The Dudley Group
NHS Foundation Trust

Full Council of Governors meeting (virtual)

Monday 20th June 2022 15.30
via MS Teams

No.	Time	Item	Paper ref.	Purpose	Presenter
1.	15.30	Welcome (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		For noting	Yve Buckland, Chairman
2.	15.35	Previous meeting – 21st March 2022 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enc 1	For approval	Yve Buckland, Chairman
3.	15.40	Chair and Chief Executive's update - NHS Providers governor survey report - NHS England consultation on Governor addendum	Enc 2 / verbal	For information	Yve Buckland, Chairman Diane Wake, Chief Executive
4.	15.50	System wide developments	Verbal	For information	Yve Buckland, Chairman
5.	15.55	Presentation Staff Health & Wellbeing at The Dudley Group	Presentation	For assurance	Vij Randeniya & Paige Massey
6.	16.15	Safe, caring and responsive 6.1 Engagement & Experience 6.2 Quality and Safety Committee 6.3 Quality Account – Governor comment	 Enc 3 Enc 4 Enc 5	 For assurance For assurance For approval	 Committee Chair Catherine Holland, Deputy Chair Jo Wakeman Deputy Chief Nurse / Sara Whitbread
7.	16.40	Effective Updates from: 7.1 Finance and Performance Committee 7.2 Audit Committee 7.3 Digital Trust Technology Committee (meeting held 25/5/22)	 Enc 6 Verbal Verbal	 For assurance For assurance For assurance	 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 Trust Secretary report 8.3 NHS Providers Self Certification	 Enc 7 Enc 8 Enc 9	 For assurance For assurance For approval	 Julian Atkins, Committee Chair Andy Proctor, Director of Governance & Board Secretary
9.	17.15	Governor Matters *Relating to items other than the agenda and raised at least three days in advance of the meeting.*	Enc 10	For noting	Helen Ashby, Lead Governor
10.		For information [1] • Integrated Performance Report	Enc 11	For assurance	
11.		Any Other Business (to be notified to the Chair)	Verbal	For noting	Yve Buckland, Chairman
12.	17.30	Close of meeting and forward Council of Governors meeting dates 2022: 19th September (Annual Members Meeting), 3rd October, 5th December	Verbal		Yve Buckland, Chairman
13.		Reflections on the meeting			All
14.		Quoracy To 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.			

1 Papers will be taken as read and noted

Enclosure 1

The Dudley Group NHS Foundation Trust

UNCONFIRMED Minutes of the Full Council of Governors meeting Monday 21st March 2022, 15.30pm held virtually using – MS Teams

Present:	Status	Representing
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Cllr Rebbekah Collins	Appointed Governor	Dudley MBC
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Ms Hilary Lumsden	Public Elected Governor	Halesowen
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis

In Attendance:

Mr Julian Atkins	Non-executive Director	DG NHS FT
Dr Gurjit Bhogal	Associate Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary	DG NHS FT
Dame Yve Buckland	Chairman **Chair of meeting**	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr James Fleet	Chief People Officer	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Ms Nithee Kotecha	Fundraising and Community Development Lead	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:

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Dr Thuvarahan Amuthalingum	Associate Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG
Ms Nicola Piggott	Public Elected Governor	North Dudley
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Mrs Mary Sexton	Chief Nurse	DG NHS FT
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery
Mr Richard Tasker	Public Elected Governor	Central Dudley
Mrs Mary Turner	Appointed Governor	Dudley CVS

Not In Attendance:

Miss Chauntelle Madondo	Public Elected Governor	Rest of England

COG 22/58.0 15.30pm	**Welcome**
COG 22/58.1	**Introductions & Welcome** The chairman opened the meeting of the Full Council of Governors and welcomed all present. The chairman noted that Maria Kisiel would shortly retire from her role at the University of Wolverhampton and on behalf of the council thanked her for her time and commitment to the role. Nithee Kotecha, Fundraising and Community Development Lead would join the meeting for item 6.2.
COG 22/58.2	**Apologies** Apologies had been received as above.
COG 22/58.3	**Declarations of interest** The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. The chairman declared interests as Chair of the Birmingham and Solihull Integrated Care System and Pro-Chancellor of Aston University. The chairman reminded all governors to ensure they maintained an up to date declaration.
COG 22/58.4	**Quoracy** The meeting was declared quorate.
COG 22/58.5	**Announcements** The chair confirmed that the Council would continue to meet virtually and would be kept under review for future meeting arrangements. She welcomed the resumption of governors participating in Quality & Safety Reviews and PLACE-lite activities. All governors (new and existing) were invited to and encouraged to attend the next Governor training & development session that was scheduled for 22nd March 2022. The session would include a 'getting to know you' with non-executive directors Professor Liz Hughes and Catherine Holland in attendance. The training topics would include NHS Finance and Audit, meet the Trusts external auditors Grant Thornton and Gary Crowe as chair of the Trust's Audit Committee.
COG 22/59	**Previous meeting**
COG 22/59.1	**Previous full Council of Governors meeting held on 20th December 2021** (Enclosure 1) The minutes were accepted as an accurate record and would be signed by the chair.

