



Council of Governors Meeting

Monday 21st March 2022

Held in virtual session using web conferencing

Performance

- **Four-hour access target (combined) – 76.6%**
- **Jan 22** (Target 95%)
- **Cancer 62 day – 62.1% Dec 21** (Target 85%)
- **Cancer two week wait – 67.4% Dec 21**
(Target 93%)
- **Referral to treatment – The incomplete pathway**
(% still waiting) **was 73.7%** (Target 92%)
- **DM01 Diagnostic – 76.5% Jan 22**
(against target of 99%)



Infection prevention & control for February

- **Clostridium difficile** – 3 post 48 hours
(hospital onset).
- **MRSA bacteraemia** – 0 cases post 48-hour cases
- **MSSA bacteraemia** – 4 post 48-hour cases.
- **E coli bacteraemia** – 2 post 48-hour cases.
- **Klebsiella bacteraemia** – 4 post 48-hour cases.
- **Pseudomonas bacteraemia** – 3 post 48-hour
cases.



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:

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

2. Council Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

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

5. Minutes

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

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

6. Future meeting dates

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

7. Accessibility

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

Full Council of Governors meeting (virtual)

Monday 21st March 2022 15.30
via MS Teams

No.	Time	Item	Paper ref.	By
1.	15.30	<u>Welcome</u> (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Chairman
2.	15.35	<u>Previous meeting – 20th December 2021</u> 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	15.40	<u>Chair and Chief Executive's update</u>	Enclosure 2 / verbal	Yve Buckland, Chairman Diane Wake, Chief Executive
4.	15.50	<u>System wide developments</u>	Verbal	Yve Buckland, Chairman
5.	15.55	<u>ICS development</u>	Presentation	Ian Chadwell Senior Strategy & Development Lead
6.	16.15	<u>Safe, caring and responsive</u> 6.1 Engagement & Experience - Membership report Q3 - Governors 'out there' Q3 6.2 Governor fundraising 6.3 Quality and Safety Committee 6.4 Quality Account Preparation - timetable	Enclosure 3 Enclosure 4 Enclosure 5 Enclosure 6	Hilary Lumsden Committee Chair Nithee Kotecha, Fundraising and Community Development Lead Catherine Holland, Committee Deputy Chair Jo Wakeman Deputy Chief Nurse
7.	16.40	<u>Effective</u> Updates from: 7.1 Finance and Performance Committee 7.2 Audit Committee (<i>met 21/3/22</i>) 7.3 Digital Trust Technology Committee	Enclosure 7 Verbal Enclosure 8	Jonathan Hodgkin, Committee Chair Gary Crowe, Committee Chair Catherine Holland, Committee Chair

8.	17.00	<u>Well-Led</u> Updates from: 8.1 Workforce and Staff Engagement Committee 8.2 Appointments & Remuneration Committee 8.3 Trust Secretary report	Enclosure 9 Enclosure 10 Enclosure 11	Julian Atkins, Committee Chair Yve Buckland Committee Chair Helen Board, Deputy Trust Secretary
	17.15	Governor Matters Relating to items other than the agenda and raised at least three days in advance of the meeting.	Verbal	Helen Ashby, Lead Governor
	10.	For information ¹ • Integrated Performance Report	Enclosure 12	
11.		Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
12.	17.30	Close of meeting and forward Council of Governors meeting dates 2022: 20 th June, 13 th July (Annual Members Meeting), 3 rd October, 5 th December	Verbal	Yve Buckland, Chairman
13.		Reflections on the meeting		All
14.	Quoracy Eight Governors of which at least five are public elected plus chair or deputy chair			

¹ Papers will be taken as read and noted

**Minutes of the Full Council of Governors meeting
 (to consider public papers)
 Monday 20th December 2021, 16.00pm Held virtually using – MS Teams**

Present:	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Ms Hilary Lumsden	Public Elected Governor	Halesowen
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mr Richard Tasker	Public Elected Governor	Central Dudley
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
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Julie Dawes	Interim Trust Secretary	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mr Ian Chadwell	Senior Strategy & Development Lead	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Apologies:

Dr Thuvarahan Amuthalingum	Associate Non-executive Director	DG NHS FT
Cllr Rebbekah Collins	Appointed Governor	Dudley MBC
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
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
Mrs Mary Sexton	Chief Nurse	DG NHS FT

Not In Attendance:

Ms Louise Deluca	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists

Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Ms Nicola Piggott	Public Elected Governor	North Dudley
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery

COG 21/45.0 15.30pm	Welcome
COG 21/45.1	<p>Introductions & Welcome</p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all present.</p> <p>The chairman welcomed Giles Peel from DCO Partners Ltd who were observing the meeting as part of the recently commissioned by the Trust to undertake a Well-led review.</p> <p>The chairman welcomed new and returned governors from the recent elections:</p> <ul style="list-style-type: none"> • Alex Giles, Public Elected Stourbridge • Richard Tasker, Central Dudley • Kerry Cope, Staff nursing & Midwifery • Mike Heaton, Public Brierley Hill returned for a second term <p>The chairman thanked Fred Allen, public elected Central Dudley, who had served a full nine years with last six as lead governor. She thanked him for his commitment and dedication to the role, in particular for his calm leadership approach through the challenging times of late.</p> <p>The chairman introduced Helen Ashby, who has shadowed Mr Allen for last six months, as lead governor designate and now be the lead governor which would be subject to annual review/endorsement by the Council.</p> <p>The chairman thanked Karen Clifford, public elected governor for Halesowen who has stepped down in November 2021. She thanked Louise Deluca who would be leaving the Trust in February 2022 and would step down from the staff elected governor role representing Allied Health Professional and Healthcare Scientists. She thanked Joanne Davies-Njie who had chosen not to stand again as public elected governor for Stourbridge.</p>
COG 21/45.2	<p>Apologies</p> <p>Apologies had been received as above.</p>
COG 21/45.3	<p>Declarations of interest</p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The chairman declared interests as Interim Chair of the Birmingham and Solihull Integrated Care System and Pro-Chancellor of Aston University.</p> <p>There were no other declarations of interest received.</p>

COG 21/45.4	Quoracy The meeting was declared quorate.
COG 21/45.5	Announcements Mrs Board announced that, due to the national rise of COVID-19 cases caused by the Omicron variant, the Trust would be reverting back to virtual meetings until further notice. All face-to-face onsite governors' activities would also be stood down until further notice which would include all Quality Review walk-arounds and PLACE-Lite events.
COG 21/46	Previous meeting
COG 21/46.1	Previous full Council of Governors meeting held on 10th October 2021 (Enclosure 1) There was one amendment: The figure in relation to charity fundraising on page six should read <£10k rather than <£10. Subject to the amendment above, the minutes were accepted as an accurate record and would be signed by the chair.
COG 21/46.2	Matters arising There were none.
COG 21/46.3	Update on actions COG19/75 Council to Council meeting (DG & ROH). Action was deferred until social distancing restrictions lifted.
COG 21/47.0 15.40pm	Chief Executive report and Chair's update (Enclosure 2/verbal) Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided, and news items related to the Trust, the region, and the wider national arena. Ms Wake updated the Council on how The Dudley Group continued to monitor the Omicron variant and its impact on the hospital and the seven-day incident rate. She advised that the impact was minimal so far noting that there had been a rapid rise in infections in Sandwell and it was expected that the Dudley borough would follow suit. The Trust would remain vigilant and cautious in regards to testing, hand hygiene, social distancing guidelines and PPE. She noted the importance of hands, face, space and ventilation, adding that this may have lapsed whilst infections rates slowed during recovery since the last 'wave'. There was one reported case of Omicron in the Trust – a member of staff. There were presently 69 members of staff isolating due to COVID-19 related reasons. There were 33 inpatients with COVID-19, all of which were the Delta variant. Seven of these patients were receiving critical care, most of which were unvaccinated. In the last 24 hours, there were 17 new cases admitted, 12 of which

had been discharged. There were two deaths reported.

Ms Wake advised that, in light of the government's changing priorities, the public was encouraged to prioritise the vaccination action to 'grab a jab'. The post-Christmas period predicts a continuous rise in infection rates; this would challenge workforce, inpatient areas and rapid transfer. She noted that workforce shortages would be the most challenging issue. The Trust had plans to accommodate temporary bed space if required.

Ms Wake reported that recent ambulance handover delays were a challenge and noted that the Trust had shorter waiting times than the national average. The Trust continued with elective work and were on target to catch up with the backlog by the expected timeframe (end of March 2022). Extensive work had gone into restoration and recovery and the Trust would continue to manage both urgent and non-urgent care while it had the capacity to do so.

Ms Wake was pleased to report that the Trust had received a letter from the NHS Improvement to say that the enforcement undertakings had been lifted after three years; a copy of which would be circulated to the council. She advised that the Trust would continue to reflect and continue its improvement journey.

Ms Wake reported that the new acute medical unit (AMU), the Rainbow Unit, was in operation. The unit allowed acute medical patients to be taken directly to AMU avoiding unnecessary attendance in the Emergency Department and improving same day emergency care (SDEC) pathways across the. An 'official' opening ceremony would take place in due course. Ms Wake encouraged governors to visit the new unit once restrictions allow.

Ms Wake congratulated Dr Janine Barnes, neurology specialist pharmacist, who won the 'Sharing Learning and Education Award' at the 'Parkinson's Excellence Network Awards' 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.

Ms Wake commended the Trust's improved response rate for the national staff survey, which saw a 60% return rate; she noted that better uptake made feedback more statistically significant and therefore more representative of the staff cohort.

Ms Wake announced that the Walsall NHS Trust and the Royal Wolverhampton Trust were now functioning as a single organisation to reduce variation in service delivery. Dr Michael queried how this might impact Trust services and the care for residents in the Dudley Borough. Ms Wake responded that the provider boards aimed to streamline clinical pathways to reduce waiting times and variation between care providers. She stated that this change would not affect the services at The Dudley Group.

The chair thanked Ms Wake for the update and invited questions. There were none.

The chairman provided an update on:

- Dudley Integrated Health Care
- Acute Collaboration
- Integrated Care System (ICS) developments

The chairman advised that the Trust was on level 4. 'Gold calls' would continue

	<p>over Christmas and the Trust was preparing for a January spike in COVID-19 infections. Elective recovery and improvements to cancer waiting times would continue to manage waiting lists.</p> <p>She emphasised that the Trust would continue to encourage vaccinations and boosters for all and stressed the importance of encouraging the unvaccinated to have their vaccines and get their boosters.</p> <p>Action circulate letter from NHSE/I confirming removal of enforcement actions Trust Secretary</p>
<p>COG/21/48.0</p>	<p>System Wide Developments (verbal)</p> <p>Acute Collaboration The chair merited the Dudley Group for its key role in the establishment of acute provider collaboration and the integrated care system. Commended the performance in elective recovery activity and the management of the COVID-19 backlog, noting the way in which the secondary care providers were working together and supporting system partners more widely. The initiative had been commended at national level as an exemplar. Ms Wake continued to share this learning and best practice case studies with national networks and forums. This work would also underpin future conversations about combining governance across the Black Country trusts. This would involve non-executive colleagues who would form networks with their NED counterparts and engage with partners in Black Country. It had been announced that the ICS would be formalised from July 2022 rather than April 2022 as originally agreed due to COVID-19 pressures on parliamentary matters.</p> <p>Dudley Integrated Health Care (DIHC) The chair summarised the recent decision by NHS I/E to pause the procurement and full business case preparation. DIHC had been asked not to make any permanent appointments whilst the risk and budgets were assessed. This decision was welcomed by staff, it was hoped that any changes to the system would support care pathways, tackling health inequalities and pressures to the current system. The chair requested that the form of words taken from the formal letter dated 29th November 2021 received from the NHSE/I to affirm this decision would be added as a post meeting note.</p> <p><i>Post meeting note to provide extract from NHSE/I letter:</i></p> <p><i>At the recent NHSEI Regional Support Group (RSG) we discussed the current status of relationships in the Dudley system, the proposed response to the review and the risks surrounding Dudley Integrated Health and Care trust (DIHC) as an organisation. The RSG agreed the following:</i></p> <ul style="list-style-type: none"> <i>• NHSEI should not provide any further advisory support to DIHC regarding finessing the current FBC, and further, we would discourage any work on this which distracts from the primary focus on addressing the behavioural issues and reappraising the clinical model.</i> <i>• NHSEI would not endorse any further senior substantive appointments made by DIHC until such time that there is clarity regarding the future model of integrated care in Dudley. We are supportive, however, of partners exploring and committing to potential joint posts over the coming months.</i>

It is clear that DIHC are carrying a lot of risks due, fundamentally, to the range of sustainability issues i.e., financial, operational, clinical etc. and the ongoing uncertainty about future arrangements and, indeed, timelines to achieve certainty. These risks should not fall solely to the organisation but need to be seen as system risks, with partners across the ICS contributing to their mitigation. I would hope that DIHC are able to transparently share these risks at the chairs and CEOs forum and get commitment to collective action to mitigate, where appropriate.

COG/21/49.0 Trust Strategy (Presentation/Enclosure 3)

The chairman introduced Ian Chadwell, Senior Strategy and Development Lead, to present the new Trust Strategy. The chair noted that this was an important tool that set out the vision of the Trust and was underpinned by the values of care, respect and responsibility.

Mr Chadwell thanked the Chair and presented the Trust Strategy formally to the full council noting that a previous update had been provided at a private governor briefing in September 2021 ahead of its launch.

Mr Chadwell advised that the strategy development team had consulted governors, partners, staff, and patients to capture their thoughts, encapsulated by the key statement and new vision: 'Excellent health care, improvement health for all'. A summary of the engagement activities would be circulated to the Council.

He summarised that the strategy had an internal and external focus. The Trust was committed to delivering care to suit individual needs whilst recognising that as the largest employer in the borough, its influence and potential impact was wider than delivering healthcare. He outlined the five key goals and strategic objectives to benchmark the Trust's progress:

1. Deliver right care every time – safe and effective, learning and improving.
2. Be the best place to work and thrive – encouraging system working and individual growth.
3. Drive sustainability - the Trust is commitment to use resources and public funding in the most productive way with a focus on the environment.
4. Build innovative partnerships in Dudley and beyond - working with acute trust, health and social care, voluntary sectors and academic institutions and others.
5. Improve health and well-being and reduce inequalities – focus on health outcomes and reducing health inequalities in our community

Mr Chadwell noted that the Trust planned to fully support the development and operation of the nearby University Park on Castle Hill, led by Worcester University, which would become a fantastic opportunity to collaborate, promote employment and expand skills the opportunities available for adults and young people.

Mr Chadwell emphasised that the strategic plan would translate into tangible actions. Each goal had been assigned to an executive lead who would be responsible for setting targets and baseline to measure success. The Board Assurance Framework (BAF) would be rewritten to reflect the new strategy and accompany quarterly strategy updated that would be shared with the governors.

Dr Hobbs merited the excellence of the strategy. He reminded all present that the achievements and hard work in all areas should be celebrated and cascaded as much as possible to instil confidence in the Trust by the public community.

Mr Tasker asked whether there was a social platform where the strategy information was shared. The chair directed him to the Twitter page run by the communications department which has a regular news feed. Liz Abbiss confirmed that the Trust was very active on a range of social platforms, particularly @DudleyGroupNHS on Facebook and Twitter. Dr Michael agreed it was important to publish the success stories to ensure that public can see a balanced view and set the tone for Dudley.

The chair reiterated that the Trust had a commitment to support its staff. The Trust would remain as a Foundation Trust and the Board would be held to account for all services and staff.

Action Circulate summary of governor engagement activity contributory to the development of the Trust Strategic Plan **Trust Secretary**

COG 21/50.0 Safe Caring and responsive

COG/21/50.1 Update from Experience and Engagement Committee (Enclosure 4)

Ms Faulkner presented the report from the meeting held on 23rd November 2021 and highlighted the following items that had been considered:

Governors were encouraged to seek out opportunities for engagement in their own communities noting that activity had been significantly affected by the pandemic at the meeting. The following actions were underway:

- Council to 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

The following positive assurance was provided in respect of compliance with the required public membership; the Quality & Safety Committee report provided updates on the 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 at NHS Provider Governwell training remained consistent with invites circulated to the council for 2022 dates and courses.

Ms Faulkner reported that support was received for the four presentation topics to the 2022 full council meetings:

1. Integrated Care System
2. Staff Health and Wellbeing
3. End of Life Gold Standards Framework
4. Infection, Prevention and Control

The chair thanked Ms. Faulkner for the update. The chair inquired whether there was a general feeling of exclusion amongst governors owing to limitations arising from the pandemic. Ms Faulkner stated that she personally felt unable to contribute as much compared to pre-COVID. There was general agreement that adopting virtual engagement opportunities would enable triangulation of information. It was important to retain digital approaches and make innovations in a meaningful and

	resourceful way.
COG 21/50.2	<p>Update from Quality and Safety Committee (Enclosure 5)</p> <p>Professor Hughes presented the update given as enclosure five that reflected the key matters considered at meetings held in November and December 2021:</p> <p>Key matters of concern:</p> <ul style="list-style-type: none"> • There had been a decline in the SSNAP Target Standards for stroke indicators. A recent review had 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 would continue their 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 would continue. • Workforce challenges in Maternity where assurance was provided about 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. <p>The following actions were commissioned:</p> <ul style="list-style-type: none"> • A full-service review was commissioned 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 (Local Maternity and Neonatal System) to drive improvement in relation to perinatal mortality outcomes based on ethnicity. <p>The following positive assurance were provided:</p> <ul style="list-style-type: none"> • reduced number of patients 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. • infection prevention and control performance in relation to; Clostridium difficile, E.coli bacteraemia, pseudomonas aeruginosa bacteraemia, Klebsiella bacteraemia, MSSA bacteraemia and CPE. <p>Dr Michael asked Prof Hughes whether the existing perimeters, notably for sepsis and pressure sores, were good indicators and whether they had increased incidences.</p> <p>Prof Hughes responded that a dashboard was used to examine this data. Recent work had gone into restructuring how pressure sores were reported, capturing upswing and gaps from historical data to reevaluate the process. She reported that sepsis targets performed well. Dr Hobbs reported there had been a significant reduction in mortality for sepsis since major improvement works had been implemented. Over the last six months, deteriorating patients have increasingly received effective interventions within the first 12 hours of admission. Data showed an 'impressive' 86% score, despite COVID-19 pressures, which he understood was one of the best performances in the country. This was monitored for further improvements by the executive team. Data shows that this is on target for both screening and receiving IV antibiotics.</p>

	<p>The chair added that falls were another key indicator which was carefully monitored for best practice. The Chair referenced the presentation delivered to the December 2021 board meeting by emergency department (ED) colleagues that had clearly illustrated significant improvements achieved and robust plans to ensure the journey continued. The chair noted the excellent leadership that was demonstrated by this piece of work.</p> <p>The chair suggested that further consideration be given to the Council of Governors identifying a specific quality indicator e.g. ED discharges that governors might like to monitor more closely.</p> <p>Action consideration be given to the Council of Governors identifying a specific quality indicator to monitor more closely Chief Nurse</p> <p>Ms Lodge-Smith asked whether, given that the sepsis care pathway states that antibiotics should be given within the hour in ED, there was a 'grab' pack (like the cardiac arrest trolley) that could be accessed quickly by clinicians to administer the correct antibiotics. Dr Hobbs noted the excellent innovative work undertaken by the ED team, deteriorating patient leads and pharmacists and confirmed the presence of a stocked sepsis trolley to ensure that all potential pharmaceuticals are on hand. Mr Rowbottom added that, as an observer of this meeting, he received very positive assurance. The only issue that was raised was in regards to stroke patients creating a blockage in patient flow once they had reached the end of their care pathway. The chair remarked that this would be an area of focus going forward as winter pressures set in.</p>
COG 21/51.0	Effective
COG 21/51.1	<p>Update from Finance and Performance Committee (Enclosure 6)</p> <p>Lowell Williams presented the report on behalf of Jonathan Hodgkin.</p> <p>Mr Williams reported that discussions at Committee were becoming increasingly lengthy and handling a large amount of business cases at one time; Mr Williams expanded that this was not an issue and more a symptom of the complexity of the issues the Trust was facing. Capital funding was urgently being made available and spending decisions were needed promptly.</p> <p>The following positive assurance were provided:</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 Recovery Fund (versus a six month target of £2m). Noted that the final outcome would depend on system performance. • 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 same day emergency care (SDEC) pathways implemented. RTT (Referral to Treatment) 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.

