



Council of Governors Meeting

Monday 20th December 2021

Held in virtual session using web conferencing

Council of Governor meetings

PUBLIC INFORMATION SHEET

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

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

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

1. Introduction

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

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

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

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

Julie Dawes
Interim Trust Secretary
The Dudley Group NHS Foundation Trust
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Helen Board
Deputy Trust Secretary
The Dudley Group NHS Foundation Trust
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2. Council Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

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

5. Minutes

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

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

6. Future meeting dates

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

7. Accessibility

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

Full Council of Governors meeting (virtual)

Monday 20th December 2021 16.00 – 18.00pm
MS Teams

No.	Time	Item	Paper ref.	By
1.	16.00	<u>Welcome</u> (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements	Verbal	Yve Buckland, Chairman
2.	16.05	<u>Previous meeting – 10th October 2021</u> 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	16.10	<u>Chair and Chief Executive's update</u>	Enclosure 2 / verbal	Yve Buckland, Chairman Diane Wake, Chief Executive
4.	16.20	<u>System wide developments</u>	Verbal	Yve Buckland, Chairman
5.	16.30	<u>Trust Strategy</u>	Presentation Enclosure 3	Ian Chadwell
6.	17.00	<u>Safe, caring and responsive</u> Updates from: 6.1 Experience & Engagement Committee 6.2 Quality and Safety Committee	Enclosure 4 Enclosure 5	Jill Faulkner, Committee Deputy Chair Liz Hughes, Committee Chair
7.	17.15	<u>Effective</u> 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.	17.30	<u>Well-Led</u> Updates from: 8.1 Workforce and Staff Engagement Committee 8.2 Appointments & Remuneration Committee 8.3 Trust Secretary report <ul style="list-style-type: none"> Council of Governors elections 2021 	Enclosure 9 Enclosure 10 Enclosure 11	Julian Atkins, Committee Chair Yve Buckland Chairman Julie Dawes, Interim Trust Secretary
9.	17.45	Governor Matters Relating to items other than the agenda and raised at least three days in advance of the meeting.	Verbal	Fred Allen, Lead Governor
10.		For information ¹ <ul style="list-style-type: none"> Integrated Performance Report 	Enclosure 12	
11.		Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
12.		Close of meeting and forward Council of Governors meeting dates 2022: 21 st March, 20 th June, 13 th July (AMM)	Verbal	Yve Buckland, Chairman
13.		Reflections on the meeting	Verbal	All
14.		Quoracy Eight Governors of which at least five are public elected plus chair or deputy chair		

¹ Papers will be taken as read and noted

Enclosure 1

**Minutes of the Full Council of Governors meeting
(to consider public papers)
Monday 4th October 2021, 15.30pm Held virtually using – MS Teams**

Present:	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Mrs Karen Clifford	Public Elected Governor	Halesowen
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
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
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Ms Hilary Lumsden	Public Elected Governor	Halesowen
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mrs Mary Turner	Appointed Governor	Dudley CVS

In Attendance:

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Julian Atkins	Non-executive Director	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
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr James Fleet	Chief People Officer	DG NHS FT
Ms Laura Gibbs-Grady	LBGTQ+ Inclusion Network Deputy Chair	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Ms Ragvinder Ram	BAME Staff Network Chair	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mrs Katherine Sheerin	Director of Strategy & Transformation	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT

Apologies:

Dr Thuvarahan Amuthalingum	Associate Non-executive Director	DG NHS FT
Cllr Rebbekah Collins	Appointed Governor	Dudley MBC
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Louise Deluca	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mr Tom Jackson	Director of Finance	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG

Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery
Mrs Mary Sexton	Chief Nurse	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Not In Attendance:

Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Ms Nicola Piggott	Public Elected Governor	North Dudley

COG 21/32.0 15.30pm	Welcome
COG 21/32.1	Introductions & Welcome The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.
COG 21/32.2	Apologies Apologies had been received as above.
COG 21/32.3	Declarations of interest The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. The chairman declared interests as Chair of the Birmingham and Solihull Integrated Care System and Pro-Chancellor of Aston University.
COG 21/32.4	Quoracy The meeting was declared quorate.
COG 21/32.5	Announcements The chairman noted the planned resumption of face-to-face meetings for the Board of Directors in October followed by Board Committees, with a review of arrangements ahead of resuming full Council meetings back on site. The chairman noted that some onsite activity for governors had resumed in September as part of the re-establishment of the Quality and Safety Reviews. The chairman announced that trust secretary, Liam Nevin would shortly leave the Trust to take up a new role at Aston. She commended his commitment and dedication to supporting the Board and the Council and noted the positive contribution of his work in a range of governance led improvements, notably the opinion offered as part the recent Annual Report Audit by Grant Thornton. Ms Wake echoed her support and thanks adding he would be greatly missed. The chairman announced that the director of strategy and transformation, Katherine Sheerin would also shortly to leave the Trust and recorded her thanks for her contribution to the positive developments in local stakeholder relationships and some of the fundamental change she had overseen with the review of the Trust Strategy.

COG 21/33.0	Previous meeting
COG 21/33.1	<p>Previous full Council of Governors meeting held on 18th June 2021 (Enclosure 1)</p> <p>The minutes were accepted as an accurate record and would be signed by the chair.</p>
COG 21/33.2	<p>Matters arising</p> <p>There were none.</p>
COG 21/33.3	<p>Action points</p> <p>All actions that were complete would be removed from the list.</p> <p>Action COG19/75 – Council to Council meeting (DG & ROH.) Mrs Board reported that this action remained open and would be addressed once restrictions from the COVID-19 pandemic had lifted.</p>
COG 21/34.0 15.40pm	<p>Chief Executive report and Chair's update (Enclosure 2/verbal)</p> <p>Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided, and news items related to the Trust, the region, and the wider national arena.</p> <p>Ms Wake then provided an update on the latest COVID-19 figures and noted that there had been a steady increase in community transmission, with the rate of 368 per 100k in Dudley and was the highest in the local area. 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.</p> <p>Currently there were 45 inpatients that were COVID-19 positive, eight of which were in intensive care. On average there were between ten and fifteen COVID-19 related admissions per day. The length of stay was much shorter and a similar number were being discharged daily. The Trust had reported a total of 3,582 positive cases, of which 816 patients had now sadly died. She noted that most patients requiring intensive care were unvaccinated.</p> <p>Ms Wake reported that demand on hospital services was very high with the Trust frequently on Level 4. There were more than 90 patients experiencing a delayed transfer of care and reported that the Trust had funded some care packages. The local care home market was saturated with very limited capacity at any one time. The Trust was working closely with all health and social care partners across the local health economy to maintain patient flow to achieve the 80 or so discharges required daily to manage the hospital bed base. This also created challenges to reduce those waiting for elective care and noted the favourable position of the Trust compared to other acute providers in the local area. Plans to increase the Trust's theatre capacity later in the month coupled with collaborative working would support plans to reduce the number of patients waiting longest and manage the cancer priorities. She acknowledged that delays contributed to a poor experience for some patients.</p>

	<p>Ms Wake reported that the newly built Rainbow Unit was to open the following week and would focus on providing same day emergency care. She noted the expansion of diagnostic services with additional MRI and CT scanning facilities at the Guest Outpatients Centre and the planned investment to create community diagnostic centres with the aim of providing patients with community facilities freeing up onsite capacity to support inpatients and emergency services.</p> <p>Ms Wake noted that the Acute Collaboration initiative continued with several clinical summits held recently to consider how to ensure equality of access across the system and the development of clinical pathways.</p> <p>In conclusion, Ms Wake announced that the Trust's first Changing Places facility had officially opened earlier that day. The facility, located in the main hospital, provided adult changing for those with disabilities and contained the appropriate facilities including hoist and shower. Ms Wake commended the work of the estates team and would continue to push for installation of additional facilities other Trust sites.</p> <p>The chairman noted the challenges faced by all trusts in the West Midlands with unprecedented demand on emergency care and the pressure to reduce the backlog, emphasising that everything focused on keeping people safe. She asked if all health and social care partners were involved with the Urgent Care Delivery Board discussions. Ms Wake confirmed this was the case along with GP representation.</p> <p>The chair thanked Ms Wake for the update and invited questions. There were none.</p> <p>Further to the briefing given to governors in September, the chairman provided an update on the Care Quality Commission Prosecution and confirmed that the sentencing hearing was set to take place in November and was expected to attract significant media coverage.</p> <p>A Well Led review had been commissioned by the Trust and would conduct field work in the coming months and would include gathering feedback from Governors.</p> <p>The chairman summarised the key role played by Ms Wake and other executive colleagues of the Trust in support of collaborative working and the development of the Integrated Care System Board that would oversee the strategic delivery of services across the health and social care system. As the only acute Foundation Trust, the Council of Governors would become more involved.</p> <p>The chairman summarised the recent integration developments with Dudley Integrated Health Care DIHC and outlined the resolution agreed by the Trust's Board of Directors. Mrs Board advised that a briefing session for Governors had been arranged for Thursday 7th October to provide further information and opportunity for extended discussion on this point.</p>
COG/21/35.0	<p>System Wide Developments (verbal)</p> <p>Refer to minute 34.0</p>
COG/21/36.0	<p>Updates from Trust Inclusion Networks (presentation)</p>

The chairman introduced Laura Gibbs-Grady, deputy chair LGBTQ+ Staff Network and Ragvinder Ram, chair of the BAME Staff Network and commended the work undertaken so far and the emphasis that has been placed in encouraging and growing the networks.

Mr Fleet supported this and highlighted that the first year had passed with the election of the new chairs and deputy chairs as agreed from the membership of their respective network. External support had been assigned to the chairs by an inclusion network specialist and executive and non-executive leads had been appointed to the networks with protected time for the chairs and deputies. NHSE had requested a maturity assessment which had been submitted on Thursday 30th September 2021.

Mr Atkins noted his thanks for the dedication and passion shown by the Networks chairs for their passion in the first year.

Laura and Raghvinder provided an overview of the work of the Inclusion Networks highlighting the role, successes, challenges and next steps.

The chairman thanked the inclusion chairs for their updates and confirmed that it had an impact at board level and supported the movement to create an inclusive workforce. She was pleased to hear that the chairs were using learning and dealing effectively with difficult and complex issues. The chairmen noted the importance of capturing the achievements to reinforce the approach in the early stages. Raghvinder advised that the next steps were to ensure that the networks listen to their respective members and evolve to create tangible changes to take back to the Trust.

The chairmen thanked the network chairs on behalf of council of governors.

COG 21/37.0	Safe Caring and responsive
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COG/21/37.1	Update from Experience and Engagement Committee (Enclosure 3)
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Ms Lumsden presented the report and highlighted the following:

- Concerns were raised regarding the involvement of Governors in community activities which had been significantly affected by the pandemic. To address this, a buddying system had been introduced for new governors to help them build relationships and additional learning resources had been provided.
- All governors encouraged to seek out engagement opportunities in their local area
- Positive assurance was provided for the following:
 - The Trust was 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.

The chairman invited any questions or comments.

	<p>Mrs Board added that engagement activities were increasing in areas such as the Quality and Safety reviews, Place-lite audits and governors attending Board Committees as observers.</p> <p>The chairman thanked governors for the frequent attendance at committees of board and noted that it was not common practice across all trusts and supported it as a way of triangulating information for governors and observing the role of non-executive directors. She commended the fundraising efforts of Trust staff and Councillor Steve Waltho who had recently participated in the London Marathon raising more than £10 for the Trust's charity.</p>
COG 21/37.2	<p>Update from Quality and Safety Committee (Enclosure 4)</p> <p>Professor Hughes presented the update given as enclosure four that reflected the key matters considered at meetings held in July and August:</p> <ul style="list-style-type: none"> • Maternity have submitted NHSR CNST and were continuing with ongoing scrutiny. Ongoing challenges in respect of the medical and midwifery workforce and the actions being taken to address. • Maternity services had seen increased demand and assurance noted that it had not resulted in any increase in patient safety incidents. • Challenges in respect of the increase in admissions of children and young people with mental health needs and non-availability of tier 4 beds. • Committee have commissioned a review of birth outcomes linked to ethnicity and socio economic factors to be presented to the next Committee. <p>Positive assurances were noted in respect of increased resource to undertake a review of the procedural documents with further assurance requested from the divisions regarding the trajectory for completion. The number of outstanding complaints was reducing with an increase in the number of complaints being responded to within the 30 days.</p> <p>A further three wards had achieved accreditation on the Gold Standard Framework and noted that the End of Life services had been highly commended at the recent HSJ awards.</p> <p>In response to the published guidance from NHS England in May 2021, regarding reporting and responding to hospital-onset COVID-19 and COVID-19 deaths, the Trust had established a Harm Review process.</p> <p>Professor Hughes thanked governors for their continued attendance. Mr Rowbottom commended the robust nature of the meetings and the depth of information provided.</p>
COG 21/37.3	<p>Update from Charitable Funds Committee: 24th June 2021 (Enclosure 5)</p> <p>Mr. Atkins presented the report and highlighted the following.</p> <p>Ms. Nithee Kotecha was introduced to the Committee in June as the new fundraising and community engagement lead.</p> <p>The 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>

	<p>The following four bids were approved:</p> <ul style="list-style-type: none"> • Six recliner chairs for ward B5. The chairs would improve the comfort of ambulatory patients requiring treatment over a long period of time. • Three bariatric chairs for OPA clinics across three sites. The chairs would improve the experience of patients attending for diagnostic tests. • Education programme support. The programme was designed to improve the education of staff regarding patient safety and to raise their awareness of human factors in deteriorating patients. • ReSPECT event. The requested funding would help set up and promote the event. <p>Miss Kotecha presented her first update report, a fundraising update and 12-month plan, including grant applications and focus on corporate fundraising. Mrs Abbiss added that the upcoming 'Glitter ball' would be a different type of event this year to celebrate the work of the Trust in association with local businesses with an aim to support more corporate fundraising activities.</p> <p>Plans for improved staff wellbeing areas were described. Trust decision to support development of staff-only wellbeing areas and restaurant facilities.</p> <p>In response to concerns raised by Ms Lodge-Smith regarding the high cost of tickets for staff to attend the 'Glitter Ball', suggesting that staff should be able to share celebrations of the progress made, Mr. Atkins confirmed that this event was not aimed at staff and would be marketed as a corporate event. Mrs Abbiss advised that events for staff were planned along with a range of other wellbeing activities initiated in recognition of the needs of staff. Regular Trust wide communication would keep staff updated on progress.</p> <p>There were no matters of concern to escalate from this meeting.</p> <p><i>[Mr Fleet left the meeting at this point]</i></p>
COG 21/38.0	Effective
COG 21/38.1	<p>Update from Finance and Performance Committee (Enclosure 6)</p> <p>Mr J Hodgkin noted that performance issues had been covered in the chief executive's earlier update. He summarised the financial performance in the first half of the year where the Trust had delivered a balanced income position. Further clarity was awaited in respect of the second half of the year where there was the potential for a deficit position. The Trust continued to drive cost efficiencies and noted the actions to develop and utilise dashboards to track staffing and productivity initiatives.</p> <p>Mr Hodgkin was pleased to report that governors had been in regular attendance. Mr Rowbottom spoke highly of his experience and noted the robust scrutiny and depth of conversation and rated it first class. The chairman thanked Jonathan for his chairmanship and noted that the Board drew assurance from the effectiveness of the committee and the ability to keep the board sighted on the key issues.</p>
COG 21/38.2	<p>Audit Committee (Enclosure 7)</p> <p>Mr Gary Crowe summarised the report given as enclosure seven that reflected the business considered at meetings held in June and July. The auditor's report</p>

