

Full Council of Governors meeting (virtual)

Monday 4th October 2021 15.00 – 16.30pm MS

Teams

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>Update from Trust inclusion networks</u> Disability network BAME network LGBTQ+ network	Presentation	Siobhan Preston Julie Penny Laura Gibbs Grady
6.	16.00	<u>Safe, caring and responsive</u> Updates from: 6.1 Experience & Engagement Committee 6.2 Quality and Safety Committee 6.3 Charitable Funds Committee (meeting 13/9/21)	Enclosure 3 Enclosure 4 Enclosure 5	Hilary Lumsden Committee chair Liz Hughes, Committee Chair Julian Atkins, Committee Chair
7.	16.15	<u>Effective</u> To receive updates from: 7.1 Finance and Performance Committee 7.2 Audit Committee 7.3 Digital Trust Technology Committee	Enclosure 6 Enclosure 7 Enclosure 8	Jonathan Hodgkin, Committee Chair Gary Crowe, Committee Chair Catherine Holland, Committee Chair

8.	16.30	<p>Well-Led Updates as follows:</p> <p>8.1 Workforce and Staff Engagement Committee</p> <p>8.2 Trust Secretary report</p> <ul style="list-style-type: none"> • Council of Governors elections 2021 • CoG Effectiveness action 2021 • Annual Members Meeting 2021 • Trust Constitution Review 	Enclosure 9	Julian Atkins, Committee Chair
			Enclosure 10	Liam Nevin, Trust Secretary
9.	16.45	<p>Governor Matters</p> <p>Relating to items other than the agenda and raised at least three days in advance of the meeting.</p>	Verbal	Fred Allen, Lead Governor
10.		<p>For information ¹</p> <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.		Private session	<i>Exclusion of the directors, press and public.</i>	
13.	17.00	<p>Appointments and Remuneration Committee (meetings held July)</p> <ul style="list-style-type: none"> • Chair & NED appraisals 	Enc 12	Yve Buckland, Chairman
14.		<p>Close of meeting and forward Council of Governors meeting dates 2021:</p> <p>20th December</p>	Verbal	Yve Buckland, Chairman
15.		Reflections on the meeting		All
16.		<p>Quoracy Eight Governors of which at least five are public elected plus chair or deputy chair</p>		

¹ Papers will be taken as read and noted

Enclosure 1

**Minutes of the Full Council of Governors meeting
(to consider public papers)
Friday 18th June 2021, 15.00pm Held virtually using – MS Teams**

Present:	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Cllr Rebbekah Collins	Appointed Governor	Dudley MBC
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Ms Hilary Lumsden	Public Elected Governor	Halesowen
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mrs Mary Turner	Appointed Governor	Dudley CVS

In Attendance:

Mr Simon Ashby	Communications Manager	DG NHS FT
Dr Gurjit Bhogal	Associate Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary	DG NHS FT
Dame Yve Buckland	Chairman Chair of meeting	DG NHS FT
Mr Ian Chadwell	Senior Strategy Development Lead	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr James Fleet	Chief People Officer	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mrs Katherine Sheerin	Director of Strategy & Transformation	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Apologies:

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Karen Clifford	Public Elected Governor	Halesowen
Ms Louise Deluca	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Ms Yvonne Peers	Public Elected Governor	North Dudley

	Public Elected Governor	North Dudley
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Cllr Steve Waltho	Appointed Governor	Dudley MBC

Not In Attendance:

Dr Thuvarahan Amuthalingum	Associate Non-executive Director	DG NHS FT
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mrs Margaret Parker	Staff Elected Governor	Nursing and Midwifery
Ms Nicola Piggott	Public Elected Governor	North Dudley

COG 21/19.0 15.00pm	Welcome
COG 21/19.1	<p>Introductions & Welcome</p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.</p> <p>She welcomed the following governors returned for the following constituencies on the conclusion of recent elections:</p> <p>Louise Deluca, Allied Health Professionals and Health Care Scientists Dr Syed Gilani, Allied Health Professionals and Health Care Scientists Victoria Homer, South Staffordshire and Wyre Forest Elizabeth Naylor, North Dudley</p> <p>The following organisation had also selected their governor representative:</p> <p>Councillor Rebbekah Collins representing Dudley Metropolitan Borough Council.</p> <p>The chairman thanked the outgoing governors for their dedication and support:</p> <p>Ann Marsh, Allied Health Professionals and Health Care Scientists Margaret Parker, Nursing and Midwifery Yvonne Peers, North Dudley Councillor Steve Waltho, Dudley Metropolitan Borough Council.</p>
COG 21/19.2	<p>Apologies</p> <p>Apologies had been received as above.</p>
COG 21/19.3	<p>Declarations of interest</p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The chairman declared interests as Chair of the Birmingham and Solihull Integrated Care System and Pro-Chancellor of Aston University.</p>
COG 21/19.4	Quoracy

	The meeting was declared quorate.
COG 21/19.5	Announcements There were no announcements.
COG 21/20.0	Previous meeting
COG 21/20.1	Previous full Council of Governors meeting held on 26th March 2021 (Enclosure 1) The minutes were accepted as an accurate record and would be signed by the chair.
COG 21/20.2	Matters arising There were none.
COG 21/20.3	Action points All actions that were complete would be removed from the list. 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. Other actions were not due.
COG 21/21.0 15.10pm	Chief Executive report and Chair's update (Enclosure 2/verbal) Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided, and news items related to the Trust, the region, and the wider national arena. Ms Wake then provided an update on the latest COVID-19 figures and noted that there was a steady increase in community transmission, with the rate per 100,000 at 41 in Dudley. People needed to remain vigilant, socially distancing, wearing face coverings where required, good hand hygiene and taking both doses of the vaccine when offered. Support was being offered to people to encourage vaccine take-up. The Trust continued overseeing the vaccination hub at The Black Country Living Museum with the employment bureau, led by James Fleet and his team, providing the workforce, and undertaking recruitment. It was reported that approximately 93% of the local population were vaccinated and, within the organisation, 74% of staff. Constructive conversations with staff continued in order to support staff to have the vaccine. The Trust was preparing to offer booster vaccines to staff later in the year but was waiting for guidance to be issued. Currently there were six inpatients that were COVID-19 positive, two were in intensive care. On average there were one to two admissions per day that were COVID-19 related but the length of stay was much shorter and a similar number were being discharged daily. The Trust had reported a total of 3,166 positive cases, with only one inpatient death in the last seven days. There had been a

significant improvement in staff absence which was at 4.2%.

The Committed to Excellence awards had taken place on 19th May 2021, which had been a great success and an opportunity to thank staff and partner organisations for all of their hard work over the last twelve months.

Ms Wake advised the Chief Officer of Health Watch Dudley, Jane Emery, would be leaving her role. Thanks were extended to her for all of her work supporting the Trust, strengthening relationships and working together for the greater good of patients.

The Chief Inspector of Hospitals for the Care Quality Commission, Professor Ted Baker, along with two colleagues, visited the organisation on 27th May. Time was spent in a number of departments, exploring experiences of staff over the last year during the pandemic. It was a positive visit with good feedback received from staff, as well as from the Care Quality Commission representatives.

Restoration and recovery of services was progressing well, with the organisation ahead of trajectory to recover elective pathways and diagnostic times. Access times for cancer were improved across all measures. Work was being undertaken on four cancer pathways to improve access times and outcomes for patients. Recruitment for nine clinical leads to support this would commence in the next few weeks.

In conclusion, Ms Wake advised there would be a face to face event held for 160 delegates on 29th June 2021 at West Bromwich Albion Football Club. All appropriate health and safety risk assessments had taken place and it would be fully compliant with the COVID-19 restrictions. It was the first time such an event had been held in the Black Country and West Birmingham and would be considering the benefits of system working, how to share best practice across clinical pathways in order to improve how care is delivered to patients and reduce inequalities.

Questions were invited from governors. In response to a question from Mrs Ashby regarding concerns within social care about vaccine uptake amongst staff, Mr Fleet advised that currently the NHS had had a higher uptake amongst staff when compared to social care. It was felt that having individual conversations with people and providing support had led to this success. There was a regional system wide people board that met monthly and via that support and materials had been offered to social care colleagues.

Mrs Ashby commented that it had been fantastic to see all wards taking part in and supporting the recent Learning Disability week.

The chairman provided an update on the Care Quality Commission Prosecution, providing an overview of the history of the tragic cases. The next hearing was due in July and further updates would be provided to governors in due course.

COG/21/22.0 System Wide Developments (verbal)

The chairman advised Ms Wake had previously covered acute collaboration, but it was increasingly expected that the Trust would work with partners across the Black Country whilst remaining an anchor institution for Dudley.

In relation to the Multi-specialty Community Provider and development of the

	<p>Dudley Integrated Health Care, the Trust continued to work co-operatively with partners on the specific issue of community services. Potential issues were being identified and worked on in consultation with staff. The Trust would continue to work collaboratively with partners, recognising risks and ensuring they were properly mitigated.</p> <p>Questions were invited from governors, there were none.</p>
COG/21/23.0	<p>Green Plan Update</p> <p>Mr Chadwell shared a presentation with governors on the Trust's approach to sustainability and the development of the Green Plan. The Green Plan had been approved by the Board in December 2020 and this was the first opportunity to present it to governors.</p> <p>Progress on the plan would be reported to the Finance and Performance Committee, then to the Trust Board twice a year and on to the Council of Governors.</p> <p>Mrs Sheerin advised this would also form part of the Trust's Strategic Plan which was currently being finalised.</p> <p>In response to a question from Dr Michael, Mr Chadwell stated that waste streams needed to be clear and work still needed to be undertaken to improve in this area to ensure processes were embedded in the organisation.</p> <p>Councillor Collins agreed to explore whether Dudley Metropolitan Borough Council would be able to provide support to the Trust in this area.</p>
COG 21/24.0	<p>Safe Caring and responsive</p>
COG 21/24.1 15.55pm	<p>Update from Experience and Engagement Committee (Verbal)</p> <p>Mrs Board provided a verbal update on behalf of Ms Faulkner. The committee met on 15th June 2021 for the first time since February 2020. Despite the gap between meetings, governors had remained briefed and up to date on relevant matters for that committee through the chairman's briefings and the continuing full Council of Governors meetings.</p> <p>In the intervening time, there had been three rounds of governor elections returning a number of new governors. As a result the committee needed to reconsider their membership, work plan and terms of reference to take into account any changes that had occurred during the previous year.</p> <p>Mrs Board advised the committee had also considered governor training, which had been adapted during the COVID-19 pandemic to become virtual. Positive feedback had been received on both in-house training and external opportunities, which had enabled governors to continue to share their experiences with other governors around the country.</p> <p>Mrs Board also noted that Professor Hughes had provided a detailed report on the work of the Quality and Safety Committee during the pandemic.</p> <p>Consideration had also been given to fundraising initiatives and ideas had been</p>

	<p>forthcoming. Governor engagement had continued and had been impressive during the previous year given the COVID-19 pandemic. Governors were asked to consider their own networks and communities with a view to developing engagement and continuing to promote the work of the Trust.</p>
COG 21/24.2	<p>Update from Quality and Safety Committee (Enclosure 3)</p> <p>Professor Hughes had been unable to attend the meeting in person owing to clinical commitments and had provided a report given as enclosure three. The chairman noted that governors had attended some of the recent committee meetings, which was encouraged.</p> <p>Governors were informed of the key points within the report that were being monitored closely by the committee.</p> <p>Comments and questions were invited. There were none.</p>
COG 21/24.3	<p>Quality Accounts Governor Comment (Enclosure 4)</p> <p>Mr Allen provided the meeting with an overview of the Quality Account report and the requirements for the Council of Governors to review the draft report and provide a comment. Attention was drawn to enclosure four, which contained the draft comment prepared by a governor task and finish group and submitted to the Full Council for approval.</p> <p>The chairman noted it was good to receive feedback from governors and thanks were extended to governors for their ongoing support and adapting their working methods during the pandemic. It was also noted that Dudley Metropolitan Borough Council had provided support to the Trust during COVID-19 and were recognising front line workers with the freedom of the borough.</p> <p>There were no further comments or questions.</p> <p>It was RESOLVED</p> <ul style="list-style-type: none"> To approve the governors comment for inclusion in the Quality Account Report 2020/21.
COG 21/25.0	Effective
COG 21/25.1 16.10pm	<p>Update from Finance and Performance Committee (Enclosure 5)</p> <p>Mr Hodgkin presented the report given as enclosure five that reflected the key matters considered since March 2021 and highlighted the following items:</p> <p>Positive assurance provided around the financial position of the Trust, with a small surplus reported at the end of the 2020/21 financial year. This ensured the Trust were well positioned at the start of the 2021/22 financial year.</p> <p>Financial arrangements had been agreed for the first half of 2021/22 which should be sufficient to ensure the Trust would break even in this period.</p> <p>Operational performance statistics identified that in comparison to regional peers, the Trust had good, robust performance. In relation to restoration and recovery of services, the Trust were ahead of the targets that had been set.</p>

Concerns remained around the financial support arrangements, as although the additional funds to cover COVID-19 related costs were agreed for the first half of the financial year, it was still unclear if the same level of support would continue for the second half. If the support was withdrawn the Trust would face a challenge to consider costs that had increased over the past year of operation.