- Continued to exceed the Better Payment Practice Code target of paying 95% of invoices within 30 days

Key matters of concern included the continued high temporary staff spend, 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, no agreed funding for the vaccination programme beyond March 2022, operational performance below target although it compared favourably with national and regional peers. There had been a significant deterioration in the 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 were seen, admitted, transferred or discharged within 4 hours and there has been 28 twelve hour breaches

Mr Williams noted that an area of improvement for the Committee would be the quality and clarity of business cases to streamline presentations to the board.

Mr Heaton thanked Fred Allen for his time and effort as lead governor and wished him all the best for the future on behalf of the council.

[17:30 Fred Allen left the meeting]

In response to the question from Dr Michael, Mr Williams listed the three most significant financial risks from his point of view included transparency when determining system funding, associated cost of recovery improvement plans post COVID-19 and the heavy reliance on bank staffing.

Mr Tasker asked for clarification on the comparative performance against other Trust's. Mr Williams responded that the Trust had performed especially well in a crisis which was a credit to good leadership, a sense of identity and the rallying attitude of staff. He noted that this should not be abused as people have stepped up and worked extremely hard.

Mrs Ashby asked for clarity on the increased cost to pharmacies for vaccinations and whether this would come out of the Trust budget or additional funding from elsewhere. Mr Williams replied that the vaccination costs would be fully funded centrally. Mr Jackson added that additional funding had been secured to support elective recovery and meet demands of pressures on the system. The chair noted that the Trust's timely decision to support elective care at the onset of the pandemic had been effective with support from the independent sector, diagnostic investment and reconfiguring the Trusts sites.

[James Fleet left the meeting]

COG 21/51.2

Update from Audit Committee (Enclosure 7)

Gary Crowe summarised the report given as enclosure seven. The Audit Committee had met on 13th September 2021 and provided subsequent updates on assurance and decisions taken to the Board of Directors meeting held on 16th September. Mr Crowe noted that changes to strategic objectives and the implications of these meant that changes were made to ensure delivery was managed accordingly.

RSM (internal auditors) had provided external assurance on systems and

	<p>procedures. Partial assurance was given that related to staff payment arrangements when the vaccination employment bureau was initially set up. RSM had identified that the controls in place during this time were not completely effective. An action plan was agreed to mitigate further risk and minimise shortcomings from this event. RSM gave substantial assurance in regard to charitable funds and the way these were dispensed and controlled. Positive assurance was also received for the Trusts procurement procedures to secure goods and demonstrate value for money.</p> <p>Progress reports were considered related to the BAF (Business Assurance Framework) 2021/2022 noted that work was ongoing; internal audit activity and delivery plan for 2021/22; local counter fraud specialist report remained satisfactory with ongoing training courses for staff; external audit plan update was received.</p> <p>The Information Governance Strategy was approved</p> <p>Mr Heaton asked for clarification on the cost difference between primary and secondary care payments received for each COVID-19 vaccine given and referred to GP's being incentivised at a cost per jab. Mr Jackson responded that, as the Trust was an employment bureau, vaccinators were not paid in the same way as GP's and were reimbursed with running costs after delivery. He described the costs involved but did not have an estimated cost per vaccine to hand.</p> <p><i>[Liz Abbiss left the meeting.]</i></p>
<p>COG 21/51.3</p>	<p>Update from Digital Trust Technology Committee (Enclosure 8)</p> <p>Catherine Holland presented the report from the meeting that took place on 21st October 2021 and summarised as follows:</p> <p>Key matters of concern</p> <ul style="list-style-type: none"> • General concern for the lack of joined up digital approaches between organisations and use of technology that was not fully integrated. • ICS shared care record was discussed and noted that development was going well, meaningful engagement was required from all stakeholders to ensure that the full potential of this work is realised. <p>Positive Assurances To Provide</p> <ul style="list-style-type: none"> • “brilliant basics” of IT service performance, digital delivery and data quality achieved • Maternity EPR go-live and clinical adoption • leadership of IT service collaboration between DGFT and other providers to support the combined CCGs with a single shared-service offering • medical devices report and collaborative approach of Medical Devices Group and Digital Steering Group chairs to create joined up delivery plans. <p>Major Actions Commissioned/Work Underway</p> <ul style="list-style-type: none"> • Planned upgrade programme of the existing Patient Administration System (PAS) proceeded on target • Infrastructure projects continue on plan • National Funding (UTF and TIF) bids • Microsoft Office N365 roll out ongoing • Microsoft Windows upgrades meet National requirements • Acute Provider Collaboration analytics work continues to support

	<p>sustainable joined up clinical service design</p> <p>Mr Heaton asked whether there were significant numbers of cyber-attacks on the Trust's IT system. Mrs Holland responded that there was an increasing number of attacks that did not necessarily affect the Trust. For security reasons, how these are dealt with is not discussed in public meetings.</p> <p>Mike Heaton asked what stage the EPR system had reached and queried the security aspects of the solution. Mr Thomas responded that the project work was ongoing and had encountered significant delay owing to COVID-19. All records would be fully electronic in the future, this was a national requirement. Recently all maternity records were moved to digital to allow remote access for both patients and staff. Mr Thomas assured Mr Heaton that every system access requires double authentication to login. A senior member of staff must authorise all registered users and activity is logged, something which paper records fundamentally cannot track, therefore improving security.</p> <p>Mrs Ashby asked for clarification on the delays caused by data entry onto a multitude of systems, particularly in outpatients, and how this issue could be resolved. Mr A Thomas responded that the 'Sunrise' system should be the only entry point for information and invited Mrs Ashby to discuss this with him further outside the meeting.</p> <p>Mr Tasker asked in the meeting chat whether there was a back-up system in the event that the system was hacked and how the Trust is ensuring that 'technophobes' such as the elderly population or digitally poor have clear access to information.</p> <p>Mr Thomas responded that the Trust had various prevention protocols and routine back-up procedures in place to ensure the Trust had a record for recovery from cyber-attacks that would delete or hold any data to ransom. He explained that digital exclusion was a wider issue managed by the Black Country System in the Digital Inequalities Group.</p> <p><i>[18:05 Ms Jill Faulkner left the meeting]</i></p>
COG 21/52.0	Well-Led
COG 21/52.1	<p>Workforce & Staff Engagement Committee (Enclosure 9)</p> <p>Mr Atkins presented the report and summarised the key matters considered at the meeting held on 26th October 2021.</p> <p>The meeting addressed concerns regarding workforce capacity. Assurances were provided in terms of actions taken to address these matters, in particular for international nurse and health care support worker recruitment. Approximately 150 healthcare support workers had been recruited in the previous 12 months, and additional 78 were due to join in January 2022.</p> <p>Mr Atkins reported that the latest KPI report was comprehensive, however it was agreed that in further reports it would include a short highlights section at the start related to the most serious risks and concerns which need to be addressed.</p> <p>Mandatory training was at 87.85%, showing a positive trajectory towards 90% target. Night training sessions were being offered to staff working late shifts.</p>

Major Actions from WSEC meeting - the committee received a comprehensive update from James Fleet (Chief People Officer) and Paige Massey (lead for staff health and well-being) about the development of a programme to support trust staff due to launch in early 2022.

The Dudley Group have been asked to take the lead on developing the ICS Health and Wellbeing Strategy.

The Committee agreed that action plans to tackle issues in equality, diversity and inclusion would be pulled together to form a single strategy.

It was announced that the Trust would relaunching the staff engagement model and the behavioural framework in January 2022.

Mr Atkins reflected on the improvements made to the composition of the meetings over last five years in regard to contribution from attendees ensuring that conversation was not dominated by a select few individuals. He commended contributions from divisional leads, and how they took responsibility for HR initiatives in their area for their respective workforce (for instance sickness, absence, banking agency usage vacancies). Mr Atkins remarked that it was good to see leaders demonstrating clear leadership, targets, and monitoring strategies.

COG 21/52.2 Appointments & Remuneration Committee (Enclosure 10)

The chair introduced the enclosure given as enclosure 10 and reported that the Committee had met on Friday 17th December 2021 where the following items had been considered and recommendations agreed to submit to the full Council of Governors for endorsement.

- The annual review of the Committees' Terms of Reference where no changes were proposed
- The appointment of Lowell Williams to that of a voting non-executive director with effect from 1st January 2022.

The chair noted that Mr Williams was the Trust's longest serving associate non-executive director would improve the voting composition of the board. The chair advised the appointment would be for the unexpired element of his term (March 2023) and that his remuneration would remain the same at £13,190.

It was **resolved**

- To approve the Terms of Reference as per the preamble to this minute
- To approve the appointment of Lowell Williams as per the preamble to this minute.

The chair advised that a document detailing the individual non-executive director profile, assignments and responsibilities would be circulated to the Council of Governors.

Action a document detailing the individual non-executive director profile, assignments and responsibilities would be circulated to the Council of Governors.
Deputy Trust Secretary

[18:09 Joanna Davies-Njie left the meeting]

COG 21/52.3	<p>Trust Secretary report (Enclosure 11)</p> <p>Mrs Board summarised the report noting the outcome of elections had been reported earlier in the meeting.</p> <p>There were no questions.</p>
COG 21/53.0 16.40	<p>Governor matters (Verbal)</p> <p><i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>There were none.</p>
COG 21/54.0	<p>For information</p> <p>The Trusts Integrated Performance Report given as enclosure 12.</p>
COG 21/55.0	<p>Any other Business (Verbal)</p> <p>Mrs Board advised that Governor Training and Development sessions would resume in January on the dates that had been circulated via e-mail. All governors (new and existing) were invited and encouraged to attend. These would be held virtually.</p> <p>The chair stated that routine updates will be circulated to keep the governors briefed between meetings.</p>
COG 21/56.0	<p>Reflections on the meeting (Verbal)</p> <p>The chair thanked those present for the support, guidance and wisdom given to the Trust over the last year.</p>
COG 21/57.0	<p>Close of meeting and forward dates: 2022</p> <p>The chairman advised that the quarterly meeting in 2022 of the Full Council would take place on: 21th March 2022, 20th June 2022 and the next Annual Members Meeting was scheduled for 13th July 2022.</p> <p>The chairman thanked all attending and drew the meeting to a close at 6:15pm.</p>

Dame Yve Buckland, Chair of meeting

Signed..... Dated

Outstanding
To be updated
Complete

Item to be addressed
Item to be updated
Item complete

Council of Governors meeting held 20th December 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.	Deputy Trust Secretary	<i>Subject to social distancing guidelines</i>	Initially proposed to visit RoH on 20/5 and attend CoG meeting Under review
COG 21/47.0	Chief Executives Update	circulate letter from NHSE/I confirming removal of enforcement actions	Trust Secretary	January 2022	Complete
COG/21/48.0	Dudley Integrated Health Care	Circulate copy of NHSI/E letter confirming pause of procurements and business case preparation.	Trust Secretary	January 2022	Complete
COG/21/49.0	Trust Strategy	Circulate summary of governor engagement activity contributory to the development of the Trust Strategic Plan	Trust Secretary	January 2022	Complete
COG 21/50.2	Quality & Safety	Consideration be given to the Council of Governors identifying a specific quality indicator to monitor more closely	Chief Nurse	March 2022	14/1 Request provided to Deputy Chief nurse with responsibility for quality
COG 21/52.2	Appointments & Remuneration Committee	A document detailing the individual non-executive director profile, assignments and responsibilities would be circulated to the Council of Governors.	Deputy Trust Secretary	December 2022	Complete

Paper for submission to the Council of Governor on 21st March 2022

Title:	Public 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 Council is asked to note and comment on the contents of the report.			

Summary of Key Issues:
<ul style="list-style-type: none"> • Living with COVID • Vaccination • Climate Debate at Windsor Castle • New Appointment for Finance Director • Charity Update • Healthcare Heroes • Improvement Practice Update • Draft Black Country ICB Constitution and Draft Function and Decision Map • Patient Feedback • Visits and Events

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)	✓
 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: 10 th March 2022
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – COUNCIL OF GOVERNORS – March 2022

Living with COVID

Last month the Prime Minister outlined a plan for Living with COVID-19. There are currently no changes to the COVID-19 guidance for healthcare staff and anyone who visits our hospital sites are still required to wear a surgical mask, wash hands and keep socially distant.

Vaccination

Getting vaccinated is an evergreen offer and having the COVID vaccine is the best way to protect ourselves and those around us. All Trust staff are encouraged to drop into our vaccination hub at Russells Hall Hospital to protect themselves, patients, colleagues, friends and family.

Climate Debate at Windsor Castle

Clare Nash, our Procurement Head of Clinical Products, represented nursing and the Midlands at Windsor Castle to join the conversation on public health and the climate emergency. Of 29 contributors at the consultation, Clare was the only registered nurse, alongside industry experts, professors in climate science and doctors representing their Royal Colleges. The event, held in St George's House, was a call to action to build a Collaborative Leadership Group with a shared strategy.

The Dudley Group is proud to get behind Healthier Planet, Healthier People – the NHS's eco campaign. We approved our own Green Plan in December 2020 and we are working with our PFI partners to reduce our 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 Green Team, of which Claire Nash is a member, which meets monthly. 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.

New Appointment for Finance Director

Congratulations to our Director of Finance Tom Jackson who has been appointed Chief Finance Officer for the Black Country Integrated Care Board. Tom will be leaving his role of Finance Director at The Dudley Group. In his new role he will continue to support the development of health and care across the Black Country.

It has been a pleasure working with Tom who has been a very supportive colleague. I want to thank him for everything he has brought to the Trust, and for managing our finances so well during the pandemic. We wish him well in his new role.

Tom said, "It has been an honour to serve our community and a privilege to work with so many committed clinicians, officers and Board members. I would like to thank my amazing staff who work tirelessly and effectively to support the delivery of our services and who have made my job that much easier. Also, my gratitude to Diane, Yve and other Board members who have been beyond supportive to me personally during the last four years."

Charity Update

Staff Wellbeing Hub Development

As part of our commitment to developing our staff wellbeing offer, exciting times are ahead of us with the build of a brand-new staff only wellbeing hub at Russells Hall Hospital. The hub will provide staff a safe space to rest and recuperate overall improving their health and wellbeing. The build is a joint funded project by the Trust Charity and NHS Charities Together the independent national charity caring for the NHS initially set up by the incredible donations of Captain Sir Tom Moore. Initial proposed ideas of what this area could look include kitchenette facilities, large seating area, breakfast bar area and a separate breakout area.

Success in Volunteering Futures Fund

The Dudley Group NHS Charity was successful in receiving a grant of £97,047 from NHS Charities Together and Department for Digital, Culture, Media, and Sport (DCMS) for a 15-month Young People Volunteering Programme that will build on our volunteering service's existing student volunteering programme. We will recruit and train 10 of our existing young volunteers as mentors and best practice assessors to support 150 new young volunteers who are currently experiencing barriers to volunteering in Dudley.

#WithAllOurHearts

NHS Charities Together has launched a national campaign, #WithAllOurHearts, to highlight the continuing need to support NHS staff and remind the public that NHS charities are there for them when they need it most. Our Trust charity would also like to promote our [Dudley Group Thank You Appeal 2022 - JustGiving](#) with a call for the public to demonstrate their support for NHS staff by donating. We have asked Trust staff, their families and friends to add a blue heart 💙 to their social media profiles (Twitter/Facebook/LinkedIn etc.).

Healthcare Heroes



February – Individual

Hayley Pardoe, a sister specialising in mental health, was the February individual Healthcare Hero.

Hayley is a champion for our patients living with dementia, using her font of knowledge about the condition to see and review our patients with dementia each month. Despite being advised to shield during the worst of the pandemic, Hayley's passion and care for her patients meant she continued to work regardless.



February – Team

Our February Team Healthcare Heroes award winners were the Dudley Respiratory Assessment Service (DRAS). Even with the additional pressures of the pandemic that this team has faced, they have continued to work extremely hard to help their patients cope with their recovery from COVID when they return home. The DRAS team has been at the forefront of the pandemic, providing care and treatment to COVID patients and offering support under the difficult circumstances, both on the ward and in the community

Improvement Practice Update

Dudley Improvement Practice update

2021 Gastro Pathway

Last year DIP supported departments and services along the upper and lower gastro pathways. This included the Endoscopy Unit and the Imaging department which has now become a positive case study for the recent staff survey results. The gastro ward (C7) designed and set up a new day case unit for which the last part of the estates work is currently being completed. This will save unnecessary overnight stays for patients who will be able to have their procedures carried out in the new Assessment & Intervention Room (AIR). An event took place to progress plans and referral processes for a Perioperative Hub; by optimising patients before surgery, evidence shows that there is a faster recovery and less readmission to hospital. And recruitment is almost complete to staff a new Drug and Alcohol Liaison Service which is being called the Dudley Integrated Liver Service (DILS). An event is due to be held in Spring to design the processes and launch this service. Something Dudley has never had before and which will provide access to a range of appropriate services more quickly and by dedicated specialist staff.

2022 Urgent & Emergency Care + Women's and Children's pathways

Senior leaders from the Medicine and Integrated Care division defined three true norths for Urgent and Emergency Care (UEC). These will be used to guide all improvement work throughout 2022.

Collaboration – improving working between staff groups across Acute Medicine, Same Day Emergency Care and the Emergency Department. This will reduce the number of patients at our ED front door as well as the time patients spend in ED by ensuring they are seen in the most appropriate department first time and reduce admission to the wards.

Flow – working to improve triage and streaming of patients, forecasting and responding to changes in demand to avoid bottlenecks and waiting at various stages of the patient journey.

Staff Wellbeing – it is well known that staff wellbeing results in improved patient care and experience and can produce a virtuous circle of staff recruitment and retention, reduce sickness absence and use of bank and agency staff. The ambition is to replicate the staff survey success seen in Imaging over the last year and continue to build on the improvements already made in UEC.

In March, multidisciplinary teams from Maternity, Neonates and Paediatrics will be taking part in an initial event to design and plan a whole year of focussed improvement across these services. Several patient journeys will be used to identify opportunities for change in areas such as antenatal clinics, maternity diabetes and neuro speciality. There will be a series of implementation events and projects taking place throughout the year to provide our mums, babies and children with outstanding care and experience.

Reflection extracts

We have had some 'passionate' debate at times and occasionally we've had to remind ourselves about respect for one another and the impact on people it has when we dismiss other's thoughts.

But this week has really given us hope that behaviour and habits that create culture can change if we all work at it together with respect and grace.

Rachel Wakeman, ED Matron

I truly now understand the value of the 5 day improvement event. I feel inspired and more confident to run improvement projects within our clinical areas.

Dr Murali Veerabahu

"Staff have a real sense of pride and are excited to return to work to implement their ideas."

Anon.

"I enjoyed that everyone had a say and were able to voice their opinions no matter what job role or banding you are."

Terri-leigh Partridge, ED Clinical Support Worker

"This is a great step forward for us to build happy working relationships."

Jayne Woodcock, ED Lead Radiographer

"Open & honest approach by all teams. Everyone's voice has been heard in a safe environment. Positive vibe throughout the week with everyone recognising the need for change & improvements. Brilliant collaboration from everyone"

Debra Vasey, Acute Medicine Matron

"It was wonderful to know other people shared similar frustrations about processes and it was incredible we were able to work out solutions without blaming/finding fault with individual teams/members"

Anon.