	<p>had drawn to a close the end of year accounts reporting with an unqualified audit opinion received from Grant Thornton. The DG charity accounts had also received an unqualified audit opinion. A positive audit opinion was received from the internal auditors on risk controls and process. He noted that the outcomes for the year were positive and that the final audit report contained modest recommendations which had been subsequently completed. The Annual report and accounts had been laid before Parliament and would be presented to the Council at the Annual Members Meeting scheduled for the following week.</p> <p>Work continued to develop the ICS governance arrangements which would impact controls, process and reporting arrangements.</p> <p>Mr. Crowe stated that the auditors had commended the Trust for demonstrating transparency and professionalism that was noteworthy when compared to our peers.</p>
COG 21/38.3	<p>Update from Digital Trust Technology Committee 24th June 2021 (Enclosure 8)</p> <p>Ms Holland summarised the report and noted the continued challenge in recruiting to the post of Clinical Safety Officer (CSO). The Trust remained compliant with the role requirements delivered within the portfolios of the Chief Nurse and Medical Director.</p> <p>There had been significant growth in endpoints devices (PCs / Laptops) compared to the pre-Covid baseline that would impact future funding requirements. Consideration was given to the Executive summary business case for the IT infrastructure replacement programme over subsequent years with associated business cases prepared in accordance with the project plan and required procurement rules.</p> <p>The Committee Effectiveness Review (report delayed from April) demonstrated a well-established and maturing committee. Ms Holland commended the quality and clarity of the reports, which were free of technical jargon.</p> <p>Significant assurances provided by the results from the recent NHSX National Cyber team assessment identifying the Trust's performance metrics meeting or exceeding all standards.</p> <p>The chairman thanked Ms. Holland and noted the comments regarding the maturity of the committee were supported by a clear concise report which encouraged active engagement from a wide audience.</p> <p><i>[Prof. Hughes left the meeting at this point]</i></p>
COG 21/39.0	Well-Led
COG 21/39.1	<p>Workforce & Staff Engagement Committee (Enclosure 9)</p> <p>Mr Atkins presented the report and summarised the key matters considered at the meeting held in August.</p> <p>Recruitment and the high level of vacancies remained a concern. Significant efforts being made by the Workforce team, Professional Nursing team and the Divisional teams to increase workforce capacity, including targeted recruitment</p>

	<p>campaigns, international nursing recruitment programme, optimising social media channels/comms, strengthening internal career pathways, Locums Nest and system efforts (collaborative bank).</p> <p>The Committee had received a detailed report on the results from the quarter two staff survey results and the action plan developed to address the low response rate.</p> <p>The Healthcare Support Worker (HSW) recruitment work has been successful in recruiting 152 HSW's between November and June.</p> <p>The Equality, Diversity & Inclusion (EDI) and Health & Wellbeing Steering Groups had both launched in August and were chaired by non-executive directors and would report to the Workforce Committee.</p> <p>The annual workforce race equality and workforce disability equality standards (WRES and WDES) submissions were presented and key improvements noted that reflected in the day-to-day impact of the many improvement interventions that were now in place. Scores had also improved in the Talent Inclusion and Diversity Evaluation (TIDE) Report 2021, from 36% in 2020 to 72% in 2021.</p> <p>Mr Atkins noted the frequent governor attendance at the committee and thanked Mr Rowbottom for his support of the group. Mr Rowbottom urged all governors to attend when they could.</p>
COG 21/39.2	<p>Trust Secretary report (Enclosure 10)</p> <p>Mrs Board summarised the report and advised that governor elections were underway to fill three public and two staff vacancies with results expected in early December.</p> <p>There were no questions.</p>
COG 21/40.0 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 was none.</p>
COG 21/41.0	<p>For information</p> <p>The Trusts Integrated Performance Report.</p>
COG 21/42.0	<p>Any other Business</p> <p>There was none.</p>
COG 21/43.0	<p>Reflections on the meeting</p> <p>The chair reflected that it was positive to hear the governor perspective from those who had attended board committees.</p>
COG 21/44.0	<p>Close of meeting and forward dates: 2021</p>

	<p>The chairman advised that the Annual Members Meeting would be held on 11th October and the next quarterly meeting of the Full Council would be held on the 20th December 2021.</p> <p>The chairman thanked all attending and drew the meeting to a close at 17.15pm.</p>
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Dame Yve Buckland, Chair of meeting

Signed..... Dated

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

Council of Governors meeting held 4th October 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

**Paper for submission to the Council of Governors on
20th December 2021**

Title:	Chief Executive's Report
Author:	Diane Wake, Chief Executive
Presenter:	Diane Wake, Chief Executive

Action Required of Committee / Group			
Decision	Approval	Discussion X	Other
Recommendations: The Board are asked to note and comment on the contents of the report.			

Summary of Key Issues:
<ul style="list-style-type: none"> • Coronavirus • Winter vaccination • Acute Medical Unit • Greener NHS • National award for Parkinson's work • NHS Staff Survey • Charity Update • Patient Feedback • Visits and Events

Impact on the Strategic Goals <i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 Deliver right care every time	✓
 Be a brilliant place to work and thrive	✓
 Drive sustainability (financial and environmental)	✓
 Build innovative partnerships in Dudley and beyond	✓
 Improve health and wellbeing	✓

Implications of the Paper:			
Risk	N		Risk Description
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSE/I	N	Details:
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 11 th November 2021
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – COUNCIL OF GOVERNORS 20TH December 2021

Coronavirus

Although we are seeing a slight dip in the seven-day incident rate for COVID in the Dudley borough, we are still following social distancing guidelines, using hand gel and wearing surgical masks in our hospitals and require that anyone visiting our premises do the same unless exempt. Preventing the spread of the virus remains our priority and we 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. We are still awaiting guidance on whether the flu and COVID vaccines will be compulsory in a healthcare setting.

Winter vaccination

There are two essential vaccines that are needed this winter for our staff - the flu jab and the COVID-19 booster. Vaccines are the best way to protect ourselves and those around us and getting the winter vaccines is very important. All Trust staff are encouraged to drop in to the vaccination hub, based in Action Heart at Russells Hall Hospital, where our vaccination team is ensuring we are protected this winter. We are not only protecting ourselves but also our patients, colleagues, friends and families.

Acute Medical Unit

Our brand new acute medical unit (AMU) – Rainbow Unit – is due to open on 10th November (tbc). The two-storey facility outside Russells Hall Hospital is located near to the Emergency Department and will provide an acute assessment unit on the ground floor with 22 spaces and eight monitored beds. On the first floor is a 30-bed short stay ward. Acute medical patients will be taken directly to AMU avoiding unnecessary attendance in the Emergency Department. They will receive early, single assessment by medical teams, and this will be a better experience. Patients referred to the assessment area will be seen, treated and sent home or transferred to the first floor. If needed, they will be transferred to a specialty ward in the main hospital. We have produced a video to promote the benefit of the new unit to staff and patients. The video [can be seen here](#).

When AMU vacates its current location, the area will bring together speciality work from frailty, cardiology, respiratory, haematology and oncology and ambulatory emergency care. Teams in the new AMU and across the Trust will be working on improving same day emergency care (SDEC) pathways.

Greener NHS

Healthier Planet, Healthier People is the NHS's new eco campaign launched to coincide with the COP26 gathering of world leaders in Glasgow. The Dudley Group, which approved its own Green Plan back in December, is getting behind the campaign and, along with its PFI partners, has already taken a number of actions to reduce its carbon footprint. This includes switching to power from renewable resources, a clear focus on moving towards more environmentally sustainable clinical products, reducing single use plastics, installing electric car charging points, renewed focus on recycling and a number of initiatives on individual wards.

The Trust has a lively and active greenteam who meets monthly. More work is planned in the coming months and years, as the climate crisis is also a health emergency. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS. There is overwhelming support for action on climate change across the NHS workforce. Even small differences to the way we all work can make a big difference to the future of our world and its climate.

National award for Parkinson's work

Dr Janine Barnes, neurology specialist pharmacist, and the Parkinson's Specialist Pharmacy Network UK that she set up and chairs, was a winner in the Parkinson's Excellence Network Awards. They won the Sharing Learning and Education Award for the formation and development of the Parkinson's Specialist Pharmacy Network (PDSPN), which educates and upskills pharmacists and other healthcare professionals in the management of Parkinson's.

NHS Staff Survey

The annual national NHS Staff Survey was rolled out to our staff at the end of September and runs until the end of November. Completing the survey is one way in which our staff can tell us how they feel about working for the Trust, what we do really well as an employer and areas where we can make improvements. Their feedback enables us to put measures in place to make The Dudley Group the best possible place for our staff to work and thrive. The survey is carried out for us by an external company and responses are completely anonymous. The results of the survey will be published next spring.

Charity Update

Virtual London Marathon

We are delighted that six people – five members of staff and former Dudley Mayor Steve Waltho – who ran the virtual London marathon for our charity this year raised more than £11,000 between them – smashing their target of £3,000.

Charity Pub Quiz

A local accountancy firm Godfrey Mansell & Co organised a brilliant fundraising quiz on 12th of October, the company gathered their clients, employees, and families to raise funds towards our charity's baby bereavement campaign, which continues to improve the environment within our maternity ward in which families spend time adjusting to the death of their baby, provide our staff in maternity with specialist training to enable them to sensitively support bereaved parents, and their varying needs, in the best way possible. The company have raised £1,265 towards the campaign - www.justgiving.com/campaigns/charity/dghc/babybereavement.

Beaverbrooks Donation

The Dudley Group NHS Charity received a recent donation of £1,100 towards our Russells Hall Hospital C4 Georgina Ward from The Beaverbrooks Charitable Trust on behalf of the Merry Hill Branch of Beaverbrooks the Jewellers. Chelsea Wood and Paul Walker sales associates from Beaverbrooks Merry Hill visited the ward met with lead nurses Indy Kaur and Claire Higgins from the ward.

Mary Stevens Hospice partnership

On 27th October we joined Mary Stevens Hospice's ethnic minority community worker, Elisha Frimpong for an engagement event at the Health Hub at Russells Hall as part of Black History Month. DGNHS Charity is working alongside Mary Stevens Hospice on an NHS Charities Together funded research project which aims to 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. Nithee and Elisha spoke to several Trust staff members, patients and their families about the subject gathering interest for those who may want to be involved with the research project.

Glitter Ball

We are forging links with our local community and businesses to support our Trust charity. Businesses from across the Black Country will be joining staff for our Glitter Ball. It is taking place on Friday 5th November at the Copthorne Hotel. Hosted by Diane, key frontline staff will be speaking about their experience of the pandemic and also their innovative new ways of working. The fundraising event will hope to raise at least £8,000 towards the Better Brighter Futures Appeal.

Aviva Community Fund & Crowd Funder

Aviva pledge £1m per year to their community fund; the money is distributed through their staff who are each given £25 to donate to a charity which has been selected to take part. We are delighted to announce our charity been selected to be part of the Aviva Community Fund and Crowdfunder partnership, which will help to raise money towards improving our Trust's staff restrooms. A well supported project is more likely to attract Aviva employees to pledge their money to the project, to recommend to their family and friends to do likewise and hence we are more likely to reach our target. [Wellbeing spaces for Dudley NHS Heroes - a Environment crowdfunding project in Dudley by Karen Phillips \(avivacommunityfund.co.uk\)](https://www.avivacommunityfund.co.uk)

Christmas

Our Christmas calendar will soon be on sale and all proceeds go towards the charity. They cost £10 and this year's theme is animals. All photographs have been taken by members of Trust staff. The calendars can be purchased via a JustGiving page via [this link](#) Anyone wishing to purchase must include all their details to enable the charity team to get in touch once the calendars are ready for distributing. If people select anonymous, we will not know who they are and will not be able to distribute the calendar.

We are hosting a Santa Cycle challenge on 2nd December along with Christmas Market at the main reception of Russells Hall Hospital. The cycle will happen over the course of the day and the market will take place 3-6pm. There will also be the opportunity to get involved for Christmas Jumper Day on Friday 10th of December 2021.

Patient Feedback

AEC - The professionalism of every one of the staff, from top to bottom was top notch. Thank you everyone.

AMU - Genuine staff dedicated to their role and to the patient, I was looked after properly.

Antenatal – Great care from very attentive midwifery & support staff.

B1 - Very friendly staff, nothing was too much trouble and kept everyone's spirits up at difficult times, can't thank them enough.

B4 - The staff on ward B4 were an amazing team. From cleaners, domestic staff, nurses, doctors - truly an amazing team.

C5 - I could not fault my treatment from start to finish... every person treated me with respect and politeness and very quickly.

C6 - All staff very professional and understanding.

Community Heart Failure - prompt time keeping, everything explained by very nice people, which made me feel at ease even though I was nervous.

CMAPS - Very good, the service was quality, I found understanding, patience and a very good communication. It's perfect.

Day Case - I was made to feel very safe and well looked after, all nurses who looked after me were lovely and very efficient.

Dudley Rehab Service - Very informative, very caring and helpful staff who listened to all my concerns. Thank you.

Emergency Department - Excellent care, staff brilliant at what they did for me, can't thank them enough, they made me feel relaxed.

GI Unit - The staff were patient, kind, explained everything that was happening and reassured me at every step.

Podiatric Surgery - Excellent care and attention from both podiatrist and day unit nursing staff, and theatre staff. It's working well.

Visits and Events

10 th September 2021	Live Chat
16 th September 2021	Dudley Health and Well-being Board
17 th September 2021	Ophthalmology Away Day
22 nd September 2021	September FIG
22 nd September 2021	Board Development Programme – Module 1(session 1)
23 rd September 2021	Board Development Programme – Module 1(session 2)
23 rd September 2021	Acute Collaboration Programme Board
24 th September 2021	Acute Collaboration Clinical Summit
29 th September 2021	The Black Country and West Birmingham ICS Cancer Summit
4 th October 2021	Strategy Roadshow
4 th October 2021	Changing Rooms Facility Opening
4 th October 2021	Council of Governors Quarterly Meeting
5 th October 2021	Dudley Race Equality Code Assessment Session

6th October 2021	Reimagining mental health services across the Black Country
7th October 2021	Board Development Session Module 2 Part 1
8th October 2021	Board Development Session Module 2 Part 2
8th October 2021	Welcome 2 Dudley
11th October 2021	Annual Members Meeting
13th October 2021	Dudley Partnership Board Away Day
14th October 2021	Private Board of Directors
14th October 2021	Board Workshop - Trust Strategy & BAF
22nd October 2021	FTSU Walkaround with Rebekah Plant
25th October 2021	Trust Team Management
29th October 2021	Black History Month Event
1st November 2021	GIRFT Cardiology deep dive
5th November 2021	Live Chat
5th November 2021	Glitter Ball

Shaping #OurFuture



Strategic Plan
2021-2024

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1 Welcome from chairman and chief executive

It is a privilege to lead The Dudley Group NHS Foundation Trust. We have such talented, committed and dedicated staff, delivering incredible care to patients, day after day. We are privileged to serve a wonderful community, whose generosity and support has been more apparent than ever during 2020/2021.

During the three years to 2021, we have seen some fantastic achievements in our Trust. Major investments have been made across the organisation, including in the Emergency Department, at Corbett and Guest outpatient centres and in our digital capacity, and we are proud of the significant improvements to the quality and safety of services which have been delivered. The dedication to continuous improvement is evident in the progress that has been made.

COVID-19 has, of course, impacted all parts of the organisation and continues to do so. Now, more than ever, we need to support our staff and enable them to thrive as members of the team in The Dudley Group. We are committed to ensuring that our services are inclusive and that all people in our communities have good access to care so that we can contribute to improving health outcomes and reducing inequalities.

We welcome the changes to the NHS environment, and will play a major role in collaborating with our partners to deliver

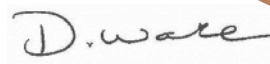
the best services both within Dudley, and in the Black Country and West Birmingham and beyond. We are working hard to deliver our responsibilities as an anchor institution, through creating wealth and jobs in the local community.

This three-year Strategic Plan sets out our vision and ambitious goals and describes how we will achieve them. Our actions are driven by our values - care, respect and responsibility.

We are excited by the opportunities for The Dudley Group NHS Foundation Trust – and we believe that with our fantastic teams and wonderful local communities we will achieve so much together.



Dame Yve Buckland
Chairman



Diane Wake
Chief executive

We have such talented, committed and dedicated staff, delivering incredible care to patients, day after day.