Actions taken were noted in the report. Mr Hodgkin also noted that governors' attendance at the committee meetings was welcomed.

The chairman noted that restoration and recovery of services compared well to other Trusts in the area, despite not being at the level the Trust aspired to. The success in this area had been noted by regulators and the executive team were commended for their effort and work on this.

Mr Hodgkin was thanked for his update and those present were asked to review the full contents of the report.

COG 21/25.2 Update from Audit Committee (Enclosure 6)

Professor Crowe presented the report given as enclosure six and highlighted the following items considered at the last meeting held on 20th May 2021:

The Trust Annual Report 2020/21 latest draft had been reviewed and was on target to be completed on time. External audit of the financial accounts and reports was being conducted. The committee were due to meet again shortly to formally consider the external accounts audit. Positive assurance had been provided that this was on track and would be completed on time.

The head of internal audit had provided a positive rating for 2020/21, showing that adequate systems were in place but there was still room for improvement.

Some areas that were previously of concern had been progressed satisfactorily but would need to be followed up.

The internal audit team would be undertaking reviews on areas that had previously been identified as of concern in order to provide a deeper assurance activity.

There were no matters of concern or issues to be escalated. Careful oversight and targeted activity would continue.

The chairman thanked Professor Crowe for the update, noting that he had recently taken over the role of Audit Committee chair, and that fresh oversight would ensure good governance continued.

COG 21/25.3 Update from Digital Trust Technology Committee (Verbal)

In the absence of Ms Holland, Mr Randeniya provided a verbal update noting that the committee had met the previous day, after the April meeting had been cancelled due to operational demands. A full briefing would be given at the next full Council of Governors meeting.

The Care Computer Emergency Response Team (CareCERT) cyber security report had been signed to say the Trust were compliant with the requirements and was presented to the Board of Directors meeting for assurance.

	<p>The chairman noted the ongoing cyber security threats, asking if the committee were assured that adequate measures were in place. Mr Randeniya noted that the committee were assured, although there were attempts there had been no breach of the Trust's systems. The committee and IT department regularly considered cyber security and as the CareCERT report showed compliance, the committee were assured at this stage.</p> <p>The chairman thanked Mr Randeniya for the update.</p>
COG 21/26.0	Well-Led
COG 21/26.1	<p>Workforce & Staff Engagement Committee (Enclosure 7)</p> <p>On behalf of Mr Atkins, Mr Fleet presented the report given as enclosure seven and highlighted the items that had been considered at the three Committee meetings held. The matters under consideration had included:</p> <p>At the March meeting, a cultural dashboard had been launched that would enable easier reviews of key Equality, Diversity and Inclusivity (EDI) metrics. This was an ongoing piece of work in order to be able to respond to requirements and developments as they arose.</p> <p>The first presentations on staff experience and engagement plans had been received following the results of the staff survey. Regular updates would be provided at each meeting as the plans continued to develop.</p> <p>Sickness absence, both COVID-19 related and non-related, had reduced and had continued to reduce since. Vacancies had also reduced due to the impact targeted recruitment had made.</p> <p>No areas of concern were escalated to the Board from the March meeting.</p> <p>In the April meeting, one matter was escalated which was a concern on the low compliance with resuscitation mandatory training. A detailed action plan to address the issue had since been presented to the May meeting. This would now be regularly reviewed and monitored through the committee.</p> <p>A report on the gender pay gap and equality had been provided. A steering group had now been established, chaired by Ms Holland, to progress actions and work plan as a result of the report.</p> <p>A Pulse survey app had been launched that staff could download to their phones to provide real time data on how they were feeling.</p> <p>The May meeting had comprised a deep dive session to consider training and development across the organisation. There had been significant positive participation and a number of areas would be progressed to improve as a result. They included induction, targeted training particularly where there was low take-up amongst certain groups, increase in capacity for leadership training and development. It was noted that following a recent investment into the training and development team, this should have a positive impact on the development and delivery of the programmes.</p> <p>Mr Randeniya had become the Wellbeing Guardian and would be chairing a new</p>

	<p>Health and Wellbeing steering group. Also, Dr Bhogal would be chairing a steering group for Equality, Diversity and Inclusion.</p> <p>With the inclusion of Freedom To Speak Up steering group, there were now three steering groups reporting to the Workforce and Staff Engagement committee with the intention that this would enable the committee to streamline their work due to the volume of work that was being undertaken in these areas.</p> <p>The chairman thanked Mr Fleet for the update and noted it was good to hear about the initiatives being undertaken.</p>
COG 21/26.2	<p>Trust Secretary report (Enclosure 8)</p> <p>Mr Nevin presented the report given as enclosure eight and asked for it to be taken as read and invited questions. There were none.</p>
COG 21/26.3	<p>Council of Governors Effectiveness Survey 2021 (Enclosure 9)</p> <p>Mr Nevin thanked governors for their responses to the recent Council of Governors Effectiveness Survey, the results of which were contained within enclosure nine.</p> <p>There were areas for improvement, four had been identified, two of which had already been implemented and the other two were in progress and further reports would be provided to the Experience and Engagement Committee.</p>
COG 21/26.4	<p>NHSI Self-Certification (Enclosure 10)</p> <p>Mr Nevin provided an overview to those present of the NHS Provider Licence Self-Certification process, as contained within enclosure ten.</p> <p>It was noted that the Trust had improved from its 2020 self-assessment, which had been reflected in the withdrawal of the three Section 31 notices by the Care Quality Commission. It had been hoped that this would lead to the undertakings being removed by NHS Improvement and this was being further pursued by the Chief Executive. As the undertakings were outstanding, one condition and sub-condition of the licence requirement could not be complied with.</p> <p>In response to a question from Dr Michael, Mr Nevin advised that the undertakings related to the Section 31 notices previously imposed by the Care Quality Commission, which had now been removed. A financial undertaking was time limited to the 2019/20 financial year and so had effectively expired. There was a further undertaking relating to constitutional standards, to ensure they were bought in line to national standards of compliance, however, the ability of all Trusts to comply with these standards had been affected by COVID-19 and the Dudley Group was performing comparatively well.</p>
COG 21/27.0 16.40	<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 21/28.0	<p>For information</p> <p>The chairman asked those present to note the contents of Integrated Performance</p>

	Report given as enclosure 11. Questions were invited, there were none.
COG 21/29.0	Any other Business There were no other items of business raised.
COG 21/30.0	Reflections on the meeting There were none.
COG 21/31.0	Close of meeting and forward dates: 2021 The chairman advised that the next quarterly meetings of the full Council would be held on Monday 4 th October 2021 and Monday 20 th December 2021. The chairman thanked all for attending and drew the meeting to a close at 16.46pm.

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 18th June 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

Paper for submission to the Council of Governors on 4th October 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 are 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 • Acute Provider Collaboration • Healthcare Heroes • Changing Places • Charity Update • Patient Feedback • 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	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 16th September 2021

Coronavirus

The rules for healthcare settings did not change on Monday 19th July and anyone visiting our hospital or outpatient centres is still required to wear a surgical face mask, gel their hands and keep socially distanced. Preventing the spread of infection continues to be a priority for the Trust. While patients are complying with mask wearing, some members of the public have been non-compliant. We all have a duty to protect ourselves, each other and our clinically vulnerable patients. We encourage all our staff to test regularly for COVID using the saliva sampling method called LAMP testing. LAMP stands for loop-mediated isothermal amplification and is a weekly test for staff showing no symptoms.

Acute Provider Collaboration

The second Acute Provider Clinical Summit was held on 28th July, at West Bromwich Albion Football Club. 82 people attended in person, with clinicians from 14 specialities across the four Acute Trusts. Clinicians heard from some great national speakers in the morning, including Mrs Melanie Hingorani, Consultant Ophthalmologist and Clinical Lead for the National Eye Care Recovery and Transformation Programme, who talked about clinical leadership and engagement to secure successful service changes in London and nationally.

Clinicians worked together with their specialty colleagues to review information about their services and start to plan how outcomes can be improved by working together. This work is being taken forward over the summer, and will be developed further at the next clinical summit on 24th September. Following this, a clinical strategy will be produced in conjunction with Trust Boards, and all required consultation and engagement undertaken.

National guidance has been issued regarding how Provider Collaboratives will work in new ICS arrangements; the Programme Board will consider this in September to understand how governance arrangements may need to change in future and report back to Boards.

We look forward to bringing our clinical colleagues together again on the 24th September, 2021.

A Cancer Clinical Summit is also taking place on 29th September at West Bromwich Albion Football Club. This will be the first Oncology event of its kind in the Black Country and West Birmingham and we are very excited to explore how we can improve Cancer Services for the benefit of our local patients.

Healthcare Heroes

June Team Award

June's Healthcare Hero team award went to the Cardiology One Stop team. This team was nominated for their drive to seek new ways to improve their service and for going above and beyond for patients. They are a crucial part of our cardiology service and ensure all patients see a nurse consultant or advanced nurse practitioners on the same day they have any



relevant tests. This avoids patients having to wait for another appointment. They have recently launched a new HOT clinic that supports patients with chest pain that have been discharged from our Emergency Department. With this new clinic in place, they are able to see those patients within 72 hours of discharge. This significantly improves patient experience which is always at the top of their priority list.

June Individual Award

June's individual Healthcare Hero was Jane Pugh who is a senior emergency care practitioner. She was nominated for her heroic actions that saved a person's life at a local gym when the person went into cardiac arrest. While Jane was off shift, enjoying a swim,



someone collapsed at the side of the pool and Jane immediately took control of the situation and commenced CPR. Not only did Jane assist in saving someone's life, but she also went on to support the family member of the individual by getting them a cup of tea to calm them down and give them all the relevant information they would need to know following her care. Jane is hard working member of staff and a great role model to all her peers.

July Team Award

July's Healthcare Hero team award went to the out of hours district nurses. This team goes to extraordinary lengths to ensure patients across the Dudley borough receive exceptional care throughout the evenings whilst day staff are off duty. The team ensures every patient has nothing but the best quality of care. The out of hours district nurses pride themselves on efficiency, professionalism and remarkable teamwork. They continue to have positive impact on the lives of the patients they attend to.



Sometimes, bettering their quality of life by giving them the confidence to self-care and giving them their independence back.

July Individual Award

July's Healthcare Heroes individual award went to Sue Hodder who is a neurology nurse specialist. Sue started out as the only MS nurse in the community and has recently celebrated 34 years' service in the NHS. Over the last 12 months, two new members have joined her team. Sue has provided them with first class education and training to ensure they meet their competencies ensuring patients receive the best possible care. Sue always goes above and beyond to provide support to her patients, even if they call out of hours. They are her top priority and that shines through her caring and compassionate persona. She is a well-respected member of The Dudley Group and has inspired many colleagues over the years. (Sue's presentation has not yet taken place).

