Requires Improvement. Diagnostic imaging was additionally rated as “inadequate” at service level, and on both the safe and well led domains. The Trust was rated “Requires Improvement” in the Well Led

inspection. The CQC issued three Section 31 notices in July 2019 concerning triage performance, escalation and management of patients with Sepsis or a deteriorating medical condition, and the number of registered nurses available at all times within the Emergency Department.

The Trust has implemented a number of measures in response to these findings including the introduction of digital dashboards to monitor performance and periodic audits of practice. The Trust sepsis data demonstrates that the Trust is now performing at target and in excess of the national average. Nurse staffing has been reviewed by the chief nurse and safe staffing is reported to the Board of Directors as part of the chief nurse monthly report.

As a consequence of these improvements in June 2020 two of the three notices were withdrawn (escalation and management of sepsis and the number of registered nurses in the Emergency Department).

The CQC undertook a Focussed Inspection of the Emergency Department in February 2021 which resulted in the following conclusions:

- Improvements had been made to safety and culture within the emergency department
- Critically ill patients were assessed as directed by national guidelines.
- Staff followed Personal Protective Equipment (PPE) recommendations and appropriate infection prevention and control (IPC) pathways were in place and flexed to reduce the risk of COVID-19 nosocomial infections.
- Staff told the CQC that they were supported well by managers and senior leaders.

The CQC also advised the Trust that areas to improve were:

- The Trust should continue to work towards achieving improvements in staff compliance with safeguarding training.
- The Trust should consider implementing a system that includes visual prompts at red area access points to remind staff of the PPE requirements before entering these areas.
- The Trust should consider how to make children, young people, and their relatives aware of social distancing requirements within the children's ED.
- The Trust should continue to work with the wider health and social care system to improve flow from the ED to speciality wards.
- The Trust should consider taking a more proactive and integrated approach with regards to the assessment and management of the risks associated with ambulance offload delays.

All of these recommendations have been or are in the process of being addressed.

As a result of the inspection the CCQ have improved the rating in safe domain from “inadequate” to “requires improvement” and have removed the remaining condition of registration concerning triage performance.

In addition, in relation to operational performance the Undertakings cite delivery against the four hour emergency care standard, the 62 day cancer standard, and the diagnostic standard.

The Trust has requested that NHSI/E consider discharging some or all of the undertakings on the basis that;

- All three Section 31 notices previously imposed by the CQC have been removed during the financial year.
- The Trust has satisfied the financial undertakings which were time limited to the 2019/20 financial year.
- The Trust has, for much of the preceding twelve months directed substantial resources and capacity to addressing the COVID-19 pandemic. As a consequence, the inability to recover operational performance to meet national standards is common to all acute providers in the current circumstances. The Trust has a credible Restoration and Recovery plan and benchmarks well with other system providers.

However, the Trust’s self –assessment score reflects the fact that at the date of this assessment, the Trust remains subject to undertakings in relation to actual or suspected breaches of its licence conditions.

Continuity of service condition 7 – Availability of Resources

The Board is required to make one of the following three declarations¹

1a. After making enquiries the Directors of the Licensee have reasonable expectations that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

1b. After making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources² available to it after taking account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested services

1c. In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

¹ The period of 12 months, is the 12 months from the date of the certificate

² Required Resources include: management resources, financial resources and facilities, personnel, physical and relevant asset guidance.

It is recommended that 1b declaration be made with the following factors taken into account reflective of the uncertainties of the financial regime for the remainder of 2021/2022. The Trust awaits confirmation of allocations and planning guidance from October 2021, which has not yet been set by NHSEI.

2.2 Declaration 2:

Condition FT4 - Corporate Governance Statement

The Board is required to indicate it is compliant with the following statements, or if not, state why it is non-compliant. In addition, the Board is invited to identify any risks and mitigating actions in relation to each of the statements.

1) The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

It is recommended that a “confirmed” declaration is made as the Board is assured from the work of the Audit Committee, its Internal and External Auditors and their opinions received during the year.

2) The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.

It is recommended that a “confirmed” declaration is made as the Trust Board Secretary has made the Board, Audit Committee and Executives aware of NHSI/E guidance and any impact/ improvements to be made within Trust systems as a result.

3) The Board is satisfied that the Trust implements:

(a) Effective board and committee structures;

(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and

(c) Clear reporting lines and accountabilities throughout its organisation.

It is recommended that a “confirmed” declaration is made.

The Board has an established committee system. The work plans of each committee have been reviewed during the year and the exception reporting introduced for each Committee up to the Board is working effectively. A committee effectiveness review has been undertaken in respect of each committee and a review of review of terms of reference and workplans has also been undertaken.

4) The Board is satisfied that the Trust effectively implements systems and/or processes:

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;

(c) To ensure compliance with health care standards binding on the Licensee (including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions);

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) To ensure compliance with all applicable legal requirements.

It is recommended that a "not confirmed" declaration is made.

The Trust is not currently compliant with paragraph 4c by virtue of the Enforcement Undertakings referred to above.