2 Introduction

The 18 months from March 2020 were like no other for the world, the country and the NHS. By June 2021, the global pandemic claimed 3.7m lives globally, and 128,000 lives in the UK. The NHS response was fantastic, with staff commitment and expertise shining through. However, the impact of COVID-19 on care for people with other conditions, and the anticipated economic downturn will have a significant impact on the NHS for years to come.

It was a time of great uncertainty in terms of our relationship with Europe and how this will impact on society and public infrastructure. And specific to the NHS, were in a time of changing orthodoxy, with a move away from the competitive market, which has been in place for 30 years, to integration and partnership working across organisations. Locally, this manifests in two significant developments for the Trust – far greater collaboration with other hospitals across the Black Country and West Birmingham, and far greater integration of preventive, primary care, community, hospital and social care services within Dudley.

We now need to look ahead, and to shape how The Dudley Group NHS Foundation Trust moves forward as an organisation.

This strategic plan sets out our vision, values and goals and embeds how we ensure that we are an inclusive organisation, for staff, patients, families and local communities. It recognises the significant role that The Dudley Group can play as an anchor institution, and the benefits this can bring to the local economy and, in turn, to local people. And it puts improving health outcomes and addressing health inequalities at the core of what we do.

This strategic plan gives us a framework for how we will shape our future as an organisation, and best serve our patients, staff and people.



3 About The Dudley Group NHS Foundation Trust

The Dudley Group NHS Foundation Trust (DGFT) provides acute and community services to the population of Dudley and to other parts of the Black Country, West Birmingham, South Staffordshire and North Worcestershire. We also provide a range of specialist services, some of which are accessed by patients from across the UK. These include vascular surgery, endoscopic procedures, stem cell transplants and specialist genitourinary reconstruction.

Our staff are our greatest asset. We have a workforce of around 4,400 whole time equivalent (WTE) staff making us the second largest employer in Dudley.

Russells Hall Hospital has more than 650 beds, including intensive care beds and neonatal cots. The hospital provides secondary and tertiary services such as maternity, critical care and outpatients, and an Emergency Department that features a brand new Emergency Treatment Centre.

The Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge provide a range of outpatient and day case services.

We currently provide a full range of community services including adult community nursing, end of life care, podiatry, therapies and outpatient services in people's homes and from a range of community venues across the borough.

We are a designated teaching hospital of the University of Birmingham with more than 100 undergraduate medical students undertaking placements with us. We provide placements for nursing, allied health professionals and technicians from local universities. We have an active research and development team.

A typical day at The Dudley Group

300 people attend the Emergency Department

2,000 people have an outpatient appointment – either in person or via telephone/video

12 babies are born

Over £1m of expenditure,
60% is our staff



When the NHS was established in 1948, The Dudley, Stourbridge and District Hospital Management Committee was created to oversee the running of all hospitals in the borough. There were hospitals at Wordsley, The Guest, Burton Road and Corbett. Russells Hall Hospital was opened in 1984 by Princess Anne with 400 beds. Following a major re-organisation of the NHS in 1991, The Dudley Group of Hospitals NHS Trust was formed in 1994, managing all acute services in Dudley and Stourbridge. In 1996 plans for the future development of hospital services were approved with an extension of Russells Hall Hospital and the re-distribution of services at Wordsley to Russells Hall Hospital, Guest and Corbett.

By 2005, the new Guest and Corbett Hospital Outpatient Centres along with all phases of the new Russells Hall Hospital were complete. A Clinical Research Unit was opened in 2008 and the Trust became a foundation trust on 1st October 2008. This gave local people the opportunity to become members and have a greater say in the development of local services. In April 2011, more than 500 staff from Dudley Adult Community Services joined the Trust as part of the government's Transforming Community Services programme.

The Trust became the specialist centre for vascular surgery in The Black Country in 2013. In 2018, a brand new Emergency Treatment Centre was opened next to the Emergency Department at Russells Hall Hospital and a new imaging suite was opened at The Guest Outpatient Centre for patients requiring MRI or CT. Our next big development was the opening of a brand new, purpose built Acute Medical Unit in 2021 which offers state of the art care for patients and improved the quality of urgent care for patients in hospital.

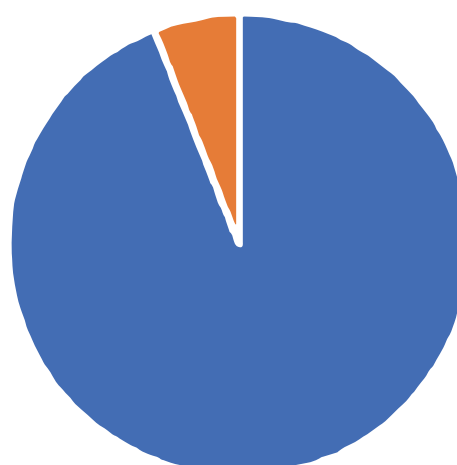


The Trust currently has an overall rating of 'Requires Improvement' by the Care Quality Commission (CQC), with a rating of 'Good' for effective and caring and 'Inadequate' for safety. This rating is based on the inspection carried out in Jan/Feb 2019. Routine inspections from CQC were suspended during the COVID pandemic but the Trust did receive a focused inspection of the Emergency Department in February 2021. This resulted in the safe domain being changed from 'Inadequate' to 'Requires Improvement'. Many staff have been engaged in action to improve compliance against standards. Following the December 2017 inspection, CQC issued four Section 31 enforcement notices although none of these placed any restrictions on the Trust's licence. Due to the efforts of staff, all enforcement notices have now been removed.

The CQC launched its new strategy in June 2021. In the future there will be an increased focus on how services are working together within an integrated system and whether the care provided is improving outcomes for people and reducing inequalities in their care. The Dudley Group is a combined acute and community trust and is classified by NHS England as a medium acute trust. Income comes mainly from our commissioners (local Clinical Commissioning Groups and NHS England for certain specialised services) but the Trust also earns income from the training of healthcare professionals and from research. Over the last three years, Trust income has been:

2018/19	2019/20	2020/21
£372.7m	£411.9m	£450.4m

Income from hospital and community services



Expected income in 2021/22 is £456.4m. The increase has been due to a number of factors including additional funding provided to manage the COVID pandemic including resources for the vaccination programme.

● Hospital
● Community

4 Our context

Over the coming years, the care that we provide and the way that we provide it will continue to be shaped by the national, regional and local factors that impact on us, in particular the on-going impact of COVID-19. Given the uncertainties, we know that circumstances may change and the expectations on us will be different from what they are today. The following section describes the main things that, to the best of our knowledge, will influence the Trust over the next three years.

About Dudley and the Black Country

It is important that we understand the diverse needs and expectations of the local population. Using intelligence from Dudley Metropolitan Borough Council and Public Health England, we have been able to summarise the health status of the communities we serve and how this is predicted to change.

About Dudley:

- The population of the Dudley borough was estimated to be 320,600 (in 2019), with 65,000 people aged over 65 years.^{1,2}
- Residents in Dudley are, on average, older than England's population.
- Life expectancy for men in the most deprived areas of Dudley is nine years lower than in the least deprived areas, 7.2 years lower for women.¹

- Almost a third (28%) of the Dudley population live in areas amongst the 20 per cent most deprived in England.¹
- Levels of GCSE attainment, breast feeding and smoking in pregnancy are worse than the England average.³
- The rate of hip fractures in older people (aged 65+) is worse than the England average. The rates of homelessness, under 75 mortality from cancer and employment are worse than the England average.
- Levels of obesity, including child obesity, and physical activity are worse than the England average.⁴
- Figures from Public Health England showed that there were almost 2000 admissions to hospital for alcohol-related conditions. Dudley borough has a higher mortality rate due to alcohol than the England average.⁵
- There is a higher prevalence of hip and knee osteoarthritis than the England average.⁶
- In Dudley, over 1600 people aged 65 and over are currently in a care home with or without nursing.⁶



How is this expected to change?

- Life expectancy and the number of elderly people will continue to rise. The number of people aged 85 and over in Dudley is expected to increase from 8,300 in 2018 to 9,500 in 2025.⁷
- There will be more people with multiple, complex and long-term health conditions.
- There will be a growth in the number of people with disabilities and mental health issues.
- Following a period that has seen the number of births decrease, this is expected to stabilise and even increase slightly.
- Residents of Sandwell Borough in Rowley Regis and Tipton will continue to make use of our services and even more Sandwell residents may choose us following the opening of the Midland Metropolitan University Hospital in 2022.

References

1. Dudley Metropolitan Borough Council. Dudley Borough in numbers 2019
2. Dudley Metropolitan Borough Council. Older People in Dudley
3. Dudley Metropolitan Borough Council. Understanding Dudley
4. Public Health England. Local Authority Health profile 2019
5. Public Health England. Local Area Profiles
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7. Office for National Statistics. 2018-based population projections

It is clear that there are significant inequalities faced by the people of Dudley, both between Dudley and the rest of England and within the borough. As a major employer and provider of health care services, we recognise the major role we must play to address these inequalities.

The Dudley Health & Wellbeing Board provides leadership for Dudley's health and care system. Using local evidence, it works to identify the needs of local residents, improve efficiency and secure better care to improve health and wellbeing and tackle health inequalities across the borough. The Health and Wellbeing Strategy (2017 – 2022) is about how to make Dudley a place where everyone can live 'longer, safer and healthier lives'. The three goals that have been identified as having the biggest impact on people's health and wellbeing are:

1. Promoting healthy weight
2. Reducing the impact of poverty
3. Reducing loneliness and isolation

We clearly have a role to play in achieving these goals and the steps we plan to take are set out later in this document.



A changing context

The NHS Long Term Plan (published in January 2019) set out a ten-year plan for reform and signalled how the NHS would need to change in response to changing health and care needs. The main areas in which improvements will be delivered were:

- The development of out of hospital care to ensure that more patients can be seen in primary and community care settings.
- A reduction in the pressure on emergency hospital services.
- Delivery of high quality person-centred care with improved outcomes.

Key to the Long Term Plan was the development and implementation of Integrated Care Systems across England. This is where NHS organisations and local authorities work together to meet the needs of the population they serve.

The Government White Paper 'Integration and innovation: working together to improve health and social care for all' (February 2021) sets out proposals for changes in the law that will make this a reality. Integrated Care Systems will replace Clinical Commissioning Groups and new duties will be placed on all NHS organisations to collaborate and deliver the 'triple aim' to support better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources.

For us, this means that we will continue to be an NHS Foundation Trust, delivering services for the people of Dudley and surrounding area and remaining accountable to them through our governors and members. We will still be responsible for the quality of services and the way in which we use our resources. But we will play an increasingly important role in integrating services in our 'place' (Dudley) and our 'system' (The Black Country and West Birmingham), and take more responsibility for ensuring that services across organisations are sustainable and of the highest quality.

Our system

The Black Country and West Birmingham Integrated Care System (ICS) is known as 'Healthier Futures'. Like other ICSs in England, the Black Country and West Birmingham is preparing for the expected legal changes that will enable it to become a statutory organisation from April 2022.

The White Paper makes it clear that all NHS providers are expected to be part of provider collaboratives. This will mean that we will work much more closely with the other acute hospital trusts in the Black Country and with providers in Dudley.



Across the Black Country and West Birmingham, we have some good examples of collaboration already, for example:-

- The Trust has a shared procurement function with Sandwell & West Birmingham Hospitals NHS Trust.
- In 2018, the four acute hospital trusts in the Black Country came together to create The Black Country Pathology Service, hosted by The Royal Wolverhampton Trust. Under this arrangement, staff and resources are managed centrally to give better value for money, reduce duplication and improve both efficiency and quality.
- Working together also helps to address workforce shortages and recruit and retain clinicians with specialist expertise. In several specialties, consultants already work at more than one hospital, ensuring services are available locally. Vascular Surgery is an example of this, where consultants from both Wolverhampton and Walsall provide specialist surgery at Russells Hall Hospital and consultants from Russells Hall provide outpatient clinics at Wolverhampton and Walsall.

Over the coming three years, we expect to see these type of arrangements extended to other services, and we have already started a formal programme of acute collaboration with our neighbouring trusts in the Black Country and West Birmingham.

We recognise that this needs to be clinically-led and demonstrate benefits to patients. At the time of the publication of this strategy, the CQC ratings for hospital trusts in the Black Country show that only one of these

(Wolverhampton) was rated Good with the remaining three, including The Dudley Group, as Requires Improvement. Any collaborative effort between the hospital trusts must focus on how this can be improved.

During the lifetime of this strategy, one of the most significant changes to hospital services in our region will be the opening of the Midland Metropolitan University Hospital, managed by Sandwell & West Birmingham Hospitals NHS Trust. The state-of-the art facility in Smethwick will replace many of the inpatient services currently located at Sandwell and City Hospitals, with a scheduled date for opening in 2022. The Dudley Group Trust will need to work closely with Sandwell & West Birmingham Hospitals and the ICS to monitor the impact of this change, particularly for emergency care following the closure of the Emergency Department at Sandwell.



Our place

The direction set out in the White Paper and the NHS Long Term Plan requires all parts of the NHS to work towards better integration of services: integrating primary health care and hospital services, physical and mental health, health and social care. The ICS in the Black Country and West Birmingham identified five 'places' where models of integration are being developed. Each place has developed different approaches to this, with the same ultimate goal in mind.

In Dudley, the local clinical commissioning group and the Dudley Metropolitan Borough Council have commissioned an Integrated Community Provider (ICP) for Dudley. A new NHS trust, Dudley Integrated Health and Care (DIHC), has been formed to provide an organisational home for the ICP.

The Dudley Group is working with DIHC, Black Country Healthcare Trust, the local authority and local GPs to take this development forward and to ensure that services are integrated around the needs of patients, regardless of organisational form.

COVID and beyond

The COVID pandemic gave the NHS its greatest challenge in its 73 year history. The NHS was widely praised for its response in managing the pandemic and was able to treat those who needed treatment after becoming seriously ill with COVID-19. This was our experience in Dudley; staff worked incredibly hard and, wherever they were needed, to ensure that care could be

provided. But this was achieved by cancelling many routine operations, diagnostic tests and outpatient clinics with many of the latter moving to video or telephone consultations. There was a marked deterioration in waiting times. The Trust worked hard to restore services to restore services within the constraints of social distancing and the additional infection prevention and control measures that were required to keep staff, patients and visitors safe. It was clear from the advice being given to us by national bodies, such as NHS England, and Public Health England, that we will need to learn to live with COVID-19 for some time to come. Whilst we celebrated the rapid development of effective vaccines and the success of the vaccination programme, there were concerns about new variants and the potential for local outbreaks, especially during the winter months.

The COVID pandemic put some of the ambitions in the NHS Long Term Plan into sharper focus. The development of 'out of hospital' options for patients became even more pertinent to minimise the risk of further spreading infection by requiring patients to attend in person.



The more patients we can treat without admitting them to hospital, or with a brief one-day visit, the better. Before the pandemic, the Trust had been allocated £20.3m of capital funding to rebuild the Emergency Department at Russells Hall Hospital to improve patient flow and provide sufficient space for critically ill patients.

Following the government's announcement of additional capital funding to support the NHS manage the pandemic, the Trust received funding to enable the construction of a two-storey modular build at Russells Hall Hospital. When the current acute medical unit vacates, this space will bring together different specialties into a centralised assessment area. One of the key service changes envisaged in the NHS Long Term Plan was the expansion of 'Same Day Emergency Care' whereby instead of admitting patients to a hospital ward, patients are assessed in a designated assessment area with rapid access to diagnostic tests if they need them. In many cases, they will be discharged back home with a support package in place. There were a number of assessment areas located on the ground floor of Russells Hall Hospital. The additional space provided by the modular building enabled these assessment areas to be co-located in the same place and to improve the flow of patients through the hospital.