Changing Places

We are converting one of our standard accessible toilets in the main corridor on the ground floor of Russells Hall Hospital for people with disabilities so they can attend appointments in comfort and safety and help them come to hospital without fear or stress.

Changing Places facility will be easily accessible and clearly signposted. It will be accessed by radar key and can be used by people with profound and multiple learning disabilities, motor neurone disease, multiple sclerosis and cerebral palsy, as well as older people.

Each Changing Places toilet provides a height adjustable, adult-sized changing bench; a tracking hoist system or mobile hoist; space for the disabled person and up to two carers; a centrally placed toilet with room either side, and a screen or curtain to allow some privacy. Standard accessible toilets do not provide changing benches or hoists, and most are too small to accommodate more than one person.

Charity Update

New face on Trust fundraising team

We have appointed a new fundraising and community development lead to work alongside our fundraising manager, Karen Phillips. Nithee Kotecha comes from an extensive background in fundraising within the charitable sector having worked for national charities such as Street League and Mencap. She is looking forward to reviewing the Trust's fundraising approach and will be looking to create a new fundraising strategy whilst strengthening internal relationships and networking with new external funders.

We are always overwhelmed by the generosity of those who support our charity in the form of donations, legacies and taking part in fundraising. The charitable donations we receive allow us to provide extra comfort, equipment and facilities that otherwise would not be available. These help to make a real difference to those we care for every day.

On behalf of the Trust's charity, I would like to extend our thanks to everyone who has supported Dudley Group NHS Charity.

Anyone can make a donation using our Just Giving page link www.justgiving/dghc, follow us on Twitter and Facebook @dgnhscharity

People can also go to our Trust website www.dgft.nhs.uk and click on Support Our Charity.

Virtual London Marathon

On Sunday, October 3rd, 2021, 50,000 runners will have the chance to be a part of the biggest marathon ever staged anywhere in the world. The virtual Virgin Money London Marathon will return this year and the Dudley Group NHS Charity was lucky enough to gain five ballot places.

These have been filled by Rajeev Kumar and Andrew Lee both lead pharmacists from the Pharmacy Department; Matthew Welch, a district nurse in Community Services; Sue Hammond, the Datix administrator in the Clinical Governance Department and a long-standing supporter of the Trust Steve Waltho, former Mayor of Dudley. Also, Claire Macdiarmid, matron for the Maternity Unit, who ran the London Marathon in 2019, has won her own ballot place this year.

All the amazing runners are currently fundraising for our charity and have a combined goal of £3,000 to reach and are currently 30 per cent towards reaching this target. The fundraising team are profiling their journeys and supporting them with their fundraising efforts

#TeamDudley

Glitter Ball

The fundraising team are organising the **Glitter Ball** fundraising event, inviting local businesses across the Black Country to support the Dudley Group NHS Charity. The post COVID celebration event is on the 5th of November 2021 at The Copthorne Hotel Merry Hill, Dudley.

Guests, including staff, will be treated to a wonderful evening of entertainment including welcome drinks and a two-course meal. The funds raised will go towards the charity's current Better Brighter Future Appeal which is aimed at building on the COVID-19 Crisis Appeal to make a better, brighter future for both patients and colleagues.

No Barriers Here

A project funded by NHS Charities Together via the Black Country and West Birmingham STP will improve care at the end of life for people from BAME communities and ensure that palliative care services are accessible for all, with greater awareness of the different cultures and needs within the Black Country.

The Dudley Group NHS Charity is partnering with Mary Stevens Hospice on the project called No Barriers Here.

The two-year project will work with people from a BAME background to develop and deliver art workshops, so they have a greater awareness of culturally sensitive issues. This will feed into future practice and strategies, so services provided are culturally aware.

It is based on a programme the hospice previously ran with people with learning disabilities, to encourage and support advance care planning. A film was created from this project which is now being circulated alongside a series of train the trainer workshops.

Mary Stevens Hospice has taken on an ethnic minority community worker, Elisha Frimpong, who will work alongside partners to reach out and engage with the diverse Dudley community, and raise awareness of palliative and end of life services and the No Barriers Here project.

Patient Feedback

A&E - All the staff including the front desk, nurses in minor, doctors and physios were all on their 'A' game.

A&E - The staff were so pleasant, reassuring and kind. Can't rate them high enough.

ED - Very happy about my experience. Thank you so much to all the staff!

Neurology - I was not kept waiting at all and everything was explained to me. I was put at ease as soon as I entered the scanning area. Nothing could have been better.

C6 - Very professional, polite nurses and staff. Kept up to date. Food good. Clean wards.

B3 - Everything was good, the staff on B3 were fantastic and I can't praise them enough. They get a gold star from me.

C2 - All staff were fantastic. Nothing was too much for them. We really appreciate everything you have done for us.

GI Unit - The staff were very friendly and I was informed about my procedure throughout.

CMAPS - Always empathetic and considerate. Very pleasant.

C1 - It was a pleasure to be looked after by loving, caring staff.

Maternity birth – The staff at Russells Hall maternity unit were absolutely fantastic with me.

B1 - My treatment before and after my operation was amazing. I felt safe the whole time.

Podiatric Surgery - All staff are pleasant and act very professionally.

Intermediate Care Team (Physiotherapy) - Very understanding. Gave me my own time. Made sure I understood and explained everything to me.

C4 (Georgina) - Staff are as always, friendly, efficient and extremely caring. Nothing is too much trouble on C4 Georgina Day Case.

Dietitians - Diabetic clinic called in before appt, thorough consultation without feeling rushed. Very pleasant staff.

Leg Ulcer - From the start I was so well treated and everything was explained with so much detail. I was very impressed with all the staff (so well done). Thank you.

Maternity Antenatal - The midwives are very helpful and explained everything well.

Visits and Events

18 th June 2021	Live Chat
18 th June 2021	Council of Governors Quarterly Meeting
21 st June 2021	Trust Management Team
9 th July 2021	Live Chat
9 th July 2021	Exec Walkaround- Diane Visiting C7
14 th July 2021	Ophthalmology meeting- refined models of working
15 th July 2021	Private Board Meeting.
15 th July 2021	Board Workshop on ICS/ Acute Collaboration
19 th July 2021	Kadeer Akhtar shadowing Diane Wake
19 th July 2021	Trust Team Management
20 th July 2021	Diane visiting the new AMU
23 rd July 2021	Live Chat
26 th July 2021	Maternity Workshop- Maternity and Neonatal Leads across Black Country and West Birmingham
13 th August 2021	Live Chat
13 th August 2021	Team Brief
20 th August 2021	Live Chat
23 rd August 2021	Trust Team Management
25 th August 2021	Healthcare Heroes
26 th August 2021	ICS Development Session
27 th August 2021	Healthcare Heroes
27 th August 2021	Live Chat

8th September 2021	ICS Next Steps Programme Board
10th September 2021	Team Brief

Paper for submission to the Council of Governors
4th October 2021

TITLE:	Experience & Engagement Committee		
AUTHOR:	Hilary Lumsden Committee Chair	PRESENTER	Hilary Lumsden Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
To note the items considered at the last meeting of the Committee on 24 th August 2021			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
The Committee considered items for assurance, concern and work/projects commissioned. There were no decisions made for recommendations to the full Council.			
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	Y	Details: Well-led
	Other	N	Details:

REPORT DESTINATION	Board of directors	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: 24/8/21

CHAIRS LOG
UPWARD REPORT FROM EXPERIENCE AND ENGAGEMENT COMMITTEE

Date Committee last met: 24 August 2021

<p align="center">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Governors being involved in activities in their own communities has been significantly affected by the pandemic. 	<p align="center">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Buddying system of new governors. Consideration to be given to creation of a booklet or video for new governors as potential resources to help new governors in their roles. Governors to be involved in fundraising opportunities in conjunction with the head of fundraising and community engagement.
<p align="center">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Trust is compliant with its terms of licence in respect of its public membership and is represented by constituency, age, and gender. BAME (Black, Asian, Minority Ethnic) membership is circa 15% and compares favourably with Dudley borough statistics. Training for existing and new governors remains robust in terms of regularity of training sessions and attendance. 	<p align="center">DECISIONS MADE</p> <ul style="list-style-type: none"> None
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> The meeting was well attended with good contribution from a number of governor members. 	

Paper for Submission to the Council of Governors 4th October 2021

TITLE:	Quality and Safety Committee 27 th July 2021 and 24 August 2021		
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	
RECOMMENDATIONS FOR THE GROUP			
The Board 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 Score: Numerous across the BAF, CRR and divisional risk registers
	Risk Register: Y		
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details:
	NHSI	Y	Details:
	Other	N	Details:
REPORT DESTINATION	BOARD OF DIRECTORS	N	DATE: 16th September 2021
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: 22/06/21 Quality and Safety Committee

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none">• In Maternity the challenges in respect of the medical and midwifery workforce and the actions being taken to address.• Challenges in respect of ward rounds being completed earlier in the day to facilitate early discharge for patients.• Challenges across maternity with an increased workload over the previous 2 months with demand. Assurance was received this had not resulted in an increase in patient safety incidents.• Challenges in respect of the increase in admissions of children and young people with mental health needs, the complexity of cases and the impact on length of stay due to non-availability of Tier 4 beds and or social care placements.	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none">• Commissioned a review to be presented to the next Committee detailing the birth outcomes including by ethnicity in maternity
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none">• Positive assurance was received in relation to a part time dedicated individual who is undertaking a full review of the procedural documents. They are driving the removal of obsolete or merging documents where these are duplicated or split. Further assurance was requested from the division for a trajectory of completed procedural document reviews• Positive assurance of a continued reduction of the number of outstanding complaints and the increase in complaints being responded to within the 30 days• Positive assurance was received of a further three wards being accredited for the Gold Standard Framework• Positive assurance of the Trusts completed submission for CNST and the Trust technical compliance to all 10 of the safety actions. Although it was noted this work was ongoing• Positive assurance of ongoing scrutiny, work and further developments to strengthen assurance which will be reflected in the Maternity improvement plan.• Positive assurance of strengthening the maternity workforce with money secured from NHSE/I. This will be for key roles across the directorate with one of these being the appointment of additional	<p>DECISIONS MADE</p> <ul style="list-style-type: none">• Agreed closure for three corporate risks where all actions had been completed and the risk mitigated• Agreed paper to the next committee regarding performance on stroke indicators• Approved the Paediatric Annual Report• Supported the exploration of the purchase of a digital solutions to support the implementation of the RESPECT process

consultants. This has been supported by the Trust with additional funding given to increase the consultants to 16.

- Positive assurance of joint working between maternity and the Maternity Voices Partnership
- Positive assurance in regards to the introduction in the surgical division of a 'Preventing Harm' meeting. A dedicated monthly meeting that focusses on Trust and National progress on patient harm such as falls, tissue viability, VTE, complaints, incident investigations etc. Its focus to identify, share and adopt learning and good practice across the Division.
- Positive assurance received of the surgical divisions approach to make risk and governance more accessible across the SWC Division. The invite to the Divisional Governance meeting is now open to all staff to attend and participate.
- Positive assurance of the actions taken to mitigate the increased demand at the front door which could impact on quality and safety of patient care if this continued to rise.
- Positive assurance of the Trusts response to published guidance from NHS England in May 2021 regarding the response to reporting and responding to hospital-onset COVID-19 and COVID-19 deaths. The Trust has set up a Harm Review process which covers quality of care, addresses the issue of avoidability.
- Positive assurance of the implementation / go live date of the 4th October 2021 for RESPECT (Recommended Summary Plan for Emergency Care and Treatment) process. A process that creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have the capacity to make or express choices
- Positive feedback of the outcome of the local Patient Experience Survey which showed 47% of scores improving since the previous 2019 survey. These related to advice provided, support and explanations provided of possible complications to treatment.
- Positive assurance of the 'Home for Lunch' initiative. Although the Trust recognises there is further work to be done to maximise the opportunity to discharge earlier and embed this across the organisation.
- Positive assurance received in the Clinical Support Divisions report of improved risk and incident management.