"Interaction with other teams (even though daunting at times) and finding my voice to actually make a valued contribution."

Lyndsey Taylor, Acute Medicine Senior Nurse

"Communication is key! Collaboration is essential! Workforce is paramount!"

Karen Hanson, Director of Operations for Medicine and Integrated Care

"The theories and techniques have been interesting as well allowing the team to feel empowered to make effective change. It has also allowed the team UEC to work closer together building bridges to allow effective working."

Chris Leach, Acute Medicine Directorate Manager

“Attending the DIP VSA week has been an eye-opening experience for me. To be able to see how all areas of the UEC work along side each other, I feel, has enabled us to identify ways we can work more collaboratively. I have felt a sense of pride knowing that the work we have produced will allow us to implement change for UEC and ultimately improve our patient experiences. I am looking forward to the future we have created for the UEC and am excited to share these opportunities with my fellow colleagues.”

Olivia Grange, ED Senior Nurse

“I have been really encouraged by the attitude of individuals to take away the ideas and begin implementation. However, some key hurdles remain after the event as they did before and these attitudes and resistance will require further cracking before sustained improvement or change can be achieved.”

Phil Atkins, ED Directorate Manager

“This week has been an eye-opener on how much we can improve now with little changes that would reduce our wasted time.”

Charlotte Corfield, ED Clinical Support Worker

- Outcome driven with personal commitments.
- Accountability and transparency of what each commitment stands for.
- Supporting each other.

Dr Mo Wani

“Everyone had a single aim – ensuring that the patient is well looked after, and care is given to the best standard possible. I feel really proud of how the urgent care team currently views pharmacy and its service.”

Aminah Ibrahim, SDEC Pharmacist

“Structured; engaging; practical experiences; sharing views; active participation; my viewpoint is a lot clearer in a few areas.”

Dr Ahmed Ismail

“Excellent experience, pleasant gathering, teamwork, practical experience, active participation.”

Dr Shaukat Ali

“We can build a better workplace and working relationship with others.”

Anon.

Draft Black Country ICB Constitution and Draft Function and Decision Map

The draft Black Country ICB Constitution was received on 18th February 2022 and has been shared with the Board for comments.

On the Board Composition, Jonathan Fellows has been recruited as Independent Chair and Mark Axcell as Interim CEO Designate. 5 NEDs have been recruited (Audit and Governance, Remuneration and People, Quality and Safety, Finance Performance and Digital and a NED to oversee work on reducing Health Inequalities and Innovation). In addition, the ICB have appointed to the 3 mandated Executive Roles of Chief Finance Officer, Chief Medical Officer and Chief Nursing Officer. There will be further adverts out later this month for the remaining 3 executive roles of Chief People Office, Chief Inequality and Innovation Officer and Chief Operating Officer.

Conversations are ongoing with partners about the number and perspectives the Board requires for the partner members. Secondary legislation is due which will provide clarity on 'eligibility to nominate'/be nominated for these positions and the Board expects to be in a position to run a nomination and selection process in mid/late May-early June. The timetable for the sign off of the final constitution and 'function and decision map' is not until late May.

The draft Function and Decision Map setting out at high level the Committee Structure of the Board is attached at Appendix one.

Patient Feedback

- **B1** - Staff were absolutely brilliant. Surgeons, doctors, nurses and all auxiliary staff made me feel confident and comfortable at all times. Can't thank everyone enough.
- **C2** - The staff are lovely, treatment pathway and reasoning were explained, so that I understood. The rooms were comfortable.
- **C5:** The staff were amazing and very calming. As a member of staff myself, I was very uneasy about being an inpatient, but they explained everything and made me feel at ease about what was going on. From CSWs all the way to my consultant they are worth their weight in gold. I am very pleased and happy now I have a diagnosis.
- **Community Musculoskeletal Assessment & Physiotherapy service (CMAPS)** - I thought the staff were very helpful and caring and it was very organised, and the equipment was very good and it was all explained to us.
- **Day Case, Corbett** - The staff are lovely and kept me informed about what was going to happen with the surgery, treated really well from the time that I came in until the time I was discharged. Couldn't fault anything.
- **Emergency Department** - Everyone was very helpful, friendly and very professional. Everything was explained to me so I could easily understand the care plan. Very pleased.
- **Maternity (Labour)** - All staff were amazing and could not have been more helpful. As a first-time mom, they made me feel so welcome and at ease. Thank you so much to all the team.
- **Neonatal** – The team were amazing, every single person on this fantastic team.
- **Safeguarding Team** - Thank you to everyone for your support in this matter. It is a great example of multi-agency working for the good of the people we strive to support.
- **Oral Surgery** - Staff were compassionate, supportive and caring. I am very grateful to all staff involved in caring for me.
- **Own Bed Instead (OBI) team:** I firmly believe that without the help of this wonderful team, my mother-in-law would not have been able to come home from hospital when she did, and I am also sure that without Ruth Dugmore's professional, committed and caring nature she would still be "sofa sleeping" and her mental wellbeing would have suffered. Ruth has been a ray of sunshine in my mother-in-law's life when she needed it most. You are all so caring and committed in getting people back into their Own Bed Instead. Wonderful service, long may it continue so that others can benefit from the rapid response and excellent care.

Visits and Events

14th January 2022	Team Brief
21st January 2022	VMI Transformation Guiding Board (TGB)
9th February 2022	Place Development Programme - DUDLEY Joint 'start well' session
9th February 2022	ICS Development – Developing the Architecture for Our Integrated Care System
10th February 2022	Private Board of Directors
10th February 2022	Board Development Session on ICB/ICS
11th February 2022	Team Brief
14th February 2022	Live Chat
17th February 2022	Provider Collaborative Board Meeting
18th February 2022	Healthcare Heroes
23rd February 2022	Visit to the Black Country & Marches Institute of Technology
24th February 2022	Healthcare Heroes
25th February 2022	Live Chat
2nd March 2022	Diagnostic Workforce Workshop
7th March 2022	Black Country Collaboration Clinical Summit

DRAFT Functions and Decisions Map

NHS Black Country – Functions and Decisions Map (DRAFT)

Black County Integrated Care Partnership (ICP) is a statutory joint committee between the ICB and Dudley, Sandwell, Walsall and Wolverhampton Councils.

The ICP prepares an **Integrated Care Strategy** setting out how the assessed health, social care and public health needs of people living in the Black Country are to be met by the Integrated Care System.

Health and Wellbeing Boards are statutory committees of the four Local Authorities, with statutory ICB membership.

The Boards discharge the ICB and Local Authorities' joint duties to:

- Prepare **Joint Strategic Needs Assessments** (JSNAs) for the Local Authority areas.
- Prepare **Joint Local Health and Wellbeing Strategies** that set out how the Local Authority, ICB and NHS England will meet the assessed needs in the Local Authority areas.

West Midlands Integrated Commissioning Committee is a joint committee between NHS England and the ICBs in the West Midlands.

The Committee:

- Arranges for the provision of specialised services – acute and pharmacy services, and specialised mental health, learning disabilities, and autism services.
- Arranges for the provision of 111 and 999 services

NHS Black Country Integrated Care Board (ICB) is a statutory NHS organisation.

The ICB is responsible for:

- Preparing a **five-year forward plan** with partner NHS Trusts and Foundation Trusts to meet the health needs of people living in the Black Country.
- **Allocating resources and arranging for the provision of health services** across the system to deliver the five-year forward plan including preparing a **joint capital resource use plan** with partner NHS Trusts and NHS Foundation Trusts.
- Establishing **joint working arrangements** with partners to deliver the priorities within the five-year forward plan.
- Establishing **governance arrangements** to support collective accountability for whole-system delivery.
- Leading system implementation of the **People Plan**, system-wide action on **data and digital** and drives joint work on **estates, procurement, supply chain and commercial strategies** as key enablers for delivery of the five-year plan.
- **Plans for, responds to, and leads recovery from incidents** (EPRR).

The ICB has established the Committees below to support it in delivering these functions and developed a Scheme of Reservation and Delegation which provides detailed information on the functions and decisions that are reserved to the ICB's Board and those that are delegated to the Board's committees, sub-committees and to ICB employees. It also sets out any ICB functions delegated to other bodies or to joint committees with other bodies, and how functions delegated to the ICB will be exercised.

Audit and Governance Committee

Responsible for Assurance on Internal Control, Audit arrangements, Governance and Statutory functions

Remuneration Committee

Responsible for setting Pay and Conditions for ICB Staff and Board Members

Finance, Performance & Digital Committee

Responsible for assurance on financial duties, system performance and digital strategy and delivery

Quality & Safety Committee

Responsible for quality surveillance and improvement across the system and oversight of safeguarding, CHC and Medicines

People Committee

Responsible for Development of People Strategy, Assurance on workforce development

System Development Committee

Responsible for supporting the development of the system operating model and provider collaboratives, primary care collaborative and Place based partnerships

Strategic Commissioning Committee

Responsible for developing plans for health services for the population, including the commissioning of Primary Care

Mental Health Joint Committee

Responsible Joint oversight of the work of the Mental Health Lead Provider with the Black Country Healthcare Trust

The Black Country area has four **Place-based Partnerships (PBPs)** that bring together the NHS, local councils, community and voluntary organisations, and citizens in each of the four Boroughs.

The PBPs:

- Develop Primary Care Networks (PCNs) within their localities and implement national PCN requirements.
- Provide operational support for General Practice and interface with the wider neighbourhood-level teams.
- Deliver local service development and improvement.
- Deliver medicines optimisation.
- Design, plan and implement specified programmes of work in line with local priority areas.

Running costs and programme budgets are delegated as part of the ICB's annual budget setting arrangements to enable delivery of ICB functions.

Acute Provider Collaborative for the Black Country is a collaborative comprised of providers across the Black Country.

The Provider Collaborative:

- Enables accelerates post-pandemic recovery of elective services, addressing inequalities in access and outcomes.
- Maximises the collective impact of the three organisations as anchor institutions (e.g. purchasing more locally, reducing environment impact, supporting local recruitment, etc).

West Midlands Joint Commissioning Committee

The arrangements for the Joint Commissioning Committee are:

The Joint Commissioning Committee has the following functions:

- 1.
- 2.
- 3.
- 4.
- 5.

This means that the Joint Committee is responsible for making the following decisions:

- 1.
- 2.
- 3.
- 4.
- 5



NHS Black Country Integrated Care Board (ICB)

- The ICB is chaired by Jonathan Fellows
- The ICB meets on a *Bi-monthly* basis with the meeting held in public (the public may be excluded from certain items where there is confidential).
- Meeting dates and papers for the meeting can be found on the following link:

The ICB has the following functions:

- Duty to produce and revise 5 year forward plan with partner trusts and NHS foundation trusts
- Power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service including conducting procurements
- Determine Arrangements for discharging statutory commissioning duties
- ICB may arrange for any functions exercisable by it to be exercised by or jointly with a relevant body, local authority or combined authority.
- ICB may set up a joint committee and establish and maintain a pooled fund in respect of jointly managed functions.
- ICBs and each responsible local authority is to establish an ICP. The ICP must include members appointed by the ICB and each relevant authority.
- Allocation of budgets / resource and agree Joint Capital Resource Plan
- System incentive re-alignment
- Duties to have regard to:
 - all likely effects of decisions on the health and well-being of the people of England, the quality of services provided or arranged and the efficiency and sustainability of resources used.
 - assessments and strategies
 - NHS guidance concerning joint working and delegation arrangements.
- Oversight of:
 - Clinical Leadership Arrangements
 - Internal and External Communications and Media relations
 - Strategic partnership management
 - Engagement, Involvement & Consultation including Political and Clinical and professional engagement
 - Corporate Governance
 - Performance of functions outside England
 - Engagement with Health Overview and Scrutiny Committees
 - National Programme
- Powers to do anything calculated to facilitate, conducive or incidental to another function.
- Respond to NHSEI Consultation on any Directions it intends to issue
- ICBs are permitted to disclose information it has obtained in the exercise of its functions in certain circumstances
- Refer a dispute concerning an NHS contract to the Secretary of State
- Make arrangements with the Secretary of State in respect of the exercise of public health functions
- Power to agree arrangements for support with the Secretary of State
- Exercise power to apply to become a Care Trust



Audit and Governance Committee

The Committee acts as the ICB's statutory Audit committee is responsible for overseeing the work of both internal and external audit, as well as other key systems of internal control including counter fraud, risk management and compliance with financial governance arrangements. The Committee will support the ICB in preparing its Annual Report and Accounts and oversee compliance with key statutory responsibilities including Emergency Planning and Information Governance along with the wider Governance Framework.

The Audit and Governance Committee has the following functions:

- Support the preparation and publish the Annual reports and accounts
- Appointment of internal and external auditors
- Monitoring Compliance with standing orders
- Monitoring Counter fraud and security arrangements
- Monitor internal/external audit function
- ICB duties as category 1 responders including assessing the risk of an emergency occurring and to maintain plans for the purposes of responding to an emergency
- Support the Development of the ICB constitution, including applications for updates and variations.
- Support the development of other Governance documents (e.g. Governance Handbook)
- Determine the ICB's Risk Management arrangements, including ensuring they work effectively
- Developing proposals for audit activity at a system level to ensure assurance and learning is effectively shared with all partners
- Oversight of the following Corporate Functions:-
 - Information governance arrangements
 - Records management
 - FOI
 - Intellectual Property
 - Corporate Affairs (including PMO, Business and Executive Support)
 - Emergency Planning / business continuity
 - Conflicts of interest management
 - Health and Safety
 - Equality & Diversity
 - Litigation (including Corporate Manslaughter claims etc.)



Remuneration Committee

The Statutory Committee responsible for agreeing pay and conditions for the ICB and its employees. This includes agreeing the overall pay policy and the specific arrangements for employees not on Agenda for Change Contracts and for Non-Executive ordinary Members of the Board. The Membership of the Committee includes independent Non-Executive Representatives to enable it to be quorate when decisions are made about ICB Non-Executive pay.

The Remuneration Committee has the following functions:

- Arrangements for remuneration and allowances for Employees and relevant Board Members
- Arrangements for payment of allowance to other persons
- Following guidance issued by NHS England concerning joint appointments between relevant NHS commissioners, relevant NHS commissioners and local authorities and relevant NHS commissioners and Combined Authorities.
- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);
- Oversee contractual arrangements;
- Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.



People Committee

The People Committee is responsible for supporting the ICB in meeting its responsibilities for leading the People agenda across the system. This includes oversight of the development of strategic workforce plans, monitoring workforce issues across the system and actions to address them. The committee will also have oversight of the ICB's own HR arrangements including agreeing HR Policies for ICB employees.:

The People Committee has the following functions:

- Supporting the ICB in meeting its responsibility to lead the delivery of the People Plan for the system
- Arrangements for discharging statutory duties as an employer
- Following guidance issued by NHS England concerning joint appointments between relevant NHS commissioners, relevant NHS commissioners and local authorities and relevant NHS commissioners and Combined Authorities.
- Compliance with duty to make available facilities to university medical or dental schools for the purposes of clinical teaching and research
- Responsibilities in respect of Whistleblowing Legislation
- Developing a Workforce strategy and vision
- Developing a System Workforce Plan
- Agreeing appropriate Employment policies
- Oversight of the ICBs Human Resources function including:-
 - Recruitment
 - Payroll
 - Workforce Performance
 - Organisation development
 - Workforce System Management
 - Strategic HR Advice
 - HR Policy Development
 - General Health and Safety duties as an employer



Finance, Performance and Digital Committee

The Finance, Performance and Digital Committee is Responsible for supporting the ICB in ensuring it meets its financial responsibilities, leads on the digital and data agenda across the system and providing assurance that performance is being managed across the system to deliver ICB strategy and plans. This includes developing financial strategies (including the overall system financial and capital plans) and monitoring performance to ensure the system collectively achieve financial balance. The committee will also support the development of strategies for estates, digital and data as key strategic enablers for overall ICS plans and provide assurance to the ICB that delivery against them is on track and sustainable.

The Finance, Performance and Digital Committee has the following functions:

- Arrangements for discharging statutory financial duties including responsibility for payments to providers and operation within resource limits.
- Supporting the ICB, its partner NHS trusts and NHS foundation trusts to prepare the capital resource plan.
- Agreeing to make facilities available to providers, local authorities or eligible voluntary organisations
- Agreeing arrangements to make grants or loans, subject to such conditions as the ICB deems appropriate, to NHS, trusts, NHS foundation trusts, or voluntary organisations that provide or arrange for the provision of services similar to the services of which ICB has functions.
- Agreeing arrangements for budgetary control
- Agreeing arrangements for the ICB are required to use banking facilities as specified by the SoS.
- Monitoring Compliance with Duty as to effectiveness, efficiency etc
- Supporting the establishment of pooled funds
- Power of CCGs to make payments towards expenditure incurred by local authorities on social care functions
- ICB may be required to provide NHS England with any necessary documents or other information.
- Supporting the ICB in complying with NHS England financial requirements relating to management or use of financial or other resources.
- Development of Capital and Investment Strategy
- Development and Monitoring of Data and digital strategy arrangements
- Development and Monitoring of Estates Strategy Development
- Supporting Duty to publish details of how it has spent a quality payment from NHS England
- Power to recover any reduction, remission or repayment which was not due to a person as a civil debt
- Approving any arrangements for raising additional income (the initial decision to raise individual income should be reserved to the CCG but ongoing use of this power could be done via a joint committee)
- Complying with NHSE requirements on ICBs in order to raise money for investment in Special Administration Funds.
- If required by regulations, each ICB may be required to pay charges in the context of NHSE's functions relating to securing continued provision of health care services for the purposes of the NHS.
- Power to make arrangements for the purposes of furthering sustainable development in countries outside the United Kingdom with the consent of the SoS.
- Oversight of:-
 - Financial Performance
 - Financial Reporting
 - Financial Contract Support
 - Prescribing Budget
 - Financial framework improvement
 - Acute Contract Management
 - Financial planning and management
 - Non-Clinical Contract Management
 - Capital expenditure / capital scheme
 - Performance Management
 - Financial planning
 - Strategic IT
 - Supply chain management
 - Programme Delivery
 - QIPP and other cost reduction and demand management arrangements
 - Facilities management
 - Financial Control
 - Operational Estates Support - Primary Care
 - Operational Estates Support – Corporate
 - Environment and environmental sustainability



Quality and Safety Committee

The Quality and Safety Committee is responsible for supporting the ICB in ensuring it meets its responsibilities to ensure that there is a focus on continuously improving quality across the services in the system. This includes maintaining an oversight of quality issues across the system to provide assurance to the ICB and escalating any issues as appropriate. The committee will also maintain an oversight of arrangements to ensure the ICB continues to meet its statutory responsibilities in relation to safeguarding vulnerable adults and children and young people, working with Local Authorities to support people with Special Educational Needs and Disabilities, continuing health care and medicines management.