All NHS trusts were asked to create separate zones within their hospitals and other facilities to minimise the risk of patients contracting the virus as a result of attending an appointment for another reason. Increasingly, we will need to think about how we separate planned and emergency care. This includes diagnostic tests such as blood tests, X-rays, MRIs and CTs. We will need to consider how

to minimise the number of people coming to Russells Hall Hospital and make greater use of our other facilities and those run by primary care, such as health centres.

The NHS Long Term Plan ambition to reduce the number of face-to-face outpatient attendances by up to 30 per cent by 2023/2024 through the re-design of outpatient pathways and using digital technology was achieved within the space of a few months. By 2021, a third of all outpatient attendances were delivered virtually. Feedback from patients has been positive. They appreciated the convenience and the reduction in the burden placed on those who care for them. There were concerns that some patients may not find it easy to adjust to these new ways of working and that sufficient steps are taken to ensure that no group of patients is disadvantaged.



The NHS Long Term Plan spoke about the need to reduce health inequalities between different populations. The issue of health inequalities was brought to the fore through the global experience of the pandemic. We know that the outcomes for certain ethnic minorities was worse than the general population, although the reasons for this are still be investigated at a national level. Locally, we know that there is notable inequality in health outcomes with those in the most deprived areas of our community, experiencing lower life expectancy than those in the least deprived areas.

The pandemic saw sudden changes to the way in which the Trust is funded. Prior to the pandemic, the Trust was paid by its commissioners based on the amount of patients it saw. During 2020/21 and 2021/22, the Trust was allocated fixed amounts based on historic funding levels and funding to meet the additional costs of managing the pandemic. Whilst the funding arrangements for future years have not yet been finalised, all the indications are that NHS trusts will receive fixed funding amounts and our ability to earn additional income will be limited. This has forced us to look ever more closely at how we can manage our resources. We will need to ensure that patients who can be seen in alternative ways or settings do not take up precious space and resources that are required for the sickest patients.

The experience of managing the pandemic also highlighted the vital role placed by social care in the overall health and care system. The disparity in the public perception between social care and the NHS was thrown into sharp relief, including the low pay for

many care workers. There have been calls for a national level funding arrangement for social care accompanied by a long-term plan, similar to that agreed for the NHS. There has, to date, been no public commitment given on social care, and it remains a sensitive political topic. What is clear is that the number of people likely to require social care is expected to grow and the amount of support they require intensify. Any failures of the local social care system will have a direct impact on the NHS through increased pressures on primary care teams, community services and, ultimately, hospitals.



The next section of the document describes how we will respond to this changing and challenging environment. It sets out our vision, values, goals, measures of success and major programmes of work.

5 Shaping #OurFuture

Strategic Framework

Vision

Excellent health care, improved health for all



Goals

- Be the best place to work and thrive
- Drive sustainability
- Build innovative partnerships in Dudley & beyond
- Improve health and wellbeing
- Deliver right care every time



Values





Our vision

Excellent health care, improved health for all

Our new vision is designed to be simple and memorable. It combines our desire to deliver excellent care for our patients but also recognises the impact that we have on the health of the wider population.



Our values

Our values support our vision and define how the Trust and every member of staff will work to deliver the best care possible. The current values were adopted by the Trust in 2015.

Staff told us that these values helped them during the COVID pandemic, providing a framework for them and what they expected from others.

The values are embedded into our local processes. They form part of the recruitment process and are included in annual appraisals, and this helps to keep them live and relevant.

We, therefore, believe that these values will still be relevant to us as we look ahead over the coming three years.



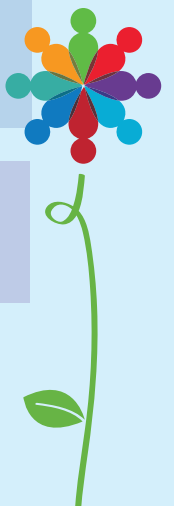
we provide safe, quality healthcare for every person – every time



we show respect for our patients, our visitors and each other – at all times



we take responsibility for everything we do – every day





Our goals

We have identified five goals, the pursuit of which will guide all that we will do.



Deliver right care every time – our desire to deliver care that is safe and effective. Where mistakes are made, we will learn from these and improve for the future.



Be the best place to work and thrive – we want to be recognised by our staff as the best place to work and to offer them opportunities to grow and develop regardless of who they are.



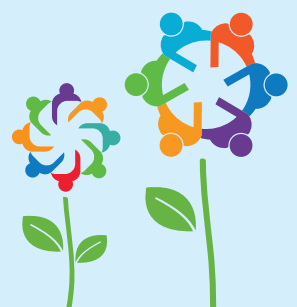
Drive sustainability – includes financial sustainability in the way in which we use resources and become more productive. Environmental sustainability. Environmental sustainability recognises the responsibility we have in reducing the harmful impact our activities have on the environment.



Build innovative partnerships in Dudley & beyond – includes partnering with other acute trusts in the Black Country, health and social care organisations, the voluntary sector in Dudley, local academic institutions and others who can help us achieve our goals.








Improve health and well-being and reduce inequalities – prioritising investment in areas which are likely to have the biggest impact on health outcomes and reducing health inequalities.





Our measures of success

We will monitor our progress against delivering the goals in this strategy through a small number of measures. In designing these measures, we have adopted the approach used by the Dudley Improvement Practice, namely that our measures should reflect four domains: delivery, quality, cost and morale.

 Deliver right care every time	<ul style="list-style-type: none"> • CQC Good or Outstanding for all services • Improved patient experience survey results
 Be the best place to work and thrive	<ul style="list-style-type: none"> • Vacancy rate • Staff survey results
 Drive sustainability	<ul style="list-style-type: none"> • Cost per weighted activity unit • Carbon emissions
 Build innovative partnerships in Dudley and beyond	<ul style="list-style-type: none"> • Increase the proportion of local people employed • Increase the number of services jointly delivered across the Black Country
 Improve health and well-being and reduce inequalities	<ul style="list-style-type: none"> • Improve rate of early detection of cancers • Increase rate of planned care and screening for the most disadvantaged groups



What we are going to do?

In developing this Strategic Plan, we identified three transformational programmes of work that will help us make progress in achieving our goals.



Programme	Description
Black Country system service transformation	<ul style="list-style-type: none">● In the aftermath of COVID, restore activity levels as quickly as possible; recover elective waiting times and diagnostic waiting times in accordance with national standards; embed the changes to services that were made during COVID.● Implement changes to the urgent and emergency care pathway to provide increased capacity to manage peaks in demand and improve flow through the hospital.● Recover cancer waiting times in accordance with national standards; re-design pathways to reduce delays to diagnosis and treatment; provide specialist treatment to patients with skin, breast, colo-rectal and urological cancers.● Deliver effective, accessible and sustainable acute care services for the Black Country and West Birmingham by optimising clinical outcomes, securing sustainable services delivered by a robust workforce, maximising efficiency and addressing inequalities in access and outcomes.
Local leadership to address health inequalities	<ul style="list-style-type: none">● Use the Trust's scale, purpose and roots in Dudley to address the challenges faced in addressing the wider determinants of poor health and inequalities, a credible sustainability agenda and the integration of health and care services.● Address health inequalities through embedding a population health approach to service re-design, informed by evidence of local population health needs. Increase the use of population data in decision-making by staff at all levels.
Research and Development, Education and Innovation	<ul style="list-style-type: none">● Promote participation in research and education by staff at all levels by developing closer relationships with local universities and colleges; promoting the adoption of innovative treatments and the use of technology to support the delivery of care.

Our underpinning strategies and plans

The Trust has a number of strategic documents that underpin and support the delivery of our vision, values and goals. We intend to use the development of this Strategic Plan to reduce the number of underpinning strategies, simplify them and ensure that they align to this Strategic Plan.

The Dudley People Plan (our workforce strategy) has five areas of focus:

- A workforce for now and for the future
- A caring, kind and compassionate place
- Equality, fairness and inclusion
- Improvement and development culture
- Using technology to innovate

This plan will evolve in light of the changing national agenda and the expectations of the Integrated Care System (ICS).

Clinical Services Strategy

This strategy sets out how the Trust proposes to develop, organise and deliver its clinical services which will ultimately lead to improved quality, patient access, clinical outcomes and patient experience. The Clinical Services Strategy 2017 – 2020 is due to be revised and further work is needed to set out in more detail how our clinical services will develop. Clinical support services (e.g. pharmacy, imaging, pathology and therapies) will be included in the development of this strategy since they are vital to the development of our clinical services.

The Clinical Services Strategy will be affected by the changes in our local context that have already been discussed. The Integrated Care Provider will impact the provision of community-based services. The development of the Integrated Care System (ICS) in the Black Country and West Birmingham and the Acute Provider Collaboration will affect the services we provide in the future and how these will be managed. There are also national guidelines and changes in healthcare technology that will need to be considered.

Our approach to quality improvement, including the use of the Dudley Improvement Practice, will be included within this strategy. This will update our existing Quality Improvement Strategy and Patient Safety Strategy and will set out how we intend to improve the quality of care and achieve improved ratings on the CQC inspection.



Estates Strategy

The Trust's Estates Strategy 2018 – 2020 is due to be revised. Development of a new strategy will take place during 2021 due to the need to agree the type of clinical services to be provided before decisions can be taken about the estate required to deliver these services. The new strategy for estates will need to align with the ICS Estates Strategy and national plans. It is likely that access to significant capital funding will continue to require agreement across our partners in the ICS.

The key themes of the new Estates Strategy are expected to include:

- Redevelopment of our Emergency Department
- The modular building and co-location of all assessment areas to deliver Same Day Emergency Care
- Development of additional theatre capacity including a hybrid theatre at Russells Hall Hospital
- Maximising the use of Guest and Corbett
- Reconfigure space to meet the requirements for social distancing and designated COVID-free areas
- Reconfigure space used by back-office functions as a result of increased remote-working
- Assessing the impact of the Electronic Patient Record on storage requirements for paper-based patient records
- Development and investment in schemes to de-carbonise our estate
- Maximising our green space to promote biodiversity and enhance patient and staff well-being.
- Aligning our estate to the developments of the ICP and ICS



Digital, data and technology plan

The Trust has recently updated its Digital and Technology Strategy 2019 – 2024 reflecting changes made as a result of managing the pandemic. The Digital Trust vision for 2024 is:

1. To become an interactive digital trust, where citizens have digital access to services, to contribute and participate actively in their health record – so they may better manage their health. In doing so, we will protect privacy and give citizens control of their medical record.
2. To become a digitally enabled organisation, where, as a workforce, we are able to embrace technology to support different ways of working so that we may access the information we need wherever we are.
3. To become a data-driven healthcare partner, where decision support and artificial intelligence (AI) help limit unwarranted variation whilst genomic data, predictive techniques and co-authored care plans enable personalised care.
4. To be known as a responsible digital leader, in our approach to delivering national standards in data security, cybersecurity, interoperability and workforce development.
5. To become a provider that will not need a 'digital strategy', as technology will be adopted as mechanism for innovation to meet the core Trust Strategy.

The three fixed point strategic objectives are:

- **Brilliant Basics** – creating a secure, safe environment where equipment, access and service do not create barriers to care provision
- **Digital First** – creating a place that embraces innovation with a workforce skilled to deliver different ways of working, so that teams can deliver safe, caring efficient services and board development of digital confidence
- **Connected Care** – creating a place where teams across the borough are joined up around our citizens to improve outcomes, prevent ill health and link together as a regional health and care system

Financial Strategy

Stewarding the financial resources that we are responsible for is key to the successful delivery of our strategic commitments and to enable us to operate as a going concern. In the new financial regime we are likely to find ourselves in, we will inevitably need to focus on the elimination of waste. We will need to deepen existing partnership, and develop new ones, in areas such as the purchasing of good and services and developing new workforce models that reduce our dependency on high-cost temporary staffing.

Green Plan

The Trust approved a plan in December 2020 to respond to the ambitions of the NHS to become the world's first net zero carbon health system. The plan sets out actions the Trust plans to take, in conjunction with our PFI partners, who own and manage much of the estate we use, to reduce the carbon emissions associated with our activities.

Given the breadth of this agenda, the Board has requested that for the first two years of the plan, the Trust focuses efforts on energy consumption and the management of waste, including recycling. This includes reviewing the supplies and equipment we purchase with the aim of reducing single-use items.

The plan commits the Trust to provide regular updates on progress and to partner with staff, other NHS organisations in the ICS, the council and others.

Research and Development Strategy

The Trust has a vision to develop, across the Trust, a high-quality research culture where research will be integrated into the routine clinical care of our patients and seen as everybody's business.

The strategy (2018 – 2021) has the following goals:

- Foster a research culture across the whole organisation and in all staff groups
- Become a fully research active organisation
- Optimise research capability and capacity
- Further enhance partnerships between industry, academia and the Trust to improve the delivery of our research portfolio
- Improve patient experience by providing the opportunity and choice to participate in research all possible specialties in our organisation



6 Implementing our Strategic Plan

This Strategic Plan sets out our goals and what we are going to do from 2021 to 2024 at a high level. Our approach will be to create a culture of continuous improvement, known locally as the Dudley Improvement Practice (DIP).

In 2018, we made a long-term commitment to building a system for continuous improvement and were selected by NHS England and Improvement to be part of the first national cohort in the Vital Signs programme. Supported by NHSE&I, eight trusts have co-produced an approach to developing a culture of continuous improvement which is founded on supporting and empowering staff to improve the services they are passionate about.

Strategy deployment

All improvement activity supported by Dudley Improvement Practice (DIP) is aligned to the Trust's vision and goals which describe the state of perfection that we continually strive towards. Each division, department and team will use the vision and goals to guide their improvement efforts by defining breakthrough objectives specific to their work area. Using a structured process (known as A3s) for each project as a standard problem-solving tool, and a ward to board reporting information cascade of virtual or physical improvement boards and team huddles, every member of staff will know how their work is contributing to the strategy.



7 References

The Black Country and West Birmingham STP. 2018. Clinical Strategy Clinical Case for Change.

The Health Foundation. August 2019. Building Healthier Communities: the role of the NHS as an anchor institution.

NHS England. December 2020. Next Steps to building strong and effective integrated care systems in England.

Department for Health and Social Care. February 2021. Integration and innovation: working together to improve health and social care for all.



Shaping #OurFuture

NHS

The Dudley Group
NHS Foundation Trust





Shaping #OurFuture

Vision

Excellent health care, improved health for all



Values



Goals



Deliver right care every time



To be a brilliant place to work and thrive



Drive sustainability financial and environment



Build innovative partnerships in Dudley & beyond



Improve health and wellbeing

Measures of success

Care Quality Commission rating good or outstanding Improve the patient experience survey results	Reduce the vacancy rate Improve the staff survey results	Reduce cost per weighted activity Reduce carbon emissions	Increase the proportion of local people employed Increase the number of services jointly delivered across the Black Country	Improve rate of early detection of cancers Increase planned care and screening for the most disadvantaged groups
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Programmes

Black Country system service transformation	Local leadership to address health inequalities	Research and development, education and innovation
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Play video



The Dudley Group
NHS Foundation Trust

DGFT New Strategy Launch - YouTube



Governor engagement in developing the strategy

- Presentation on 25th September 2020
- FT member Click survey throughout August and September 2020
- Survey results to Council training 21st October 2020
- Presentation and discussion on 23rd March 2021
- Briefing 13th September ahead of formal approval on 16th September 2021
- Presented at Annual Members Meeting 11th October 2021



Implementing the Strategic Plan

- Communicate the Plan to our staff
- Executive Leads for each goal
- Set targets for each measure of success
- Work to ensure underpinning strategies such as Dudley People Plan, Digital, Data and Technology Plan, Clinical Services Strategy and Estates Strategy align
- Re-write Board Assurance Framework
- Change templates e.g. job description, appraisal, business cases, board papers, etc.
- Confirm governance arrangements for programmes
- Report progress to Board of Directors every quarter



What is going to change?

- Much closer working with partners in Dudley and across the Black Country and West Birmingham – about us all being ‘the best’!
- Some services may change with new shared arrangements across the Black Country where it is best for patients and care
- A greater emphasis on our role in addressing health inequalities; service provision and as an employer and purchaser
- A focus on reducing carbon emissions as part of the plans to deliver a Net Zero NHS
- Limited ability to earn additional income by delivering more services. We will aim to become more productive



What is not changing?