Enclosure 5

Paper for submission to the Council of Governors
4th October 2021

TITLE:	Charitable Funds Committee Summary Report		
AUTHOR:	Julian Atkins Committee Chair	PRESENTER:	Julian Atkins Committee Chair
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 the contents of the report.			
CORPORATE OBJECTIVE:			
S01 – Deliver a great patient experience S05 – Make the best use of what we have			
SUMMARY OF KEY ISSUES:			
Summary of key issues discussed and approved by the Charitable Funds Committee on 24 June 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	N	Details:
	NHSI	N	Details:
	Other	Y	Details: Charity Commission
REPORT DESTINATION	Council of Governors	Y	DATE: 4 th October 2021
	Working Group	N	DATE:
	Committee	Y	DATE: 24 th June 2021

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 24 June 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • There were no matters of concern or key risks to escalate. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Ms Kotecha said she would be reviewing the fundraising strategy and would update the Committee on this at the next meeting.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Ms Nithee Kotecha, the new fundraising and community engagement lead, was introduced to the Committee. • Mrs Taylor informed the Committee that total fund balances stood at £2.4m. Income and expenditure for the year to date were both £43k. • The balance available to spend across the general funds totalled £134,082. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Four bids were approved : <ul style="list-style-type: none"> - Six recliner chairs for ward B5. The chairs will improve the comfort of ambulatory patients requiring treatment over a long period of time. (£,6,000). - Three bariatric chairs for OPA clinics across three sites. The chairs will improve the experience of patients attending for diagnostic tests. (£5,200). - Education programme support. The programme is designed to improve the education of staff regarding patient safety and to raise their awareness of human factors in deteriorating patients. (£7,500). - ReSPECT event. The requested funding will help set up and promote the event. (£1,200).
<p>Chair's comments on the effectiveness of the meeting: The meeting was well attended and effective.</p>	

Paper for submission to the Council of Governors on 4th October 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:

Chairs Log

Upward Report from Finance & Performance Committee

Date committee last met: 26 August 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Financial outlook for H2 has deteriorated markedly since the beginning the year; initial anticipated H1 flexibility of £8m to offset potential deficit in H2 has fallen to £4.5m, principally due to changes in rules for earning money under the Elective Recovery Fund and internal cost pressures 2022/23 outlook has further deteriorated to a deficit of £20.9m. A cost reduction programme is required, but certainty around revenue is also essential Performance against the emergency access standard has fallen below 80%, in part due to unprecedented demand, staffing pressures and discharge delays Continued delay to handover of the modular ward Deterioration in PFI performance (cleaning and estates especially) to pre-COVID levels, although early signs that Mitie is willing and able to respond 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Strategy and Workforce to produce dashboard to track the financial impact of staffing and productivity initiatives Use of model hospital data to identify efficient cost base for the Trust Detailed work to understand variances from budget in medicine and clinical support services divisions and to develop recovery plans £20m cost reduction plan to be presented to January's committee Proposals for properly resourcing delivery of the Green Plan to be developed IT to provide quarterly updates on the development of Phase 2 of the Infrastructure Refresh business case, identifying in conjunction with the divisions the scale of, and delivery mechanism for realising, the anticipated benefits
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Surplus to July of £1.46m, £0.23m better than phased plan. Trust and System expected to breakeven in H1 Whilst below target currently, Cancer, RTT and DM01 performance remains robust and benchmarks well Continued good performance by the vaccination workforce bureau, which is recognised nationally, and assurance received around value for money of Phase 3 vaccination plans 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Approved: <ul style="list-style-type: none"> E-community programme at a total cost of £299,812 and associated contract awards Trust Annual Business Plan and CIP programme for 2021/22 Recovery plan for Gastroenterology and Endoscopy at a total cost of £270,528 with potential to generate £32.8k profit from Elective Recover Fund (now unlikely given rule changes) Emergency Preparedness, Resilience and Response Strategy 2021/22 and Business Continuity Policy Storage Facilities Russells Hall Hospital business case

- Recommended to Board approval of:
 - Phase I of the Infrastructure Refresh business case, but in doing so draws the Board's attention to the fact that on current information Phase II will further increase cost pressures, potentially by up to £2.5m a year
 - The tender awards for Phase 3 of the vaccination workforce bureau
 - The Ligature Points Removal From In-patients Areas business case

Chair's comments on the effectiveness of the meetings:

- Lengthy and robust discussions around the financial position and around the impact of staffing issues on the emergency department, restoration and recovery and financial performance. It is becoming increasingly clear that the system will need to work together in a more mature way. Continued governor attendance

**Paper for submission to the Council of Governors on
4th October 2021**

TITLE:	Update from the Audit Committee		
AUTHOR:	Alison Fisher Executive Assistant	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 business undertaken by the Audit Committee during June and July 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:			
<p>23 June 2021 meeting</p> <ul style="list-style-type: none"> Trust received an unqualified audit opinion from Grant Thornton (Trust's External Auditors) on the Trust's Annual Accounts 2020/21 Audit Committee recommended approval of the Trust's Annual Accounts 2020/21 to the Board of Directors Audit Committee recommended approval of the Trust's Annual Report 2020/21 to the Board of Directors Trust Charity Accounts 2020/21 received an unqualified audit opinion from Grant Thornton Audit Committee recommended approval of the Trust Charity Accounts 2020/21 to the Board of Directors Audit Committee Annual Report 2020/21 was recommended to the Board of Directors for approval Audit Committee thanked the Finance Team for all their hard work in producing two excellent sets of Annual Accounts <p>15 July 2021 meeting</p> <ul style="list-style-type: none"> Audit Committee recommended approval of the Grant Thornton Auditors Annual Report 2020/21 to Board of Directors Audit Committee recommended Board of Directors approve laying the 2020/21 Trust Annual Accounts and Annual Report before Parliament 			

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
	NHSEI	N	Details:
	Other	Y	Details: Good Governance
REPORT DESTINATION	Board of Directors	N	DATE: 16 th September 2021
	Working Group	N	DATE:
	Committee	N	DATE:

Paper for submission to the Council of Governors on 4th October 2021

TITLE:	Digital and Technology Committee Report		
AUTHOR:	Catherine Holland (Digital Committee Chair)	PRESENTER	Catherine Holland (Digital Committee Chair)
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	NOTING
RECOMMENDATIONS:			
Note the report and the significant volume of commissioned work advancing strategic plans.			
CORPORATE OBJECTIVE:			
SO3, S05, S06			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The committee effectiveness report (delayed report) and Terms of Reference were reviewed, no changes required. The Chair noted that the committee was now becoming well established with a high standard of papers and content and highlighted the need to undertake the planned but delayed “Digital Boards” (HEE, NHSx, NHSp) board development workshop. Significant positive assurances in performance and Electronic Prescribing 1 year review Recommend strategic support for the IT infrastructure replacement plans and journey to public cloud, to Finance and Performance Committee (August) with attendance of Digital Committee Chair and onward to Trust board (September). Cyber-security assurance noting compliant response and closure of High CareCert CC3894 			
IMPLICATIONS OF PAPER:			
BAF 5b – Failure to adopt digital workflows			
RISK	Y	Risk Description: COR1540 Failure of the IT Infrastructure (compute, storage & backups) would impact on patient safety and performance COR1083 Risk of cyber a security incident causing widespread impact of Trust operational capability and patient safety	
	Risk Register: Y		
COMPLIANCE and/or LEGAL REQUIREMENTS	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statue 250)
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	COMMITTEE	Y	DATE: 19th August 2021
	BOARD	Y	DATE: 16th September 2021

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 19th August 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Continued challenges in recruiting a Clinical Safety Officer (CSO), Trust remains compliant via CNO, MD reviews. Corporate risk report noted and triangulated to mitigations in the major commissioned work, including the Infrastructure Replacement business case. Significant growth in endpoints devices (PCs / Laptops) through Covid response highlighted, noting impact to the existing rolling refresh cycle (linked to a pre-Covid baseline) and future funding requirements. Microsoft Office N365 upgrade programme in progress but in exception from plan – due to the impact to services / Trust operational pressures, noted low risk and recovery plans. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Executive summary business case (Green Book 5-case model) for IT infrastructure replacement accordance with the report findings outlining a staged path to cloud. Stage 1 will be 21/22 business case in plan and outline for phase 2 in subsequent years for further development. Maternity EPR progress excellent, with ‘Go-Live’ planned for the first week in September 2021, with Training in progress. Planned upgrade programme of the existing Patient Administration Planned Microsoft Office N365 roll out ongoing – large project Windows 10 upgrade project meets National requirement Medical Devices Group – refresh replacement programme Medical Devices Group Field Safety Notice actions Chair commissioned medical device group strategic reporting workplan for review at the next committee.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Committee Effectiveness review (delayed report) demonstrates a well-established and maturing committee. Committee Terms of Reference (ToR) reviewed - no changes recommended. Cyber-security assurance noting compliant response and closure of High CareCert CC3894 (11th July 2021) Significant positive external assurance provided by NHSx National Cyber team assessment Trust’s performance metrics meeting or exceeding all standards. The Trust is rated as a high performer Nationally across every metric. TeraFirma, KPIs returning to steady state post Covid surge. One year review of the electronic prescribing and medicines administration (EPMA) and formation of EPMA user-group, - project has been successful and well adopted. Patient Administration System – upgraded infrastructure successful 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Recommend strategic support for the IT infrastructure replacement plans and journey to public cloud, to Finance and Performance Committee (August) with attendance of Digital Committee Chair and onward to Trust board (September).
<p>Chair’s comments on the effectiveness of the meeting: well-established and maturing committee</p>	

Paper for submission to the Council of Governors on 4th October 2021

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 31st August 2021		
AUTHOR:	Julian Atkins Committee chair	PRESENTER:	Julian Atkins Committee chair
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Council to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
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	N		Risk Description:
	Risk Register: N		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 Directors	Y	DATE: 16/09/2021
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: 31st August 2021

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 31st August 2021

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • KPI's – concerns were raised regarding the level of vacancies and the subsequent impact on agency usage. In addition, the inability to fill all gaps via temporary staffing and agency usage was raised, alongside an increasing sickness absence related to COVID-19 related absence. The Committee were briefed on the range of actions being taken by the Workforce team, Professional Nursing team and the Divisional teams to increase workforce capacity, including; targeted recruitment campaigns, international nursing programme, optimising social media channels/comms, strengthening internal career pathways, Locums Nest and system efforts (collaborative bank). • Quarter 2 Staff Survey results. The Committee received a detailed report from the recent Pulse staff survey which was undertaken in July and reported back in August. Concern was raised regarding the low response rate. Whilst higher than many peers (@ 28% v peer average of 26%), a focus on increasing participation is required ahead of the upcoming national NHS Staff Survey in October. A robust plan to increase response rates was presented to WSEC which was strongly supported. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Karen Brogan, Acting Deputy Chief People Officer, provided an update on the Healthcare Support Worker Recruitment work which has been successful in recruiting 152 HCSW's between November to June. WSEC were also assured that this work continues with further recruitment cohorts, including additional bank HCSW recruitment (40 are being interviewed in September), Novice Clinical Support Worker Apprenticeships (24 offers made), and the setting up of a Clinical Support Worker Training Programme (112 applications).
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Equality, Diversity & Inclusion (EDI) and Health & Wellbeing Steering Groups were both launched in August which is a positive reflection of the Trust's ambitions in these key areas of the Workforce/People agenda. Both Steering groups are being chaired by NEDs and will formally upward report to WSEC. The ToR's and workplans for these Steering groups were approved and actively supported by WSEC. • The annual WRES and WDES submissions were presented to the Committee. The Committee was assured that these submissions had been reviewed in detailed by the EDI Steering Group earlier in August. Whilst noting that there is more work and focus required in a number of areas, the 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee approved the proposed move to Adult Safeguarding Level 3 (triannual requirement for senior staff) from Priority 2 to Priority 1, with staff having received above the standard one year introduction period for subject changes. This will reflect in published reports from end September 2021 onwards. • The Committee approved the final version of the DIP 3 Year Plan. Peter Lowe presented the final version of the plan, which has been updated to reflect comments and feedback from the July Deep-Dive session. The Committee strongly supports the DIP strategy and the huge opportunity that this represents for the Trust.