The Quality and Safety Committee has the following functions:

- Strategic quality assurance including development and monitoring of Quality improvement strategy to secure continuous quality improvement
- Measures to secure the continued provision or commissioner requested services
- Quality Improvement Analysis
- Supporting the ICB in meeting its duties to:-
 - promote NHS Constitution
 - secure improvement in quality of services
 - to promote research, education and training
- Developing and monitoring arrangements for Patient safety improvement
- Arrangements for the discharge of the ICB's power to appoint Medical Examiners.
- Comply with NHSE directions following investigations of failure to establish measures to allow patient choice
- Ensuring the ICB Cooperates with HSSIB when carrying out an investigation into the same or related incident
- Ensuring the ICB cooperates with the CQC in its role as a regulator.
- Oversight of ICB Duties in respect of Continuing Healthcare
- Oversight of ICB Duties in respect of Safeguarding Vulnerable Adults and Children and Young People
- Oversight of ICB Duties in respect of SEND
- Oversight of ICB Duties in respect of Individual Funding Requests
- Oversight of Quality in respect of the following:-
 - Medicines Management and Optimisation
 - 111/999 Quality Management
 - Serious incident management
 - Health Prevention Protection and Improvement
 - PPE
 - Infection control
 - Access and Response
 - Care Home Quality and Safety



Strategic Commissioning Committee

The Strategic Commissioning Committee is responsible for supporting the ICB in its responsibility to arrange services for the population it serves. This includes reviewing the arrangements for meeting a number of statutory duties (including complying with relevant standing rules and guidance, promoting the NHS Constitution and around patient choice). The Committee will oversee the work of collaborative forums across the system that are developing clinical contributions to strategic plans and setting shared priorities for delivery. The committee is also responsible for exercising the powers delegated to the ICB by NHS England in relation to Primary Medical Services and the preparation for further delegation of responsibilities related to Pharmacy, Ophthalmology and Dentistry.

The Strategic Commissioning Committee has the following functions:

- Supporting the ICB to ensure that the services it is responsible for arranging comply with the following statutory duties:-
 - ensure persons are offered a choice of health service provider
 - publicise and promote information about patient choice
 - meet the maximum waiting times standard (the essence of this duty is to hold providers to account for their performance against waiting times)
 - offer an alternative provider
 - make arrangements to provide an appointment with a specialist for those patients urgently referred for treatment for suspected cancer
 - offer alternative provider for treatment for suspected cancer
 - offer assistance re waiting times
 - Duty to promote the NHS Constitution
 - Duty as to reducing inequalities
 - Duty to promote involvement of each patient
 - Duty as to patient choice
 - Duty to obtain appropriate advice
 - Duty to promote innovation
 - Duty to promote integration
 - Duty to have regard to guidance on commissioning published by NHS England
 - Duty to cooperate with other NHS bodies and Local Authorities
 - Duty in respect of research
 - Duty to promote education and training
 - Public sector equality duty
 - Comply with "standing rules" including those in relation to Patient Choice
- Oversight of Collaborative Forums that contribute to the development of strategic planning and setting shared for priorities operational delivery
- Exercising functions delegated by NHS England in relation to Primary Medical Services
- Overseeing the preparation for the delegation of Primary dental and ophthalmology
- Overseeing the preparation for the delegation of specialised services and other NHSEI commissioning responsibilities
- Oversight of the following activities conducted in relation to services the ICB is responsible for arranging:-
 - Research projects
 - Public Involvement Consultation about plans
 - Compliance with regulations made by the SoS in relation to the procurement of health care services.
 - ICBs and local authorities are to have regard to the joint strategic needs assessment, integrated care strategy and joint local health and wellbeing strategy when exercising their functions.
 - Insight, Intelligence & System Analysis
 - Evidence based protocols and pathways
 - Service design and development
 - Service and care coordination
 - Place based planning
 - Strategic market shaping
 - Clinical Policy Development
 - Responding to requests for information made by the Local Healthwatch organisation and dealing with their reports or recommendations.



System Development Committee

This Committee is time limited and will support the ICB in developing proposals for the further development of the operating model across the system. This includes oversight of the development of Place Based Partnerships, Provider Collaboratives, Primary Care Networks and Collaboratives and the overall strategy for clinical leadership across the system. The committee will also develop proposals for governance arrangements that will enable mutual leadership and accountability across the system that facilitates appropriate delegation of decision making across the system in line with the principle of subsidiarity.

The Strategic Development Committee has the following functions:

- Oversight of the development of the operating model for the system, including the contributions made to this by:-
 - Place based Partnerships
 - Provider Collaboratives
 - Primary Care Networks and Primary Care Collaboratives
- Develop proposals for future Governance and oversight arrangements for the system in line with the operating model
- Oversight of the ICBs relationship with Local Authorities including
 - Cooperation with Public Health
 - Duty to prepare a JSNA along with the local authority
 - Co-operating generally with local authorities in relation to adults with needs for care and support, and carers
 - Local Health and Wellbeing Strategy (JSHW)
 - Approving arrangements for pooled budgets and ensuring monies designated for integration for that purpose - aka Better Care Fund
 - Comply with requirements in relation to Review and scrutiny by local authorities.
 - Each ICB must appoint a person to represent it on its relevant Health and Wellbeing Board.
 - Each ICB has a duty to cooperate with its HWB in relation to the discharge of the HWB's functions.
 - Assist Local Authorities in the discharge of their relevant functions



Mental Health Joint Committee

The Mental Health Joint Committee is responsible for ensuring that the ICB and Mental Health Lead Provider are able to jointly oversee the work of the lead provider and ensure that the activities undertaken are delivered within the agreed financial envelope and in line with the ICB's statutory responsibilities relating to the quality of services. This will include decision making in relation to resource allocation within the identified financial envelope and joint oversight of delivery in line with the contract for the lead provider programme.

The Mental Health Joint Committee has the following functions:

- Oversight of the Work of the Mental Health Lead Provider Arrangements, including its contributions to:-
 - Mental health - Wellbeing and Prevention
 - CAMHS
 - Mental health - S117 Aftercare
 - Mental health - Crisis & acute
 - Mental health - Community
 - Mental health - Integration with primary, secondary, acute and community
 - Learning Disabilities and Autism
- Oversight of the following activities conducted by the Mental Health Lead Provider:-
 - Research projects
 - Public Involvement Consultation about plans
 - Compliance with regulations made by the SoS in relation to the procurement of health care services.
 - Service planned at place including Long term conditions, rehabilitation, recovery, Provision of vehicles for disabled people
 - ICBs and local authorities are to have regard to the joint strategic needs assessment, integrated care strategy and joint local health and wellbeing strategy when exercising their functions.
 - Insight, Intelligence & System Analysis
 - Evidence based protocols and pathways
 - Service design and development
 - Service and care coordination
 - Strategic planning
 - Strategic market shaping
 - Responding to requests for information made by the Local Healthwatch organisation and dealing with their reports or recommendations.
 - Clinical Policy Development
- Supporting the ICB of the delivery of the following Statutory Duties in respect of services planned and delivered at by the Mental Health Lead Provider:-
 - Duty to promote the NHS Constitution
 - Duty as to reducing inequalities
 - Duty to promote involvement of each patient
 - Duty as to patient choice
 - Duty to obtain appropriate advice
 - Duty to promote innovation
 - Duty to promote integration
 - Duty to have regard to guidance on commissioning published by NHS England
 - Duty to cooperate with other NHS bodies and Local Authorities
 - Duty in respect of research
 - Duty to promote education and training
 - Public sector equality duty
 - Comply with "standing rules" including those in relation to Patient Choice



Provider Collaboratives - PLACEHOLDER

The arrangements for Provider Collaboratives in the ICB are.....

The provider collaborative is chaired by X

Provider collaboratives have the following functions:

- To enable two or more NHS Providers to come together with a shared purpose and effective decision-making arrangements, to:
 - reduce unwarranted variation and inequality in health outcomes, access to services and experience
 - improve resilience by, for example, providing mutual aid
 - ensure that specialisation and consolidation occur where this will provide better outcomes and value.

This means that decisions relating to these functions are made by:

- 1.
- 2.
- 3.
- 4.
- 5



Place Based Partnership (PBP) - PLACEHOLDER

The arrangements for the place based partnership in the ICB are.....

The Place Based Partnership is chaired by X

The PBP has the following functions:

- To bring partners in each place together to develop shared objectives, built on a mutual understanding of the population and a shared vision for the place focussed on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.
- To agree objectives to support this vision including goals to:-
 - Improving the quality, co-ordination and accessibility of health and care services to better meet the needs of people and communities.
 - Build coalitions across a range of community partners.
 - Reflect the priorities that are most important to their partnership and to their communities.
- Agree actions the partnership will undertake together, and the capabilities required to support the vision and goal.
- To support the agreement of shared priorities for the wider system, which will include working with at-scale provider collaboratives, where they have taken on responsibility for the delivery of certain services at-scale, to ensure this meets the needs of communities in their place and to avoid the duplication of activities.
- To consider different approaches to take locally to support providers of different types and from different sectors to work together to co-ordinate care and integrate services in their locality.
- Oversight of the following functions agreed for delivery through the partnership:-
 - Health and Care Strategy and Planning
 - Service Planning
 - Service delivery and transformation
 - Population Health Management
 - Connect support in the community
 - Promote Health and Wellbeing
 - Align Management Support



Integrated Care Partnership (ICP) - PLACEHOLDER

- The Black Country ICP is chaired by X
- The ICP meets on a x basis with the meeting held in public.
- Meeting dates and papers for the meeting can be found on the following link:

The ICB has the following functions:

- To operate as a forum to bring partners across local government, NHS and others to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for the population.
- To facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.
- To develop an 'integrated care strategy' for the whole population that will:-
 - Use best available evidence and data, covering health and social care (both children's and adult's social care).
 - Address the wider determinants of health and wellbeing.
 - Be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments.
 - Be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities.
- To champion inclusion and transparency and to challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.



Enclosure 3

Report for Assurance

Full Council of Governors Meeting – 21st March 2022






Title:	Foundation Trust Membership report Q3 2021/22
Author:	Madhuri Mascarenhas – Administration Assistant
Presenter:	Hilary Lumsden – Governor – Chair for Experience & Engagement Committee

Action Required of Committee / Group			
Decision N	Approval Y	Discussion Y	Other N
Recommendations: To note the Trust membership report for assurance quarter three covering the period September 2021 to December 2021			

Summary of Key Issues:
<p>The council is requested to receive the Trust membership report for assurance for the period September 2021 to December 2021 (appendix 1). Ideally, this report should have been reviewed in the Engagement and Experience Committee meeting in February 2022. On 24th of December 2021, NHSE/I provided a further national directive on regulatory and reporting requirements to free up resources resulting in the cancellation of the non-essential meetings.</p> <p>This report provides the Trust membership report for Q3 2021/22.</p> <ul style="list-style-type: none"> • The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's terms of Licence. The total number of public members as of 31st December 2021 is 13,336 (including Rest of England). • Our membership continues to be mostly well represented by constituency, age, gender and across the spectrum of Office of National Statistics (ONS) / Monitor classifications against our population base

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)	
	Build innovative partnerships in Dudley and beyond	X
	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: <i>Inc risk ref number</i>
	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:
	Full Council Meeting	Y	Date: 21/03/2022
	Other	N	Date:

REPORT FOR ASSURANCE

Foundation Trust Membership report Q3 2021/22 Full Council of Governors Meeting 21st March 2022

1 EXECUTIVE SUMMARY

1.1 This report provides the Trust membership report for Q3 2021/22 and year end totals for the preceding three years.

- The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Licence
- Our membership continues to be mostly well represented by constituency, age, gender and across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base

The total number of public members as of 31st December 2021 is 13,336 (including Rest of England) representing a decrease of 37 compared to 30th September 2021. The number of staff members is 6,096 giving a total membership of 19,432.

Total public membership

Membership	31 March 2020	31 March 2021	30 Sept 2021	31 Dec 2021
Public	13,671	13,443	13,373	13,336

1.2 The Trust has continued to maintain a public membership that is reflective of the socio-economic and demographic characteristics of the population we serve. See Appendix 1.

Monthly data base cleansing removes members who are deceased and also identifies members who may have moved away. These are initially recorded as 'possible address change'. Each year, the database provider is contracted to undertake an address checking action to repatriate members where possible.

Other database cleansing involves checking the public membership database against the workforce database for duplication.

1.3 Our membership continues to be mostly well represented by constituency, age, gender across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base.

1.4 To comply with the diversity requirements of the Equality Act 2010, all membership recruitment and engagement activities are open to all Trust members, patients, their families and carers as well as members of the wider community. Any person residing in the area served by the Trust and beyond is eligible to become a member of our Trust regardless of age, gender, ethnicity, religion or belief, gender reassignment, disability,

marital status, pregnancy or nursing, or sexual orientation. Our Constitution stipulates (annex 9, item 10) that the minimum age for membership is 14 years old. There is no upper age limit.

During COVID-19, engagement opportunities have been limited with reduced recruitment activity.

The governors 'Out there' project continues to support opportunities for both governors and the Trust to achieve the following key objectives;

- Raise awareness and promote the activities of the Trust
- Develop relationships with our local communities
- Seek views of Trust members and those of the wider public
- Recruit new members including those from underrepresented areas

2 BACKGROUND INFORMATION

The Experience & Engagement Committee receives quarterly reports on which to base any actions that may be required to ensure that the membership remains broadly reflective of the population served by the Trust.

3 RISKS AND MITIGATIONS

3.1 The Foundation Trust's public membership remains broadly reflective of the community and population served by the Trust. The Trust remains within the terms of its licence in this regard.

Actions to address the areas of membership under representation as set out in section 2.3 will be incorporated in the Governor and Membership Engagement Plan and monitored by the Experience & Engagement Committee.

4. RECOMMENDATIONS

4.1 The Council is asked to note the membership constituency and breakdown report as at the end of quarter three, 2021. To take assurance from the data provided that:

- The Trust remains compliant with its terms of licence in respect of its public membership
- The membership is mostly well represented by constituency, age, gender across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base.

4.2 Actions to address any under representation will be incorporated into the Governor and Membership Engagement Plan and monitored by the Experience & Engagement Committee.

APPENDICES:

Appendix 1 – Membership constituency and breakdown report as of 31st December 2021.

Public Constituencies	Number of Members
Brierley Hill	1679
Central Dudley	2315
Halesowen	1074
North Dudley	1275
Rest of England	2178
Out of Trust area	76
South Staffordshire and Wyre Forest	1106
Stourbridge	1623
Tipton and Rowley Regis	2010

Public membership breakdown by age, gender and ethnicity		Number of Members
Age	0-16 years	5
	17-21 years	170
	22+ years	12501
	Not stated	660
Gender	Male	4342
	Female	8661
	Unspecified/not stated	333
Ethnicity	White	10,426
	Mixed	384
	Asian or Asian British	1,171
	Black or Black British	392
	Other	66
	Not stated	897

Staff Constituencies	Number of Members
Allied Health Professionals and Healthcare Scientists	686
Medical and Dental	564
Nursing and Midwifery	3025
Non-Clinical	1138
Partner Organisations	683

Paper for submission to the Council of Governors
21st March 2022

Title:	Governors Out There 2021 – 22
Author:	Madhuri Mascarenhas – Administration Assistant
Presenter:	Hilary Lumsden – Governor – Chair of Experience & Engagement Committee

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
Recommendations: To note the governor engagement activity for the period November 2021 to March 2022			

Summary of Key Issues:

The Council is requested to receive the Governors 'Out there' report for the period November 2021 to March 2022 (appendix 1). Ideally, this report should have been reviewed in the Engagement and Experience Committee meeting in February 2022. On 24th of December 2021, NHSE/I provided a further national directive on regulatory and reporting requirements to free up resources resulting in the cancellation of the non-essential meetings.






Owing to the restrictions that were in place during the COVID-19 pandemic, the Governors were limited to participate in Quality & Safety reviews and PLACE-Lite events that took place in the hospital. This resulted in a reduced level of external governor and membership engagements. Nevertheless, these limited engagements offered the Governors a chance to observe and interact with patients and staff in different wards and identify areas for improvement. In the coming months the Foundation Trust office will be supporting our Governors with more opportunities to engage.

The 'Out there' initiative was developed in collaboration with Governors and is designed to support a wide range of opportunities for both the Governors and the Trust in order to achieve the following key objectives:

- Raise awareness and promote the activities of the Trust
- Develop relationships with our local communities
- Obtain views of Trust members and those of the wider public
- Recruit new members including under-represented areas
- Raise awareness of the governor role and promote forthcoming governor vacancies

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)	
	Build innovative partnerships in Dudley and beyond	X
	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: <i>Inc risk ref number</i>	
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE/I	N	Details:
	Other	Y	Details: As per Governor statutory and other duties

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Full Council Meeting	Y	Date: 21/03/2022
	Other	N	Date:

Appendix 1

Governors 'out there'

From November 2021 to March 2022, governors have attended the following:

Date	Activity / Venue	Governors attending
11/11/21	Public Board of Directors Meeting	Helen Ashby and Alan Rowbottom
19/11/21	PLACE-Lite	Alan Rowbottom
23/11/21	Quality and Safety Committee	Alan Rowbottom
26/11/21	Russells Hall – Site visit	Sandra Harris and Vicky Homer
13/01/22	Public Board of Directors Meeting	Helen Ashby, Alex Giles, Hilary Lumsden, Maria Lodge-Smith, Elizabeth Naylor and Louise Smith
25/01/22	Quality and Safety Committee	Helen Ashby and Richard Tasker
25/01/22	Workforce and Staff Engagement Committee	Alan Rowbottom, Richard Tasker and Alex Giles
16/02/22	Governor Development Day – Liverpool University Hospitals NHS FT	Richard Tasker
18/02/2022	PLACE-Lite	Richard Tasker
22/02/22	Quality and Safety Review	Alan Rowbottom
22/02/22	Workforce and Staff Engagement Committee	Alex Giles
23/02/22	Patient Experience Group Meeting	Hilary Lumsden
28/02/2022	ICS Stakeholder Briefings – organised by Healthier Futures	Alex Giles
02/03/2022	People's Panel Event (Pharmacy)	Sandra Harris
04/03/22	Quality and Safety Review	Richard Tasker
08/03/2022	Quality and Safety Review	Sandra Harris

Date	Activity / Venue	Governors attending
10/03/2022	Public Board of Directors Meeting	Helen Ashby, Richard Tasker and Alan Rowbottom, Alex Giles and Elizabeth Naylor
11/03/2022	Elisabeth Garret Anderson Masters – Corbett Rehab Centre	Maria Lodge
16/03/22	Quality and Safety Review	Helen Ashby

Paper for submission to the Full Council of Governors on 21st of March 2022

Title:	Governor's Staff Wellbeing - Charity Fundraising Project
Author:	Nithee Kotecha - Fundraising and Community Development Lead – Trust Charity
Presenter:	Nithee Kotecha - Fundraising and Community Development Lead – Trust Charity

Action Required of Committee / Group			
Decision	Approval	Y	Discussion
Recommendations: To review the Governor's charity fundraising project promotional collateral with the group, provide feedback and amendments if required. Agree for the materials to be printed and circulated.			

Summary of Key Issues:
<ol style="list-style-type: none"> 1. Review fundraising project promotional collateral 2. Discuss JustGiving page for the project 3. Provide feedback and amendments if required 4. Agree for the materials to be printed and circulating

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	X

Implications of the Paper:			
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:

STAFF WELLBEING CHARITY CAMPAIGN

Help our governors turn a meeting room into a
wellbeing room!

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Scan to donate!

Help us raise
£7000 for a
staff wellbeing
room!

Let's create better
spaces for our
colleagues to find
the quality rest
and recuperation
that they deserve



"Our room is quite small
... I appreciate there is
little that can be done to
make the space larger,
but I feel there is so
much that can be done
to make it a better space
for staff to use."