In respect of the other measures in Condition FT4 the Board has both directly and through its Committee structure been assured that the Trust's designed systems of internal control have been operating effectively and as intended over the year. Where issues have arisen during the year timely actions have been implemented to improve these areas. Assurance is routinely and regularly obtained as to the quality of the data supporting the Trust's performance reporting and decisions being taken and improvements have been introduced through the adoption of Statistical Process Control (SPC) reporting. The Board has commenced a review of the Trust Strategy and expects to complete this and implement the new strategy early in 2021/22. Key risks and associated assurance has been reported to the Audit Committee and Board during the year and the process has been subject to Internal Audit review which concluded {positively} over the Trust corporate risk and assurance processes.

5) The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;

(b) That the Board's planning and decision-making processes take timely and appropriate account of quality-of-care considerations;

(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;

(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;

(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

It is recommended that a "confirmed" declaration is made as there is clear leadership and accountability for the delivery of high quality and safe services within the Trust. The Board both directly, and through its Committee structures, ensures that a focus is maintained on the delivery of quality services. The Trust's Quality Priorities continue to be set in consultation with the Council of Governors and other stakeholders with regular reporting of the delivery against these priorities provided to the Board and the Council of Governors and our Commissioners.

6) The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

It is recommended that a "confirmed" declaration is made. The Trust has undertaken performance reviews and 360-degree appraisals with all directors. In addition, it has reviewed the skills and experience of its Non-Executive Directors and considered this against committee membership and other portfolio responsibilities. The Trust has also established a process that ensures that all Board Members are "fit and proper" persons. The Board through its Workforce and Staff Engagement Committee has been assured over the actions being taken to mitigate the workforce risks in relation to recruitment and retention. Regular reporting is provided to the Board on the Trust's compliance with the nursing safer staffing levels and the revalidation of its nursing and medical workforce.

2.3 Declaration 3: Training of Governors

The Board is required to indicate it is compliant with the following statement or if not state why it is non-compliant.

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

It is recommended that a “confirmed” declaration is made.

The governor training programme is constructed on a modular basis with the modules structured to support newly appointed and elected governors. These modules were run for the newly elected governors from the elections in quarters one and three as refresher for those returned for a further term of office and new governors. One to One support is in place for all new governors and buddying is encouraged for those more experienced governors to support newly appointed governors. Annual training on fire safety and Infection Control is offered across two sessions in the year allowing governors to attend at least one of these sessions. The Council of Governors Experience & Engagement Committee monitors the take up of induction and “mandatory” training, along with overseeing the content of the training programme utilising feedback from those attending the individual modules.

A series of engagement events supplement the training and enable Governors to attend strategy workshops with the Board, coupled with presentations from elements of the Trust on their service. Whilst members of the Council regularly participate in review and inspection activities including PLACE and Quality & Safety Review audits, owing to COVID this has been paused and will resume once operational capacity will allow. They are also invited to attend Trust Board and its committees and receive regular update briefings hosted by the chair and fellow NEDs.

The Trust had worked with the Council of Governors to develop an engagement plan for 2020-2022 with the governors ‘out there’ initiative at its core supporting governors out and about in their respective constituencies. This is monitored by the Experience and Engagement Committee.

3 RISKS AND MITIGATIONS

3.1 These are contained in the body of the report

4. RECOMMENDATION(S)

- **That the Board approve the draft Provider Licence Self-certification**
- **That the Council of Governors be consulted on the draft Licence Self-certification**

**Liam Nevin
Board Secretary
June 2021**

Enclosure 11

Paper for submission to the Board of Directors, 10 June 2021

TITLE:	Integrated Performance Report for Month 1 (April 2021)		
AUTHOR:	Diane Povey Interim General Manager	PRESENTER	Karen Kelly Chief Operating Officer
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
N	N	Y	N
RECOMMENDATIONS:			
Members of the Board are asked to note the contents of the report and next steps.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Performance Key Areas of Success <ul style="list-style-type: none"> The number of patients waiting over 104 days on cancer pathways continues to reduce and performance against the 62 day standard has improved significantly during April. 52 week waits continue to reduce ahead of trajectory down to 301 from 457 at the end of March and the Trust continues to be the best performing trust locally for RTT performance and 11th nationally. Outpatient activity has exceeded the 85% April recovery target for both new and follow up appointments. The VTE assessment target of 95% has been met by both Medical and Surgical Divisions. Key Areas of Concern <ul style="list-style-type: none"> There is a continued increase in ED attendances. Staffing absence and estates work continues to impact on Theatre activity and capacity, this has been highlighted to executives. 			

CANCER

All cancer performance figures have a 2 month validation process, on that basis the current performance is unvalidated and may be subject to change.

Current in month performance is as follows:

- 2ww & 31 day achievement remains stable.
- 62 day achievement has improved significantly during April to 74.1% increased from 55.9% in March.

The number of patients waiting over 104 days continues to reduce down to 37 at the end of April.

Covid-19 pressures continue to affect all cancer pathways due to patient reluctance to attend, reduction of capacity due to social distancing and to the reduction of diagnostic capacity.

Current 62 day performance is in line with the recovery trajectory submitted for the 62 day pathway to NHSE in August 2020 outlining an expected position with aim of full recovery by Mar-22.

RTT

The RTT position continues to be adversely affected by Covid-19 and remains static at around 75-77%. P2 & P3 category waits are being prioritised in line with 21/22 planning guidance. DGFT continues to compare well with peers for both RTT performance remaining 11th Nationally & the best locally. The number of 52 week breaches continues to reduce ahead of trajectory with 301 at the end of April.