COG 22/59.2	**Matters arising** There were none.
COG 22/59.3	**Update on actions** COG19/75 Council to Council meeting (DG & ROH) was presently paused and would be revisited subject to the easing of Covid restrictions. All other actions were closed or appeared on the agenda.
COG 22/60.0 pm	**Chair and Chief Executive'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 noted that there had been some increase in Covid-19 cases in recent weeks. The Dudley Group continued to monitor the Omicron variant and its impact on the hospital and the seven-day incident rate. There were presently 59 inpatients with none requiring intensive care. Four patients had sadly passed away with Covid-19 related illnesses in the previous 48 hours and thoughts were with the families and loved ones. The Trust would remain vigilant and cautious about testing, hand hygiene, social distancing guidelines and PPE. Staff absence owing to COVID-19 related reasons was much lower than in previous waves and noted that the current Omicron variant appeared to be quite contagious with less severe symptoms. Community transmission rates in Dudley at 370 per 100k remained higher than in some other parts of the local area. The Trust continued with its responsibilities for delivery of the vaccination programme and was awaiting further guidance for delivery of booster jabs especially for those at high risk or aged 75 years and over. Ms Wake reported that restoration and recovery work continued and gave examples of how the Trust had completed risk assessments to reflect recently issued infection control guidance and had increased capacity. There had been significant funding of the NHS during COVID-19 and all trusts were required to demonstrate the highest levels of productivity and efficiency. The Trusts planned activity assumptions were reflected at 104 – 110 per cent when compared to pre-covid delivery levels. The Trust was making good progress in addressing the backlog of patients reducing the numbers month on month. There was continued pressure to maintain patient flow through the hospital noting that on most days there was more than 100 patients in the bed base that were unable to be discharged owing to lack of capacity within the social care and nursing homes. The impact was then felt in the urgent and emergency service where on occasions ambulance handovers were taking longer. The executive team maintained strict oversight with regular risk assessments completed to ensure that patients continued to receive safe and effective care but recognised it presented a poor patient experience. The Trust continued to work closely with all health and social care partners to address and support staffing issues in the domiciliary care market.

	The Trust was working with other providers in the local system and applying financial rigour to support a return to funding levels for the coming year that excluded the additional funding applied during COVID-19. This was represented as an efficiency target of around nine per cent. The Trust fully supported working as a system to deliver care in the best possible way as part of the acute provider collaboration. There had been a series of engagement sessions with all local health and social care providers to develop pathways that would make best use of our combined resources. Changes in the coming years to deliver improved patient outcomes and would need all providers to work collaboratively and operate as one joined up system. An update on what the acute provider work programme was expected to deliver for the coming year would be provided at the next full meeting of the Council of Governors. The chair thanked Ms Wake for the update and invited questions. There were none. **Action** – provide update on the acute provider work programme at the next full meeting of the Council of Governors. **Director of Strategy & Partnerships**
COG/22/61.0	**System Wide Developments** (verbal) The chair merited the system leadership roles adopted by Ms Wake and other executive colleagues from the Trust and noted the praise received from other chairs within the local system acknowledging the good levels of restoration work achieved and the mutual support provided. There was national recognition of the Trust's lead in spearheading the acute collaboration programme that was uniquely clinically led with others keen to use and share best practice. The chair reported on the recent event arranged by Andy Street, Mayor of the West Midlands Combined Authority where Ms Wake had met the Secretary of State for health and had been invited to lead the discussion about system working and the progress in developing the acute provider collaboration. The Trust had recently hosted Richard Medding who was to be the new chair of NHS England/ Improvement. He had visited Birmingham earlier in the day and credited the work of The Dudley Group and had focussed on the Trusts' development work primary care and GP involvement at the front door that others could follow and use. There were no questions.
COG/22/62.0	**Integrated Care System (ICS) development** (Presentation) The chairman introduced Ian Chadwell, Senior Strategy and Development Lead, to present the update on ICS development. Mr Ian Chadwell Senior provided information on the development of the local integrated care system within the context of the National Policy. He described the progress that had followed on from the board development session held earlier in the year to consider the changes that are scheduled to take place, and how it impacted the local and regional landscape. The slides would be circulated after the meeting. In response to Mrs Ashby's question, the chair confirmed that the legislation was scheduled to receive royal assent and be effective from July with most ICS

	arrangements in place from April. Plans were well developed within the Black Country System and noted the importance of the Trust as an anchor organisation within the Dudley Place and for the people of Dudley. There would be closer relationships with primary care and the local authority to deliver improved public health and reduce health inequalities. The Trust would continue to work with other providers to ensure that people receive the best care in the appropriate place. Mrs Ashby reported that she had recently met with Mr Jonathan Fellows, chair designate of the NHS Black Country Integrated Care Board, to discuss the role of governors in the new arrangements. The proposed governance and oversight structure would mean that all trusts would need to work as a system and the performance of individual trusts would have an impact on the overall system performance. She felt that there was an unstable future with elections coming up and feared that it could all turn around and all effort would be lost. The chair acknowledged that the NHS had seen changes and there was now the opportunity to critically assess what that improvement could bring. The Trust maintained a key role in developing relationships and continued to take a collaborative lead in the Black Country. IC confirmed that the Senior NHS leadership are supportive of a delivery agenda that harnessed collaboration not competition. The chair thanked IC an informative presentation. **Action to** circulate the ICS development slides to the Council of Governors **Trust Secretary**
COG 22/63.0	**Safe Caring and responsive**
COG/22/63.1	**Update from Engagement and Experience Committee** (Enclosure 3) Mrs Lumsden noted that the last meeting of the committee had been cancelled and that the Membership report for quarter three and the governors 'out there' report for the same period were submitted for assurance. She highlighted that the Trust continued to meet its statutory license requirements for maintaining a membership of more than 13,000 that was broadly representative of the community served by the Trust. Governors were participating in a growing number of Trust activities and she actively encouraged governors to seek opportunities for engagement in their own communities and to start recruiting now that things were opening up. Mrs Lumsden noted that she had been nominated as a governor representative on the ED steering group that not met for a long time. The chair endorsed active governor participation in Quality and Safety reviews and noted the recent cancellations had been due to operational pressures. She reiterated the importance of the reviews and asked Ms Wakeman to ensure they remained in place. The chair acknowledged the value of continued membership engagement and commented that the membership had remained supportive in the background during Covid-19. Mrs Lumsden noted that governors had recently participated in the careers fair at Halesowen College. Mr Williams expressed that as a major employer in the local area, there was opportunity to ramp up the engagement activities to encourage young people to consider a career in the NHS. He offered to link this activity in with his own network. Ms Kotecha advised that a new initiative had been launched using