 DGNHS Charity

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 Dudley Group NHS Charity

Paper for Submission to the Council of Governors
Monday 21st March 2022

Title:	Quality & Safety Committee December 2021, January 2022 and February 2022		
Author:	Sharon Phillips – Deputy Director of Governance		
Presenter:	Catherine Holland – Non Executive Director, Committee Deputy Chair		
Action Required of Council			
Decision	Approval	Discussion	Y Other
Recommendations: The Council of Governors 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:			
Risk	Y	Risk Description:	
	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/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: 20 th Dec 2021, 25 th January 2022, 20 th February 2022
	Board of Directors	Y	Date: 13 January, 10 th February and 10 th March
	Other	Y	Date: Full Council March 2022

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

20 December 2021

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Challenges in performance to the compliance to VTE performance in surgery woman's and children's. Assurance was provided of the actions being taken to improve compliance. A decline in the Trusts complaints response performance within 30 days. The CLIP report identified a trend in complaints in relation to patient discharges. Challenges to meet the TIA clinic metrics. Committee received the report of compliance to review procedural documents in agreed timescales. Challenges identified in respect of driving improvement to the numbers outstanding across the divisions. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Commissioned a full stroke (TIA) improvement plan to be presented to the Committee in January 2022 Work in progress for perinatal mortality to address neonates with the LMNS Divisions to present to the December 2021 Committee their plans for addressing their outstanding procedural documents.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance received of improved SSNAP target standards for stroke indicators Positive assurance of 4 new consultant appointments to Obstetrics and Gynaecology and the recruitment of 10 newly qualified midwives Positive assurance of the work undertaken to address compliance to mandatory training in the Surgery, Women and Children's Division Positive assurance of the work commenced in preparation for the health economy introduction of Liberty Protection Safeguards Significant assurance received of the positive work undertaken in the Learning Disability Annual Report Assurance received of a decrease in SHMI over the last two reporting periods and the changes in care pathways that has supported this reduction. 	<p style="text-align: center;">DECISIONS MADE</p>

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

25th January 2022

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • There has been a decline in the position for compliance against the VTE standards. Potential issues had been identified relating to data quality this was currently being explored • Challenges to meet the TIA clinic metrics. The Committee commissioned the need to undertake a harm review for the last 6 months and a full-service review to inform impact on service and clinical outcomes. • The committee was made aware of an ongoing review of pressure ulcers and concerns regarding the accuracy of the data and reporting. • The Committee received the serious incidents report which identified high numbers of breached actions arising from the serious incident investigations. It was confirmed this is closely being monitored and driven through the Risk and Assurance Group. • Significant challenges in HSDU (PFI partners) and evidence of breaches to statutory regulations. Assurance provided of immediate actions taken by the Trust and ongoing work. It was confirmed following the immediate actions taken there was assurance the unit can operate safely. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Commissioned a full stroke (TIA) service review. To present to the February 2022 Committee the terms of reference, review framework, review of harm and timescales • Full report to come to the committee in April to share the findings and actions following the completion of the pressure ulcer review.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Positive assurance of the work completed for learning disabilities and DNA CPR decisions. This included the significant work that had been undertaken and committee agreed for this to be shared with the Trust Board and with the Dudley Safeguarding People Partnership Board • Positive assurance of the appointment of a full time Patient Safety Specialist. This included what the role entailed and the framework for how they will engage and deliver 	<p style="text-align: center;">DECISIONS MADE</p>

CHAIRS LOG
UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE
22nd February 2022

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Challenges at divisional level to review procedural documents in agreed timescales. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p>
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance of the Trust having for the last two reporting periods a decrease in SHMI with the latest value of 1.12. In addition, the work being taken forward with the ICS to look at a standardised approach to the use of SHMI across the system. Significant assurance of excellent work completed in surgery to undertake an in-depth review of VTE and determination of areas of concern for compliance and data quality. The review identified challenges in informatics accurately capturing data and the alerts to complete not consistently triggered. A manual review of data identified positive compliance (94%) supported by VTE assessment inclusion in preoperative checklists. Positive assurance received of patient outcomes Positive assurance presented in the surgery woman and children's governance report across key quality indicators. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> Ratification of Patient Experience Strategy Ratification of Learning Disability Strategy

Paper for submission to Council of Governors 21st March 2022

Title:	Quality Account timeline and Quality priorities for discussion					
Author:	Sara Whitbread – Quality Review and Improvement Lead					
Presenter:	Jo Wakeman – Deputy Chief Nurse					
Action Required of Committee / Group						
Decision Y	Approval	Discussion Y	Other			
Recommendations:						
<ul style="list-style-type: none"> - To note the proposed timeline for development of the Trust Quality Accounts 2021/22 - To provide feedback on the proposed Quality Priorities for 2022/23 						
Summary of Key Issues:						
<u>Quality Account development and approval timeline 2021/22</u>						
Item/month	Feb 2022	March 2022	April 2022	May 2022	June 2022	July 2022
CoG – receive Timetable for production of 2021/22 Quality Account (Q Acc.)						
CoG – Agree quality priority to champion*		Quality priority consultation	(offline)			
CoG - Preparation of Governor comment on draft Q Acc.			(offline)			
CoG - Annual Report & Accounts to private CoG and receive with audit report						
Quality account report to go to Healthwatch for comment						
Quality account report to go to CCG for comment						
Quality account report to go to Dudley Oversight and Scrutiny Committee						
Quality & Safety Committee receive bi-annual reports	Q3					
Quality & Safety Committee discuss quality metrics and proposed topics for Quality priority for the next financial year		Metrics to be agreed				
Quality & Safety Committee receive draft annual report and accounts			Draft for comments	For endorsement		
Board of Directors - Annual Report & Accounts to private Board and receive with audit report					15 th June	
NHS England publication					30 th June	
Annual report and quality account to AMM – Presentation of Annual Report & Accounts						13 th July

Quality Priority list for consultation 2022/23






Through consultation the following list of proposed topics have been established for consideration for the Trust Quality priorities for next year (2022/23).

Proposed topic	Specific	Team Responsible/Lead
Patient experience	1. Improve complaint closure within 30 days to 50% by April 2023 2. Reduce outstanding backlog to 0 by April 2023	Patient experience/complaints team
Patient experience	1. Inpatient survey results * Specifics still to be agreed following further analysis of the inpatient survey results	Patient Experience
Operations	1. Capacity and patient flow (SDEC pathways) 2. Patient discharge management (EDD)	Operations team
Pressure Ulcers	1. Clear outstanding incident backlog for category 3 and 4 pressure ulcers 2. Develop systems to promote timely investigation and validation of pressure ulcers recorded via the Datix system	Tissue Viability/Governance Team
Nurse vacancies	1. Reduce nurse vacancies *Specifics still to be agreed	Nursing Directorate/Recruitment

The Quality Lead will work with the Governor and Membership Manager to develop a process for governor involvement in assisting in the development of quality priorities for 2023/24.

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)	√
 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			
	On Risk Register:	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Safe, Caring, Well Led
	NHSE/I	Y/N	Details:
	Other	Y/N	Details:

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	N	Date:
	Council of Governors	Y	Date: 21 st March 2022
	Other	N	Date:

Paper for submission to the Council of Governors on 21 March 2022

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	Y	Date: 28/02/22
	Council of Governors	Y	Date: 21/03/2
	Other	N	Date:

CHAIRS LOG

Upward Report from the Finance and Performance Committee

Date Committee last met: 28 February 2022

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • High agency and bank spend, driven mainly by registered nursing • Costs generally have been inflated during the COVID period and the return to more normal times will bring with it the need to make substantial, and potentially difficult, cost reductions if the Trust is to continue to achieve financial balance. Otherwise, initial forecasts point to a sizeable deficit next year • Emergency department triage is below standard and despite increased executive focus improvements achieved during the last quarter have not been sustained • Performance against mandatory standards is below desired levels 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Report requested on the impact on the capital programme of an overspend on the Rainbow Unit • Overview of the financial framework and pressures for the next planning period • Costed plan for development of the Electronic Staff Record • Business case template to be developed
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Trust's financial performance remains satisfactory, with a small cumulative surplus of £42k to the end of January. It remains on track to deliver the financial plan • The system is also performing better than originally forecast and is expected to deliver a surplus • The Trust has performed well against the targets for elective recovery and as a result has secured additional payments of £8m from the Elective Recovery Fund • The current international nurse recruitment programme has successfully recruited 75 out of a target of 75 nurses 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approved revised terms of reference for the Finance Improvement Group and associated committees • Recommended to Board for approval <ul style="list-style-type: none"> ○ Extension of the mobile CT/MRI scanner contracts at a maximum revenue cost of £2.72m, financed externally ○ The Trust's year 2 to 5 plans for the Community Diagnostics Centres and associated bid for external funding ○ Pharmacy robot replacement at a capital cost of £1.125m ○ £13m increase in the cost of the North Block fire protection works

- Continued excellent and nationally recognised performance by the Black Country and West Birmingham COVID vaccination employment bureau, which is hosted by the Trust
- Performance against mandatory standards remains broadly stable
- Positive feedback from the Care Quality Commission following visits to the urgent care departments
- Strong performance against the Better Payment Practice standard, with 96.5% of non-NHS invoices paid within 30 days

- Nursing and midwifery international recruitment business case with a non-recurrent cost of £3m and the goal of eliminating agency use and generating savings of £1m a year from 2023/24
- Extension of the three temporary staffing contracts for the COVID vaccination employment bureau until the end of June at a maximum cost of £2.4m

Chair's comments on the effectiveness of the meeting: Efficient meetings but concerns raised by NEDs about the clarity of business cases. Welcome governor attendance

Paper for submission to the Counsel of Governors 21st March 2022

Title:	Digital 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 meeting agenda was shortened due current operational pressures. • Reports for assurance were received. No papers were presented for approval. • Assurance provided on High Severity to the Log4J cyber threat vulnerability

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	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	

Implications of the Paper:	
Risk	Y Risk Description: Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of

Compliance and/or Lead Requirements		resources and change fatigue; results in clinical risk, reputational risk and inefficiency.	
	On Risk Register: BAF	Y	Risk Score: Moderate (8)
	CQC	Y	Details: Well Led
	NHSE/I	N	Details:
	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statute 250)

Report Journey/ Destination	Working / Exec Group	Y	Date: 10th January 2022
	Committee	Y	Date: 19 th January 2022
	Board of Directors	Y	Date: 10 th February 2022
	Other	N	Date:

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 19th January 2022







The Dudley Group
NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• The IT Service Desk is receiving a high volume of calls along with resource challenges that are Covid related. Additional staff have been recruited.• Delays to integration of the Sunrise Maternity module with the Perinatal Institute content were highlighted from the digital steering group. A further update report on progress will be reported at the next Committee• Partial positive assurance was received in relation to COR1083 via the IT Corporate Risk report	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Maternity EPR deep dive and lessons learned underway• Phase 2 infrastructure replacement and software application migration blueprint work is in progress
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• A number of High Severity CareCERT cyber threat notification had been received and dealt with by the Trust• Positive assurance demonstrated by robust approach to High Severity CareCERT alert CC-3898 Log4j 2.	DECISIONS MADE <ul style="list-style-type: none">• N/A
Chair's comments on the effectiveness of the meeting: <p>Due to operating pressures the Digital Trust Technology Committee agenda focused on statutory compliance and Cyber related reports. The importance of the meeting still taking place was noted. The group reported that the meeting was 'quick' and to the point. The focus on statutory requirements can take away from other important strategic agendas and the committee resolved to rebalance this at the next meeting (should operating pressures permit).</p>	

Paper for submission to the Full Council of Governors Meeting on 21st March 2022

Title:	Summary of Workforce and Staff Engagement Committee (WSEC) Meetings held on 21 st December 2021, 25 th January 2022 and 22 nd February 2022
Author:	James Fleet Chief People Officer/Julian Atkins Non-executive Director
Presenter:	Julian Atkins - Non-executive Director

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other Y
Recommendations: Attached are the Chair's upward reports from the Workforce & Staff Engagement Committees held on 21 st December 2021, 25 th January 2022 and 22 nd February 2022.			

Summary of Key Issues:	
The following reports summarise the discussions held in terms of matters of concern/key risks to escalate, major actions commissioned/work underway, positive assurances and decisions made.	
Impact on the Strategic Goals	
 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:			
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: Well-led
	NHSE/I	Y	Details: NHS People Plan
	Other	N	Details:
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC 22/02/2022
	Board of Directors	Y	Date: 10/03/2022
	Other	N	Date: Full Council of Governors 21/03/2022

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE

Date Committee last met: 22nd February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Whilst the Committee noted the increase in sickness absence of 1.9% in January (10.06%) from December (8.16%), which was principally due to high levels of COVID absence (347 at the highest point in January), James Fleet advised that the number of staff absent from work for COVID related reasons has decreased significantly during February, falling to 37 as at 21st February.
- The Committee discussed the ongoing challenge regarding statutory training compliance for Adult, Paediatric, and Neonatal Resuscitation; Adult and Child Safeguarding Levels 2 and 3; and Patient Moving and Handling. A specific piece of work was commissioned to address this (see Major Actions Commissioned/Work Underway).

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Committee commissioned a review of options to address the Trust's continued failure to achieve compliance for Resuscitation (Adult, Paediatric, and Neonatal), Patient Moving and Handling, and Safeguarding Adults and Children Levels 2 and 3. Andrew Boswell (Mandatory Training Manager) confirmed that alternative means of completion for Level 2 and 3 will be implemented, subject to approval by the Trust's Internal Safeguarding Board. Andrew Boswell and Helen Bromage (Deputy Chief Nurse) also confirmed that successful completion of Resuscitation at previous Trusts should be honoured by the Resuscitation Department, particularly for clinicians who may rotate up to six-monthly, given the standardised national algorithm for life support. The Committee also considered the need to address compliance for Patient Moving and Handling, given incidence of musculoskeletal injuries amongst the workforce. The Committee have asked Helen Bromage and Andrew Boswell to bring a paper to the March Committee meeting for discussion, consideration and action.
- Julian Atkins updated the Committee from the recent 'Connecting Workforce Chairs' meeting which was held on 27th January 2022. The key purpose of this forum is to connect the Workforce Chairs from the partner organisations across the system. Following the inaugural meeting in November 2021, the decision was taken to invite the Chief People Officers (CPOs). Julian updated that there was strong attendance at this meeting by both Chairs and CPOs, as well as consensus that this forum will provide a valuable platform to, enhance collaboration in the people agenda across the system and review and challenge the progress being made across key workforce initiatives and work programmes. This forum will also provide the opportunity for NEDs to contribute to the agenda and workforce programme of the People Board, as well as provide independent 'check and challenge'. Julian advised that the next meeting in March will focus on system-wide recruitment activities. Future meetings will address, workforce retention, workforce technology, equality and inclusion and talent management. There will be a focus on agreeing deliverable actions which benefit the whole system.

	<ul style="list-style-type: none"> As part of the ESR Optimisation meetings, a focused L&D function meeting is scheduled for March 2022 to identify the potential benefits of ESR Employee Self-Service. Findings will be shared with the Committee.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <p>The Committee was pleased to receive the following updates:</p> <ul style="list-style-type: none"> The total vacancies reduced by 5.03 WTE in January from December. Bank usage increased in January by 73.10 WTE, whilst agency usage decreased by 10.84 WTE, with an associated improvement in the average shift fill rate for registered nurses (77% compared to 74% in December), unregistered nursing shift fill remained static at 61%. There had been a slight improvement in Statutory Training compliance since the previous report (0.3%), with three further subjects also moving into green and therefore above the Trust target. There was a positive report from Gurjit Bhogal (Chair EDI Steering Group) which demonstrated the progress that this group is making, which was commended by the Committee. The update included work on the ethnicity and disability gender pay gap and an update on the development of an integrated Trust EDI Strategy. James Fleet updated on the work that is being taken forward to develop a System EDI Strategy. Vij Randeniya (Chair Wellbeing Steering Group) provided an update on the February meeting of the Wellbeing Steering Group, which is also making strong progress. Vij updated the Committee on the work that is being undertaken to develop a broader and more inclusive range of wellbeing options for staff. Vij also highlighted the positive feedback from the Staff Survey regarding staff experience of wellbeing support within the Trust, particularly during such a challenging and pressured time. Vij also fed back that Paige Massey (Trust Wellbeing Lead) has begun work on a health and wellbeing training package with the OD team. Wellbeing conversations have started to happen. The recruitment of Wellbeing Champions is taking place during the next couple of months. A further update will be provided to the Committee meeting in April. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee moved the planned presentation of the Patient Safety strategy, by Patient Safety Lead, to the March Committee. To enable sufficient time for consideration and discussion, the Committee moved the planned update on the Trust's OD workplan forward to the March Committee meeting.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>Despite being a short meeting (given the Trust's level 4 status), there were several positive updates, including feedback from the Health & Wellbeing and EDI Steering Groups which have built a strong momentum across their work programmes. The February Workforce KPI report also provided some assurances that the range of initiatives that are being deployed to increase recruitment is having an impact in reducing the overall vacancy factor. It was also good to note that COVID related absence has reduced significantly since its most recent peak in January. The Committee had a constructive discussion regarding opportunities to increase the accessibility of mandatory training, through more flexible approach; the Committee has commissioned a report with recommendations to be presented to the March meeting.</p>	

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 25th January 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Three key risks were identified through the Workforce KPI report and discussed; these were:
 - 1) High levels of sickness absence, reported at 8.16% for December 2021, an increase by 1.5% since November) with the number of people absent for a COVID related reason rising significantly in December, peaking at a daily absence of 283 staff. As reported to Committee sickness absence has reduced during January 2022.
 - 2) High overall Trust level vacancy rates (12% - 715 WTE vacancies) – although, as Karen Brogan (Deputy Chief People Officer) reported to the Committee, the vacancy level has continued to reduce since November (see positive assurances below).
 - 3) Low temporary staffing shift fill rate in December (registered nurses 74% and 61% for unregistered nursing). As reported to the Committee this reflects a usual annual dip in fill rates during the festive period.
- Whilst there has been an overall improvement in the Trust's statutory training compliance (88%), the Committee highlighted continued concerns regarding specific subjects; Resuscitation (Adult, Paediatric, and Neonatal variations), Patient Moving and Handling, and Adult and Child Safeguarding Levels 2 and 3. The Safeguarding Team have plans in place to amend provision from April 2022 to improve compliance. The accessibility of Resuscitation and Patient Moving and Handling training remains a concern for divisions and directorates.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Committee were advised that James Fleet (Chief People Officer), and Becky Cooke (EDI Lead) are taking forward the work to establish a DGFT Integrated EDI Strategy, working closely with the Staff Inclusion Networks, Peter Lowe and the DIP team, as well as with Divisional and professional leaders. This work will contribute to and inform the work at system level to develop an ICS EDI Strategy. Regular updates will be provided to the EDI Steering Group, chaired by Gurjit Bhogal (NED).
- Vaccination as a Condition of Deployment (VCOD) – The Department of Health and Social Care (DHSC) formally announced (9th November 2021) that individuals undertaking CQC regulated activities in England must be fully vaccinated (having 1st and 2nd doses of the vaccine) against COVID no later than 1st April 2022 to protect patients, regardless of their employer, including secondary and primary care, private providers, etc. The legislation came into effect from 7th January 2022. James Fleet updated the Committee regarding the current number of substantive staff whose vaccination status was 'unknown' and on the steps that the Trust is taking to address the outstanding staff that have an 'unknown' vaccination status, in a supportive and compassionate way and in line with the guidance received from NHSE/I. This is a large programme of work for the Trust, which will require additional resource and capacity over the coming weeks through to and beyond 1st April 2022.

POSITIVE ASSURANCES TO PROVIDE

- The Committee was pleased to receive the following updates:
 - COVID related absence has decreased in January, with 130 staff absent for a COVID related reason on 22nd January (a sickness absence rate of 2.47%).
 - The number of vacancies has decreased by 51.34 WTE since November, as a result of sustained recruitment to vacant roles. Active recruitment campaigns remain in place.
- The Committee welcomed the Inclusion Network Chairs/Vice-chairs to present their Network priorities for 2022. The Networks all reported growth in their memberships and renewed ambitions for the coming months. The Committee was also pleased to see that initiatives that were delivered during 2021 are having a direct benefit, for example the focus on improving declaration rates by the Disability Network has contributed to a major increase in disability declarations within the 2022 staff survey (an increase in declaration rates of 13% up to 23%).
- Overall, there has been a further improvement of 1% (88%) in statutory training compliance for January since the previous report to WSEC in December. Clinical Support Services division continued to perform above Trust target at 91.1%; Corporate division at 88.4%; Medicine and Integrated Care division at 87.8%; and Surgery, Women, and Children division at 84.8%.