Elective Theatre activity continues to recommence in line with the roadmap agreed with executives.

DM01

The Trust achievement 80.4% of diagnostic tests carried out within 6 weeks during April, against the national operational standard of 99%. Based on DM01 national benchmarking for March 21 the Trust continues to be positioned in the third upper quartile.

The number waiting over 6 weeks during April increased to 1720 up from 1412 at the end of March. DM01 recovery is forecast for March 22.

IMPLICATIONS OF PAPER: Risks identified in this paper are linked to the risk (BAF 1b)

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y		Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	Risk Register: Y		Risk Score: BAF 1B – Risk score 15 (AMBER)
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Compliance with Quality Standards for safe & effective care.
	NHSI	Y	Details: Achievement of National Performance and Recovery targets.

REPORT DESTINATION			
	Other	N	Details:
	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: Board of Directors, 10 June 2021

Performance KPIs















May 2021 Report (April 2021 Data)

Karen Kelly, Chief Operating Officer

Constitutional Targets Summary	Page 2
ED Performance	Page 3
Cancer Performance	Pages 4 - 7
RTT Performance	Page 8
DM01 Performance	Page 9
VTE Performance	Page 10
Restoration & Recovery	Pages 11 - 13



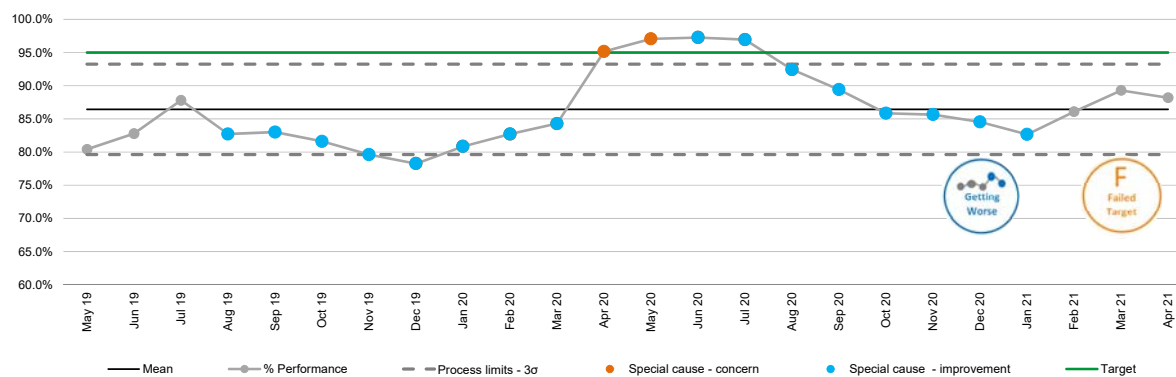
Constitutional Performance

Constitutional Standard and KPI		Target								Status	
			Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	85.8%	85.7%	84.5%	82.7%	86.1%	89.3%	88.2%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	63.6%	70.9%	60.0%	70.6%	68.5%	55.9%	74.1%		
	Cancer 31 Day -	96.0%	96.2%	92.2%	95.2%	93.3%	96.3%	96.8%	95.2%		
	All Cancer 2 Week Waits	93.0%	68.0%	79.5%	94.1%	85.9%	98.0%	96.6%	86.8%		
Referral to Treatment (RTT)	RTT Incomplete	92%	82.8%	83.9%	83.1%	80.5%	77.8%	77.4%	77.0%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	77.6%	84.3%	77.5%	73.5%	78.4%	82.7%	80.4%		
VTE	% Assessed on Admission	95%	93.2%	93.8%	93.6%	92.1%	95.5%	96.4%	96.1%		



ED Performance April'21

ED seen with 4 hours Combined Performance- starting May19



88.2%

0

7thth

As at 17/05/21

EAS 4 hour target 95%
for Type 1 & 3
attendances (inc of
booked appointments)