- Our values – care, respect and responsibility
- Our commitment to delivering high quality care
- Our commitment to supporting our staff
- Our status as a Foundation Trust and our responsibility to account for our services, our staff and the resources we use



Read the full document on our web page

NHS

The Dudley Group
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- <http://www.dgft.nhs.uk/trust-strategy-2019-21/>



Any questions?



**Paper for submission to the Council of Governors
on 20th December 2021**

Title:	Experience & Engagement Committee
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Jill Faulkner, Committee Deputy Chair

Action Required of Committee			
Decision	Approval	Discussion	Y
To note the matters considered at the last meeting			

Summary of Key Issues:
<p>Experience & Engagement Committee meeting November 2021</p> <p>The Committee considered items for assurance, concern and work/projects commissioned. Establishment of a Governor Task and Finish Group to develop actions to deliver the governors and membership engagement plan.</p> <p>Governor fundraising project proposal received to support the refurbishment of a staff area at a cost of circa £6k with the implementation plan to be circulated to the wider council</p> <p>There were no decisions made for recommendations to the full Council.</p>

Impact on the Strategic Goals <i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 Deliver right care every time	
 Be a brilliant place to work and thrive	
 Drive sustainability (financial and environmental)	
 Build innovative partnerships in Dudley and beyond	x
 Improve health and wellbeing	

Implications of the Paper:

Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 23/11/21
	Full Council meeting	N	Date: 20/12/21
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM EXPERIENCE AND ENGAGEMENT COMMITTEE

Date Committee last met: 23 November 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Governors encouraged to seek out opportunities for engagement in their own communities that has been significantly affected by the pandemic. Governor 'out there' activity in the quarter had predominantly included Trust led events. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Establish a governor task and finish group to review progress against the achievement of the specific objectives/ priorities/ ambitions detailed in the membership engagement strategy Governor fundraising project proposal received to support the refurbishment of a staff area at a cost of circa £6k. Ms Kotecha to provide implementation plan to be circulated to the wider council
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Trust remains compliant with its terms of licence in respect of its public membership and is represented by constituency, age, and gender. Quality & Safety Committee report provided updates on reduction in the number of falls, details of work underway in respect of maternity services, patient flow, stroke service improvements and workforce challenges Governor attendance on the NHS Provider Governance training remained consistent with invites circulated to the council for 2022 dates and courses. Frequent Governor attendance on Trust led quality reviews and audits 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Support received for presentation topics to the 2022 full council meetings to include integrated Care System, Staff Health and Wellbeing, End of Life Gold Standards Framework and Infection, Prevention and Control.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The meeting was quorate with eleven governors in attendance. All governors invited and encouraged to attend future meetings.</p>	

Paper for Submission to the Council of Governors
20th December 2021

Title:	Quality and Safety Committee 26 th October 2021
Author:	Sharon Phillips – Deputy Director of Governance
Presenter:	Liz Hughes – Non Executive Director

Action Required of Committee / Group							
Decision	N	Approval	Y	Discussion	Y	Other	N

Recommendations:






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

Summary of Key Issues:

The key issues are identified in the attached report.

Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	YES
	Be a brilliant place to work and thrive	YES
	Drive sustainability (financial and environmental)	
	Build innovative partnerships in Dudley and beyond	YES
	Improve health and wellbeing	YES

Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk		Y	Risk Description: <i>Inc risk ref number</i>	
	On Risk Register:	Y	Risk Score: Numerous across the BAF, CRR and divisional risk registers	
Compliance and/or Lead Requirements	CQC		Y	Details: All Domains
	NHSE/I		Y	Details: Governance Framework
	Other		N	Details:

Report Journey/	Working / Exec Group	N	Date:
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Destination (<i>if applicable</i>)	Committee	Y	Date: 26/10/21 Quality and Safety Committee
	Board of Directors	Y	Date: 11/11/21
	Other	N	Date:

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"> • There had been a decline in the SSNAP Target Standards for stroke indicators. A review has highlighted the main contributory factor was not having and or delay in direct access to the stroke unit during periods of high operational demand. A summary of actions for rectification were presented to drive improvement and the committee will continue robust oversight. • Challenges in respect of variable engagement with the 'Home for Lunch' initiative. This was being addressed with relevant teams, a multidisciplinary team approach explored, and the initiative will continue. • Challenges in Maternity in respect of the medical and midwifery workforce. Assurance was provided of the actions being taken to address. • The committee received the perinatal mortality outcome data relating to ethnicity for quarter 2 which showed comparable results to national data available. The committee discussed and noted the number was disproportionate with Dudley having a lower ethnic population, it was clear that deprivation in the community was a major factor contributing to poorer outcomes for women from our black ethnic minority communities. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Commissioned a full-service review to be presented to the next Committee detailing the improvement plan for stroke indicators • Collaborative working between the Dudley Group maternity team, the Maternity Voices Partnership and other members of the Black Country and West Birmingham LMNS to drive improvement in relation to perinatal mortality outcomes based on ethnicity.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive assurance received of the reduced number of patient falls in August and September following a period of significant increase during the pandemic. In comparison to other Trusts the Trust was below the national average for the number of falls per occupied bed days. The Falls team would be continuing their focused improvement work • Positive assurance reported on infection prevention and control performance in relation to; Clostridium difficile, E.coli bacteraemia, pseudomonas aeruginosa bacteraemia, Klebsiella bacteraemia, MSSA bacteraemia and CPE 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Ratification of the Dementia Strategy • Ratification of the Freedom to Speak Up Strategy

Paper for submission to the Council of Governors on 20 December 2021

Title:	Update from the Finance and Performance Committee
Author:	Jonathan Hodgkin, F & P Committee Chair
Presenter:	Jonathan Hodgkin, F & P Committee Chair

Action Required of Committee / Group			
Decision N	Approval Y	Discussion Y	Other N
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.			

Summary of Key Issues:
Summary report from the Finance and Performance Committee.

Impact on the Strategic Goals <i>(indicate which of the Trust's strategic goals are impacted by this report)</i>	
 Deliver right care every time	
 Be a brilliant place to work and thrive	
 Drive sustainability (financial and environmental)	Y
 Build innovative partnerships in Dudley and beyond	
 Improve health and wellbeing	

Implications of the Paper:*(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*

Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Other	N	Date:

CHAIR LOG

Upward Report from the Finance and Performance Committee

Date Committee last met: 25 November 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Continued high temporary staff spend; in Q2 on average £700k a month higher than in Q1 and agency spend running at roughly double the NHSI cap Early indications for system financial allocations point to a potential system deficit of £150m in 2022/23, of which our fair share would be £20m. System wide approach to cost improvement required Medicine division slightly overbudget in October due to the opening of additional capacity No agreed funding for vaccination programme beyond March. Exit plan being developed Operational performance below target, although compares favourably with national and regional peers. However, significant deterioration in cancer two week wait and non-ambulance triage performance and long delays in moving people through the hospital. In October 76.7% of emergency attendances admitted, transferred or discharged with 4 hours and 28 12 hour breaches Quality and clarity of business cases presented to Committee 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Template for business cases to be developed and education/ guidance provided around completion
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Trust achieved breakeven in H1 with £4m of flexibility to carry forward into H2, followed by a £156k I&E surplus in October Significant improvement in elective performance in October in part due to introduction of the new “clock stops” measure, resulting potentially in a payment of £2.1m from the Elective 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Recommended to Board for approval: <ul style="list-style-type: none"> Hybrid Theatre Business Case IT Infrastructure Replacement Phase 1 procurement The standard IT licensing procurement and contract award to Trustmarque for 3 years with an option to extend for up to 24 months

<p>Recovery Fund (versus a six month target of £2m). However, final outcome will depend on system performance</p> <ul style="list-style-type: none"> • System also achieved breakeven in H1 with £25m of flexibility and better than expected net increase in system allocation of £27m between H1 and H2 • New modular ward and SDEC pathways implemented. RTT and DM01 performance broadly stable. • Temporary medical spend high but falling and projected to be close to monthly budget by year end. Assurance received around grip and control of nursing bank and agency spend • Continue to exceed the Better Payment Practice Code target of paying 95% of invoices within 30 days 	<ul style="list-style-type: none"> ○ The 5th Endoscopy Room business case, capital funding through the Targeted Investment Fund ○ Minor Procedures Room business case, capital funding through the Targeted Investment Fund • Recommended to the Urgent Purpose Committee the award of contracts for radiology remote reporting to 3 suppliers for one year whilst an ICS-wide approach is developed. An urgent decision is required in order to ensure savings of £128k can be secured from the incumbent • Approved £44.7k increase in pharmacist costs to meet additional vaccination work to the end of December
<p>Chair's comments on the effectiveness of the meeting: Good discussions around H2 financial position, H2 budgets and financial outlook for 2022/23. However, meetings are becoming increasingly lengthy. Necessary to defer medicine deep dive due to lack of time</p>	

Paper for submission to the Council of Governors
Council of Governors on Monday 20th December 2021

Title:	Audit Committee update
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Gary Crowe, Audit Committee Chair

Action Required of Committee / Group			
Decision	Approval	Discussion	Other Y
Recommendations: To note the matters considered at Audit Committee meetings held in the intervening period since the Council of Governors last met.			

Summary of Key Issues:
The Audit Committee met on 13 th September 2021 and provided subsequent updates on assurance and decisions taken to the Board of Directors meeting held on 16 th September. The Audit Committee meeting of the 13 th December 2021 considered the following key items and committee chair Gary Crowe will provide supplementary information verbally. <ul style="list-style-type: none"> - Progress report on business assurance framework 2021/2022 - Progress report on Internal audit activity and plan delivery 2021/22 - Assurance report from local counter fraud specialist - Grant Thornton external audit plan update - Information governance strategy for approval

Impact on the Strategic Goals (indicate which of the Trust's strategic goals are impacted by this report)	
 Deliver right care every time	
 Be a brilliant place to work and thrive	
 Drive sustainability (financial and environmental)	x
 Build innovative partnerships in Dudley and beyond	
 Improve health and wellbeing	

Implications of the Paper:

Risk		N	Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE/I	Y	Details: Good Governance
	Other	Y	Details: Annual audit requirements

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 13/12/21
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 20/12/21
	Other	Y/N	Date:

Paper for submission to the Council of Governors on 20 December 2021

Title:	Digital Trust Technology Committee Report
Author:	Catherine Holland (Digital Committee Chair)
Presenter:	Catherine Holland (Digital Committee Chair)

Action Required of Committee / Group			
Decision N	Approval N	Discussion N	Other Y
Recommendations: Note the report.			

Summary of Key Issues:
<ul style="list-style-type: none"> The committee discussed new National funding for digital, data and technology and the bid processes to join up work between organisations. ICS Digital Board overseeing this process. The committee highlighted the need to join up approaches between organisations to achieve the best outcomes for the population. Divisions and Trust Managers made aware of these funding routes to ensure they are utilised in Trust annual planning. Acute Provider Collaboration programme joining up key workstreams. The committee discussed the BC/WB ICS Shared Care Record (ShCR) programme, highlighting the need for clinical, staff and public engagement on this work. ICS project team aware of these risks and managing. Positive assurance on continuing acute provider collaboration work Positive assurance provided on Digital Strategy Objective “Brilliant Basics” delivery evidenced through key performance indicators. The committee requesting that this work is celebrated more in the organisation. Positive assurance Maternity EPR go-live and clinical adoption. Positive assurance IT service collaboration for combined CCGs between four providers. This work sets the scene for shared and combined services across the ICS with a single point of access for all to improve experience and simplify workforce mobility.

Impact on the Strategic Goals	
 Deliver right care every time	Y
 Be a brilliant place to work and thrive	Y
 Drive sustainability (financial and environmental)	Y
 Build innovative partnerships in Dudley and beyond	Y
 Improve health and wellbeing	Y

Implications of the Paper:

Risk	Y	Risk Description: Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of resources and change fatigue; results in clinical risk, reputational risk and inefficiency.	
	On Risk Register: BAF Y	Risk Score: Moderate (8)	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statute 250)

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 21 st October 2021
	Board of Directors	Y	Date: 11 th November 2021
	Other	N	Date:

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 21st October 2021



The Dudley Group
NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">The need to develop further meaningful clinical, staff & public engagement on the BC/WB ICS Shared Care Record (ShCR)	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">Planned upgrade programme of the existing Patient Administration System (PAS) proceed on targetInfrastructure projects continue on planNational Funding (UTF and TIF) bidsMicrosoft Office N365 roll out ongoing – large projectMicrosoft Windows upgrades meet National requirementsAcute Provider Collaboration analytics work continues to support sustainable joined up clinical service designMedical Devices Group – refresh replacement programmeMedical Devices Group Field Safety Notice actionsCombined Medical Devices Group and Digital Steering Group workplan from Chair
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">Positive assurance on “brilliant basics” of IT service performance, digital delivery and data qualityPositive assurance Maternity EPR go-live and clinical adoptionPositive assurance on leadership of IT service collaboration between DGFT and other providers to support the combined CCGs with a single shared-service offeringPositive assurance on medical devices report and collaborative approach of Medical Devices Group and Digital Steering Group chairs to create joined up delivery plans.	DECISIONS MADE <ul style="list-style-type: none">Review Clinical Safety Officer (CSO) role in 6 months, close action.
Chair’s comments on the effectiveness of the meeting: <p>The committee discussed the continued use virtual meetings, identifying them as an effective approach that the digital committee should support and advocate. The standard of papers and content was praised.</p> <p>The committee resolved to continue to meet routinely in the virtual format, with planned face to face meetings once or twice a year.</p>	

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 21st October 2021



The Dudley Group
NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">The need to develop further meaningful clinical, staff & public engagement on the BC/WB ICS Shared Care Record (ShCR)	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">Planned upgrade programme of the existing Patient Administration System (PAS) proceed on targetInfrastructure projects continue on planNational Funding (UTF and TIF) bidsMicrosoft Office N365 roll out ongoing – large projectMicrosoft Windows upgrades meet National requirementsAcute Provider Collaboration analytics work continues to support sustainable joined up clinical service designMedical Devices Group – refresh replacement programmeMedical Devices Group Field Safety Notice actionsCombined Medical Devices Group and Digital Steering Group workplan from Chair
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">Positive assurance on “brilliant basics” of IT service performance, digital delivery and data qualityPositive assurance Maternity EPR go-live and clinical adoptionPositive assurance on leadership of IT service collaboration between DGFT and other providers to support the combined CCGs with a single shared-service offeringPositive assurance on medical devices report and collaborative approach of Medical Devices Group and Digital Steering Group chairs to create joined up delivery plans.	DECISIONS MADE <ul style="list-style-type: none">Review Clinical Safety Officer (CSO) role in 6 months, close action.
Chair’s comments on the effectiveness of the meeting: <p>The committee discussed the continued use virtual meetings, identifying them as an effective approach that the digital committee should support and advocate. The standard of papers and content was praised.</p> <p>The committee resolved to continue to meet routinely in the virtual format, with planned face to face meetings once or twice a year.</p>	

Enclosure 9

Paper for submission to the Council of Governors on 20th December 2021

Title:	Summary of Workforce and Staff Engagement Committee (WSEC) Meeting on Tuesday 26 th October 2021
Author:	Julian Atkins – Non-executive Director
Presenter:	Julian Atkins – Non-executive Director

Action Required of Committee / Group				
Decision	Y/N	Approval	Y	Discussion
			Y	Y
Recommendations: To note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.				