DECISIONS MADE

- James Fleet presented the initial staff survey results (embargoed until mid to late March). The more detailed results will follow in March, along with the national benchmark data, which is not yet available. The Committee discussed the early results and decided that a deep-dive session is needed, once the fuller data sets are released, to fully consider and understand the key messages, lessons and areas for improvement. However, the Committee did note the significant improvement in response rates (59%). The Committee also confirmed that robust reporting and governance of progress against improvement plans will be required into WSEC during 2022.

Chair's comments on the effectiveness of the meeting:

The Committee were pleased to hear about the excellent progress made by the Staff Inclusion Networks and to hear their ambitious priorities for 2022. The developments across the Inclusion Networks demonstrate excellent engagement with diverse staff groups from across the Trust and also that the Networks have a positive impact for our people. It was great to hear about the significant improvement in the Staff Survey response rate, which makes the results more meaningful and representative. The Committee is keen to undertake a deep-dive into the staff survey results at its April meeting. It was good to see the positive movement in some of the key workforce KPI's (reduced COVID-19 sickness absence and reduced vacancy levels) though the Committee recognises that there is still much more work to be done in these key areas. The Divisional Deep-Dive sessions will continue to provide the opportunity for WSEC to hold leadership teams to account for performance against workforce KPI's and the improvement trajectories that have been set.

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE

Date Committee last met: 21st December 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee highlighted ongoing concern regarding the level of nurse vacancies but recognised that the nurse staffing challenge is a national issue and that the Trust is taking a range of strategic and tactical actions and interventions to mitigate risk. Whilst overall compliance with statutory training requirements (87%) is higher than December 2020, this represents a decrease of 0.2% from the previous report in November 2021. The Committee were assured that the training department are offering a wide range of flexible training options for staff to optimise compliance. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Paige Massey (Health & Wellbeing Lead) presented an update on the DRAFT outline Health and Wellbeing offer and implementation plan for 2022 and beyond. This was well received by the Committee, with further updates due at future meetings. The Trust Executive will be considering the plan and associated costs in January 2022. Gurjit Bhogal (as Chair of the EDI Steering Group) briefed the Committee on some work that has been undertaken to review BAME leavers and starters data. This has highlighted some key findings which the EDI Steering Group and BAME Network will be picking up at the next network meeting in January. By way of assurance this work triangulates with a separate exercise that has recently been undertaken to engage with BAME nurses to better understand potential barriers to career progression and development. Several immediate actions were outlined, with further engagement work being planned through the BAME Network for early in 2022. Career development and progression for diverse staff groups is a key priority for the Trust.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Whilst the Committee noted concern regarding the level of bank shifts that are regularly unfilled, it was recognised that there has been a significant increase in demand in December (an additional 4036 shifts across registered and unregistered nursing) compared to November. Shift fill rates have remained consistent at 79% for registered shifts and 71% for unregistered shifts, as a result of some successful interventions, including the introduction of a consolidated bonus payment and increased capacity in the bank team. This is also reflected in the increase in bank usage (510 - 551 FTE between October – November). Measures to improve the 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Having been awarded the Workforce Disability Equality Standard (WDES) Innovation Fund award from NHSE/I, Becky Cooke presented a DRAFT programme of work, which the Committee was pleased to support and approve.

provision and utilisation of temporary staffing across the ICS is also a key area of focus for the system People Board.

- The Committee were pleased to see that the Corporate Risk Report has been updated, dynamically, to reflect the status of key workforce risks and action being taken. James Fleet advised the Committee that the following risk ratings have been increased to reflect the most current position:
 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff wellbeing.
 - High levels of staff absence resulting in workforce shortages and agency expenditure.
- The Committee received positive upward reports and assurance from the EDI Steering Group (presented by Gurjit Bhogal - chair) and the Health & Wellbeing Steering Group (presented by Vij Randeniya - chair). These reports demonstrated the significant programmes of work that are being taken forward across these key workforce and people agendas.
- The Committee welcomed the new Inclusion Network Chairs and Vice-Chairs and thanked them for putting themselves forward to lead these hugely important networks, building on the very positive developments during year 1. The Committee has invited the Chairs to present their year 2 priorities at the next WSEC business meeting (February 2022). The Committee has also proposed that the Chairs are also invited to the Trust Board in early 2022. James Fleet confirmed that NED and Exec sponsors are now assigned to the Networks and that individual briefing sessions are currently taking place.

Chair's comments on the effectiveness of the meeting:

The December Committee was streamlined to take account of the operational pressures facing the hospital and the increased impact of COVID absences. The Committee received encouraging upward reports from the NED Chairs of the EDI and Health and Wellbeing Steering Groups which are taking forward significant programmes of work at pace (e.g., developing a comprehensive DGFT Health & Wellbeing offer for staff). It was great to welcome the new Network Chairs and Vice-Chairs who will be presenting their Network priorities for 2022 at the next business meeting of WSEC. The Committee is also proposing that the Network Chairs attend Trust Board to discuss the priorities with the Board members.

Paper for submission to the Council of Governors
Monday 21st March 2022

Title:	Appointments and Remuneration Committee
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Yve Buckland, Chairman

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other
<p>Recommendations:</p> <p>Extension to non-executive directors Terms of Office</p> <p>The Council of Governors is asked to endorse the recommendations of the Appointments and Remuneration Committee to:</p> <ul style="list-style-type: none"> • Extend the term of office for associate non-executive director Thuva Amuthalingham until the end of May 2023. Remuneration will remain at £13,190. • Extend the term of office for associate non-executive director Gurjit Bhogal until the end of May 2023. Remuneration will remain at £13,190. • Extend the term of office for non-executive director Gary Crowe until the end of July 2025. Remuneration will remain at £15,079. 			

Summary of Key Issues:
<p>Non-executive directors - extension to terms of office</p> <p>Role of the Appointments and Remuneration Committee</p> <p>The role of the Appointments and Remuneration Committee is to advise the Council of Governors in respect of the re-appointment of any non-executive director.</p> <p>Any term beyond six years must be subject to a particularly rigorous review and in line with NHSI guidance.</p> <p>The duration of the extended terms takes into account the existing length of service and the need to retain staggered retirement dates so that succession planning is orderly.</p> <p>The following non-executives will reach their end of term as indicated and not exceed the term of six years on re-appointment:</p>

Background information

Thuva Amuthalingham, Associate Non-executive Director

(non-voting) *appointed May 2021*

Thuva has brought a wealth of primary care and leadership experience to the Board and a strategic approach in support of the wider System developments as a key primary care interface. To support his work at the Trust, Thuva has committed substantial amounts of his time to develop relationships with senior clinical and operational leaders. He has attended both the Medical Leaders meeting and the weekly medical directors meeting.

Committee	Role
Finance & Performance Committee	Member
Charitable Funds Committee	Member
Other duties & responsibilities	
Procurement lead	

Mandatory training compliance: >90%

Gurjit Bhogal, Associate Non-executive Director

(non-voting) *appointed May 2021*

Gurjit brings a wealth of primary care and leadership experience to the Board and a strategic approach in support of the wider System developments as a key primary care interface. He has bolstered the clinical expertise available to the board and has contributed to the oversight remit of the Quality & Safety Committee. He has attended the Medical Leaders meeting, the weekly medical directors meeting and takes a keen interest in the Junior Doctors Forum.

Committee	Role
Quality & Safety Committee	Member
Audit Committee	Member
Other duties & responsibilities	
Support to NED lead for Safeguarding, Maternity, Women and Children's services. Chair of Equality, Diversity, Inclusion Steering Group (June'21)	

Mandatory training compliance: >90%

Gary Crowe, Non-executive Director

(voting) *appointed July 2019*

Gary joined the Trust in July 2019 and has had an active involvement across a range of issues and effectively worked on his developing a more engaging style to provide supportive challenge in a variety of settings. Gary has maintained a particular oversight of governance, quality and improvement.

He has taken on a significant role in assurance as chair of the Audit. He understands well the role that the Trust needs to play in the wider Black Country system and has supported measured approaches around the MCP and in particular the Dudley 'Place' integration.

Committee	Role
Audit Committee	Chair
Digital Trust Technology Committee	Member
Other duties & responsibilities	
ED Redesign Programme Board, Lead for Dudley Improvement Practice	
Mandatory training compliance: >90%	
Non-executive remuneration The remuneration for non-executive directors is between £13,190 and £13,585 p.a. Any additional role, such as that undertaken by Gary Crowe as Chair of Audit reflects in an uplift. This is consistent with the guidance issued by NHSE/I "A remuneration structure for NHS provider chairs and non-executive directors." Therefore, no changes are proposed.	

Impact on the Strategic Goals	
 Deliver right care every time	
 Be a brilliant place to work and thrive	Y
 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: Well Led
	NHSE/I	N	Details:
	Other	Y	Details: Code of Governance/Healthy Board. Trust Constitution

Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:
	Council Committee	Y	Date: 11/03/22
	Council of Governors	Y	Date: 21/03/22
	Board of Directors	N	Date:
	Other	N	Date:

Enclosure 11

**Paper for submission to the Council of Governors
on 21st March 2022**

Title:	Trust Secretary Report
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Helen Board, Deputy Trust Secretary

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other Information
Recommendations: To receive this report and note its content relating to: <ol style="list-style-type: none"> 1. Council of Governors elections 2022 – for information 2. Council of Governors Terms of Reference – for approval 3. Council of Governors Annual Workplan 2021/2022 – for approval 4. Council of Governors Code of Conduct – for approval 5. Council of Governors Effectiveness Review 2021/22 – for information 			

Summary of Key Issues:
<p>1. Council of Governors Elections 2022 – for information Elections will be held fill arising in the following Constituencies with the successful candidates to be formally welcomed to the Council of Governors on Friday 20th June 2022:</p> <ul style="list-style-type: none"> • Dudley North x 1 vacancy • Halesowen x 2 vacancies • Nursing & Midwifery x 1 vacancy • Allied Health Professionals and Health Care Scientists x 1 vacancy • Medical & Dental x 1 vacancy <p>2. Council of Governors Terms of Reference – for approval These are reviewed annually with no changes proposed. The Terms of Reference enclosed is submitted for approval. See appendix 1.</p> <p>3. Council of Governors Annual Workplan – for approval The Council of Governors Annual Workplan is reviewed annually with no changes proposed is enclosed and submitted for approval. See appendix 2.</p> <p>4. Council of Governors Code of Conduct – for information All Council members are required to sign a personal declaration accepting the Code of Conduct document developed by governors and is subject to review each year. There is no changes proposed. See appendix 3.</p>

5. Council of Governors Effectiveness Review 2021/22






In keeping with best practice, each year we undertake a review which considers the effectiveness of the Trust's Council of Governors which includes a short survey. The timeline to support the process is:

Activity/month 2022	Feb	Mar	April	May	June	Oct
Survey circulated to CoG early February to respond by 20 th March						
Collate data from survey responses						
Review and analyse feedback						
Share findings at Governor Training & Development Session 24 th May						
Written report to full Council of Governors meeting with action plan as required 20 th June						
Update on actions to full Council of Governors meeting 3 rd October						

All governors are encouraged to participate.

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	Y	Date: Council of Governors 21/03/2022

Appendix 1: Terms of Reference

COUNCIL OF GOVERNORS

TERMS OF REFERENCE

1. Constitution

- 1.1 The Trust shall have a Council of Governors, which shall comprise both elected and appointed Governors. The Council of Governors in its workings will be required to adhere to the Terms of Authorisation and Constitution of The Dudley Group NHS Foundation Trust and such other guidance as issued by the Independent Regulator for NHS Foundation Trusts. Standing Orders as defined in the Constitution of The Dudley Group NHS Foundation Trust shall apply to the conduct of the working of the Council of Governors.

2. Membership

All Governors

Trust Chair

3. Attendance

- 3.1 In accordance with the Trust Constitution, the chairman of the Board of Directors or, in his/her absence, the deputy chairman, shall preside at meetings of the Council. All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the committee.
- 3.2 The following members of staff will usually be in attendance at meetings:
- Director with lead responsibility for Governor Development
- 3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Council has the power to co-opt for a specified task or period of time or to request attendance of any member of Trust staff as necessary and to commission input from external advisors as agreed by the Chair
- 3.4 The trust secretary will ensure that an efficient secretariat service is provided to the Council.
- 3.5 Meetings of the Council of Governors shall normally be a meeting in public. Members of the public may be excluded from the whole or part of a meeting for special reasons, either by resolution of the Council of Governors or at the discretion of the chair of the meeting.
- #### 4. Quorum
- 4.1 As defined in the Trust Constitution a quorum will consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.
- 4.2 If the chair or vice chair is not present the meeting is not quorate. The meeting can proceed but not in public. Another non-executive director present will be nominated to chair by those members present.

5. Frequency of meetings

- 5.1 Ordinary meetings of the Council shall be held at such times and places as the Board of Directors may determine and there shall be not less than 3 or more than 4 formal meetings in any year except in exceptional circumstances as set out in the Trust Constitution.
- 5.2 It is expected that members attend at least 75% of the meetings in the year as defined in the Trusts Code of Conduct for Governors.
- 5.3 In accordance with the Trust Constitution, the chair of the Trust may call a meeting of the Council at any time. If the chair refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of members of the Council, has been presented to him or her, or if, without so refusing, the chair does not call a meeting within seven days after such requisition has been presented to him or her at Trust's Headquarters, such one third or more members of the Council may forthwith call a meeting.
- 5.4 Where under the terms of 5.3 Governors meet in the absence of action requested of the chair the lead governor shall convene and chair the meeting and request the senior independent director to attend.

6. Statutory Powers and Duties of the Council of Governors

The duties of the Council of Governors, to be undertaken in accordance with the Trust Constitution are:

- 6.1 To appoint and, if appropriate, remove the chair at a general meeting.
- 6.2 To appoint and, if appropriate, remove other non-executive directors at a general meeting.
- 6.3 To decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors.
- 6.4 To approve (by a majority of members of the Council) the appointment by the non-executive directors, of the chief executive.
- 6.5 To appoint and, if appropriate, remove Trust's external auditors at a general meeting.
- 6.6 To receive the NHS Foundation Trust's annual accounts, any report of the auditors on them, and the Annual Report including the Quality Account at the Annual Members' Meeting.
- 6.7 To be consulted by the Trust's Board of Directors on forward planning and to have the Council of Governors' views taken into account.
- 6.8 To receive appropriate assurance from the Board of Directors on any systems, processes or actions that impact on the Councils ability to meet its responsibilities defined above.
- 6.9 To approve significant transactions which exceed 25% by value of FT assets, FT income or increase/reduction to capital value.
- 6.10 To approve any structural change to the organisation worth more than 10% of the organisation's assets, revenue or capital by way of merger, acquisition, separation or dissolution.

- 6.11 To decide whether the level of Private Patient income would significantly interfere with the Trust's principal purpose of providing NHS services.
- 6.12 To approve amendments to the Trust's Constitution.

In addition;

- 6.13 The Council will establish appropriate Committees to assist in the discharge of responsibilities.
 - 6.13.1 Each Committee shall have such Terms of Reference and power and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by the Independent Regulator. Such Terms of Reference shall have effect as if incorporated into the Standing Orders.
 - 6.13.2 The Council may not delegate any decision-making or executive powers to any of its Committees or Sub-committees.
 - 6.13.3 The Council shall approve the appointments to each of the Committees which it has formally constituted.
- 6.14 Governors will also undertake duties to support membership engagement and recruitment in line with the Trusts Terms of Authorisation.

7. Reporting

- 7.1 The Council of Governors will receive reports from members of the Board of Directors as required to enable the Council to fulfil the duties described above.
- 7.2 The Council will also receive reports from any Committee established by the Council of Governors to support the business of the Council of Governors. Any recommendations made by these Committees will require ratification by the full Council of Governors.

8. Review

- 8.1 The Terms of Reference of the Council of Governors shall be reviewed at least annually or as part of any application to amend the Constitution of the Trust.

Next review Date: March 2023

Appendix 2: Annual Workplan



The Dudley Group
NHS Foundation Trust

Council of Governors Committee WORKPLAN – Financial Year 2022/23

Council Committee meetings are held regularly to support the full Council to effectively deliver its duties and responsibilities.

	AGENDA ITEM / ISSUE	Mar/April	May/June	July (Annual Members' Meeting)	Sept/Oct	Nov/Dec	Jan/Feb
Key	Full Council of Governors meetings held: March, June, Sept/Oct and December.	X	X	X	X	X	
	Experience and Engagement Committee		X		X	X	X
	Appointments & Remuneration Committee		X				
1.	Quality, Safety and Performance						
	Board Feedback and Trust Developments (strategy workshops held as needed in year)	X			X		
	Finance and Performance update reports	X	X	X	X	X	
	Quality assurance & Quality Priorities update Patient experience Group and Quality and Safety Group reports to committee		X		X		X
2.	External Auditors/ audit processes						
	Annual report by Audit and Assurance Committee on External Auditors		X	X			
	Appoint or remove Auditors (if required)						
	Annual review of performance of the Trust in delivery of Board Assurance Framework				X		
	Receive regular updates on corporate risks	X		X	X	X	
3.	Forward Plan and Strategic activity						
	Inform staff, members and wider public of forward plan/quality priority indicators	X	X	X	X	X	X
	Draft Forward/Annual Plan developments for next financial year Governors meet to agree collective priorities	X					
	Canvas staff, members and wider public and stakeholder opinion on key themes	X	X	X	X	X	X
	Comment on Final Draft of Forward/Annual Plan (submitted to NHSI)				X		
	ICP, System, ICS development updates	X	X	X	X	X	X
	Approvals – significant transactions, as required						

	AGENDA ITEM / ISSUE	Mar/April	May/June	July (Annual Members' Meeting)	Sept/Oct	Nov/Dec	Jan/Feb
4.	Annual Report and Accounts						
	Review draft Quality Accounts indicators and priorities and prepare comment upon them	X					
	<i>Receive Quality Accounts (including auditors report)</i>			X			
	<i>Receive Annual Accounts (including auditors report on them)</i>			X			
5.	Governance and Constitutional matters						
	<i>Review and agree next year's Work plan</i>	X					
	<i>Review Corporate Governance Statement and other statements required by the Licence</i>	X					
	<i>Appoint/re-appoint Lead Governor</i>					X	
	<i>Review and confirm Council Committees Terms of Reference and membership</i>	X					
	Progress report on Trust Membership <i>including engagement activities</i>		X		X	X	X
	<i>Update reports from Council Committees and Working Groups</i>	X	X		X	X	
	<i>Review of NED/ Review and agree remuneration for NEDs as required</i>		X				
	<i>NED appraisal</i>				X		
	<i>NED appointment/reappointment and Trust chair (as required)</i>						
	<i>Periodic review the balance of skills, knowledge, experience and diversity of the non-executive directors</i>				X		
	<i>Review annually the time commitment requirement for non-executive directors</i>				X		
	<i>Ensure NED appointments comply with regulatory requirement including Fit and proper persons test</i>				X		
	<i>Review and agree changes to Trust Constitution (if any)</i>			X	X		

Governors' Code of Conduct

1. Introduction

Public service values are expected to be at the heart of the NHS and those who work in it have a duty to conduct NHS business with probity and to demonstrate high ethical standards of personal conduct

The Trust Constitution requires that the Governors follow the Code of Conduct at all times whether acting individually or collectively

Governors' attention is also drawn to Trust policies regarding confidentiality and use of information, including:

- Confidentiality policy
- Raising Concerns Speak Up Safely (whistleblowing) policy
- Conduct policy

Whilst these policies have been drawn up principally for staff, the principles therein should be followed by all Governors. Any queries regarding the content or interpretation of this Code of Conduct or any Trust policy should be directed to the trust secretary.