	charitable funds from the NHS Charities Together to expand the Trust's volunteers with a further 150 young people. Ms Wakeman advised that the vaccination programme was responsible for delivering vaccines to 12 to 15 year olds and suggested that was another route to engage. In response to the chairs comments about broadening the engagement platform IC confirmed the action would be in the remit of the Director of Strategy and Partnerships. Ms Kotecha confirmed that she was working with JF as head of the volunteer service, the Trust's Volunteer's co-ordinator and colleagues from the apprenticeship team to establish a Youth Forum that would link up with the Trust's strategic goals and create a trust wide focus. HB confirmed that volunteers were actively encouraged to become foundation trust members. LA commented that the Trust had relaunched the work experience programme for over 16 year olds starts effective from again on the 1st of April that was led by the Organisational Development Team. Mr Giles suggested that engagement with 17 – 21 year olds could involve the PHSE curriculum in schools and colleges to raise awareness. He expressed his interest in linking in with the Trusts Youth Forum and agreed to liaise with Ms Kotecha.
COG 22/63.2	**Update on Governor fundraising** (Enclosure 4) Ms Kotecha presented the report and summarised the steps taken to develop the proposal to launch a governor's charity fundraising initiative that had subsequently been endorsed by the full council at the end of 2021. The project would aim to raise £7k as a contribution to the development of staff health and wellbeing facilities at the Corbett Outpatients Centre. She outlined the purpose of the facilities as a health and wellbeing hub noting that the Corbett site had limited facilities compared to those planned for the Russells Hall site. The documents given as enclosure four had been developed as specific resources for governors to use and were submitted to support discussion about the project's promotional collateral. Governors were asked to provide feedback and amendments if required ahead of launching the initiative and its associated Just Giving facility. Arrangements had been made to get the promotional activities underway and several forward dates were booked in the diary for Governors to host fundraising activities on the Charity Hub located in the Russells Hall Hospital main reception. Ms Kotecha confirmed that the fundraising team would be happy to support governors with any individual fundraising ideas. Mrs Cope indicated her ongoing support for any project that supported staff wellbeing and advised that she would soon complete a PNA course that she hoped would assist. Mrs Ashby had calculated that the target amount divided by 25 governors equated to £3.00 per week per governor as a target to raise which made it more achievable although was aware that times were tough for many people who may not have spare cash to donate. The chair noted there had been a lot of support for fundraising activities voiced in the pre-meet and offered multiple public engagement opportunities for governors to raise their profile. The chair thanked the team for their support *[LA and NK left the meeting at this point]*
COG 22/63.3	**Update from Quality and Safety Committee** (Enclosure 5) Prof. Hughes presented the update given as enclosure five and highlighted the

	appointment of full time patient safety specialist as part of a national programme. She outlined the assurances received in relation to Trust's Venous Thromboembolism (VTE) performance and the work completed by junior doctors on data validation. There had been an overall decrease on the Trust's Summary Hospital-level Mortality Indicator (SHMI) index and noted ongoing work with partners in the wider integrated care system to develop a consistent approach to calculation. It was important to compare correctly and noted no prevailing national guidance was available. Transient Ischaemic Attack (TIA) metrics had experienced some variability and the committee had commissioned a review of the service and would receive a report at a future meeting. Serious incident action plans had experienced some delay in closure and all teams had been asked to focus on timely closure and to ensure wider learning in an expedient way. Professor Hughes was happy that governors were in regular attendance and extended an invitation to those who had not yet joined to do so. Alan Rowbottom confirmed he was a regular attender and commended the thoroughness of the business considered. The chair thanked Professor Hughes for the update and noted that quality issues highlighted in the report had been flagged to the board.
COG 22/63.4	**Update from Quality Account Preparation – timetable** (Enclosure 6) Ms Wakeman summarised the report given as enclosure six, noting the changes in reporting requirements and the timeline for the production and involvement of governors. The selection of the Quality Priorities had been conducted in consultation with various groups and from that long list created a shorter list had been prepared for consideration and endorsement by governors: 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 1. Inpatient survey results * Specifics still to be agreed following further analysis of the inpatient survey results Operations 1. Capacity and patient flow (SDEC pathways) 2. Patient discharge management (EDD) 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

Nurse vacancies
1. Reduce nurse vacancies
* Specifics still to be agreed

The chair thanked Ms Wakeman for the report and summarised that the Council were asked to consider two of the priorities as a focus for their ongoing oversight and invited comments and questions.