Summary of Key Issues:
<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> KPI reporting - workforce capacity challenges, recruitment, vacancy levels. <p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Update given on progress of work being done by James Fleet and Paige Massey to establish a comprehensive and robust Health & Wellbeing (H&WB) Strategy and offer for the Trust's staff, for launch in early 2022. Update given on the work to develop/implement an Integrated Care System (ICS) Equality, Diversion & Inclusion (EDI) Strategy. <p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Statutory Training compliance increased. Healthcare Support Worker (HCSW) recruitment continues. International Nurse recruitment – 37 have commenced since August 2021, with a further 38 to commence in role by the end of December 2021. Early impact of the bank bonus scheme has contributed to an uplift in bank shift fill during October. The new Inclusion Network Chairs attended (for many) their first WSEC meeting, for an introduction and to brief WSEC on their immediate priorities for the coming months. Update given on the work in progress to develop/implement an ICS EDI Strategy. Update given by each Divisional leader on Staff Engagement activities. <p>DECISIONS MADE</p> <ul style="list-style-type: none"> The multiple EDI Action Plans to be combined into an over-arching EDI Strategy. The Organisational Development (OD) work programme outlined in an updated paper was well received by the Committee and approved. The Trust's Staff Engagement Model to be re-launched across the Trust.

Impact on the Strategic Goals	
 Deliver right care every time	
 Be a brilliant place to work and thrive	Yes
 Drive sustainability (financial and environmental)	
 Build innovative partnerships in Dudley and beyond	Yes
 Improve health and wellbeing	Yes

Implications of the Paper:			
Risk		Y	Risk Description: As described in Board Assurance Framework 4a, 4b, 4c.
	On Risk Register:	Y	Risk Score: Seven, scored moderate and major.
Compliance and/or Lead Requirements	CQC	Y	Details:
	NHSE/I	Y	Details:
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date: 26/10/21
	Board of Directors	Y	Date: 11/11/2021
	Other	N	Date:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
 Date Committee last met: 26th October 2021



The Dudley Group
 NHS Foundation Trust

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> KPI reporting - the Committee discussed the workforce capacity challenges that exist across the Trust. There are a range of actions that are being taken to mitigate the impact and risks of the clinical workforce shortages, including International Nurse recruitment, HCSW recruitment, improvements to bank processes and system workforce initiatives. Whilst there have been recent improvements in total shift fill, the Trust's vacancy levels remain an ongoing concern and corporate risk. It was agreed that the KPI report going forward will contain additional narrative highlighting the most significant risks and concerns. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee received an update on the work that is being led by James Fleet (Chief People Officer) and Paige Massey (Trust Health & Wellbeing Lead) to establish a comprehensive and robust H&WB Strategy and offer for the Trust's staff, for launch in early 2022. Furthermore, the Committee confirmed its support for the Trust to be a Trailblazer for the new national H&WB offer, and for DGFT to take the lead for H&WB for the ICS, having been approached by NHSI/E. Whilst some funding is being made available James Fleet has secured further additional funding from the system People Board to secure additional resources to deliver this key programme of work. The Committee received an update on the work to develop/implement an ICS EDI Strategy.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Statutory Training compliance increased for second week running from KPI reports included at Committee, to 87.85% overall, and Clinical Services (CSS) Division now above target into green R.A.G. range at 90.3%, as of weekly reports of Thursday 21st October 2021. Corporate Division at 86.8%, Medicine & Integrated Care (MIC) at 87.9%, and Surgery, Women & Children (SWC) at 86.4% also as of 21st October 2021. Statutory subjects below compliance remain as per prior Committees, namely Resuscitation Adult, Paediatric, Neonatal; Patient Moving and Handling; Adult and Child Safeguarding Levels 2 and 3. Training delivery out-of-hours including daytime and night-time hours continued throughout October, gaining over 600 completions in one month, primarily from Clinicians preferring to attend remotely during evening hours. The Committee received an update on the positive work by the professional development and HR team to recruit/over-recruit additional HCSW's, specifically; 149 HCSW's have been recruited since November 2020, there are also 78 HCA/Novices in the current recruitment pipeline due to commence in role by end January 2022. The full impact of this recruitment 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee supported the proposal to combine the different EDI Action Plans that exist (inc. WRES, WDES, TIDE, Race Code, Stonewall, Inclusion network Plans) into an over-arching EDI Strategy. A structured and facilitated workshop will be convened in January by the EDI Steering Group to develop this important piece of work. The Committee confirmed its support and approval for the OD work programme that was outlined by Rachel Andrews (Head of Learning/OD), which included: <ul style="list-style-type: none"> An update on progress against the action agreed in the OD deep-dive session. Proposed KPIs for future reporting/assurance. Proposed OD/training dashboard for monthly reporting which will be effective from November. Proposed 2021/22 work programme, including: embedding a systematic approach to Talent Management for all staff and implementing a framework for regular formal and informal performance conversations between managers and employees

activity is likely to deliver full establishment of 915.19 HCSW's (i.e. zero vacancies).

- The Committee were also updated on the status of International Nurse recruitment, specifically; 37 international nurses have commenced in post since August 2021, with a further 38 due to commence in role by the end of December 2021.
- The Committee were updated on the early impact of the bank bonus scheme, which has contributed to an uplift in bank shift fill during October of circa 5.5% for registered nurses (approximately 115 shifts per week) and 16.4% for HCSW's (approximately 129 shifts per week).
- The newly appointed Inclusion Network Chairs/Vice-Chairs attended their first WSEC meeting, to introduce themselves and brief WSEC on their immediate priorities for the Networks. WSEC has recommended that the Inclusion Committee Chairs/Vice-Chairs attend a Board meeting early in 2022 to meet the Board and provide an update to Board members on the work and priorities for the Inclusion Networks. The new Inclusion Network Chairs will receive a range of support, including external mentorship, protected time, support from a Non-exec Director (NED) and Exec Champion, as well as a budget for network activities.
- The Committee received an update on the work to develop/implement an ICS EDI Strategy.
- Each of the Divisional leaders provided an update on Staff Engagement activities; the Committee noted that there is a significant amount of positive work being undertaken to promote and embed staff engagement and participation, including active steps to increase response rates for the 2021 annual staff survey.

(covering performance feedback, wellbeing, growth, and development).

- The Trust's Staff Engagement Model will be re-launched, along with the Behavioural Framework, in January 2022 with an accompanying comms campaign to underpin:
 - The EDI agenda and the Inclusion Networks.
 - Recent changes and developments in the HR policies and practice (disciplinary, MHPS).
 - The work across the Divisions to drive better staff engagement.
 - Focus on H&WB.

Chair's comments on the effectiveness of the meeting:

The Committee was pleased to receive positive updates and assurance from both the EDI and H&WB Steering Groups, via formal upward reporting, following their second meeting. It was great to meet the new EDI Network Chairs and hear their early ambitions for the networks, which are now in their second year and demonstrating strong growth, development, and maturity. The Network Chairs will be invited to join a meeting of the Trust Board in the new year. The Divisions provided robust updates on staff engagement activity, which were well received and encouraged. Attendance was good, despite the meeting falling within the half-term break, which positively reflects the level of priority given to the workforce, EDI, and staff engagement agenda within the Trust. The Committee supported several key pieces of work (including H&WB Trailblazer pilot, EDI strategy work and the proposed OD work programme), which will report into WSEC in the coming months.

**Paper for submission to the Council of Governors
on 20th December 2021**

Title:	Trust Secretary Report
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Julie Dawes, Interim Trust Secretary

Action Required of Committee / Group				
Decision	N	Approval N	Discussion N	Other Information
Recommendations:				
To receive this report and note its content relating to the results of recent elections that concluded on Monday 29th November 2021.				

Summary of Key Issues:

Council of Governors Elections

Elections have concluded. The declaration of results was published on the 30th November 2021 and the vacancies have been filled as follows:

Public Constituencies:

- Mike Heaton, re-elected for Brierley Hill (second term)
- Richard Tasker, elected for Central Dudley
- Alexander Giles, elected for Stourbridge
- 1 x vacancy remains for the constituency of Halesowen.

Staff Constituency:






- Kerry Cope, elected for Nursing & Midwifery
- 1 x vacancy remains for the staff group Nursing & Midwifery.

See appendices 1 and 2 for the full voting reports.

A warm welcome is extended to all the newly elected members of the Council of Governors. The necessary arrangements are currently underway to organise introductory meetings with the Chair and Lead Governor and their formal induction programme.

Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	x
	Be a brilliant place to work and thrive	x
	Drive sustainability (financial and environmental)	x
	Build innovative partnerships in Dudley and beyond	x
	Improve health and wellbeing	

Implications of the Paper:

Risk	N		Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE/I	Y	Details: Good Governance, conditions of license
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Other	N	Date: Council of Governors 20/12/2021

THE DUDLEY GROUP NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 29 NOVEMBER 2021

CONTEST: Public: Brierley Hill

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT
HEATON, Mike

Number of eligible voters		1,132
Votes cast by post:	102	
Votes cast online:	13	
Total number of votes cast:		115
Turnout:		10.2%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		114

CONTEST: Public: Central Dudley

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT
TASKER, Richard

Number of eligible voters		1,628
Votes cast by post:	95	
Votes cast online:	14	
Total number of votes cast:		109
Turnout:		6.7%
Number of votes found to be invalid:		4
Total number of valid votes to be counted:		105

CONTEST: Public: Stourbridge

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT
GILES, Alexander

Number of eligible voters		1,077
Votes cast by post:	119	
Votes cast online:	15	
Total number of votes cast:		134
Turnout:		12.4%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		132

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Abi Walcott-Daniel
Returning Officer
On behalf of The Dudley Group NHS Foundation Trust

THE DUDLEY GROUP NHS FOUNDATION TRUST**ELECTION TO THE COUNCIL OF GOVERNORS****CLOSE OF NOMINATIONS: 5PM ON 13 OCTOBER 2021**

Further to the deadline for nominations for the above election, the following constituency is uncontested:

STAFF: NURSING AND MIDWIFERY 2 TO ELECT
The following candidate is elected unopposed: Kerry Cope <i>1 vacancy remains</i>

Abi Walcott-Daniel
Returning Officer
On behalf of The Dudley Group NHS Foundation Trust

**Paper for submission to the Council of Governors
20th December 2021**

Title:	Integrated Performance Report (IPR)
Author:	Simon Illingworth, Deputy Chief Operating Officer
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
Recommendations: <p>This report summarises the Trusts performance against national standards and local recovery plans for the month of September. The Council is asked to note performance and next steps</p> <p>The Trust IPR report will have some amendments made from November onwards to better reflect the performance improvement trajectories agreed with the ICS</p>				

Summary of Key Issues:
Key Areas of Success <p>Performance and operational delivery has been under considerable pressure across a number of key performance areas over recent months. Despite this the Trust continues to perform well in a number of areas.</p> <p>Of particular note has been the continued delivery of zero 104 week waiters for elective patients. The Trust is only one of a handful in England who has maintained this strong position. In addition the Trust has largely maintained its current RTT position, being in the top 15 Trusts in England.</p> <p>Performance around DM01 standards also continues to be strong both in terms of performance and recovery against the H1 activity targets.</p> Key Areas of Concern <p>Without doubt Emergency Access Standard (EAS) standards remain the biggest cause for concern, in particular the number of twelve hour breaches and ambulance handover delays. The clinical teams are working extremely hard to avoid and mitigate as much as possible the number of ambulance handovers and long waits across the ED footprint.</p> <p>The modular ward has been delayed again but is now scheduled to open on Wednesday 10th November and this will provide additional capacity for ED which will in turn allow the team to implement more robustly SDEC pathways which aim to reduce crowding and ED delays.</p>

EAS

EAS standards have been under considerable pressure across nearly all metrics over recent months. Performance against the ED standard fell slightly in September as did Triage performance. The Trust continues to focus improvement strategies in two main areas.

Firstly efforts at the front door including robustly implementing the SDEC pathways to divert as many patients away from ED as possible, Acute Medic input into ED to support early discharge and prevent admission.

Secondly efforts continue to be focussed on discharge improvement with the Trust Home for Lunch project underway. The next steps for this will be focus efforts on two specific wards to drive specific improvements that can be deployed on other wards. Key to this success is planning discharges ahead of time, with identification the day before

Despite these efforts during September our four hour performance was 75.9% and there were nine (9) breaches of the 12 hour standard, with the majority of these patients having long waits following admission overnight. The Trust's four position was however 5th out of 14 Trusts in the West Midlands.

Cancer

Cancer performance remained relatively stable and in line with trajectories for improvement, especially for the 62 day treatment standard. However the 2ww position deteriorated n month and this was due to long waits in Skin and Urology (which have recovered during late October and early November) and in, Breast. System support continues to be provided for Skin pathways and has been requested for Breast which has seen significant rise in demand over recent weeks.

RTT, 52 Weeks Elective Recovery






The Trust is now rated 19th out of all Trusts within England for RTT, achieving 76% in September. The 52 week position for the Trust is now approximately 395 patients. This is disappointingly high but is still an extremely favourable position to other local Trusts. The elective programme, after a slow start, is now well under way and there are both increased in week and weekend lists arranged with much high volumes of treatments. This will improve both the 52 week position and improve RTT. The national operating guidance for H2 is to stabilise, rather than eradicate, the number of long waiters and the Trust will work hard to reduce the number of 52 week waiters over the next five months.

DM01

Performance against DM01 standard continues to be main area of positive delivery for th Trust both in terms of recovery but also performance. Dudley continues to have one of the strongest levels of performance in this domain across the West Midlands. There was a small improvement in performance in September compared to August and the extra capacity as part of the CDH bid will support the Trust in improving this measure further.

Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	x
	Be a brilliant place to work and thrive	x
	Drive sustainability (financial and environmental)	x
	Build innovative partnerships in Dudley and beyond	
	Improve health and wellbeing	

Implications of the Paper:

(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	Y/N		Risk Description: <i>Inc risk ref number</i>	
	On Risk Register:	Y/N	Risk Score:	
	CQC		Y/N	Details:

Compliance and/or Lead Requirements	NHSE/I	Y/N	Details:
	Other	Y/N	Details:

Report Journey/ Destination (if applicable)	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y	Date: 11/11/21
	Other	Y/N	Date:

Performance KPIs

















October 2021 Report (September 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



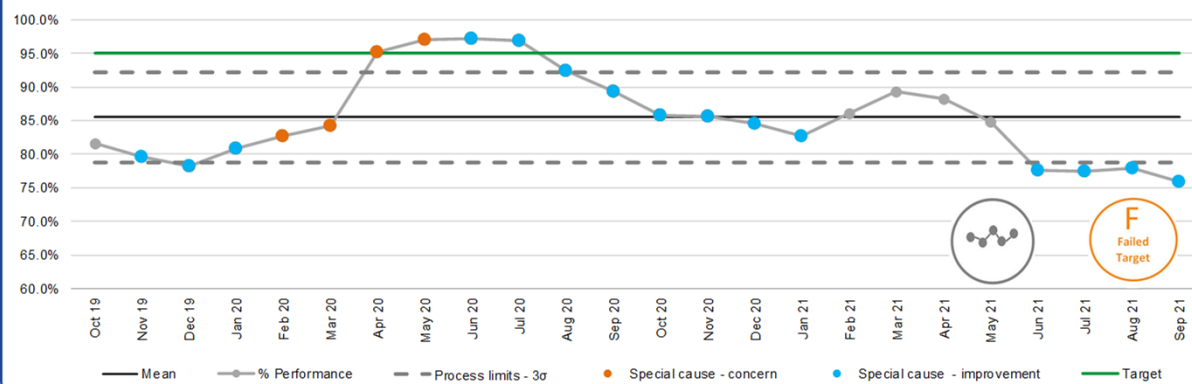
Constitutional Performance

Constitutional Standard and KPI		Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	86.1%	89.3%	88.2%	84.9%	77.6%	77.4%	77.9%	75.9%		
Triage	Triage - All	95.0%	95.0%	93.4%	94.3%	92.3%	89.1%	87.4%	87.7%	82.9%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	68.5%	55.9%	74.1%	64.9%	79.5%	67.9%	80.8%	64.4%		
	Cancer 31 Day -	96.0%	96.3%	96.8%	95.2%	94.3%	95.6%	92.9%	86.6%	87.8%		
	All Cancer 2 Week Waits	93.0%	98.0%	96.6%	86.8%	93.9%	92.7%	93.0%	78.9%	52.3%		
Referral to Treatment (RTT)	RTT Incomplete	92%	77.8%	77.4%	77.0%	78.4%	79.4%	78.8%	77.3%	76.1%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	78.4%	82.7%	80.4%	83.8%	84.9%	83.7%	77.0%	80.2%		
VTE	% Assessed on Admission	95%	95.5%	96.4%	96.1%	96.3%	96.3%	95.7%	92.1%	90.9%		