DTA 12 hour breaches -
target zero

DGFT ranking out of 19
Midlands area Trusts

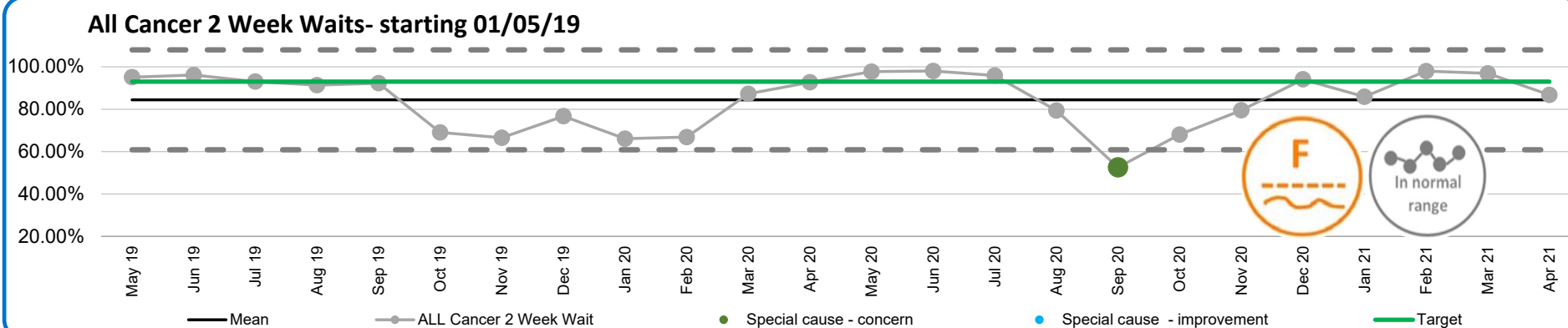
Performance

- During April'21 the Trust achieved 88.2% of ED & UCC Combined attendances being seen in 4 hrs, this represents a reduction on March which was 89.3% and remains below the target of 95% which has not been met since July 20. RHH is ranked 7th out of 19 Midlands area trusts.
- Breach analysis strongly suggests that capacity, diagnostics and specialty referrals have consistently been the highest reason for emergency Access (EAS) Breaches. However, due to emergency department overcrowding after 16.30 o'clock, lack of space to treat patients and challenging flow to specialty wards there has been a further increase in EAS breaches during April'21 due to delayed Senior Clinical Decision by an ED Doctor or ACP/ENP.
- There has been a significant increase in attendances overall to 8309 for April'21, both type 1 & 3 attendances have increased to 13402
- April'21 saw "0" 12 hour DTA breaches following a decision to be admitted (DTA) compared to February'21, 8, January'21, 86.
- Delays WMAS handover >60 min = 44 with an increase in WMAS conveyancing to 3530 during April'21.

Action

- HALO contract has been renewed and RHH will have 75hrs available per week at the busiest time 12.00-24.00 hrs mainly
- Community in reach into ED and Acute Medicine continues 5 days in-reach service.
- We have commenced renewing of the ED Tracker Job Role and Responsibility.
- ED still has not got access to Discharge Lounge as ED Patients are Amber
- COVID19 testing at night continues by utilising ED POCT facility with an excellent effect on performance and utilisation of capacity. Formal concern has been raised with pathology as we are unable to extend the service during day light hours and pathology would like to handover management of POCT COVID19 to be funded within ED
- RAT will commence in ED Ambulance triage from 01/06/2021.

Cancer Performance – 2 Week Wait



86.8%

All cancer 2 week waits – target 93%

Performance

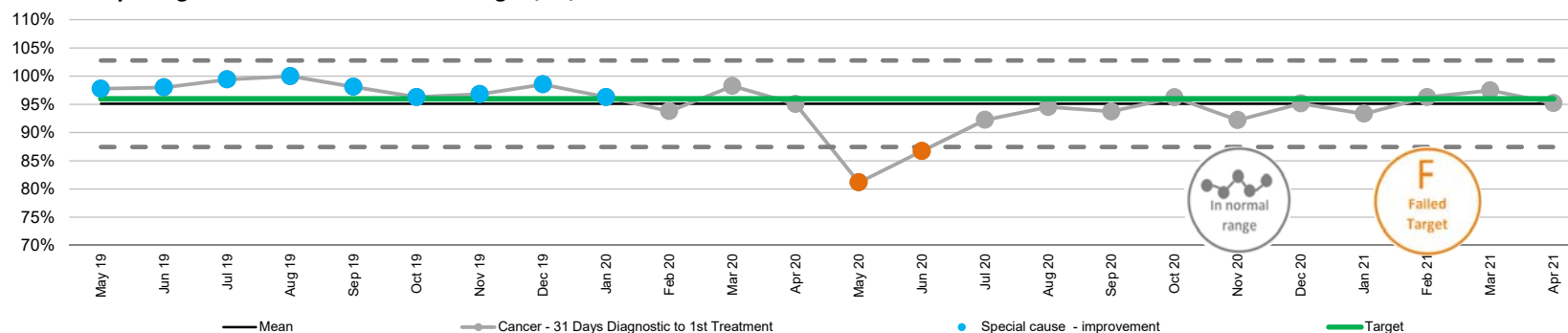
- Validation of Cancer performance figures run at a 2 month lead time. Therefore the latest month position is un-validated.
- Achievement against the 2ww target remains within normal limits but has reduced to 86.8% meaning that the target of 93% was not achieved for April.
- April performance has reduced due to an increase referrals from primary care towards the latter end of March which impacted on April capacity.
- There remains a capacity shortfall with Face-to-Face first outpatient appointments primarily in Breast & Breast Symptomatic. Breast capacity is reduced by 33% due to social distancing, this continues to impact on both suspected and symptomatic pathways – however this is being mitigated by additional clinics and Super weekends.

Action

- ✓ A zero day booking process has now been implemented for the majority of specialties together with a forward look to support mitigation of any reduction in clinics. A Daily escalation process has been robustly implemented with a 72 hour booking expectation.
- ✓ Breast patients are contacted 24 hours before appointment to ensure attendance and to maximise slot utilisation.
- ✓ A Forward look review of rapid access clinics continues to mitigate any potential dropped clinics and to expand on current capacity.
- ✓ Super weekends and additional clinics continue to support capacity in Breast and Breast Symptomatic.