2. Scope

A Governor must observe this Code of Conduct whenever he/she:

- Conducts the business of the Trust
- Acts as a representative of the Council of Governors (CoG); or in a way that can be interpreted as representing the CoG or the Trust
- Acts as a representative of the Trust

The Code of Conduct shall be applied in conjunction with the Trust Constitution and adhered to where the conduct of a Governor can be regarded as bringing their office as a Governor, or the Council of Governors itself, into disrepute.

3. The Nolan Principles

The Committee on Standards in Public Life (1996), chaired by Lord Nolan established seven "principles of public life", set out below, and which have been adopted by the Trust and must be observed by Governors:

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

4. General Obligations under the Code of Conduct

Every member of The Dudley Group NHS Foundation Trust Council of Governors will:

- Actively support the vision and values of the Trust and assist in developing it as a successful organisation working collaboratively with the Board of Directors, Trust staff, members and partner organisations;
- Endorse and uphold the principle that The Dudley Group NHS Foundation Trust is an apolitical organisation and recognise that they represent the constituency that elected them, or organisation that appointed them, rather than any trade union, political party or other organisation they may have affiliation to;
- Abide by the Standing Orders for the practice and procedure of the Council of Governors;

- Ensure attendance and participation in all relevant induction, training and development events for Governors;
- Act with honesty, integrity and objectivity in the best interests of the Foundation Trust and not seek any privileges, preferential or special treatment arising from the governor role. Governors are to ensure their official capacity (or any other circumstance) is not used to improperly confer or secure an advantage or disadvantage for themselves or any other person;
- Maintain an attendance record at meetings of the Council of Governors, relevant committees and Members' meetings as required. An attendance record of less than 75% or two consecutive absences without reasonable justification to be absent from CoG meetings may lead to expulsion from the Council;
- Contribute actively and effectively to the work of the Council of Governors to enable it to fulfil its role to best effect. Recognise that the Council of Governors exercises collective decision making in the best interests of patients, local community and staff;
- Recognise that the Council of Governors has no day-to-day managerial or operational role within the Foundation Trust;
- Act as an ambassador for the Trust in a manner that reflects positively upon it;
- Respect and treat with dignity and fairness colleagues, patients, relatives, carers, the public, NHS staff and partners in other agencies;
- Appropriately refer any feedback, concerns or complaints they may receive from Members to the PALS team or the Foundation Trust office in the first instance;
- Seek to ensure that the membership of the constituency, or the organisation represented (by an Appointed Governor), is properly informed and able to influence services;
- Maintain a high level of confidentiality and not disclose any information given in confidence without the consent of a person authorised to give it, unless required to do so by law;
- Governors should operate to equal opportunities principles and inclusivity to ensure that no-one is unfairly discriminated against because of their religion, race, colour, gender, marital status, disability, sexual orientation or age;
- Support and assist the chief executive as Accountable Officer in his/her responsibility to answer to NHS Improvement /England (formerly) Monitor (the Independent Regulator of NHS Foundation Trusts), commissioners of health services and the public, in terms of fully and faithfully declaring and explaining the use of resources and the performance of the Trust, in putting national policy into practice and delivering targets;
- When reaching decisions consider any relevant advice given by a director or Committee of the Trust and be willing to give reasons for those decisions, and;
- Draw the attention of the Trust chairman or Trust secretary to any possible breach of this Code, Standing Orders, or the Constitution.

5. Governors and the Media

As well as occasionally speaking for the Trust, it is recognised that governors have an important role in representing their constituency Members or the organisation that nominated them to the Council of Governors.

Should a Governor be approached by the media to comment on any matter of Trust affairs, she/he must contact the trust secretary or head of communications for advice before responding. It may well be more appropriate for the response to be made by the chief executive or a director. Should the view of the full Council of Governors be sought by the media on any matters of Trust affairs, the Chair will consult as appropriate and practicable and issue on its behalf.

A Governor may feel the need to express a personal view to the media on a matter of Trust affairs or act as a spokesperson for their constituency or nominating body. The individual Governor must preface any comments by a statement that they are expressing a personal view, or that of their constituency/nominating body, and not necessarily the view of the Council of Governors. The Governor is expected to alert the trust secretary or head of communications of their intention to speak to the media about Trust business.

NOTE for the avoidance of doubt the word media includes all forms of social media, online media as well as formal printed media.

6. Work with External Organisations

Governors may be approached by external organisations to work with them on shared objectives. Such invitations must always be notified to the chair or trust secretary for advice as to the appropriateness of acceptance. Governors may only claim to represent the Trust if nominated to the role by the chairman or the Council of Governors. Other joint work can only be accepted on the understanding that the governor is participating as an individual and not as a representative of the Trust. Governors are reminded to ensure that they have considered issues of safety before agreeing to provide any personal details or agreeing to meetings with third parties.

7. Visits

Governors are not permitted to use their position to independently arrange visits to Trust facilities or other organisations. Arrangements must always be agreed through the Foundation Trust Office. However this restriction is not intended to limit contact with external organisations but this should be done in an independent capacity and not as a Trust Governor and not by using Trust business as the purpose.

8. Conduct at full Council and sub committee meetings

Governors are reminded that these meetings are for the conduct of Trust business. It is important that contributions are relevant to the matter at hand. To avoid confusion, if a Governor wishes to make an announcement or distribute material to Governors during a meeting this should be agreed in advance of the meeting with the chairman.

9. Additional provision for Staff Governors – time off

In addition to the above provision, Staff Governors are subject to the provision that application for time off from normal duties to attend to the business of the Council of Governors will be dealt with in accordance with Trusts' Special Leave Policy.

10. Termination & removal from office

The grounds on which a person holding office of Governor shall cease to do so are set out in the constitution under section 14:

- It otherwise comes to the attention of the trust secretary at the time that the member of the Council of Governors takes office or later, that the member is disqualified in accordance with annex 6 of the Trusts' Constitution;
- They resign by giving notice in writing to the trust secretary;
- In the case of an elected Member of the Trust, they cease to be a Member of the Trust;
- In the case if an Appointed Member of the Council, the appointing organisation terminates the appointment;
- They have failed to undertake mandatory training that all Members of the Council of Governors are required to undertake, unless the Council is satisfied that:
 - the failure to undertake training was due to a reasonable cause; and
 - they will be able to undertake the required training within such a time period as the Council considers reasonable
- They fail to attend two consecutive full Council meetings in any financial year unless the Governors are satisfied that:
 - the absences were due to reasonable causes; and
 - they will be able to start attending meeting of the Council of Governors again within such period as the Council considers reasonable.
- They have failed to sign or deliver to the trust secretary a statement in the form required by the Council confirming acceptance of this Code of Conduct;
- They are removed from the Council by a resolution approved by the majority of the remaining Members of the Council present and voting at a General Meeting of the Council on the grounds that:
 - they have committed a serious breach of this Code of Conduct; or
 - they have acted in a matter detrimental to the interests of the Trust; or
 - they have failed to discharge their responsibilities as a Member of the Council of Governors

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Personal Declaration

I (full name).....

have read, understood and agree to comply with The Dudley Group NHS Foundation Trust's Code of Conduct for Governors. I agree to inform the trust secretary if at any time I become unable to comply with the Code or any part thereof.

If during the course of my duties as a Governor I become involved with, or aware of any confidential information, including that relating to any person e.g. patients, carers, visitors, staff, or information relating to any Trust business, I will not at any time during or after my term of office as a Governor use or disclose such information.

I understand that a breach of this code and the general obligation of confidentiality will be considered as a serious offence/misconduct issue. I understand that it is a requirement of the Constitution to sign the Code of Conduct and that failure to do so will preclude me from continuing in office as a Governor

Signature.....

Date.....

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Paper for submission to Council of Governors 21st March 2022

Title:	IPR Report for January 2022
Author:	Simon Illingworth, Deputy Chief Operating Officer
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other
Recommendations: <p>This report summarises the Trusts performance against national standards and local recovery plans for the month of January 2022.</p> <p>The Council is asked to note performance and next steps.</p>			

Summary of Key Issues:

Key Areas of Success

Performance has remained stable across a number of key metrics. Whilst maintaining performance is not our ambition (we want to improve delivery against current standards) the Trusts ability to maintain service delivery despite challenging environmental factors should be seen as positive. We have maintained a strong position with regards to ED 4 hours compared to our regional peers and our delivery of the DM01 standards remains strong.

Breast services have remained under considerable pressure. Despite more patients waiting longer than we would like for their 2ww appointment, over 85% of patients received their treatment within 62 days in December. The number of patients waiting over 104 days at Dudley for cancer treatment has also fallen, ahead of trajectory.

Surgery Women and Children's Division have struggled to improve VTE performance but a recent audit, presented at Quality and Safety Committee in February, suggests that performance against the 12 hour VTE standard has reached 95% following a detailed review of the data being used to monitor this metric.

Key Areas of Concern

ED Triage across both Majors and Paeds remains below standard. Despite variation week to week improvements are not being sustained over the month leading to poor performance. The Executive Team continue to receive weekly assurance reports and the operational teams from ED are now attending Weekly Operations Meeting to provide updates on progress with greater oversight. There is a trajectory for improvement between now and end of April 2022. In addition the Matron and Deputy Matron have now taken direct control for improvement.

Ambulance handovers continue to affect the Trust. Improvements remain inconsistent with high variation in performance day to day. There are particular problems overnight and in the early evening around 6pm. There is a strong focus on improving handover delays at all Trusts in England and plans at Dudley remain focussed Home for Lunch as well as utilisation of Same Day Emergency Care (SDEC).

Emergency Access Standard (EAS)

Delivery of the four hour standard remains stable, with little material change on previous months. Dudley remains 5th across the West Midlands for delivery against the 4 hour standard.

There have been nineteen 12 hour breaches in January. This is down from 28 in December but remains disappointing given the hard work of the team to improve matters. The team have a strong commitment to eradicating all 12 hour trolley waits but, as with ambulance delays, performance improvements are inconsistent so we need to strengthen those actions being taken. New ED performance measures are expected to come into force from April and a renewed focus will be required on waits in ED.

Cancer

There has been a reduction in the number of patients waiting over 104 days for treatment at Dudley and Skin 2ww compliance has significantly improved over recent weeks. Breast 2ww remains the most significant area of concern although recent changes to IPC standards means that capacity can be increased in Breast outpatients.

Delivery of the 62 day treatment standard was achieved in Breast and was very nearly delivered in Skin despite performance around 2ww. Key tumour sites for 62 day improvement are Colorectal and Urology. All tumour sites have received a pathway review and are having 121 meetings to agree improvement trajectories.

Referral to Treatment (RTT), Clock Stops & 52 Weeks

There continues to be a reduction in the number of patients waiting over 52 weeks and while this is not as fast as the trajectory, looking into February there were 660 patients waiting over 52 weeks down from over 800 in the middle of January.






The number of clock stops continues ahead of trajectory, largely driven by data validation but with continued strong performance through admitted clock stops, reflecting the high volume of elective work which we have continued to deliver during Winter.

DM01

DM01 continues to perform well, across all main Radiology modalities. Sleep Studies remains the most significant area of concern and there is an action plan, which requires additional kit to be installed, in place to correct performance from April onwards.

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	
	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	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient	
	On Risk Register:	Y	Risk Score: 15	
Compliance and/or Lead Requirements	CQC	Y	Details: Compliance with Quality Standards for safe & effective care	
	NHSE/I	Y	Details: Achievement of National Performance and Recovery targets	
	Other	Y	Details:	
Report Journey/ Destination (if applicable)	Working / Exec Group	N	Date:	
	Committee	Y	Date: F&P 28/02/22	
	Board of Directors	Y	Date: 10/03/22	
	Other	N	Date:	

Performance KPIs

February 2022 Report (January 2022 Data)

Karen Kelly, Chief Operating Officer

















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DM01 Performance	Page 12
VTE	Page 13
Restoration & Recovery	Pages 14 - 15

NHS

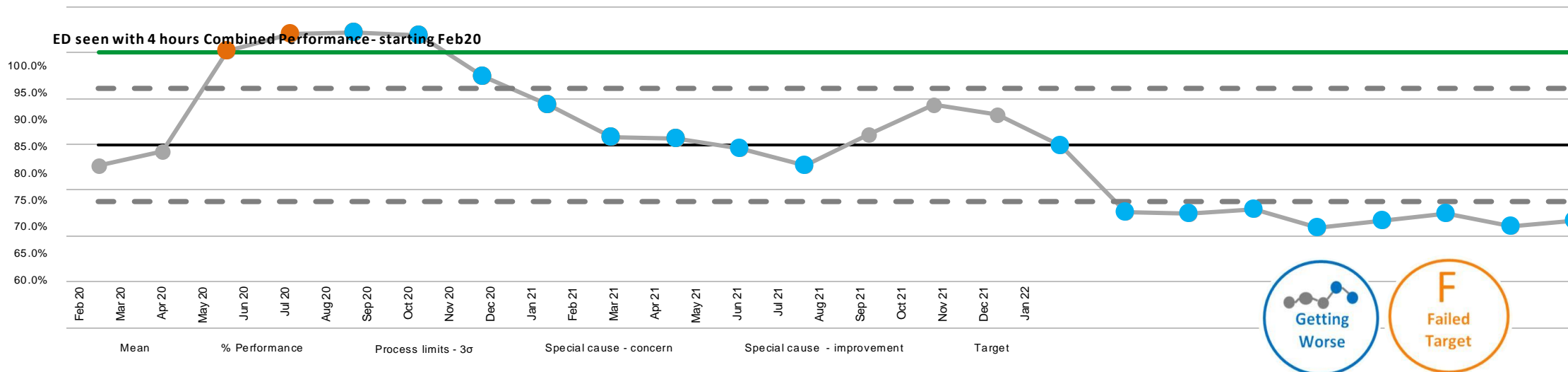
The Dudley Group
NHS Foundation Trust



Constitutional Performance

Constitutional Standard and KPI		Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	84.9%	77.6%	77.4%	77.9%	75.9%	76.7%	77.4%	76.1%	76.7%		
Triage	Triage - All	95.0%	92.3%	89.1%	87.4%	87.8%	83.0%	80.9%	86.9%	89.2%	88.2%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	64.9%	79.5%	67.9%	80.8%	64.4%	56.2%	68.1%	62.1%	N/A		
	Cancer 31 Day -	96.0%	94.3%	95.6%	92.9%	86.6%	87.8%	91.5%	96.8%	90.0%	N/A		
	All Cancer 2 Week Waits	93.0%	93.9%	92.7%	93.0%	78.9%	52.3%	53.2%	63.0%	67.4%	N/A		
Referral to Treatment (RTT)	RTT Incomplete	92%	78.4%	79.4%	78.8%	77.3%	76.1%	75.9%	75.9%	74.9%	73.7%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	83.8%	84.9%	83.7%	77.0%	80.2%	77.4%	83.0%	78.1%	76.5%		
VTE	% Assessed on Admission	95%	96.3%	96.3%	95.7%	92.1%	90.9%	89.7%	93.7%	89.5%	89.6%		





5th

or Jan 22

Ranking out of 13 Midlands area Trusts

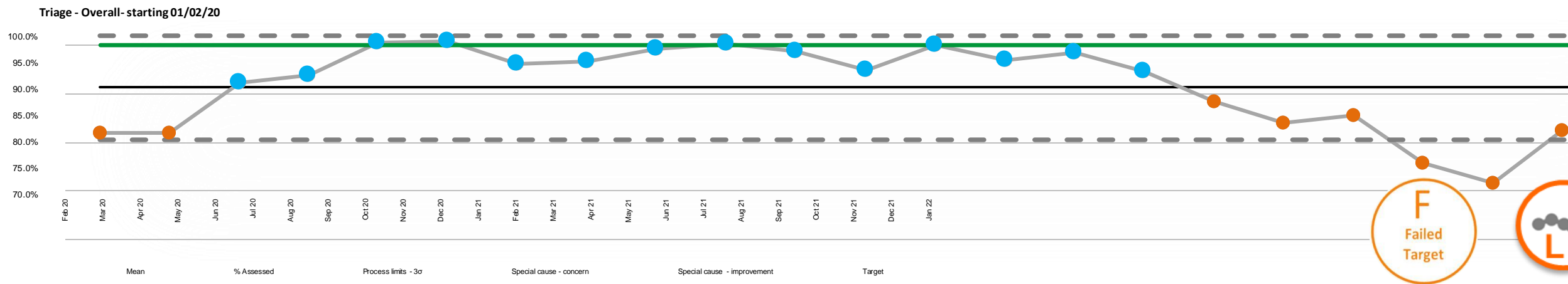
Weekly ops to

- Performance against peers remains positive
- Attendances in ED remain below pre-pandemic levels
- Ambulance conveyances remain slightly below pre-pandemic demand
- UTC demand remains stable

Expected New ED measures for 2022

- Ambulance Handovers within 15 minutes
- Time to initial assessment
- Total time in the department (admitted and non admitted)
- 12 Hours in department
- Clinically ready to proceed

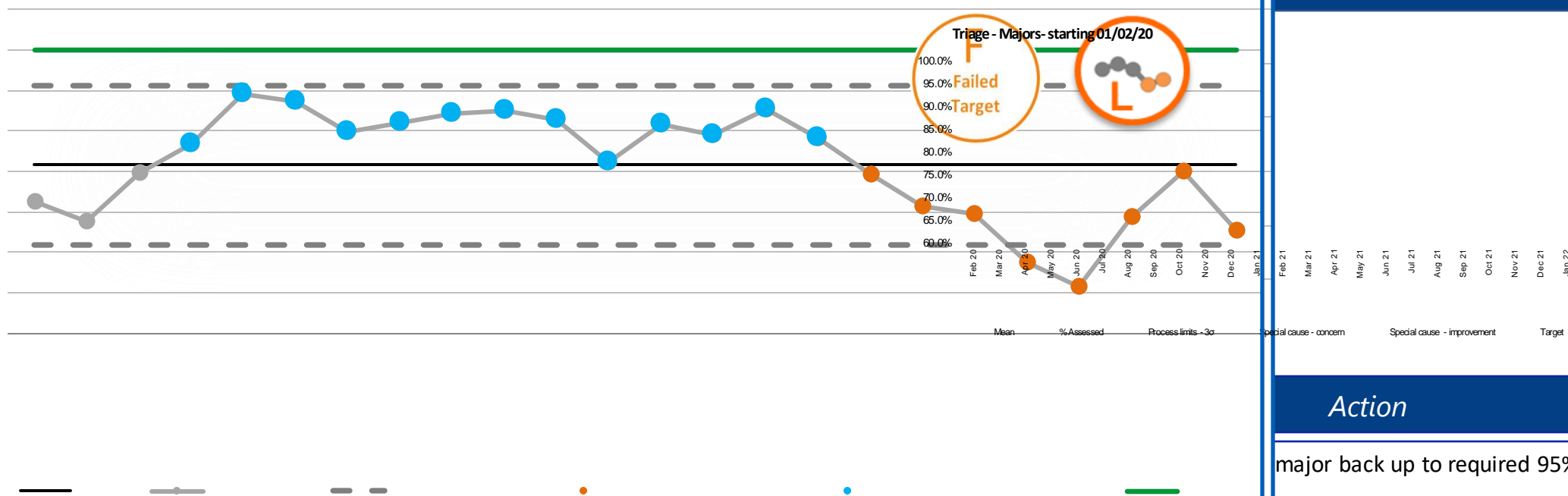
- Renewed focus on 4 hour performance and reducing crowding in ED
- Launch new reporting measures in Trust IPR when they have been confirmed nationally
- External improvement support in place to review referrals to medicine and discharges from ED
- DIP event recommendations to be implemented