Committee were encouraged to note some key improvements in a range of the indicators, which represents a step change from previous WRES and WDES submissions. The Inclusion Network Chairs commented that they are seeing the day-to-day impact of the many improvement interventions that are now in place (ref; Diversity Champions, Mentoring for Inclusion scheme, engagement activities and Inclusion Networks), which was welcomed.

- The Committee was pleased to be updated on the recent Talent Inclusion and Diversity Evaluation (TIDE) Report 2021, whereby the Trust increased its previous 2020 score from 36% to 72%. Whilst this is a self-assessment process, Gurjit Bhogal, as chair of the EDI Steering Group provided assurance that the EDI Steering group had reviewed the detail of the assessment and that the Trust's self-assessment was wholly robust and representative. The Committee was also pleased to hear that the Inclusion Networks had been engaged in the scoring process, and the Network Chairs confirmed that they believed the assessment to be reflective of the improvements that have and continue to be delivered in the EDI space.

- The Committee approved the Clinical Skills Training Policy Review.

Chair's comments on the effectiveness of the meeting:

The meeting ran to the timetable which was appreciated. The Committee was pleased to see the positive movements in some key parts of the Trust's performance against the WRES and WDES indicators, whilst recognising that ongoing work is required. Further assurance was provided through triangulation between the improved metrics and the day-to-day experience of the Inclusion Network Chairs and their members. The Committee welcomed the Talent Inclusion and Diversity Evaluation (TIDE) Report 2021 assessment and the plans for further improvement and progress in the next 12 months. It was great to hear that the inaugural meetings of the newly formed EDI and Health and Wellbeing Steering Groups took place in August and to see the ambitious workplans for these groups; this reflects the maturity of the WSEC and the Trust's commitment to dedicating focused time on these key areas of the people agenda. Clearly there is a need to do all we can to encourage better engagement and participation in the upcoming national staff survey and to learn the lessons from the recent quarterly Pulse survey. A robust plan is in place including comms, HR and IT working closely with Divisional, Corporate and professional leaders across the Trust. I thanked everyone for their participation and contribution for developing such high quality papers, I gave a special thank you to Graeme Ratten for the impressive analytics work.

**Paper for submission to the Council of Governors on
Monday 4th October 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:			
<ol style="list-style-type: none"> 1. Council of Governors elections 2021 2. Annual Members Meeting 2021 3. Council Effectiveness Review 4. Trust Constitution review 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 have commenced and are being run by Civica Election Services on behalf of the Trust for vacancies in the following:			
Public Constituencies:			
<ul style="list-style-type: none"> • Central Dudley x 1 vacancy • Brierley Hill x 1 vacancy • Stourbridge x 1 			
Staff Constituency:			
<ul style="list-style-type: none"> • Nursing & Midwifery x 2 vacancies 			
The election timetable is as follows:			
<ul style="list-style-type: none"> • 15th September 2021- Notice of Election and call for nominations 			

- 13th October 2021- Nomination's deadline
- 3rd November 2021 - Notice of Poll published
- 29th November 2021 - Close of election
- 30th November 2021 - Declaration of results published

Three information events are to be held providing an opportunity for anyone wishing to stand as governor, to attend and find out more about the role:

- 28th September 5.30 – 6.30pm
- 5th October 10.30 – 11.30am
- 12th October 5.30 – 6.30pm

2. Annual Members Meeting 2021

To note that the Annual Members Meeting, originally scheduled for Monday 13th September, is now to be held on Monday 11th October 4,45pm for a 5pm start. All Governors are strongly encouraged to attend.

3. Council of Governors effectiveness actions 2021

To note that the completion of all actions identified in the effectiveness review:

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		Awaiting further guidance
Resumption of quality walk around activity	To resume quality walk arounds meeting pending lifting of COVID-19 social distancing restrictions	Chief Nurse	September 2021	Complete
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 August 2021	Complete

4. Trust Constitution Review 2021

To note that a review has been undertaken with no changes required at this time. A further review is scheduled for quarter four to consider any changes that may be required with the formalisation of the Integrated Care System arrangements.

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: Council of Governors October 2021

Paper for submission to Council of Governors

TITLE:	Integrated Performance Report for Month 4 (July)		
AUTHOR:	S Illingworth, Deputy Chief Operating Officer	PRESENTER	K 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
			Y
RECOMMENDATIONS:			
Members of the Council 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:			
Key Areas of Success <ul style="list-style-type: none"> To July the Trust continues to deliver strong performance against the national 2ww standard with many tumour sites delivering 93% month on month against this key target. Whilst performance against the 4 hour standard fell short of the target the Trust is one of the stronger performing trusts in the locality. To August the Trust is rated third out of five Trusts Diagnostics remains a significant area of success with the Trust performing strongly against both DM01 performance targets and R&R activity targets. VTE assessment remains strong and whilst there was a small dip in performance (0.5%) in July across Surgery overall performance against this key quality remains strong month on month. 			

Key Areas of Concern

- The number of patients waiting over 12 hours (trolley waits) in the ED department has been a concern and the team have worked extremely hard to avoid these occurring. Whilst attendances were high in June and July activity has stabilised and the focus must now shift to discharge. Long waits in ED are primarily now being driven by late discharges on base wards.
- There has been an increase in the number of patients waiting over 104 days for cancer treatment and the cancer team and tumour sites are working hard to bring this number down. Whilst some of these patients are waiting for treatment at tertiary centres, many are waiting for surgical dates at RHH. Additional senior input at the weekly cancer performance meetings will aim to improve oversight of the issues.
- Staffing issues remain a significant challenge across theatres and this has hampered the recovery of elective activity. Over the last month the theatre team have increased the number of Band 7 staff employed and have also agreed to upgrade Band 5 staff to Band 6 to help with retention and increase skill mix available. There has also been a large scale recruitment drive and the team are currently assessing how this will be support filling long standing vacancies. Current plans suggest these staffing challenges will ease in September.

EAS

EAS standards remain a challenge with the Trust again missing the 4 hours standard, delivering 77.4% in July. In addition to 4 hour delays, 12 hour trolley waits have been an issue. The main focus needed to address these problems needs to be on effective discharge from hospital from the base wards. The operational teams are working hard to deploy Home for Lunch scheme and Right to Reside in order to try and improve matters.

Delayed discharges remain a challenge and the discharge team is working with social services and primary care to reduce the number of patients who are Medically Fit for Discharge (MFFD), which at time of writing was over 50 patients.

Cancer

Cancer performance remains generally strong with regards to 2ww while delivery of 62 day standard is more of a challenge (67.9% June). The main factors for this are

- Diagnostic delays both internally and awaiting results from external organisations
- Patients awaiting a treatment date at tertiary centres
- Some delays accessing theatres at RHH due to capacity constraints

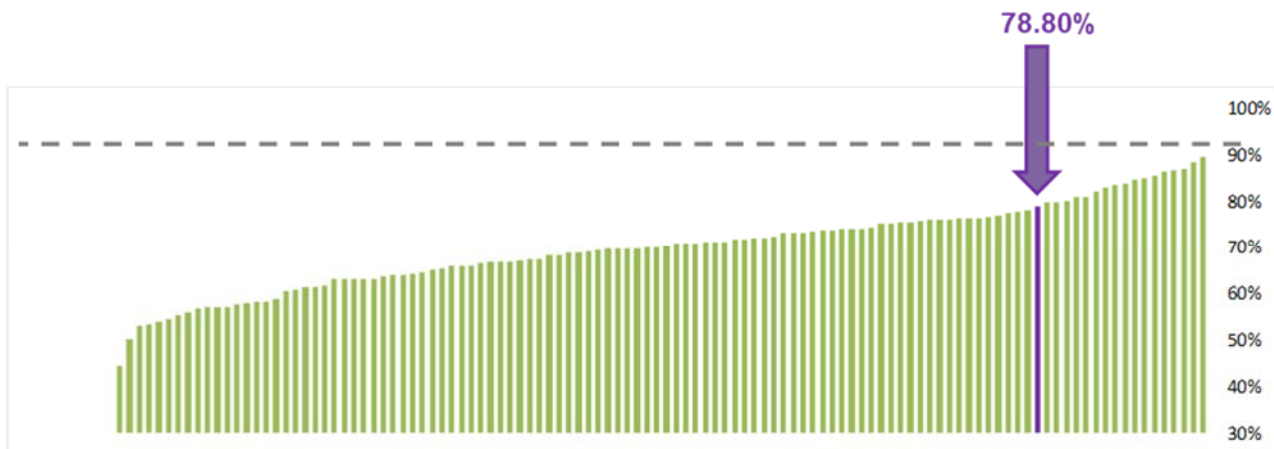
To address this, the team plans to open additional theatres from September and October which should ease the pressure. Increased scrutiny at the weekly cancer performance meetings will ensure that patients are managed in a more timely way.

RTT & 52 week waits

RTT position for July shows that the Trust was one of the strongest performing organisations in the country for performance against the 18 week standard, achieving 78.8%.

Trust Wide RTT Benchmarking

July 2021



Provider Name	Total
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	89.42%
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	88.32%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	86.91%
BARNSELY HOSPITAL NHS FOUNDATION TRUST	86.77%
CROYDON HEALTH SERVICES NHS TRUST	86.46%
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	85.64%
KINGSTON HOSPITAL NHS FOUNDATION TRUST	84.90%
THE ROTHERHAM NHS FOUNDATION TRUST	84.72%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	83.76%
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	83.39%
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	83.07%
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	82.12%
GATESHEAD HEALTH NHS FOUNDATION TRUST	81.07%
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	81.06%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	80.22%
EAST SUSSEX HEALTHCARE NHS TRUST	79.78%
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	79.69%
THE DUDLEY GROUP NHS FOUNDATION TRUST	78.80%

There is a growing risk to this position (which is reflected in the slipping position) due to continued challenges opening all available operating theatres. Opening this capacity from September and October is critical.

The national focus remains on the management of long waiting patients (over 104 and 52 weeks) and on the management of patients against their national clinical prioritisation codes (P codes) which does impact on delivery of the 18 week standard. The total number of 52 week waiters at Dudley remains one of the lowest in the region.

DM01

Performance against DM01 standards remains strong (Dudley has one of the best performing diagnostic services in the region) achieving 83.7% against the national standard.