Cancer Performance – 31 Day

31 Day - Diagnostic to 1st Treatment- starting 01/05/19



95.2%

31 day waits – target 96%

Performance

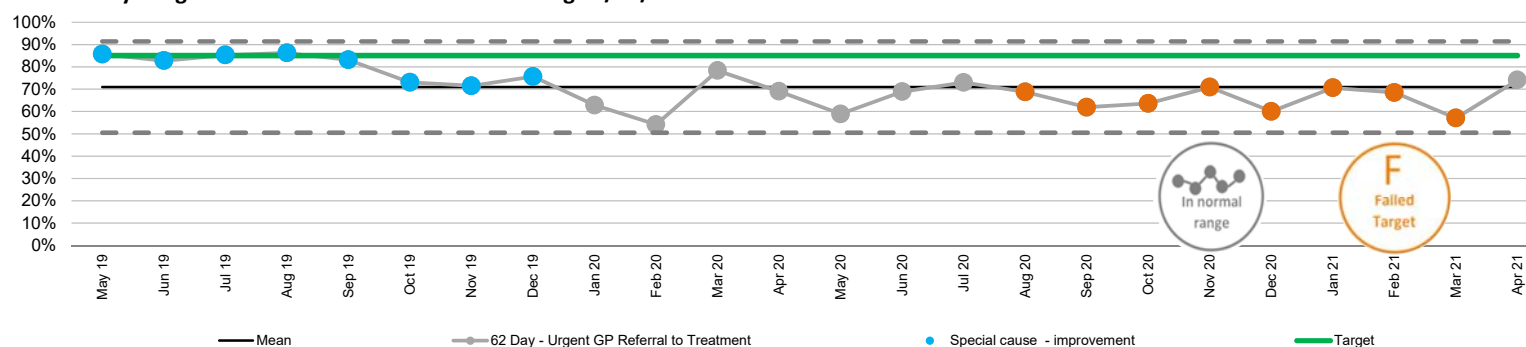
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Currently Apr-21 performance is at 95.2% against a target of 96% and is within normal limits, with 7 out of 149 patients breaching the 31 day decision to treat to treatment start date.

Action

- ✓ A 31 day pathway training and education package continues to be cascaded to the multi-disciplinary team to ensure understanding of the issues, help to encourage timely escalation and to expedite improvement in performance.
- ✓ This target is being monitored and progressed daily, with every single breach risk identified being escalated

Cancer Performance – 62 Day

62 Day - Urgent GP Referral to Treatment- starting 01/05/19



74.1%

All cancer 62 day waits – target 85%

Performance

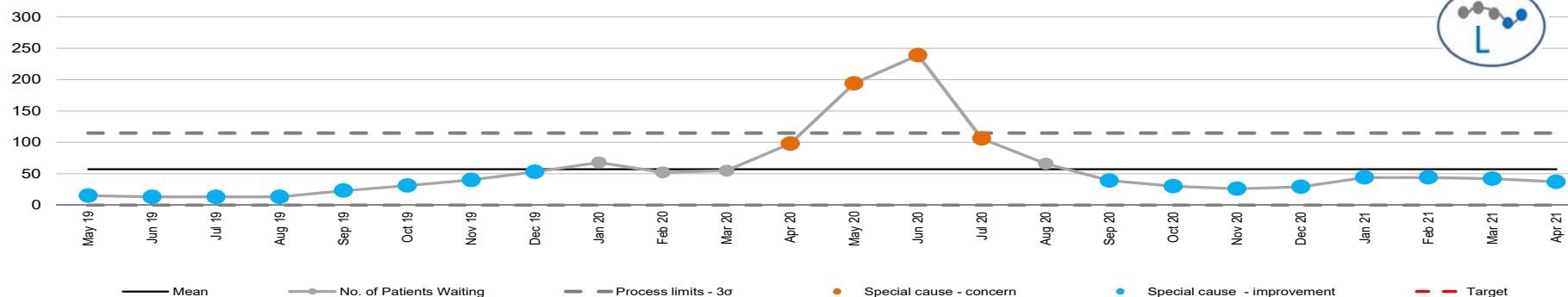
- Performance remains within normal limits but has improved during April, however the target of 85% has not been achieved since October 19.
- Covid-related delays have impacted at all stages of the pathway due to reduction in capacity due to social distancing. Patients remain reluctant to attend for treatment and appointments. In addition the reduction of diagnostic capacity and the invasive nature of some procedures means additional precautions need to be taken and this has further reduced capacity. These issues are having a significant impact on all cancer pathways.
- Patients who have waited the longest continue to be prioritised.
- 62 Day performance is on track with the trajectory submitted to the STP.
- In April-21 we treated 5 patients over 104 days

Action

- ✓ The Cancer management team have submitted a revised recovery trajectory for the 62 day pathway to the STP in outlining an expected position with aim of full recovery by Mar-22, performance is in line with the agreed trajectory.
- ✓ A revised assurance process with weekly escalations to Medicine, Surgery and CSS, has been re-introduced, with positive feedback received, targeting potential breaches and mitigating performance risk.