Mrs Cope commented that a reduction in nurse vacancies should also include staff retention as part of the measure noting there appeared to be many staff leaving. She commented that from her experience of working on the wards delayed discharges in part was attributable to the delay in doctors in completing discharge paperwork. She flagged that Civility Saves Lives was a 'must do' training course for staff to access and could have an impact on reducing complaints.

Mrs Ashby indicated her support of the priority that would reduce the time to close complaints and noted that good communication and behaviour can positively impact on how patients perceive things even if there are delays. She observed that on a recent governance review visit to the Same Day Emergency Care (SDEC) area there was no negative feedback received from patients or staff. She acknowledged that in the last three months staff had risen to the challenge in new ways of working and commended deputy matron Claire Weatherstone who had come across very well and balanced in her approach; this had been flagged this to the chief nurse. The chair noted that discussions in the earlier pre-meet had highlighted the increase in the number of complaints and asked what the resourcing implications would be. Ms Wakeman noted the difficulty faced during Covid-19 to facilitate face to face resolution meetings. Thematic review of complaints indicated that a greater proportion of the complaints were attributed to delays in discharge and the no visiting put in place during covid where effective communication with families had been a challenge. JF summarised the complaints handling and reporting process and confirmed that all complaints were managed within the NHS legislation and had recently been subject to an improvement review. New complaints handling standards would be issued in 2023 where there would be renewed focus on the learning. Mrs Lodge-Smith noted that complaints handling could potentially be very upsetting for relatives and staff and highlighted the importance of training, effective feedback, learning and closure outcomes. She suggested it might of value for governors to see some typical examples of complaints and how they are handled. JF confirmed that training was offered on a regular basis to support clinical colleagues to understand the key requirements of investigation and preparation of responses.

DW thanked JF and her team for their dedication to the complaint handling process. Prior to the allocation of any additional resourcing, a full review of the process would be completed to look at processes. SDEC was presently part of a 12 month improvement programme supported by the Dudley Improvement Practice and noted that delayed discharges correlate with the achievement of effective discharge management and wider discussion by those present indicated that this be considered as an area of focus for the Council.

Governor members present agreed to endorse the five areas submitted and agreed that **discharge management** and **complaint handling** be the priorities that governors would monitor more closely.

COG 22/64.0	**Effective**
COG 22/64.1	**Update from Finance and Performance Committee** (Enclosure 7) Mr Hodgkin summarised the reports of the committee meetings held in the preceding three months and noted the positive assurances related to the Trusts financial position at month 10 and its strong performance in its restoration work and income received from the elective recovery fund (ERF). The committee had considered and approved the nursing and midwifery international recruitment business case that set the goal of eliminating agency use and generating savings of £1m a year from 2023/24. The committee undertook to monitor the benefits realisation. Extensions to contracts for vaccination staff had been approved and confirmed that all reimbursements for the Vaccination Centre Employment Bureau had been received and noted its profile as an exemplar nationally. There were concerns raised in respect of the Trust's future financial position for 2022/23 where financial planning was underway with current plans indicating a deficit position and the need to establish efficiencies and reductions in the cost base. Triage performance has remained inconsistent in recent months. Performance against the constitutional standard has remained steady but below target and would be kept under review. Developing guidance to support the decision making processes in relation to business cases. M Rowbottom asked if the latest chancellors treasury report had impacted on the Trusts approach to planning for 2022/23. JH noted that there was less covid funding available going forward and would reduce requiring a savings target of 3-5% in the following years. *[The chair left the meeting; JA took the chair]* Mrs Ashby asked if the only way to recruit and keep permanent nursing staff was via international recruitment and if there was a national or local plan for the nursing workforce to be developed. Mr Fleet confirmed there was both a national and local strategy in place and given the scale of the challenge, international nurse recruitment was part of a comprehensive strategy. LW acknowledged that the international recruitment was to plug a gap in developing local talent and commented on the sensitive nature of the international recruitment strategy and noted that the non-executives have asked for further assurance that the practice been followed is that set by NHSE. DW noted one local example of a trust that had no agency usage at all. It was acknowledged that locally there was more to do to enhance the offer and build good relationships with colleges and the new university campus in Dudley to develop the talent needed. There was some benefit to the countries when staff returned and gave an example of staff returning to Ghana who had named a hospital in recognition of the work, she had done to support a previous international initiative. Importance was placed on ensuring that effective professional and pastoral support was provided. JA noted there was approximately 300 vacancies in nursing staff which coupled with planned staff retirement would increase the gap.