ED Performance

ED seen with 4 hours Combined Performance- starting Oct19



Latest Month

75.9%

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

Latest Month

5

DTA 12 hour breaches - target zero

5th

As at 16/08/21

DGFT ranking out of 14 West Midlands area Trusts

Performance

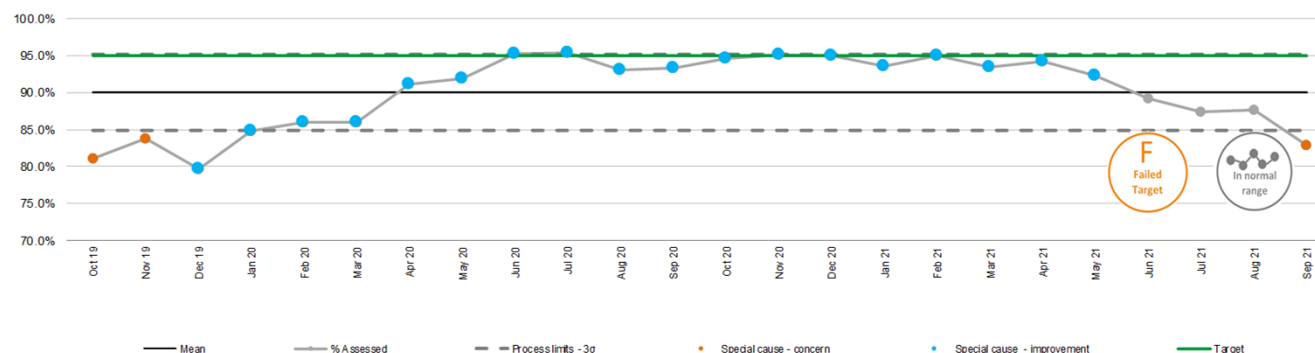
- ED performance remains a challenge. Following a slight improvement during summer performance has dipped in September.
- Overall numbers of attenders are not significantly higher than planned and ambulance arrivals are not excessive compared to the plan.
- In September there were 3189 ambulance arrivals in September
- In September there were 9074 attendance overall, against a plan of 9469 (96% of expected demand)
- Crowding and flow issues in ED are largely being driven by high numbers of specialty referrals (largely to medicine) and bed availability on the base wards and in particular AMU

Action

- Home for Lunch programme underway during October to promote discharges
- Acute Medic input into ED to support decision making and discharge
- SDEC continues to actively pull patients from ED
- New Modular ward to open in early November to help deliver additional SDEC pathway

ED Triage

Triage - Overall- starting 01/10/19



Latest Month

82.9%

Triage – target 95%

Performance

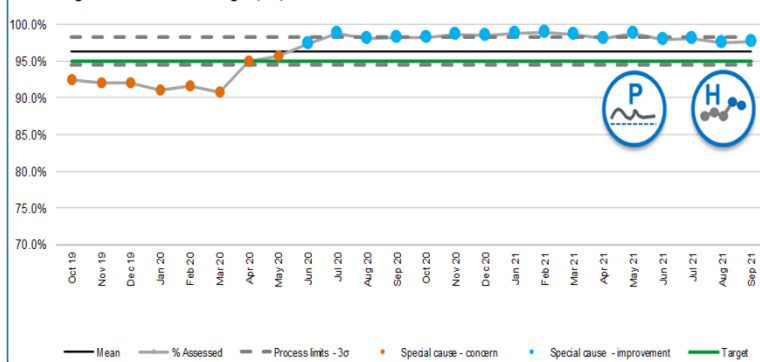
- Overall performance has dipped due to an increased Walk-in Patients for “SEE&Treat” and Paediatric activities. Example: on one day between 10.30hrs and 14.00 = 111 booking in ED which is significantly above average
- Lowest ED Triage performance is reported against ED Majors – 68.7%: due to all UCC streamed Patients above 65 years of age are being routinely booked for ED Majors including Minor Stream Patients

Action

- Planned work with Informatics to test BI algorithm,
- Daily validation of triage data by ED Snr Nursing Leads, Supported by ED Director of Ops
- Meeting held with UCC Management and Nursing Clinical Lead to educate and monitor streamers performance towards assigning correct ED Destination for all booked patients
- ED Admin – all Minor Patients with Injuries are to be booked in The “See and Treat ” stream plus any patients above 65 yrs of age presenting with injuries are to be advised of their treatment area by ED Nurse in charge, so performance and safety are addressed timely and accurately
- 2 ESI Nurses are being allocated routinely at ED Front Triage

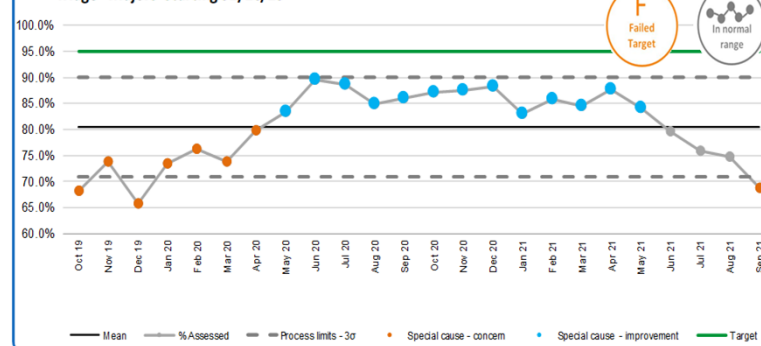
ED Triage

Triage - Ambulance- starting 01/10/19



Latest Month
97.6%

Triage - Majors- starting 01/10/19



Latest Month
68.7%

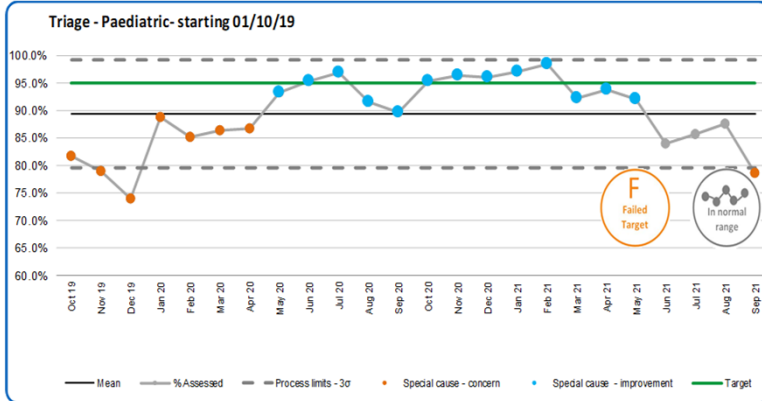
Performance

- Large proportion of Minor Stream Patients streamed by UCC have been booked under ED Majors and clinically being triaged and treated by ED Minors "SEE&Treat"
- Good performance continues within Ambulance triage
- Significant dip in performance for Major triage over the last 4 months

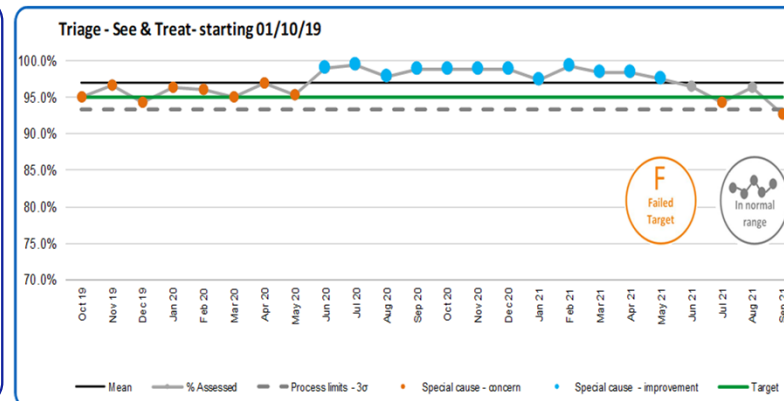
Action

- Education and support for ED Admin to assign patients care presenting with Chief Complaint Minor Injury under "SEE&Treat"
- Daily validation of triage data by ED Snr Nursing Leads and supported by ED Director of Ops
- Meeting held with UCC Management and Nursing Clinical Lead to educate and monitor streamers performance towards assigning correct ED Destination for all booked patients
- ED Admin – all Minor Patients with Injuries are to be booked in The "See and Treat " stream plus any patients above 65 yrs of age presenting with injuries are to be advised of their treatment area by ED Nurse in charge, so performance and safety are addressed timely and accurately

ED Triage



Latest Month
78.7%



Latest Month
92.7%

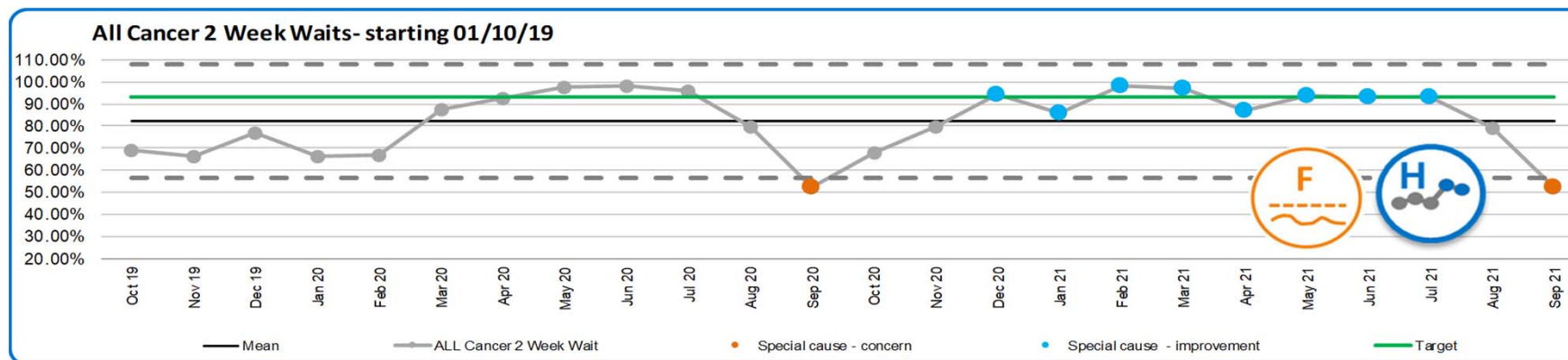
Performance

- Significant increase in Paeds attendance in recent months
- In line with increase in RSV
- Equal split between physiological conditions and MSK injuries
- Increased sickness has caused some staffing issues

Action

- Additional ENP In Paeds ED to support MSK assessments
- Improved booking processes

Cancer Performance – 2 Week Wait



Latest Month
52.3%

All cancer 2 week waits –
target 93%

Performance

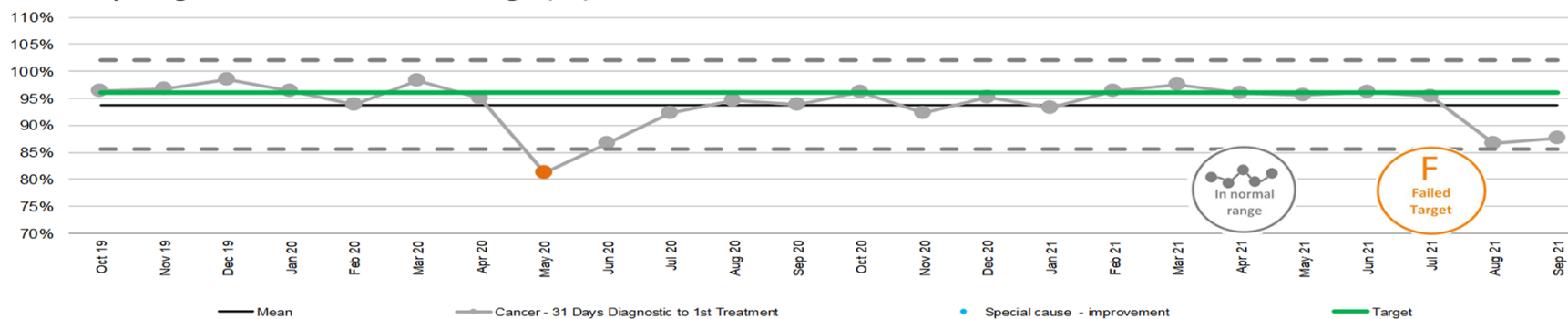
- The September 2 week wait (2WW) has seen a significant reduction in performance during September.
- Key areas of concern include tumour sites Skin, Breast and Urology
- Skin and Breast demand across the entire STP area has been high during summer and Trusts have been supporting each other with capacity (Walsall and Royal Wolverhampton have been providing five slots each per week to Dudley) with Wolverhampton receiving reciprocal support for Breast from Dudley and Walsall.
- Demand for skin capacity has been higher than at any previous time since April.
- Across other tumour sites, lost capacity during summer combined slight rise in demand has meant waiting times have increased.

Action

- Additional 2ww capacity being shared across the STP footprint
- Recovery expected from October as additional capacity is being put on
- Extra ordinary performance recovery meetings scheduled in key tumour sites of concerns
- Weekend and super Saturday clinics continue to be put on to meet demand
- Capacity planning has opened an additional 44 slots per week for Skin with potential to reach 60 if additional / extended clinics can be arranged.
- Capacity and demand modelling due to start in October has been delayed due to operational pressures but is due to commence from late October
- Additional capacity for skin means that there are now around 20 slots per week more than maximum demand so overall long waits will now reduce.

Cancer Performance – 31 Day

31 Day - Diagnostic to 1st Treatment- starting 01/10/19



Latest Month

87.7%

Target 96%

Performance

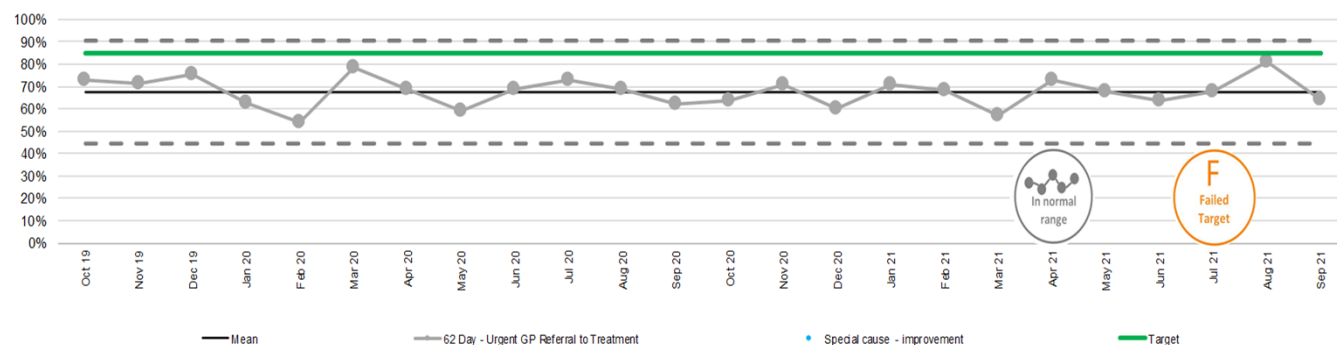
- This report refers to 31 day performance for August as September position is not yet validated
- There was a drop in performance for 31 day target in August. This was being driven in Gynaecology and Breast which saw significant challenges during August
- Areas of good performance include Head and Neck, Lung, Haematology, Skin and Urology
- Waits for diagnostics continue to be challenge, especially via the Pathology service.