Cancer Performance – 104 Day

104 day Cancer numbers- starting 01/05/19



37

As at 30/04/2021

All 104 week waits,
target zero

Performance

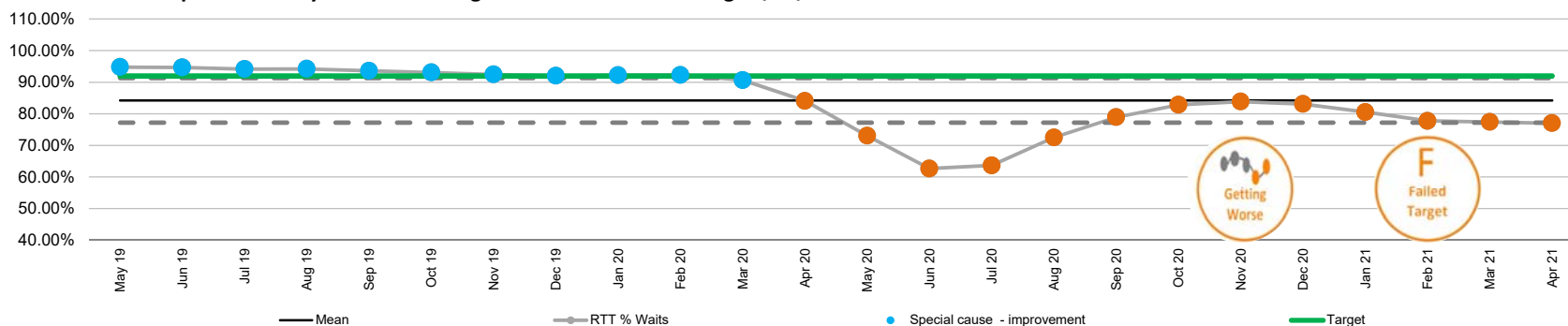
- As of 19/05/2021, the number of patients waiting 104 days stood at 30 :
 - 62 Day Traditional pathway : 12
 - 62 Day Upgrade/Screening Pathway: 18
- At the end of June 2020 the Trust had >200 patients waiting over 104 days, this number has consistently reduced.

Action

- ✓ A daily process of validating and escalating all patients waiting over 62 days has now been implemented across all cancer pathways which is proving successful.
- ✓ A Backlog co-ordinator has been identified within Cancer Services to support reduction of the number of patients over 63 days, in line with STP request and trajectory.

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/05/19



77.0%

RTT Incomplete pathways target 92%

Performance

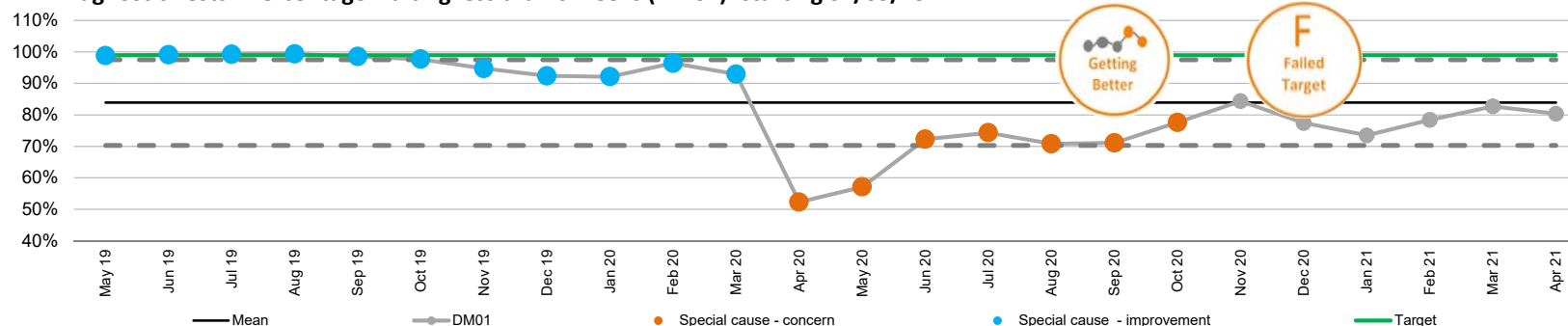
- RTT Performance has remained static around 77.5% with fluctuation between 75.5% and 77.5% in Month.
- February national data – 77.8% saw the Trust perform 11th best nationally and best regionally.
- 52 week breaches have reduced in April to 301 down from 457 in March. We remain on Trajectory to continue to reduce 52 week breaches in May with view to clear them by the end of June.
- Performance is predicated on reduced elective activity.
- Referrals have increased in some specialities such as plastics & Gynae & ENT
- Workforce shortages mean capacity is reduced

Action

- ✓ Increased theatre activity continuing as per roadmap presented at Execs.
- ✓ Additional Theatre activity is online from w.c 19th April
- ✓ Additional capacity put into BCWB R+R bid which if approved would include Vanguard Theatre.
- ✓ Continued validation of P2/P3 categories, P2/P3 categories are being Prioritised over long waiters as per planning guidance.
- ✓ Increased additional clinics being organised
- ✓ Strengthen the nursing workforce to support capacity
- ✓ Utilise agency doctors where possible
- ✓ Gastroenterology templates reduced to align with clinical guidelines

DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/05/19



80.4%

DM01 combining 15 modalities - target 99%

Performance

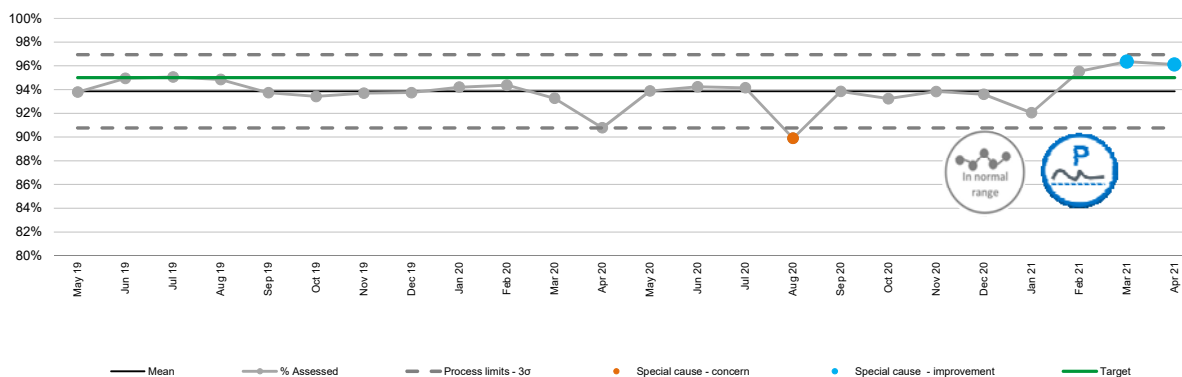
- In April 2021 the Trust achieved 80.4% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%.
- Based on DM01 national benchmarking for March 2021 the Trust is positioned in the third upper quartile.
- The number of patients waiting over 6 weeks increased in April 2021 from 1412 to 1720
- Non-obstetric ultrasound (NOU), Cardiac CT (CTCA) and Colonoscopy contributed to low performance in April.
- There is increased demand for CT & for US in particular with the lifting of Covid restrictions
- There is a shortage of radiologists to perform some tests such as Head & Neck scans which is limiting capacity.
- Overall DM01 recovery is forecast for March 2022.

Action

- ✓ **CT:** A Mobile CT scanner is on site between 24th and 30th April and will continue during Spring/Summer to support and maintain cancer treatment and reduce the CT waiting list. A Plan is in development to reduce the current Cardiac CT backlog. Additional WLI's will be held on weekend mornings and will commence in May. There is potential for additional capacity at Nuffield Wolverhampton and Spire Little Aston from June onwards.
- ✓ **Non-obstetric ultrasound:** Activity is outsourced on weekends, additional WLI's are being undertaken and Ramsay Healthcare are providing additional capacity from 1st April 2021. Bank sonographer recruitment is almost complete.
- ✓ **Endoscopy:** Waiting list initiatives are still in place and are ongoing to support Cancer patients. All patients have ongoing vetting. Surveillance patients who come onto the DM01 are validated on a monthly basis for those whose surveillance interval could be extended.

VTE Performance

VTE Screening Compliance- starting 01/05/19



96.1%

**Trust overall
Position**

96.6%

**Medicine
& IC**

95.7%

**Surgery,
W & C**

Performance

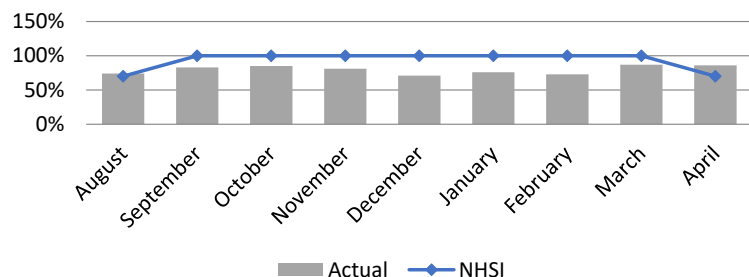
- VTE performance for April is un-validated and therefore subject to change.
- VTE assessment overall has met the target of 95% for the 3rd Month running, and the target has been met by both Divisions during April.
- Performance is expected to be maintained if not improved further for the end of May.

Action

- There has been a lot of good work with our teams in Surgery and this is shown in the steady improvement in the level of VTE assessment as evident in the monthly report.
- Continued improvement is being seen within surgery, compliance is monitored and is shared at regular 'town hall' meetings.

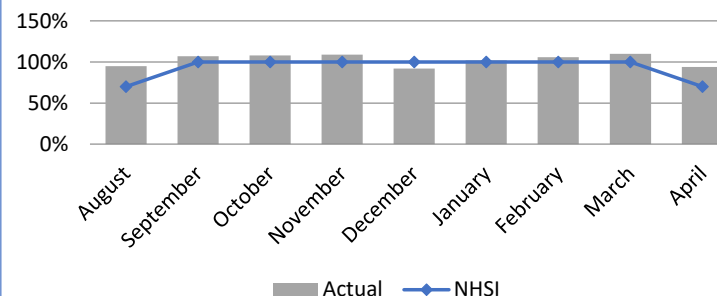
Recovery and Restoration - Outpatients

Outpatients NEW



April
86%

Outpatients Follow-up



April
94%

Performance

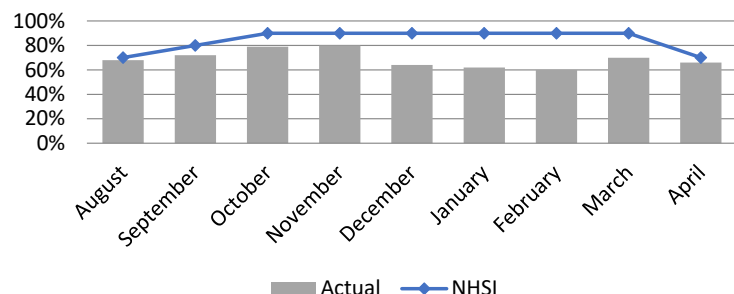
- Both new and follow up outpatient activity has met the April target of 70% for recovery and has also exceeded the 85% target, attracting additional funding above tariff from Elective recovery funding (ERF).
- Virtual outpatient activity is being maintained at 33% overall for April with 1st virtual appointments at 30% and Follow up at 35%.
- Elective recovery funding achieved is being calculated and will be provided in future narrative in line with financial reporting schedules.