COG 22/64.2	**Update from Audit Committee *(met 21/3/22)*** (Verbal) Mr Crowe presented a verbal update from the last meeting held earlier that day noting that the current internal audit actions were progressing well and closing in a timely manner. Consultant job planning was also moving towards completion. Due consideration was also given to the proposed internal audit plan for the coming year 2022/2023 The Internal Auditors annual report had been received in draft form and were confident that they would be able to provide a final report stating that the Trust had an adequate and effective framework for risk management, governance and internal control. They had noted that their work had identified further enhancements to the framework of risk management, governance and internal control to ensure that it remained adequate and effective. There were two areas with partial assurance received including governance arrangements in the maternity department and, nurse staffing to ensure the correct recording of staffing numbers, both of which had agreements in place to resolve. In context both areas where we are proactively conducting reviews and had an awareness of improvement required. All other reports received positive assurance. The Local Counter Fraud actions update confirmed that the processes were operating satisfactorily with mandated fraud flagged as a high risk of happening and confirmed that the Trust had proactively put actions in place. The committee received an update from the external auditors Grant Thornton outlining the approach to the yearend audit work alongside our own financial team and noted the strong relationship in place between the teams and drew assurance from being able to navigate the process satisfactorily. Other end of year end arrangements was considered including the submission of the board assurance framework where it was noted that there had been some delays in its preparation of quarter four reports and gave context to the steps being taken to finalise in line with the launch of the Trusts strategy. The draft annual governance statements and annual self-certification reports were reviewed. In overall terms, it had been an effective meeting and noted some executive shortages owing to leave and some operational issues. The committee continued to have robust oversight. Mr Crowe confirmed that he would attend the governor training session scheduled for the following evening and looked forward to sharing further insight into the workings of the audit committee.
COG 22/64.3	**Update from Digital Trust Technology Committee** (Enclosure 8) Ms Holland presented the report given as enclosure eight that reported on the meeting held in January and noted that the Committee met every other month. She highlighted the ongoing pressures faced by the IT service desk. Instability and geopolitical landscape unrest has increased the overall cyber threat level and have increased response appropriately working at local and national level. It was acknowledged it was not possible to completely remove the risk but received positive assurances on the Trusts response.

	She reported verbally on the meeting held the previous week that had focussed on strategic matters and had received an update on phase one of the transition to the Cloud and the challenge of the requirements exceeding the financial envelope of assigned in the initial business case. The Committee noted the acquisition of Allscripts by Harris Computers of Canada that came with benefits with more information needed to fully understand the implications for the Trust with a report to go to board in dure course. *[Professor Hughes left the meeting at this point]* The Secretary of State for Health had announced that discussions were underway relating to the electronic patient record with an ambitious plan to merge all providers information onto one record. The committee heard more about the minimum digital foundation and the challenges of bringing everyone up to a standard level and the challenge of balancing the risks of focussing on this as opposed to innovating. The national digital skills gap was highlighted and the need to resource appropriately to address both workforce and financial implications. The Committee had received a report on national funding arrangements linked to the elective recovery programme and noted that funding for projects was often released at short notice and need to be turned around very quicky. The chair thanked Ms Holland for the update and invited questions. There were none.
COG 22/65.0	**Well-Led**
COG 22/65.1	**Workforce & Staff Engagement Committee** (Enclosure 9) Mr Atkins presented the report providing an update from meetings held in December 2021, January and February 2022. The Committee had continued to monitor vacancies and additional pressures of staff sickness absence owing to Covid-19 related reasons and noted that numbers had significantly reduced at the current time. Positive assurances were noted in respect of the success of the health care support worker recruitment campaigns and the reduction in agency and increase in bank usage. ***Question posted in the chat*** *Helen Ashby - There was a drop in people taking up student nurse places when the bursary was dropped - are there signs the courses are filling up again or is there still a shortfall? Post meeting response for the minutes – there was still some work to do to achieve the pre-bursary levels.* The committee considered the concerns about mandatory training where compliance of 90 per cent had not consistently been achieved - in particular with resus, safeguarding, patient moving and manual handling. The committee had commissioned the deputy chief nurse and mandatory training lead to prepare a report for the next meeting to explore the options to increase compliance. Staff survey results were presented and noted that the response rate had improved from 44 to 59 per cent and saw an increase in those identifying as

	disabled. Once the results were published nationally and benchmarking data was available, the committee would undertake a deep dive to assess the work within the divisions to develop individual action plans that would be monitored by the Committee. Inclusion networks were now in their second year and supporting staff in many ways. Non-executive director Gurjit Bhogal chaired the EDI steering group and reported regularly to the committee about the positive work underway including the development of an EDI strategy as a region. There had been a review commissioned to explore career progression and barriers for BAME staff members. The staff health and wellbeing steering group chaired by non-executive director Vij Randeniya also reported to the committee and was working to develop a broad health and wellbeing offering for our staff. Charitable funds had been used to establish some improvements for staff and noted that the Trust was in the process of recruit health and wellbeing champions across the organisation. The Dudley Group was taking the lead for workforce collaboration across the Black Country and JA confirmed that he had chaired the first workforce meeting in January 2022. He noted that it had been well attended by other workforce chairs and chief people officers and had agreed to work together to address recruitment talent management, diversity and inclusion, workforce technology without duplication. He thanked governors for their attendance and meeting and invited those who had yet to join to do so. *[JH left the meeting]* Mrs Cope acknowledged the work undertaken to develop the professional nurse advocate role in the Trust to support nursing staff. The chair referenced the earlier points made in relation to retention and recruitment noting it could be difficult for colleagues to take up training and development opportunities when there were staff shortages. Mr Fleet confirmed that the Trust were developing more flexible ways of accessing a variety of training topics and were actively recruiting staff to close some of the gap. *[LW left the meeting]*
COG 22/65.2	**Appointments & Remuneration Committee** (Enclosure 10) *[Professor Crowe, Dr Bhogal and Dr Amuthalingham left the meeting at this point]* The chair introduced the enclosure given as enclosure 10 and summarised the process that had supported the Appointments and Remuneration Committee to consider the proposal to extend the terms of office for the following non-executive directors. • Dr Thuva Amuthalingham • Dr Gurjit Bhogal • Professor Gary Crowe