- ED triage remains a concern across all areas except ambulance triage which is performing well

- While there has been a gradual improvement across all measure delivery remains inconsistent especially in Major and Paeds
- The team remain committed to improve triage performance across all domains and intend to see rapid improvement March, reaching the 90% for majors by middle of March and 95% by start of April

- Weekly reporting remains in place with Execs
- Reinforce with teams that triage can be completed quickly to prevent delays
- Regular Focus Groups with Nursing & Medics Focusing on Roles & Responsibilities
- Review & Monitor Triage time (time spent with Triage Nurse)
- ESI training and Continue with staff development
- Review UCC Streaming Model to ensure that the right patients are being streamed to ED

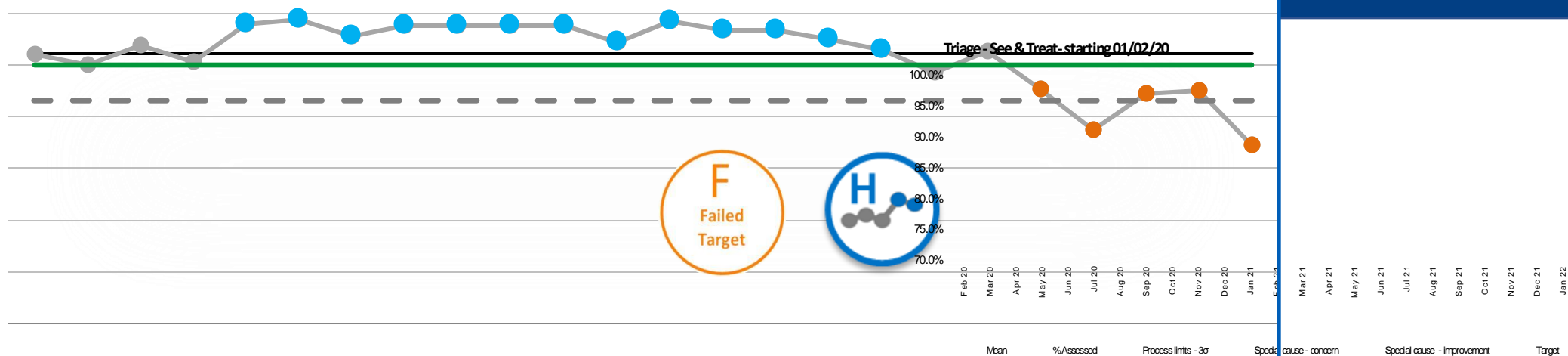


Action

major back up to required 95% standard as soon as

- Ambulance triage remains stable and above the required threshold
- Staff availability resulting from sickness and recruitment have caused some issues with compliance

- Matron and Deputy Matron now taking ownership of improvement actions
- Increased scrutiny with ED team reporting directly to Senior Ops Team weekly operations meeting
- Reinforce that triage can be completed quickly to prevent delays
- Identify and provide assurance around utilising alternative pathways
- New Layout to be agreed and implemented in Majors Triage
- Regular Focus Groups with Nursing & Medics Focusing on Roles & Responsibilities
- Review & Monitor Triage time (time spent with Triage Nurse)
- Ad hoc allocate staff to support away from other tasks as necessary



Latest Month

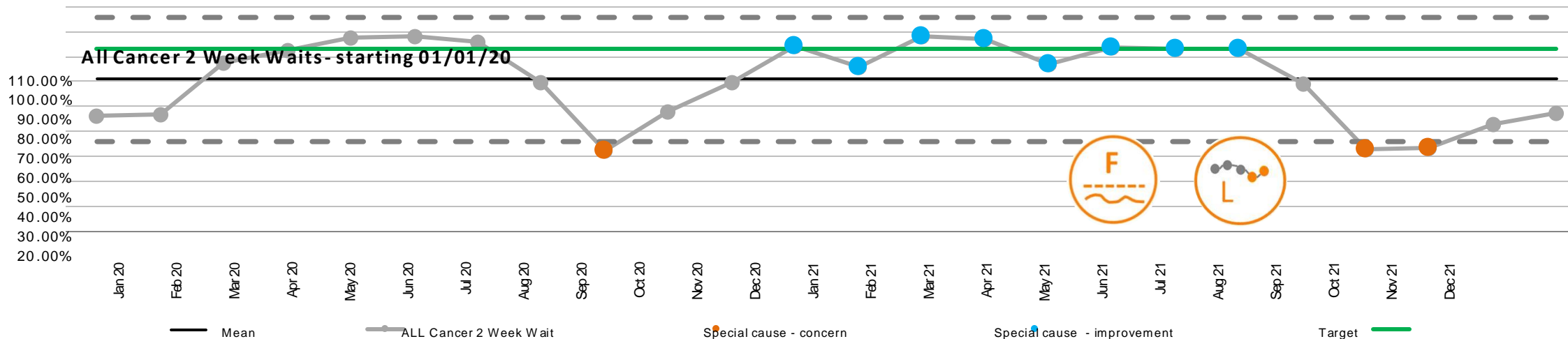
87.3%

Action

be completed quickly to prevent delays

- Overall there is a general trend towards improvement but this is inconsistent and not sufficient to meet the standard

- New Layout to be agreed and implemented in Majors Triage
- Regular Focus Groups with Nursing & Medics Focusing on Roles & Responsibilities
- Review & Monitor Triage time (time spent with Triage Nurse)



Most Month

7.4%

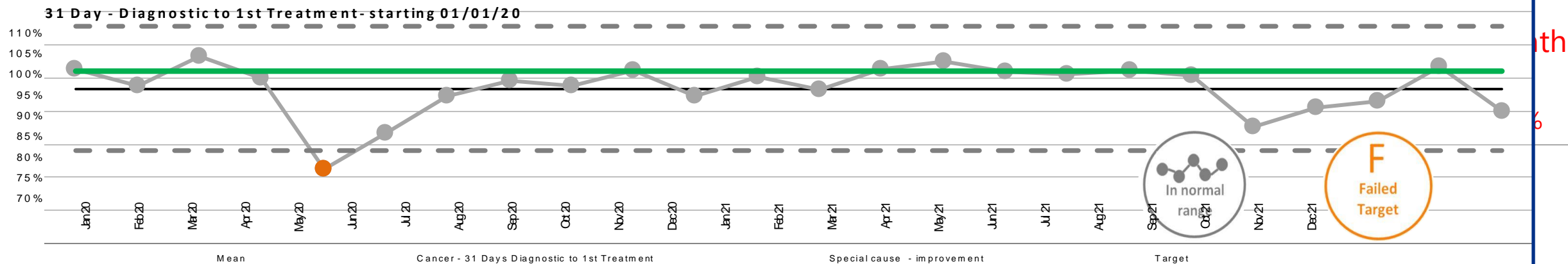
All Cancer 2 week waits – target 93%

Performance

- Slight improvement in 2ww performance in December
- January remained challenged in terms of performance but month to date in February is looking more promising
- Improvement into February is being driven by significant in Skin pathway
- Breast remains challenged but schemes are being worked up to increase capacity including implementation of under 40s pathway
- While 2ww waiting times for breast remain below the standard, delivery of 62 day standard (which is the time that patients actually receive their first treatment) remains strong, achieving 85.7% in December which is above the national standard of 85%
- Urology is also seeing capacity challenges for 2ww and routine capacity is being converted to 2ww

Action

- The Trust remains committed to delivering strong 2ww performance and will plan to deliver 2ww standard across all tumour sites, with the exception of Breast by April 2022.
- Breast is likely to remain challenged until such time as social distancing limits on capacity might be able to be lifted, however additional actions to increase capacity will be implemented including
 - Under 40's pathways
 - Patients waiting in their cars while they wait for their appointment. This has been successfully implemented at other Trusts
 - Additional mutual aid for Breast from across the region
- Current plans are for performance improvements to be seen in Breast by May 2022
- Recent agreement to increase capacity in Breast OPD through relaxation of IPC rules will assist backlog clearance

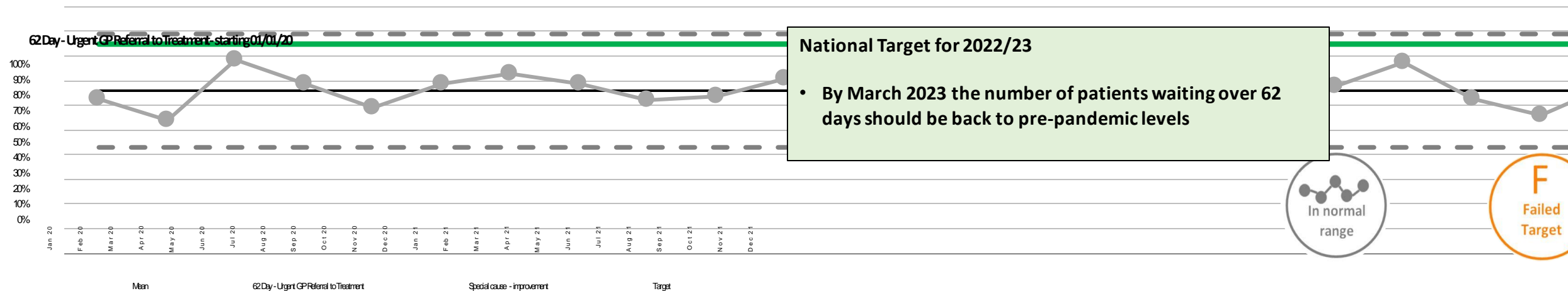


Validation of cancer performance figures run at a 2-month lead time. Data shown here is for December 2021

- Performance dipped in December following a period of improvement in the preceding 3 months, down to 90% from circa 96% in November.
- Key tumour sites with longer than desired waits include Skin, Colorectal and Gynaecology.
- January remains challenged with early performance suggesting performance have remained at around 90%
- 15 patients out of 114 waited longer than the standard for this measure during December
- FDS data – performance in this area is related to missing data. Cancer team have been inputting missing data to improve data completeness standards

Focus on clearing the 104 day waits as this will create capacity to treat patients on the 31 day pathway

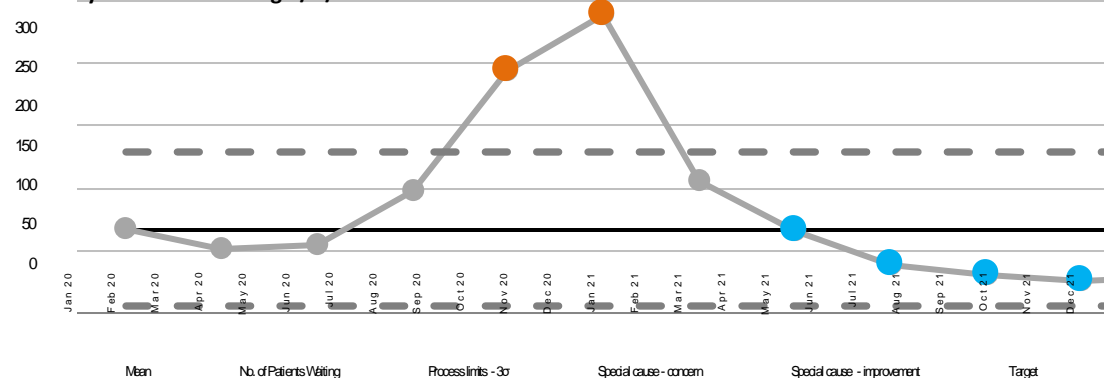
- ✓ Diagnostic and particularly pathology turnaround times to improve to drive performance
- ✓ Maintain cancer PTL
- ✓ Ensure patients are escalated effectively at weekly PTL Meeting



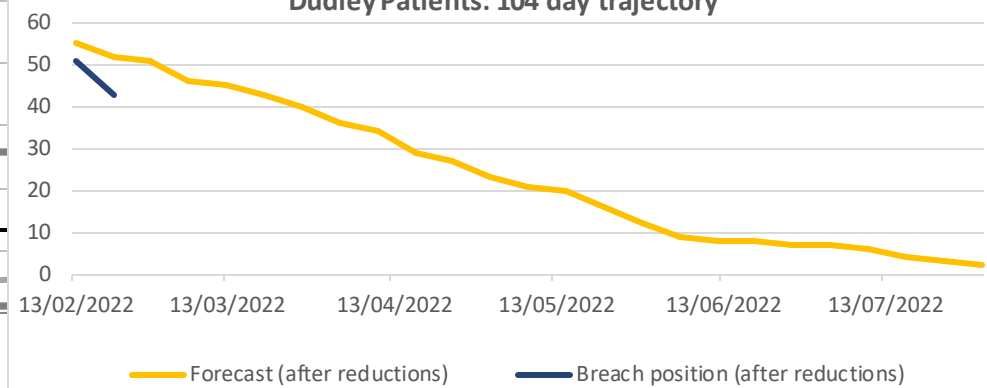
- Validation of Cancer performance figures run at a 2 month lead time. Latest position for December 2021.
- Delivery against the 62 day remains frustratingly static. To improve performance the primary focus must be to reduce the numbers on the 104 day list
- Strongest delivery against for 62 day performance in December was in Breast and Skin (note: these are two of the most challenged tumour sites in regards to 2ww)
- Colorectal and Upper GI had the poorest performance. Colorectal and Upper GI was primarily around access to Endoscopy
- Improvements in Pathology turnaround times is also required

- The 2022/23 planning guidance is to reduce the number of patients waiting over 62 days back to pre-pandemic levels by March 2023
- ✓ The ambition for Dudley patients is to move faster on this and, along with the aim to clear to all 104+ days waits by the end of July, we begin delivering against the 62 day standard for all Dudley treatments from September 2022 onwards
- ✓ To deliver this we will
 - Reduce 104 days
 - Continue to maximise capacity in theatres for cancer treatments
 - Reduce length of time from diagnosis and confirmation of cancer to TCI date being given

104 day Cancer numbers starting 01/01/20



Dudley Patients: 104 day trajectory



- Validation of Cancer performance figures run at a 2 month lead time. Graph shows the latest validated month (December 2021) at 66
- Total number of patients waiting over 104 days as set out in this report includes both patients waiting at Dudley as well as those referred from Dudley to tertiary centres.
- As at February 2022 there were 77 patients waiting over 104 days – of which 43 patients are at Dudley and 43 patients are at Tertiary Centres. This is an improvement in those waiting for treatment at Dudley
- Once a patient has been referred to the tertiary centre there is very little that the Trust can do to expedite treatment, but the patient remains on both Trusts PTL.
- The largest volumes of waiters are in Colorectal, Gynaecology and Skin
- The ambition remains to clear all patients waiting for treatment at Dudley with delays over 104 days by July 2022

- ✓ Requirement to reduce numbers waiting over 104 days immediately
- ✓ Action plan in place with clearance / reduction targets agreed at tumour site level
- ✓ Ensure there is separation in counting between those waiting for treatment at Dudley Group and those referred to tertiary centres for treatment and that this is reflected in the trajectory

> 52 Weeks H2 Actual vs. Trajectory



- RTT performance remains stable, although there remains no noticeable improvement in performance
- There recent growth in the overall waiting list has stabilised, suggesting that performance has now turned a corner however the overall waiting list remains significantly higher than pre-pandemic levels so improvement will be marginal initially
- The number of 52 week waiters continues to fall, albeit much more slowly than planned. Ambition is that all 52 week waits will be cleared by summer 2022. This is 30 months ahead of the national requirement of 2025.

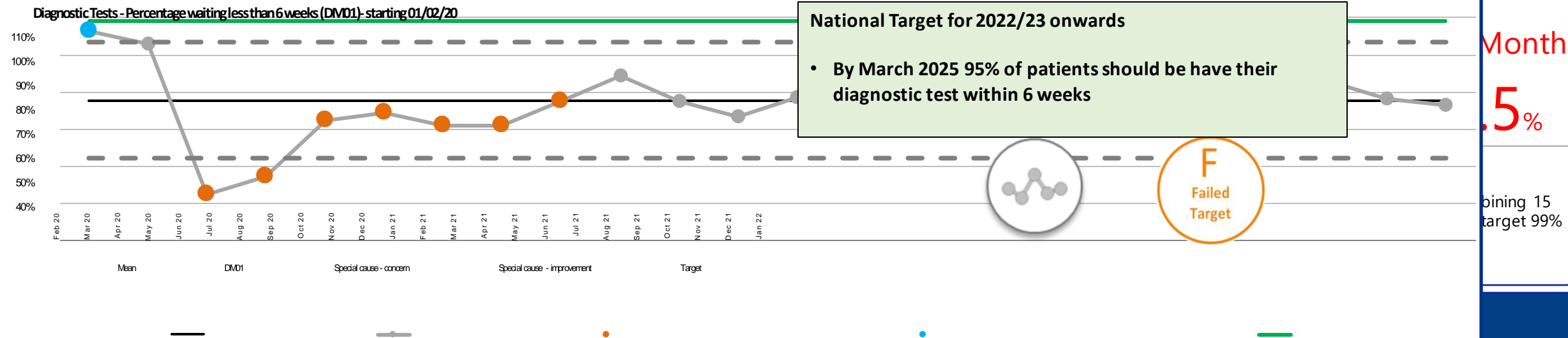
National Targets for 2022 onwards for elective care are set out below

- July 2022 : no one will wait more than 2 years
- April 2023: to over 18 month waits
- March 2024: No over 65 week waits
- March 2025: No over 52 week waits
- Delivery between 104% and 110% of pre-pandemic elective activity levels

- Continue to monitor plans against the trajectory
- Increase rate of clearance for 52 week waits now and between now and April
- Ensure private sector capacity continues to be used and efficiencies are realised from theatres
- Trust on course and with plans to deliver all elective targets ahead of schedule
- Only 1 patient has so far waited more 104 weeks and this was in ENT.

3 5 0 0
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2 5 0 0
2 0 0 0
1 5 0 0
1 0 0 0
5 0 0
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Admitted	Actual	Admitted	Trajectory
1	1	1	1
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7	7	7	7
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100	100	100	100



- Performance remains steady although still below the existing 99% standard
- Key areas of concern include sleep studies and cardiology remain the key areas of concern.
- There are recovery plans in place for both sleep studies and cardiology and improvement in these two areas will be seen from April
- All other major modalities are delivering strong performance including Ultrasound and MRI
- CT has seen particularly strong improvement in performance in recent months

- ✓ Deliver against the sleep studies and cardiology improvement plan
- ✓ Maintain levels of performance in major Radiology modalities including MRI, US and CT
- ✓ Delivery revised 95% 6 week standard by summer 2022, head of the national requirement of March 2025

Summary of new performance measures for 2022

Domain	Current Measure	New Measures	National Target date	DGH Planned Delivery Date
RTT	18 weeks	Zero over 104 weeks	June 2022	Immediately
	Zero over 52 weeks	Zero over 18 months by April 2023	April 2023	March 2023
		Zero over 65 weeks by March 2024	March 2024	March 2023
		Zero over 52 weeks by March 2025	March 2025	March 2023
Diagnostics	99% within 6 weeks	95% within 6 weeks	March 2025	March 2023
Cancer 62 day	85% Treatment within 62 days	62 day Performance back to pre-pandemic levels by March 2023	March 2023	Immediately
EAS	4 hours (Core)	Ambulance Handover in 15 minutes	Month on Month	From commencement of new national standards, TBC
	12 hour trolley waits (Core)	Time to initial assessment	Month on Month	
	Handover 15 minutes **	Average time in the department (non admitted) NEW	Month on Month	
	Time to initial assessment **	Average time in the department (admitted) NEW	Month on Month	
	Clinically Ready to Proceed **	Clinically ready to proceed	Month on Month	
		Patients spending 12 hours in ED (total time) NEW	Month on Month	

*** these measures are currently monitored as part of the new 4 hour / 12 hour trolley wait standard pathway*

All cancer targets remain the same

Next months IPR report will show current performance against new standards