The team are leading the way with the development of the Community Diagnostic Hub (CDH) across the Black Country. Once Phase 1 commences from September 2021 the CDH will provide significant additional capacity to treat Dudley patients as well as those from across the wider STP footprint.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y		Risk 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 Description:
	Risk Register: Y/N		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.
	Other	N	Details:
REPORT DESTINATION	BOARD OF DIRECTORS	N	DATE: 16th September 2021
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: F & P

Performance KPIs

August 2021 Report (July 2021 Data)

Karen Kelly, Chief Operating Officer

Constitutional Targets Summary	Page 2
ED Performance	Page 3 - 6
Cancer Performance	Pages 7 - 10
RTT Performance	Page 11
DM01 Performance	Page 12
VTE	Page 13
Restoration & Recovery	Pages 14 - 16



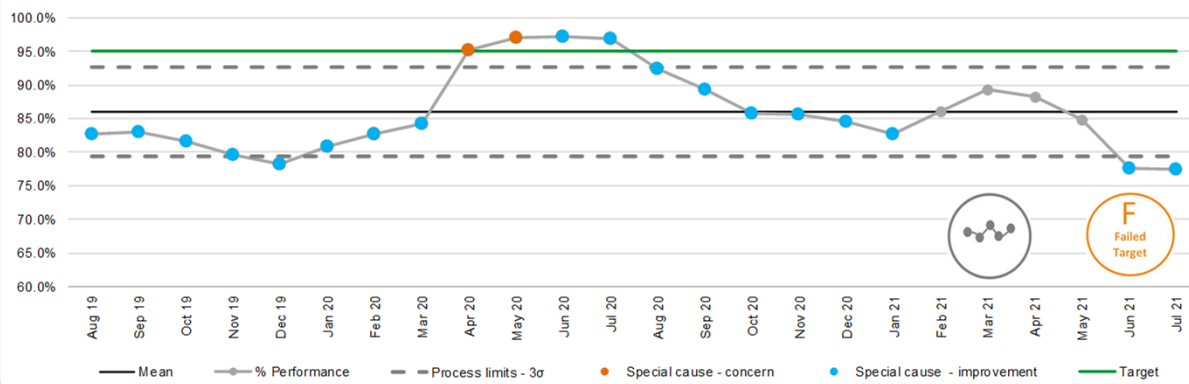
Constitutional Performance

Constitutional Standard and KPI		Target									Status	
			Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	84.5%	82.7%	86.1%	89.3%	88.2%	84.9%	77.6%	77.4%		
Triage	Triage - All	95.0%	95.0%	93.5%	95.0%	93.4%	94.3%	92.3%	89.1%	87.4%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	60.0%	70.6%	68.5%	55.9%	74.1%	64.9%	79.5%	67.9%		
	Cancer 31 Day -	96.0%	95.2%	93.3%	96.3%	96.8%	95.2%	94.3%	95.6%	92.9%		
	All Cancer 2 Week Waits	93.0%	94.1%	85.9%	98.0%	96.6%	86.8%	93.9%	92.7%	93.0%		
Referral to Treatment (RTT)	RTT Incomplete	92%	83.1%	80.5%	77.8%	77.4%	77.0%	78.4%	79.4%	78.8%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	77.5%	73.5%	78.4%	82.7%	80.4%	83.8%	84.9%	83.7%		
VTE	% Assessed on Admission	95%	93.6%	92.1%	95.5%	96.4%	96.1%	96.3%	96.3%	95.7%		

Is the Process Stable? GETTING BETTER GETTING WORSE STABLE			Will the target be met? YES NO MAYBE			Non-SPC Measures PASS FAIL NO TARGET SET			Admin NON-SPC DATA NOT PROVIDED BY SERVICE NARRATIVE NOT PROVIDED BY SERVICE		
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ED Performance

ED seen with 4 hours Combined Performance- starting Aug19



77.4%

54

11th

As at 16/07/21

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

DTA 12 hour breaches - target zero

DGFT ranking out of 21 Midlands area Trusts

Performance

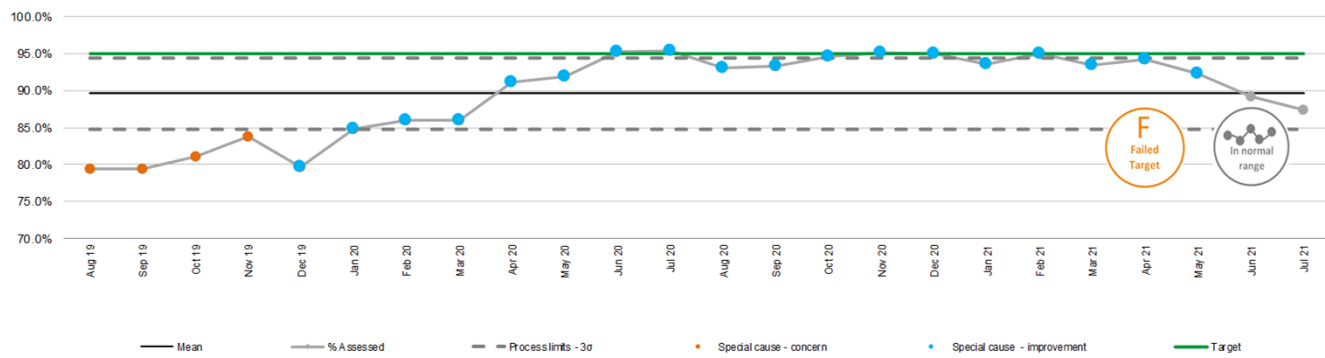
- Performance against the 4 hour standard continues to struggle against the 95% standard
- Levels of demand within ED were high during June and July in particular, with many days seeing in excess of 350 attenders (with two days seeing in excess of 400). More recently however demand has returned to more predictable levels.
- Total number of 4 hour breaches overall remain generally lower than pre-pandemic levels and continues a downward trajectory. The exception to this being when ED attendances are very high. During this same period however admissions have not been excessive.
- There has been a significant spike in the number of 12 hour trolley waits and this is reflective of higher bed occupancy levels during the same period (June and July), the high numbers of patients who are medically fit for discharge remaining in acute hospital beds and challenges with effective discharge planning
- In July ED performance at Dudley was roughly the middle of the pack for 21 Trusts across the Midlands area. For further context, as at the 11th August, the department was the 3rd best performing ED department out of the 5 Trusts locally.

Action

- ✓ Continued focus on effective discharge planning across all main surgical and emergency wards. Full deployment of Home for Lunch across all wards from September.
- ✓ Working with CCG to ensure that the UCC remains fit for purpose and able to meet the demands of the Trust and users.
- ✓ Re-establishing the Urgent Care Service Improvement Group from August onwards, to oversee improvements in urgent care and flow.
- ✓ Continued development and refinement of the SDEC pathway work in preparation for the opening of the new modular ward in September

ED Triage

Triage - Overall - starting 01/08/19



87.4%

Triage – target 95%

Performance

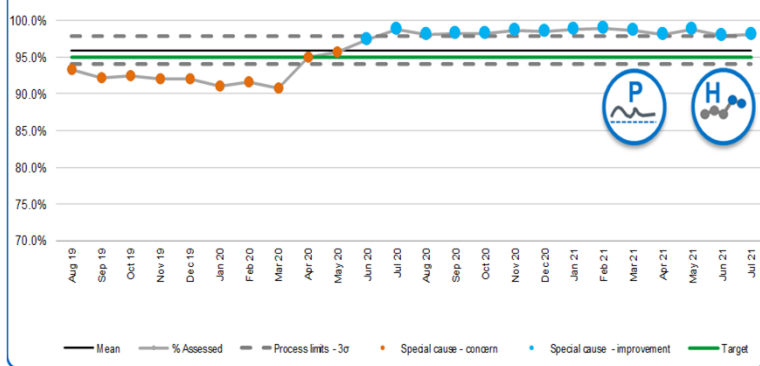
- Overall ED Triage performance has dipped in recent months, this is reflective of the high levels of demand during June and July
- There was a further reduction in performance between June and July

Action

- ✓ Front ED triage reconfigured of space expanding capacity to 10 spaces (from 5)
- ✓ Department continue working on CSW management of bloods, 12I ECG, basic observations, “Meet and great standard”
- ✓ Add additional workstation

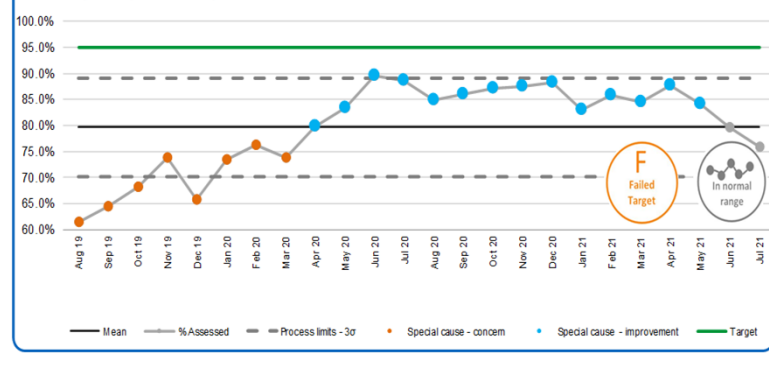
ED Triage

Triage - Ambulance- starting 01/08/19



July
98.1%

Triage - Majors- starting 01/08/19



July
75.9%

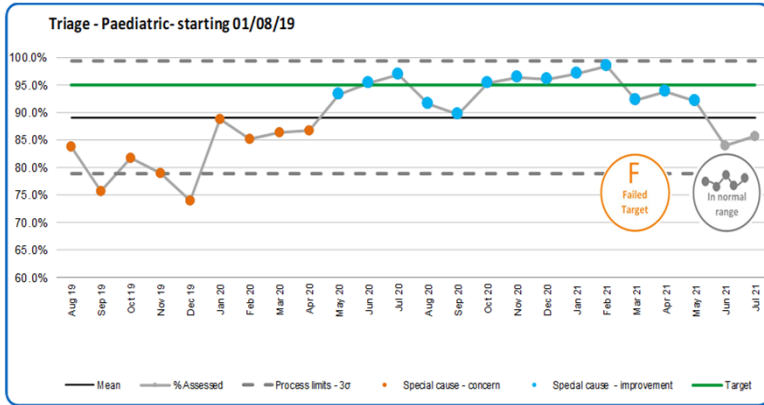
Performance

- Ambulance triage continues to meet the standard month on month
- Challenges remain in Majors, due to high volumes of attendances in June and July

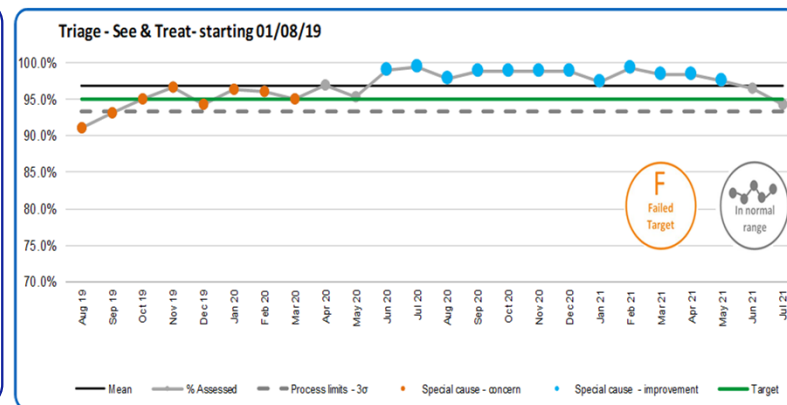
Action

- ✓ Invest in a new communication devices between ED Flow Nurse, Nursing Interventions Classification (NIC) and Emergency Severity Index (ESI) Nurse
- ✓ Improve availability of ESI trained nurses 24/7
- ✓ Rapid Assessment and Treatment (RAT) implementation was delayed –will commence now additional ED Middle Grades commenced
- ✓ RAT Project –ED Consultant Body approved proposal, programme to commence
- ✓ Deployed NIC for facilitating triage across all clinical areas

ED Triage



July
85.7%



July
94.3%

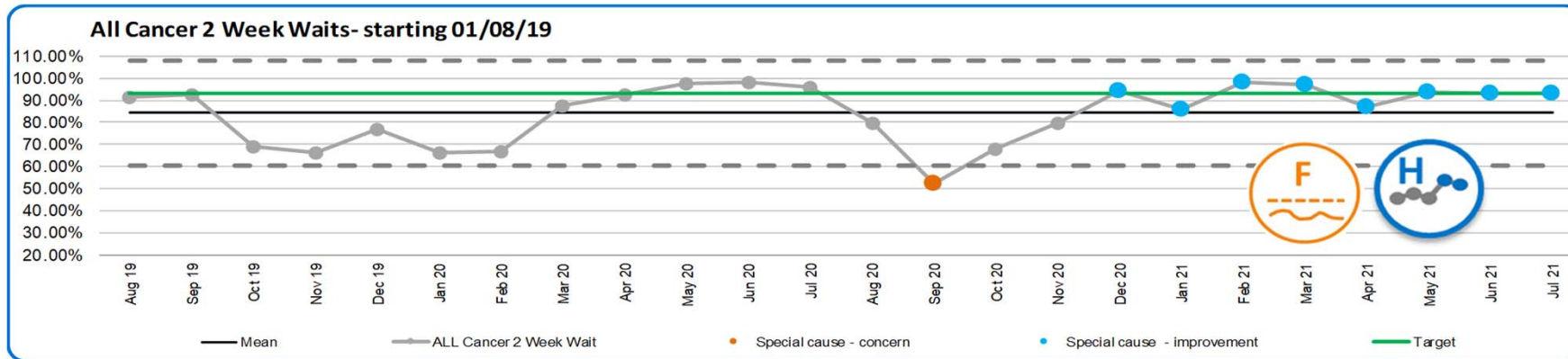
Performance

- "ED Paediatrics" and "See and Treat "performance continues to be validated daily.
- Additional triage facility open to improve falling triage performance on the background of raising attendances
- RSV surge plan agreed and ready for deployment