	The Appointment and Remuneration Committee had agreed to recommend the following to the full council for endorsement: • Extend the term of office for associate non-executive director Thuva Amuthalingham until the end of May 2023. • Extend the term of office for associate non-executive director Gurjit Bhogal until the end of May 2023. • Extend the term of office for non-executive director Gary Crowe until the end of July 2025. The Council of Governors endorsed the recommendations of the Appointments and Remuneration Committee as per the preamble to this minute.
COG 22/65.3	**Trust Secretary report** (Enclosure 11) Mrs Board summarised the report given as enclosure 11 and highlighted the following items requiring approval: • Council of Governors Terms of Reference that had been reviewed with no suggested amendments. • Council of Governors Annual Workplan 2022/2023 that set out the key priorities for the year ahead. • Council of Governors Code of Conduct that had been reviewed with no suggested amendments. The Council of Governors endorsed the above items as set out in the preamble to this minute.
COG 22/66.0 pm	**Governor matters** (Verbal) *This section relates to items raised by governors other than those covered on the meeting agenda.* There were none.
COG 22/67.0	**For information** The Trusts Integrated Performance Report given as enclosure 12.
COG 22/68.0	**Any other Business** (Verbal) In response to the question from Mr Giles, the chair advised that the format of the Annual Members Meeting planned for September 2022 would be reviewed nearer to the time to determine if it would be held face to face or virtual.
COG 22/69.0	**Reflections on the meeting** (Verbal) Good debate and discussion about the quality priorities ahead of the endorsement was welcomed. Other comments received to say the meeting was very engaging.
COG 22/70.0 17.42hr	**Close of meeting and forward Council of Governor meeting dates: 2022**

	The chairman advised that the quarterly meeting in 2022 of the Full Council would take place on: 20th June 2022, 19th September 2022 (Annual Members Meeting), 3rd October 2022 and 5th December 2022. The chairman thanked all attending and drew the meeting to a close at pm.

Dame Yve Buckland, Chair of meeting

Signed…….…….. Dated …….

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

Council of Governors meeting held 21st March 2022

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	*Subject to social distancing guidelines*	Initially proposed to visit RoH on 20/5 and attend CoG meeting **Under review**
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 **Complete**
COG/22/60.0	Chair and chief executives update	Provide update on the acute provider work programme at the next full meeting of the Council of Governors.	Director of Strategy & Partnerships	June 2022	**Complete** added to the June CoG agenda
COG/22/62.0	ICS Presentation	Circulate the ICS development slides to the Council of Governors	Deputy Trust Secretary	March 2022	**Complete**

Enclosure 2

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 18th May 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**	**Other**
		X	

Recommendations:

The Board are asked to note and comment on the contents of the report.

Summary of Key Issues:

- Living with COVID
- Home for Lunch initiative
- Celebrating our nurses, midwives and ODPs
- Star Wars Day
- Black Country Provider Collaboration
- Committed to Excellence
- Charity Update
- Healthcare Heroes
- 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: *(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	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: 10th March 2022
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 18th May 2022

Living with COVID

Although social distancing rules have relaxed in a healthcare setting, guidance for staff and anyone who visits our hospital sites is that they are still required to wear a surgical mask and wash hands. The Infection Prevention and Control Team celebrated World Hand Hygiene Day on 5th May and used it as an opportunity to remind everyone about good hand hygiene practices.

The number of inpatients with Covid has reduced to less than 30 and staff off work with Covid has also reduced to less than 25 members of staff. We have implemented clinic and theatre schedules to pre-covid levels so that we can back to pre-covid clinic and theatre session activity.

Home for Lunch

We held a Home for Lunch Perfect Fortnight initiative from Monday 25th April to Monday 9th May 2022 to discharge our patients in a timely and safe way, as early in the day as possible.

We know that friends and relatives can more easily organise support for patients who arrive home during daytime.

Discharging patients is a complex task and requires many people from different teams to work together to make this happen effectively. We continually work with partners across the system to help discharge medically fit patients to free up beds and keep patients flowing.

If patients require urgent care, they are encouraged to go to NHS111 online first.

Celebrating our nurses, midwives and ODPs

On Thursday 5th May we celebrated International Day of the Midwife (#IMD2022) which formed part of our nine days of #CaringWithPride celebrations which also covered International Nurses Day and ODP Day, highlighting the work of our operating department practitioners.

Throughout the day we championed and celebrated our midwives and their support staff with chief nurse Mary Sexton conducting a live raffle draw on the maternity ward for prizes donated by local companies.

Incredibly, there are 1,600 babies born every day in England and our Dudley midwives play a huge part in the most important day for our local families and their babies. You can view all of the photos and videos from the day by following @DudleyGroupNHS on Twitter and Facebook.

Star Wars Day

Our Children's Department celebrated Star Wars Day on 4th May. The famous line from Star Wars "May the 4th be with you" has been adopted as a celebration day around the world and, as always, our paediatric team got involved. Staff decorated their ward and dressed up in Star Wars themed costumes. They also invited actors dressed in Star Wars costumes to spend several hours in Russells Hall Hospital main reception. For patients, staff and visitors this was a great event and hundreds of people popped along to have their photos taken. This was an amazing effort from a team who always go above and beyond to give the children and families the best possible experience while under their care.

Black Country Provider Collaboration

Positive progress is being made through the work of the Provider Collaborative with key developments as follows:

1. Governance

- In light of recent policy guidance (*Provider Collaborative Toolkit*) governance arrangements have been reviewed and updated, with:
    - Sir David Nicholson being appointed as the permanent Chair of the Programme Board,
    - A new Programme Executive, and Clinical Leads Group being established to drive development and delivery across the four organisations
    - Terms of Reference being developed and established for these new arrangements

2. Clinical Improvement Programme

- Clinical Improvement programme continues to develop and grow. The nine specialty Clinical Leads are now actively leading their Clinical Networks and through a range of engagement activities (Clinical Summits, Clinical Network meetings, and dedicated away days) are translating conceptual ideas into meaningful priorities for delivery, which will be reviewed and scrutinised shortly.