Action

- The outpatient steering group continue to monitor delivery of virtual appointments.
- The Maintenance of social distancing in OP department is being reviewed by IPC.
- OP templates have been reviewed by the OP triumvirate and fed back into the OP Steering Group.
- Overdue follow ups are being validated and monitored through the OP steering group.
- Patient initiated Follow up (PIFU) specialties have gone live in April and further specialties will go live in May 2021 with the opportunity to convert overdue follow up direct to PIFU.

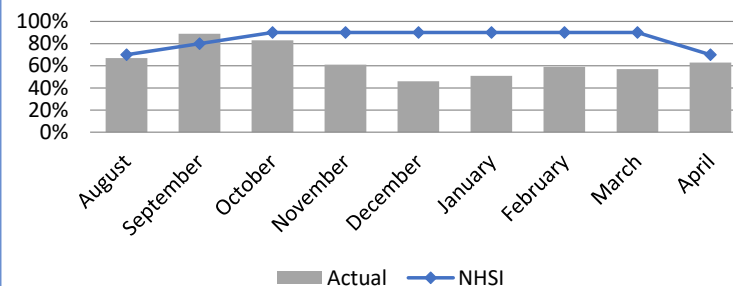
Recovery and Restoration - Electives

Elective Daycase



April
66%

Elective Inpatient



October
63%

Performance

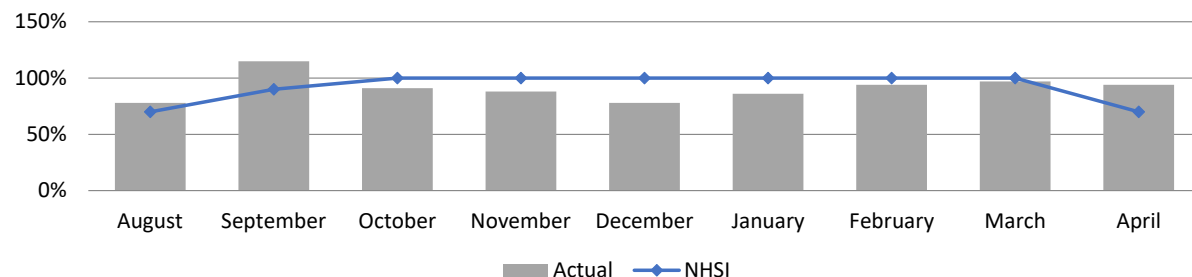
- The 70% recovery target for April has not been met for daycase or inpatient elective activity.
- Elective inpatient activity has increased during April.
- Extensive estates work happening to IR, Obstetrics and Corbett Theatre reducing ability to further release further theatre capacity.
- Staffing shortages are also impacting theatre activity as highlighted in paper to execs.
- Staff are still supporting additional critical care areas, Area A, B and C are still operational.

Action

- Recruitment and retention strategy under development to fill staffing gaps in theatre.
- Staff to be encouraged to take annual leave to support wellbeing as per planning guidance and operational plan.
- Further theatres will be online as per roadmap presented to Execs on w.c 19th April with a plan for all theatres to be operational from 1st September.
- Use of new bank rates for staffing weekend and evening theatres.
- B1 is being used as green elective zone as required by planning guidance.
- Discussions ongoing with estates to complete Theatre work early

Recovery and Restoration - Diagnostics

Diagnostics



April
94%

Performance

- Diagnostics achievement of pre COVID activity was 94% during April 2021 above the local & national target of 70%.
- Pressure on inpatient services has caused reduced outpatient capacity and longer waits. Turnaround times for Rapid Assessment and urgent imaging were maintained as far as possible.
- Appointment slots are reduced due to social distancing and IPC measures.
- Extra CT capacity has been made available to support acute services. Cardiac CT wait times have increased along with an increase in demand for inpatient non-obstetric ultrasound tests and MRI inpatient scans.
- Endoscopy was impacted due to COVID demand. Inpatient capacity during afternoon sessions extended to a whole day session to accommodate a dedicated 'blue' room.
- Endoscopy downtime between procedures reduced but adherence to infection control measures have been maintained.

Action

- ✓ There is a Mobile CT scanner on site between 24th and 30th April 2021 and this will continue during Spring/Summer to support and maintain cancer treatment and reduce the CT waiting list. A Plan is being developed to reduce the current Cardiac CT backlog.
- ✓ Additional CT WLI's will be commenced in May and there is potential for additional capacity at Nuffield Wolverhampton and Spire Little Aston from June onwards
- ✓ Recruitment of bank sonographers is almost complete. Ramsay Healthcare are providing additional capacity for US.
- ✓ The 'Blue' room in Endoscopy is now being scaled back and 3 lists have been converted back to elective lists. WLI's are still in place and are ongoing to support Cancer patients.
- ✓ Diagnostic recovery plans include utilisation of the independent sector, additional capacity through internal WLI (extended evenings and weekends) and in sourcing activity.