Action

- ✓ Continue with existing plans for performance improvement
- ✓ Performance expected to improve in coming months

Cancer Performance – 2 Week Wait



93.0%

All cancer 2 week waits – target 93%

Performance

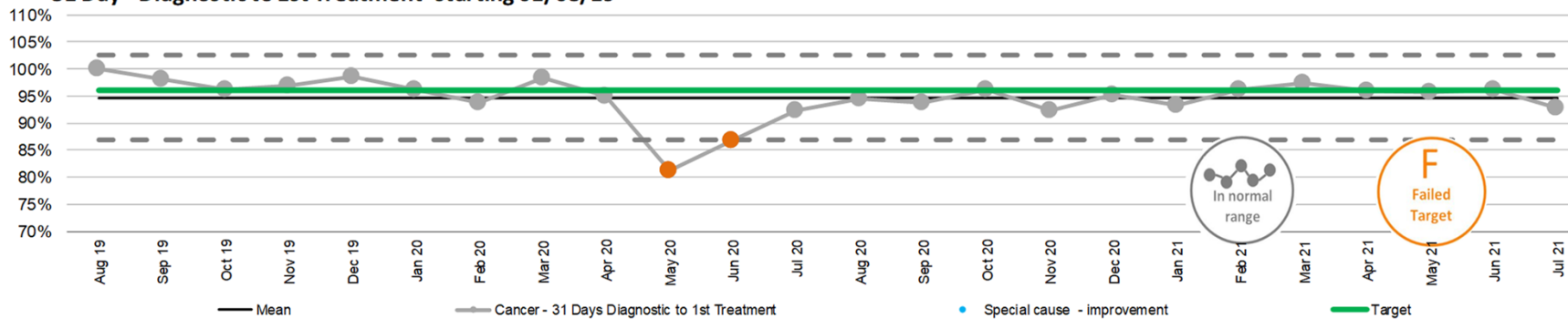
- 2ww performance at Dudley remains strong and this is reflective of hard work the tumour sites have put into managing and prioritising cancer capacity.
- All tumour sites are delivering strong performance against the 2ww position but Gynaecology and Breast remain the two tumour sites of concern.
- Demand for 2ww is largely back to pre-pandemic levels across all tumour sites
- Colorectal are consistently delivering against the 2ww standard and this is reflective of the new pathways put in place. In addition H&N, Upper GI and Urology are also consistently achieving the 2ww standard.
- Any natural spikes in demand outpatient remain challenging to manage at short notice due to continued to social distancing measures in Outpatients restricting how many patients can be seen.

Action

- ✓ Continue to monitor and maintain performance across all tumour sites via the weekly cancer performance meeting
- ✓ Focus on additional short term capacity solutions in Breast and Gynaecology
- ✓ Engage with system on long term solutions for Breast Services
- ✓ Improve information shared with clinicians on performance in their tumour sites

Cancer Performance – 31 Day

31 Day - Diagnostic to 1st Treatment- starting 01/08/19



92.9%

Target 96%

Performance

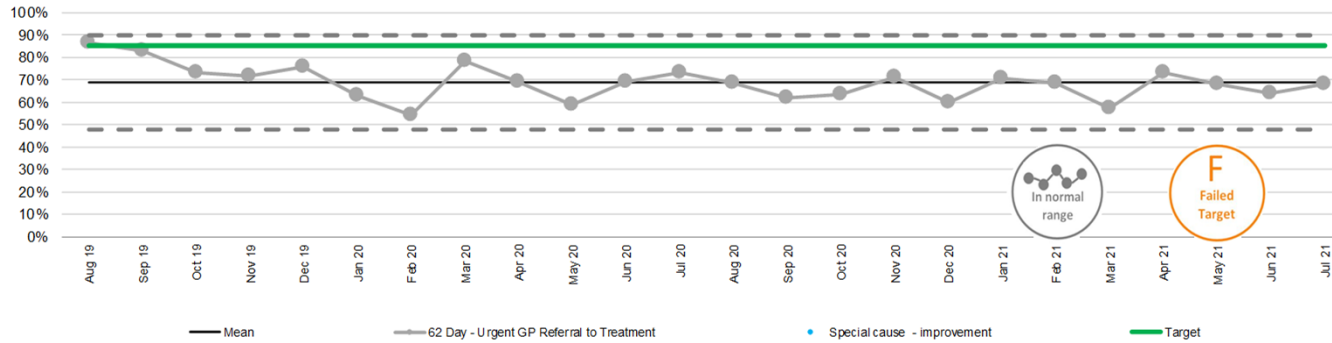
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated. **This report refers to performance in June.**
- Performance against the 31 day standard remains consistent, but falls below the standard of 96% at 92.9% for June
- Key tumour sites which are struggling to meet this standard on a recurrent basis include Colorectal (87% in June) and Gynaecology (78% in June)
- Overall 31 day treatment numbers are low meaning that missed targets (%) are accrued from small numbers (i.e. in Gynaecology there were 2 breaches and 9 treatments in June)
- Issues with meeting this standard including timely diagnostics and access to MDT in a timely way.

Action

- ✓ Ensure effective and timely MDT takes place each week to agree treatment dates
- ✓ Monitor and track diagnostic results and ensure that patients are escalated to operational and BCPS teams as appropriate
- ✓ Ensure that all patients are effectively tracked, every 48 hours, to ensure timely treatment

Cancer Performance – 62 Day

62 Day - Urgent GP Referral to Treatment- starting 01/08/19



67.9%

Target 85%

Performance

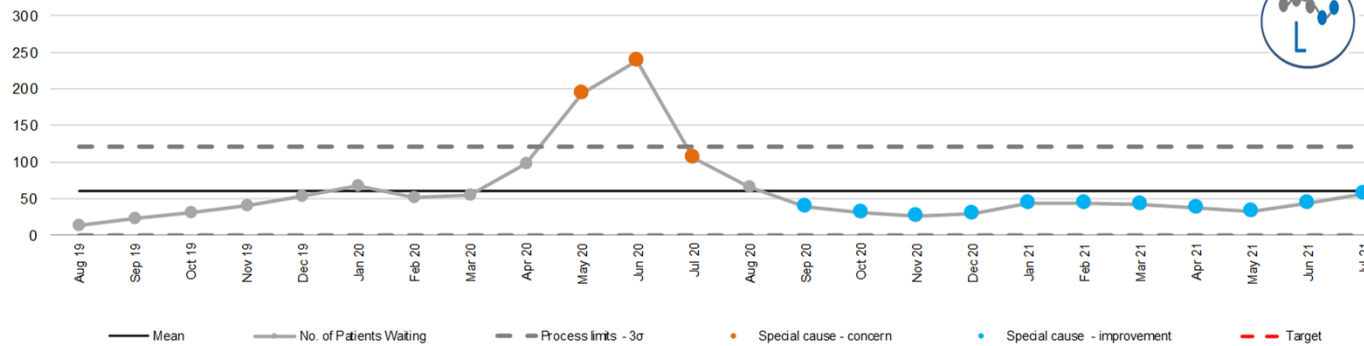
- o Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated. **This report refers to performance in June.**
- o The trust remains some way from delivering 85% target against.
- o In June there were 76 treatments and 17.5 breaches of the 62 day standard. Key tumour sites which are struggling to deliver the 62 day position include
 - o Breast (23 treatments, 5 breaches)
 - o Colorectal (5 treatments, 4 breaches)
 - o Gynaecology (3 treatments and 3 breaches)
- o Only skin is consistently achieving the 62 day standard each month however there was a significant improvement in Urology which also delivered against the 85% standard in June

Action

- ✓ Ensure effective and timely MDT takes place each week to agree treatment dates
- ✓ Monitor and track diagnostic results and ensure that patients are escalated to operational and BCPS teams as appropriate
- ✓ Ensure that all patients are effectively tracked, every 48 hours, to ensure timely treatment
- ✓ Work with BCPS to improve turnaround times
- ✓ Reduce turnaround times for Radiology
- ✓ Ensure that there are robust plans in place to address long waiters and that this is managed via the weekly cancer performance meeting

Cancer Performance – 104 Day

104 day Cancer numbers- starting 01/08/19



56

As at 31/07/2021

All 104 week waits, target zero

Performance

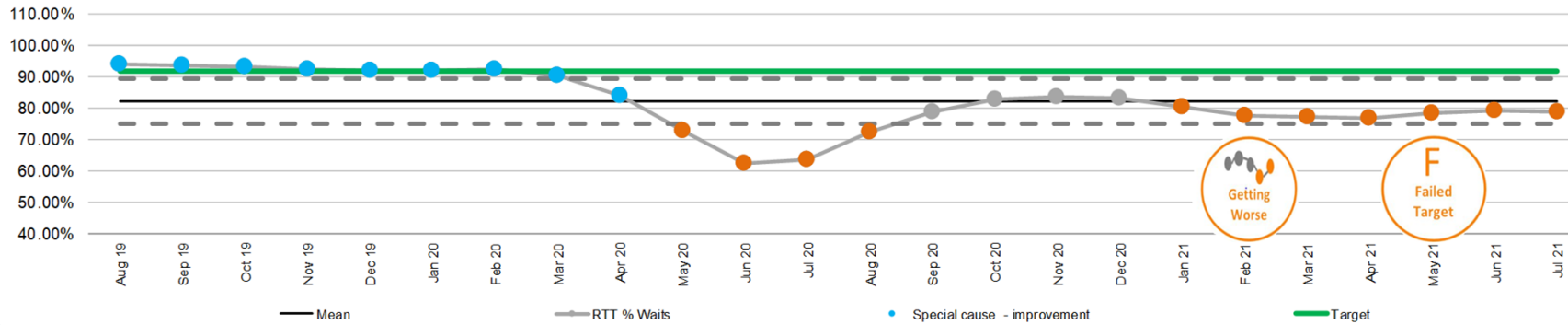
- There was a very slight increase in patients waiting over 104 days. This includes a combination of patients waiting who have diagnosis and are waiting for treatment and those who do not yet have a confirmed cancer diagnosis.
- There are currently 32 patients waiting over 104 days as at August 2021
- Colorectal (7) and Urology (8) and Gynaecology (5) have the largest numbers of patients waiting
- Numbers of patients waiting over 104 is reflective of the slight increase in the overall numbers of patients on the total cancer PTL
- Reasons for extended waits include diagnostic delays, complex pathways and delays at tertiary centres

Action

- ✓ Additional theatre staff are being sourced via a single agency solution to provide additional theatre capacity to support theatres
- ✓ Focussed intervention in Gynaecology and Urology to drive down total long waiters
- ✓ Detailed breach analysis with Gynaecology and Urology to understand reasons for long waits
- ✓ Ensure that all patients are validated and tracked every 48 hours