- Priorities are a set of 'quick wins' (e.g. alignment of standards and care pathways) and 'big-ticket' items (e.g. capital developments, 'centres of excellence', review of safe service configurations) with the intent of improving patient care and experience, and broadly fall into the following three 'priority buckets':

    - **Improving access** to care (Recovery & Restoration) with a strong focus on delivering the elective care backlog (e.g. HVLC work)

    - **Quality** – a focus on better equity and reduction of health inequalities through standardisation of care and reduction of unwarranted variance across the four acute partners within the Black Country; and

- **System Resilience & Transformation** – Exploring new models of care seeking opportunities to organise services across the BC system for better access, patient experience, and improved health outcomes.

- Further specialty workshops are planned over the coming weeks and months, focused on enhancing relationships and delivery of the identified priorities

3. Developing the 'Case for Change'

- Work will shortly commence on refreshing the BCPC's '*Case for Change'* taking on board recent policy guidance and the emerging healthcare landscape, with the formal establishment of the Integrated Care Systems (ICS) / Integrated Care Boards (ICB) and Place Based Partnerships (PBPs).

- An engagement plan will be developed to ensure that any significant service changes are engaged upon in line with the NHSE requirements of the '*Assurance process for managing service change*'.

Committed to Excellence

Our annual staff awards Committed to Excellence are now in their 14th year and recognise teams and individuals who go the extra mile for our patients, whether giving direct care or in vital back office supporting roles.

The awards celebrate outstanding care, compassionate staff, team spirit, innovation and those who have made a significant improvement in quality, safety and patient experience. They give staff across the Trust, and from our partner organisations, the opportunity to nominate colleagues in both clinical and non-clinical roles.

Nominations have now closed and I am pleased that they generated almost 600 nominations including nominations from members of the public in the Patient Choice category.

Winners will be announced at an awards dinner at The Copthorne Hotel in Brierley Hill in July 2022. We seek sponsorship from local businesses to support the awards and the event.

Charity Update

NHS Charities Together

No Barriers Here

The No Barriers Here project in partnership with Mary Stevens Hospice has delivered two of three arts-based advance care planning workshops which provide people from Black, Asian and minority ethnic (BAME) communities with the opportunity to think about future care and what matters most to them. The first art workshop focused on a population of Black African and Black Caribbean ethnicity, the second workshop had participants attend from a Roma community and the final workshop which will start in July will focus on the South Asian community.

Wellbeing Hub

Back in November 2021 the charity was successful in being awarded £121,000 of funding from NHS Charities Together. The funding will go towards creating a brand-new staff only wellbeing hub at the Russells Hall Hospital is also being supported by the Trust and our PFI partners.

The working group in continuing to meet regularly to discuss the designs and functionality of the wellbeing hub, the group will be carrying out further engagement with staff across the Trust.

Volunteer Futures Fund (DGFT Advance)

The project was officially launched at Russells Hall Hospital on 11th April 2022. One of our current volunteers, Aaron, shared his case study of becoming a peer mentor on the VFF project with all the staff, visitors and external organisations who came to visit. The event was publicised on internal and external communication channels as well as on social media and received positive feedback.

Ten 16–18-year-old peer mentors volunteers have been recruited and trained by the Trust volunteers service and we have recruited a future 52 active young volunteers onto the DGFT Advance programme.

The charity attended and exhibited at the Volunteer Expo Live on Friday 6th of May alongside NHS Charities Together, Birmingham Community Healthcare Charity and Sandwell and West Birmingham Charity. The event was a great way of recruiting volunteers, connecting with charities and not-for-profit organisations, and celebrating all aspects of volunteering.

Anyone aged 16-18 interested in becoming a volunteer should email dgft.volunteering@nhs.net

London Marathon 2022

We are back with the London Marathon again. The trust has six virtual marathon place and asking staff to be part of #TeamDudley. Participants will have 24 hours to complete the 26.2 miles, from 00:00 to 23:59 on Sunday 2nd October 2022, and will be able to run, walk, take breaks, and log their race on the London Marathon app. They will receive an official London Marathon number before the event and a coveted official finishers medal and t-shirt on completion.

HSBC Wolverhampton Market

The staff at the six local branches of HSBC have raised almost £4,000 from a Tough Mudder event on the 23rd April and from a fundraising quiz they organised on 5th May which was attended by both our children's and maternity departments as well the charity.

Healthcare Heroes

March – Individual

Lead nurse Laura Posting stands out as Healthcare Hero because of her kindness, understanding nature and fairness. She does whatever is needed to keep the ward running and always has time to step out the office to help her staff, no matter whether the task is big or small. Laura allows her staff to feel at ease with her open nature, and they know they can always talk to her with no judgement if they have any issues. During her time working at the Trust, Laura has always worked extremely hard, working her way to becoming a fantastic ward manager.

March – Team

The AAA screening programme has been run by The Dudley Group since 2012, and this year the team has been recognised as the number one team across the country for its performance for screen detected aneurysm identification. The team has ranked at the top against 37 other trusts which is a fantastic achievement! They have managed to tackle the COVID-19 backlog and are now looking to achieve full restoration of the life-saving AAA screening programme across the Black Country. The team works hard to ensure they are providing the best service possible.