Action

- Continue to ensure effective MDTs take place with regular occurrence
- Continue working with BCPS and Radiology to improve turnaround times

Cancer Performance – 62 Day

62 Day - Urgent GP Referral to Treatment- starting 01/10/19



Latest Month

64.4%

Target 85%

Performance

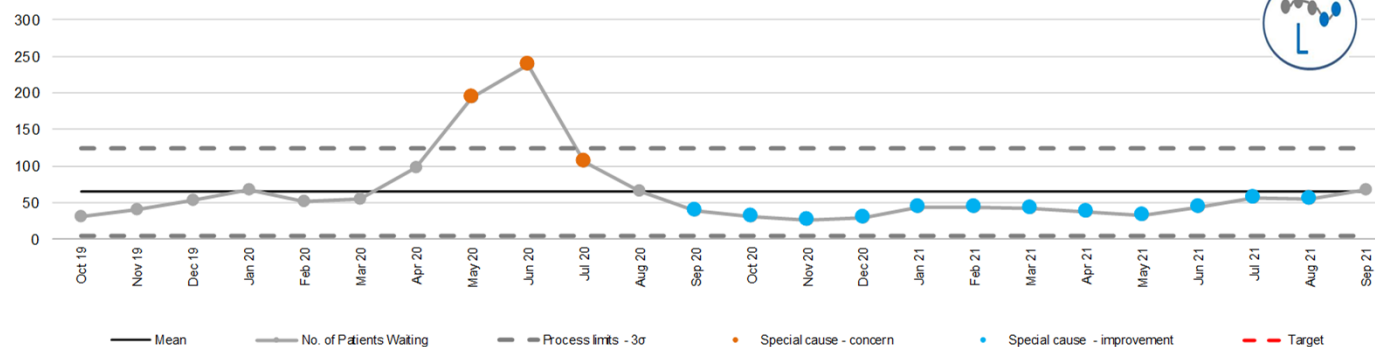
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- This report refers to performance in August
- Breast, Haematology, Lung, Upper GI and Urology all achieved the 62 day standard in August
- Colorectal, Gynaecology and Skin missed the 62 day standard.
- This was related to delays in the 2ww pathway for Skin and reduced capacity during August within Gynaecology and Colorectal as well as access to diagnostic capacity (such as Endoscopy)

Action

- Work with tumour sites to implement national best practice / timed pathways in all areas
- Continue to work with BCPS and Radiology to improve turnaround times
- Increase reporting scrutiny via the weekly PTL meeting including establishment of extraordinary meetings with challenges tumour sites

Cancer Performance – 104 Day

104 day Cancer numbers- starting 01/10/19



Latest Month

68

As at 31/08/2021

All 104 week waits,
target zero

Performance

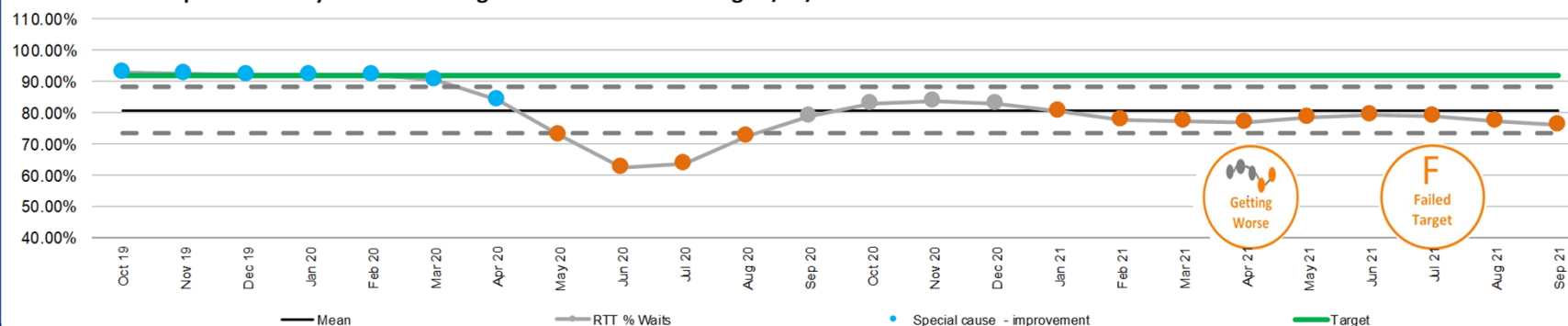
- 104 day position is only ever a "snap shot" in time
- The number of patients waiting at any one time changes day to day, as patients move on and off the list following treatment or diagnosis following a negative result
- The Trust continues to maintain a reduced number of 104 day compared to the overall trend, however numbers have increase in Colorectal.
- Areas of challenge include in Colorectal, Skin and Urology which has all seen increases in the numbers waiting over 104 days
- Access to Endoscopy demand remains a challenge for colorectal patients although the implementation of the additional endoscopy capacity in late September is easing some of this pressure
- Areas with low numbers of patients waiting now include Gynae (which has improved over the last month) and Lung, Breast and H&N

Action

- Continue to use additional agency support for endoscopy capacity (18 Weeks)
- Focussed additional support within Colorectal to deliver their recovery plan
- Additional endoscopy capacity on line to help clear diagnostic backlog
- Theatres opening in November will provide additional surgical capacity

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/10/19



Latest Month

76.1%

RTT Incomplete pathways target 92%

Performance

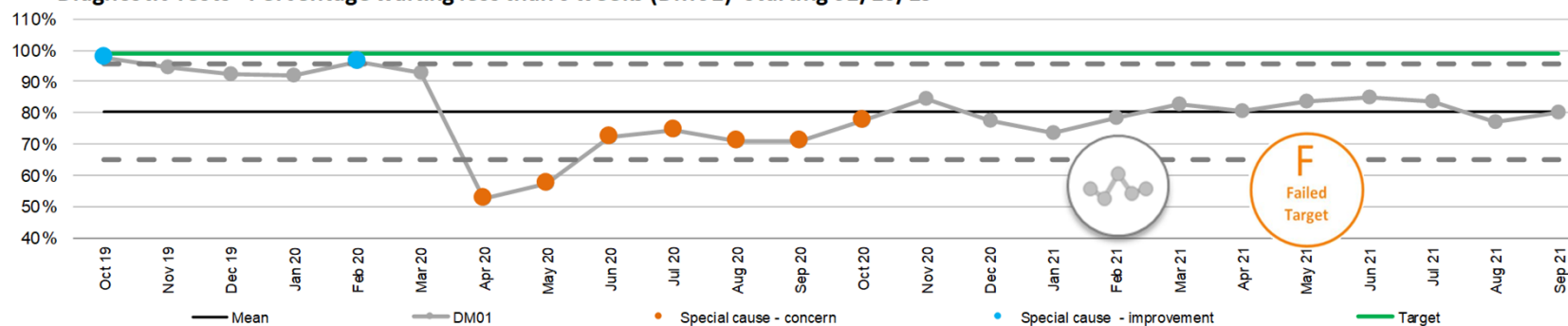
- RTT has declined slightly in Month, key specialties to see a decline include Orthopaedics, Urology and Gynaecology
- There have been improvements in Ophthalmology and ENT and performance has stabilised in General Surgery.
- The Trusts overall RTT ranking in August was 19 (out all acute Trusts in England). This is a similar position to July.
- Priority continues to be given to P2 and P3 patients which is hampering some efforts around RTT performance, especially around the focus on high volume lists
- Local actions plans have been agreed with specialties in line with theatre restoration plans to see improvements
- 52 week waits remain priority focus

Action

- Ensure expected theatre capacity plans come on in November.
- Continue with weekly RTT monitoring
- Additional weekend sessions are now coming on line following introduction of the incentive payments for nursing and CSW staff
- Avoid cancelling elective work due to medicine pressures / outliers

DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/10/19



Latest Month

80.2%

DM01 combining 15 modalities - target 99%

Performance

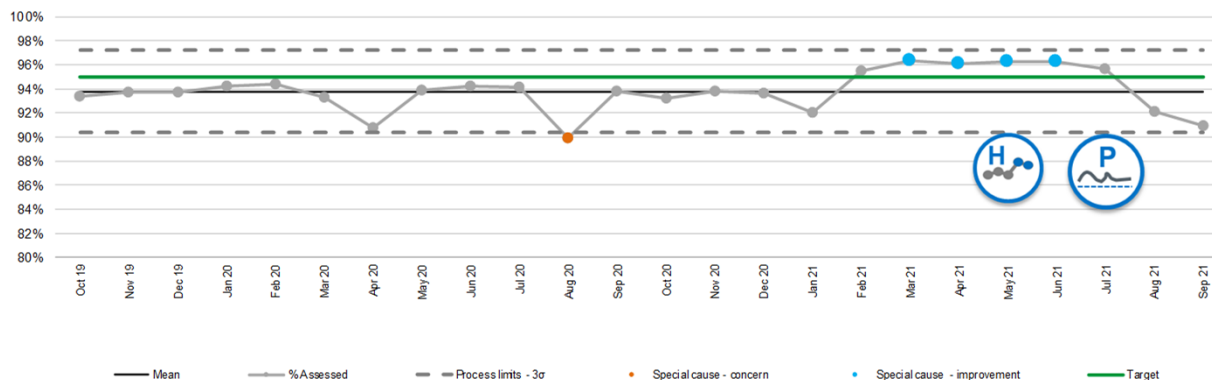
- DM01 performance remains stable , with a slight improvement in August compared to July
- Additional resources are in place via the CDH bid, with a mobile scanner in situ at RHH site
- MRI and CT continue to performing strongly as result of additional capacity via the CDH bid which has involved mobile capacity

Action

- Continue with existing activity plans
- Continue to use outsourcing
- Continue to realise benefits from CDH investment

VTE Performance

VTE Screening Compliance - starting 01/10/19



Latest Month

90.9%

**Trust overall
Position**

Latest Month

95.2%

**Medicine
& IC**

Latest Month

86.3%

**Surgery,
W & C**

Performance

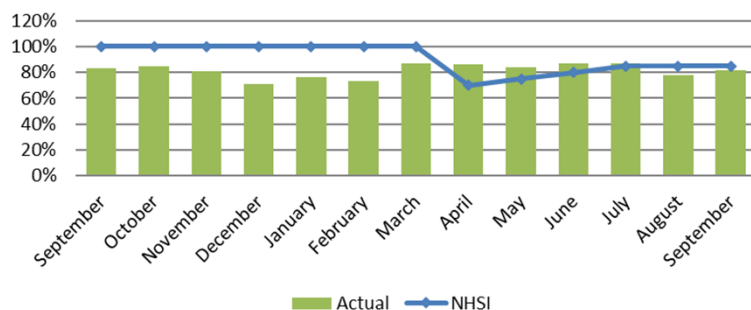
- VTE performance for August is un-validated and subject to change.
- Medicine continues to performance well against the VTE standard but performance in surgery has fallen substantially in August.
- Performance continues to be challenging especially for the 24 hour performance standard
- Performance remains strong for the 12 hour assessment

Action

- A fortnightly VTE Meeting has been arranged with senior divisional management to review actions and refresh any actions plans
- Further oversight via divisional and Trust governance structures will be set up

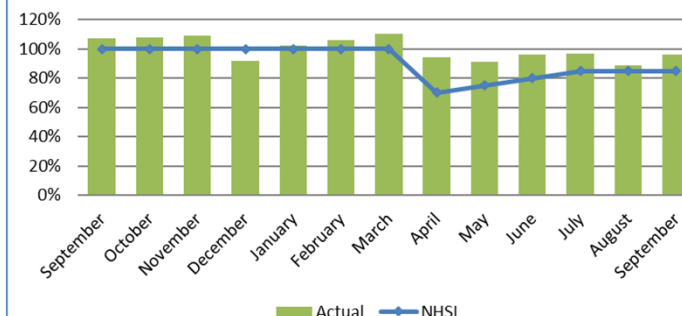
Recovery and Restoration - Outpatients

Outpatients NEW



Latest
Month
82%

Outpatients Follow-up



Latest
Month
96%

Performance

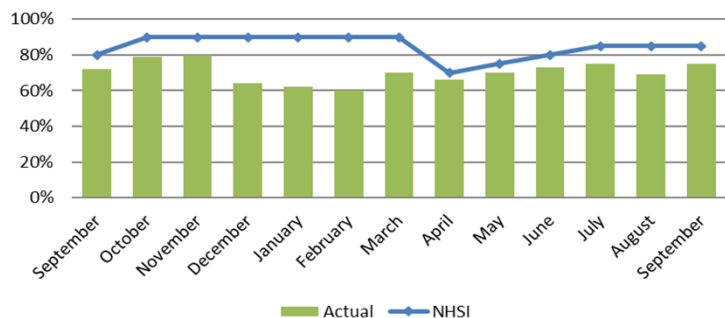
- Outpatients activity continues to perform largely against R&R plan
- Vascular, Urology, Paeds, Oral Surgery, Diabetes and Gastro are currently under performing against their R&R plan for first attendances
- Oncology, Nephrology, Upper GI and Max Fax are all over performing against their plan for first attendances
- For follow up Vascular, Audiology and some sub specialties with ophthalmology are all under performing against their R&R plan for follow ups, while Max Fax, Main ophthalmology, Plastics are all over performing
- Virtual clinics continue to be offered for appointments where appropriate but the majority are now delivered face to face with around 25% being delivered virtually.

Action

- Continue with virtual delivery methods
- Continue with WLI lists especially within the challenged specialties
- Patient Initiated Follow Up
- Virtual Reviews
- Referral triage via advice and guidance is leading some demand management impacts on overall levels of work compared to pre-covid activity

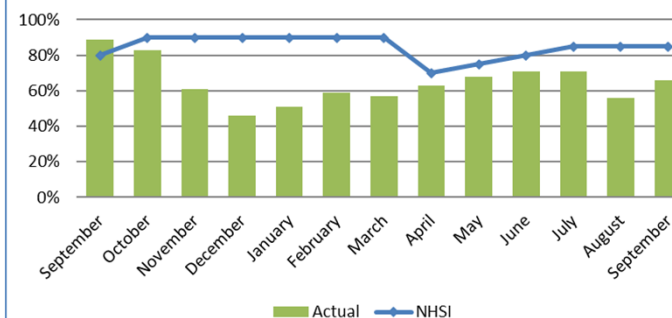
Recovery and Restoration - Electives

Elective Daycase



Latest Month
75%

Elective Inpatient



Latest Month
66%

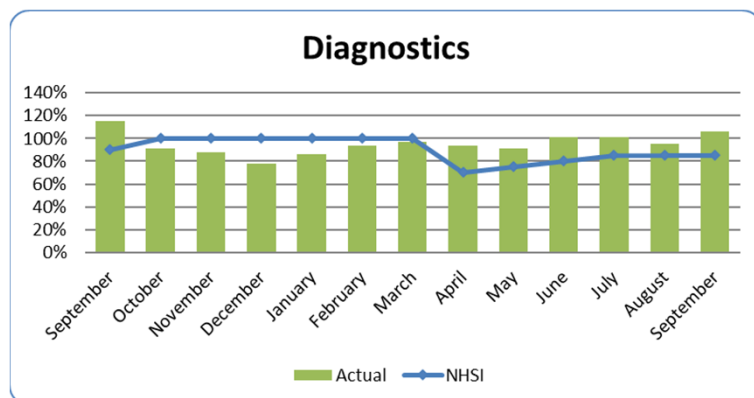
Performance

- Electives remains below plan and this is related to the lack of operating theatres and a focus on treating those large, more clinically urgent cases such as those categorised as P2 and P3
- Elective inpatient activity is significantly below plan while day cases are only marginally below plan
- Day cases offer greater opportunity for higher levels of activity (higher volume lists)
- Private sector continues to be used for Breast

Action

- Additional theatres are due to be operational from start of November
- Local incentive payments have been agreed to encourage weekend working, these have been successful
- Continue with treating patients in clinical priority order
- Increased list productivity to be improved within private sector

Recovery and Restoration - Diagnostics



Latest Month

106%

Performance

- Diagnostics continues to perform well against the R&R plans
- All areas are delivering or exceeding expected levels of activity

Action

- Continue to utilise benefits of CDH investment
- Continue with agency usage