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/08/19



78.8%

RTT Incomplete pathways target 92%

Performance

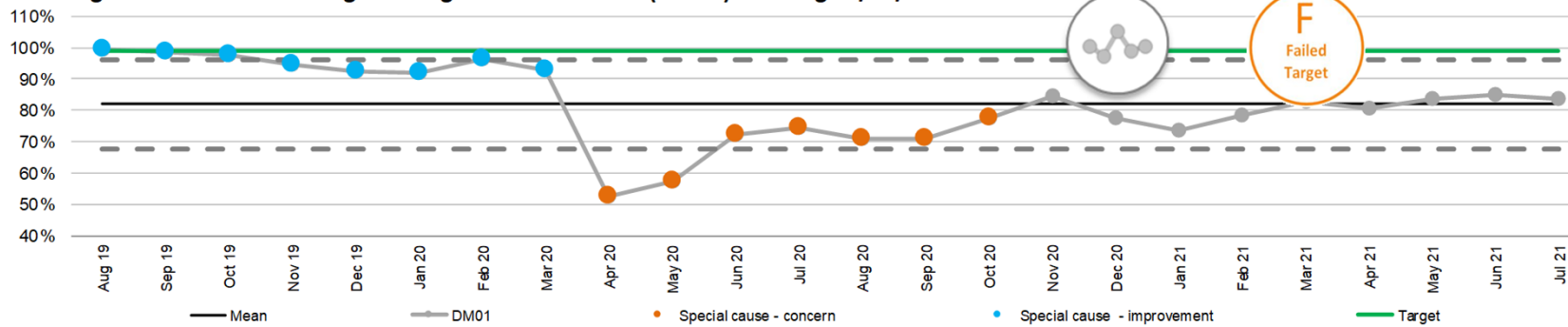
- RTT performance has stabilised over recent months which reflects the largely unchanged levels of activity versus demand
- National focus remains on covid recovery measures which include managing 52 weeks waiters and P2 (urgents) rather than recovery of the 18 week standard
- Recent challenges have included our inability to restore theatre lists as fully as initially planned due to staffing and recently support for ITU
- The overall shape of the current waiting list suggests that RTT is likely to deteriorate before there is a sustained improvement later this year as the additional theatre capacity comes on line
- To see a sustained improvement in RTT waiting times there is a need to provide additional theatre capacity

Action

- ✓ Additional theatre staff sourced from a single agency to come on line in August and September will provide additional theatre capacity
- ✓ Continued use of the Private sector to treat patients in line with financial arrangements
- ✓ Continued validation to ensure that waiting list is accurate and patients waiting require treatment
- ✓ Continued focus on the national requirements to drive down long waiters (we currently have zero patients waiting over 104 weeks and are in a strong position with regards to 52 week waits) and P2 patients
- ✓ Continue with existing operational plans to see sustained improvement in RTT by March 2022

DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/08/19



83.7%

DM01 combining 15 modalities - target 99%

Performance

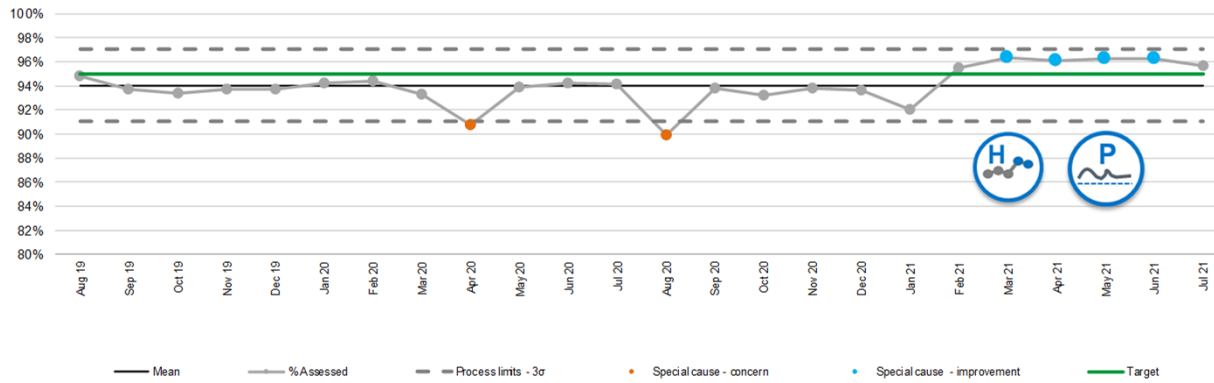
- Slight deterioration in July's DM01 performance but overall performance remains stable
- Main issue is non-obstetric ultrasound & colonoscopy waits making up over 1/2 of the overall DM01 breaches
- CT ad DEXA scans are all over performing in terms of activity levels against trust R&R plans

Action

- ✓ Plan to increase US capacity in September as part of CDH & utilising Ramsay capacity further due to an improved process change

VTE Performance

VTE Screening Compliance - starting 01/08/19



95.7%

**Trust overall
Position**

96.6%

**Medicine
& IC**

94.4%

**Surgery,
W & C**

Performance

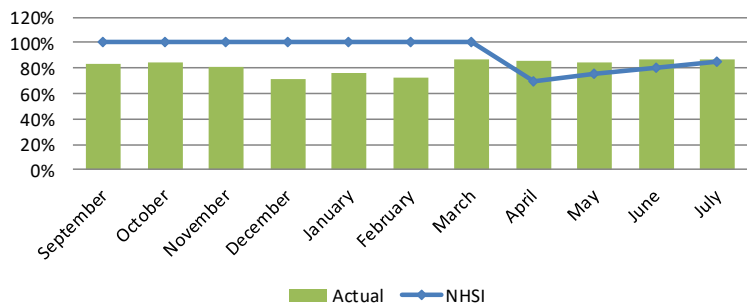
- VTE performance continues to perform strongly across the Trust
- Clinical teams continue to focus on VTE assessments and this quality measure remains a key focus of governance agenda
- Significant improvements have been seen in surgery although July has dipped slightly to just below the standard (by 0.5%).
- Medicine continues to have strong performance month on month
- Across both medicine and surgery VTE assessments are underperforming against the standard in relation to assessments done at 24 hours but 12 hours is performing well.
- Surgical wards (B2, B4 and B4) are performing very well although some performance areas are Paeds and Surgical Assessment Unit (short stay emergency wards)

Action

- ✓ Review Surgical Assessment Unit and Paeds (16 year olds) for why there has been a drop in performance in July
- ✓ Review IT solution to prompt for the second assessment across medicine and surgery
- ✓ Continue to monitor via Divisional governance meetings

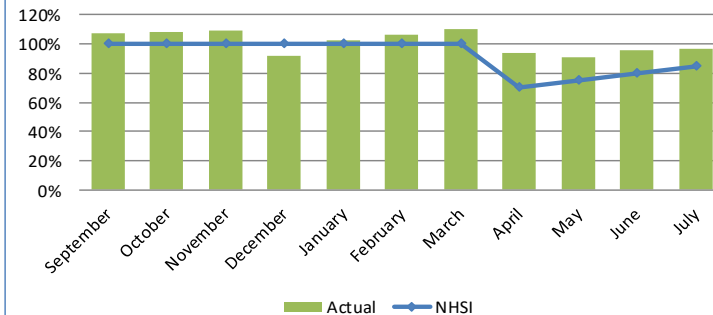
Recovery and Restoration - Outpatients

Outpatients NEW



July
87%

Outpatients Follow-up



July
97%

Performance

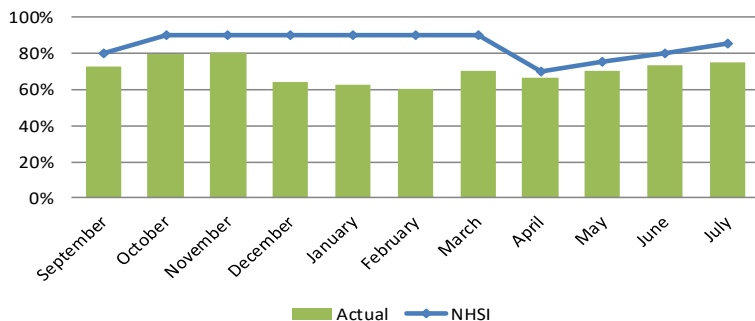
- Outpatient New and Follow Up Activity continue to over perform against the Trusts R&R activity plan
- Key specialties which are delivering increased levels of outpatient activity include Dermatology, Ophthalmology, and T&O
- Activity includes both virtual and face to face attendances
- Social distancing restrictions are continuing in all outpatient areas, this is restricting the volume of patients we can see face to face although this is offset by a switch to virtual in some cases

Action

- ✓ Continue to use WLI to put on extra clinics – including face to face clinics and virtual clinics
- ✓ Weekend working in outpatients has now been standardised from a staff perspective. This means weekend working is now supported within existing establishment. Services are being encouraged to book additional weekend clinics

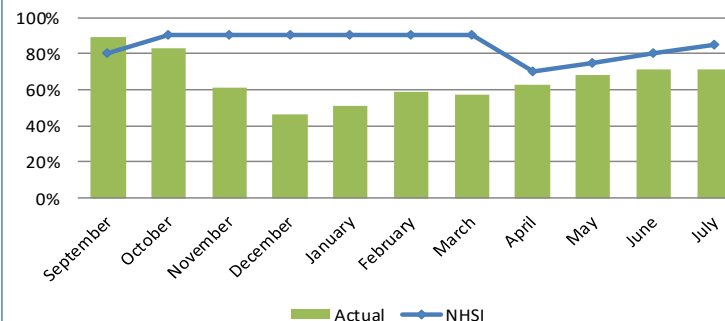
Recovery and Restoration - Electives

Elective Daycase



July
75%

Elective Inpatient



July
71%

Performance

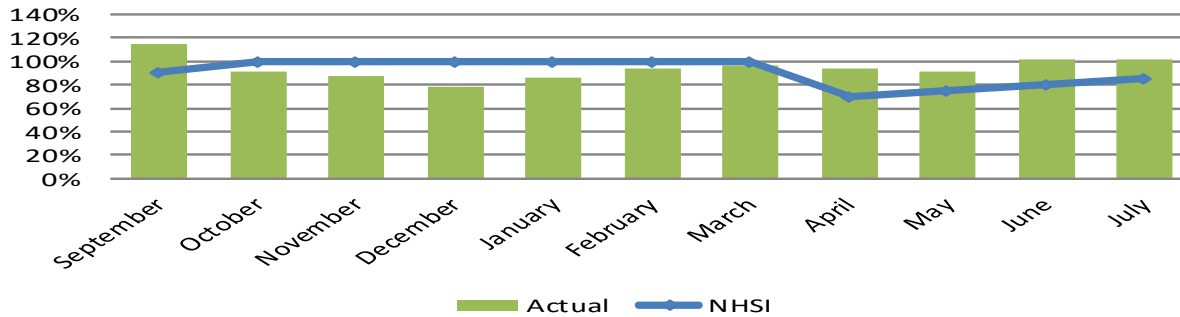
- Electives inpatient and day cases remains an area of challenge in terms of activity against the R&R plans however day case is performing better than inpatient electives.
- Capacity issues within Theatres remain the key factor in elective activity. Lack of agency to help fill vacancies have exacerbated the problems.
- Trauma and Orthopaedics is one of the services which is below plan and this is reflective of the priority of T&O work using the new national P codes.
- Full use continues to be made of the private sector for Breast and Plastic Surgery
- High volume lists are being planned to include orthopaedic injections and cataracts to help increase overall levels of activity

Action

- ✓ Using single agency supplier for additional theatre staff in order to open up additional theatre capacity is planned from September
- ✓ Ensure effective theatre scheduling
- ✓ Reduce number of cancellations on the day

Recovery and Restoration - Diagnostics

Diagnostics



June

101%

Performance

- Diagnostic activity remains strong against the Trust R&R targets
- Dudley Group remains one of the strongest performers in terms of diagnostic R&R activity
- Since April there has been consistent over delivery of activity against R&R targets
- There remains significant over delivery in CT with MRI with non obstetric ultrasound also performing strongly
- MRI, CT, Plain film & US activity expected to continue to increase in Sept 21 as part of CDH.

Action

- ✓ Continue with existing operational plans to maintain activity
- ✓ Continue to develop and work on the CDH model to ensure sustainable additional capacity is available from autumn
- ✓ Continued use of mobile capacity
- ✓ Agency capacity to continue