April – Individual Award

Our April individual award went to AAA screening technician Joanna Stanley for the immediate action she took when a patient became very unwell in her care. After confirming her patient was well enough to be scanned, she continued to monitor the patient. When the patient's condition worsened, she helped the patient to a seat in the waiting area and rang 999. She remained with the patient until the ambulance arrived. Joanne responded quickly, calmly and professionally to what became an urgent situation, showing her ability to assess and provide excellent patient care in a distressing circumstance.

April – Team

April's team winner ward C7 showed great compassion and went above and beyond to facilitate the wedding of a dying patient. The team even went the extra mile to transform the relatives' room into a bridal suite as well as making a cravat out of a t-shirt. They did everything they could to support the patient's wishes, and everyone involved agreed it really was "a magical moment." The level of a care and empathy shown by the team on C7 to facilitate this wedding was outstanding and really showcases the values of our Trust.

Patient Feedback

Accident & Emergency: Excellent service, excellent staff, fully informed and made me feel better just by being in your care.

Breast Care: The whole team were kind, caring and compassionate for both of my visits, they explained everything in detail and took great care of me.

B5: Excellent, friendly, competent and professional staff. Good humoured, patient caring and understanding even though they were very busy with other patients.

CAU (Cardiac Assessment Unit): all staff were very caring and professional. Diagnosed and admitted promptly and made to feel very at ease.

Cardiology: Very good, clear and received information about what I wanted to know in a friendly and interested way.

CASH Clinic: Quick and not painful. Nurses were experienced and respectful.

Clinical Research Unit: Nothing could have made it better; the nurses were absolutely lovely. I felt so relaxed and was happy with my visit.

Community Musculoskeletal Assessment & Physiotherapy service (CMAPS): My appointment was very informative that was easy to understand. I was given some choices on what treatment I could have, overall was happy with my visit.

Ward C6: The whole service I received from start to finish was amazing. I stayed for two nights and three days and I could not have been cared for any more than I was. I'm very thankful.

Ward C7: The level of care I received from all of the staff from A&E to being discharged was superb. thanks to everyone.

Visits and Events

9th March 2022	**Place Development Programme**
10th March 2022	**Board of Directors**
11th March 2022	**Team Brief**
14th March 2022	**Women and Children's Exec Sponsor Welcome**
14th March 2022	**Consultant- Respiratory Interviews**
17th March 2022	**Richard Meddings visit to Corbett Hospital**
17th March 2022	**Buskers Fundraisers Photo Opportunity**
21st March 2022	**Trust Team Management**
21st March 2022	**Full Council of Governors**
23rd March 2022	**DGNHS Charity & HSBC Photo Opportunity**
24th March 2022	**Diane Wake and Jonathan Odum Clinical Lead Forum**
24th March 2022	**Black Country Collaboration Board**
25th March 2022	**Vaccination Hub Ceremony**
29th March 2022	**Ambulance Handover Patient Safety Follow-up Summit**

31st March 2022	**Invitation for Dinner with Sir James Mackey**
6th April 2022	**Place Development Programme**
6th April 2022	**Diane Wake and Jonathan Odum Clinical Lead Forum**
7th April 2022	**Black Country and West Birmingham Urology Collaboration Away Day**
8th April 2022	**Waldrons Charity Will Week Video Filming**
20th April 2022	**Private Board of Directors**
21st April 2022	**Black County Provider Collaborative- Executive Programme**
22nd April 2022	**Long Service Awards**
27th April 2022	**Overseas Nurses Graduation Ceromancy**
28th April 2022	**NHS National Leadership event Central London**
29th April 2022	**Ophthalmology Away Day**
4th May 2022	**Place Development Programme**
6th May 2022	**Black Country Provider Collaborative- Programme Executive**
6th May 2022	**Afternoon Tea with Full Council of Governors**
10th May 2022	**Capgemini**
11th May 2022	**Capgemini**
12th May 2022	**Nursing and Midwifery/ODP week**

Enclosure 2a

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 20th June 2022

Title:	**NHS Providers governors survey report**
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Yve Buckland, Chair of Governors

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

Recommendations:

The Council is asked to note

- the NHS Providers governors survey report in relations to the approach to governors either observing or participating on committees of the board.
- The Dudley Group were one of the trusts who participated in the survey.

Summary of Key Issues:

Background
Following a discussion at NHS Providers Governor Advisory Committee, NHS Providers have sought the views of their trust members in relation to their approach to governors either observing or participating in committees of the board.

A survey was circulated via their Company Secretary network in 2022, and they were grateful to receive 23 responses (that's just under a sixth of all Foundation Trusts. They comment that they should be appropriately cautious about the results though, since this is a relatively small, self-selecting sample of network members.

The Dudley Group was one of the trusts who participated in the survey and provided this comment.

"We have had no problem with the model. We have a Governor Observer description, which clearly sets out the role and responsibilities. The Chairs of the committees are very supportive."

The survey report is given as appendix 1.

Invitation to attend Board Committee
We welcome governor attendance at the following committees of board and encourage any governor who has not attended to do so from time to time.

Quality & Safety Committee
Workforce & Staff Engagement Committee
Finance & Performance
Digital Trust Technology Committee

See appendix 2 for The 'Guide for Governors observing Board committees.

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)	Y
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 20/06/2022

Appendix 1

Trusts' approach to governors and committees of the board

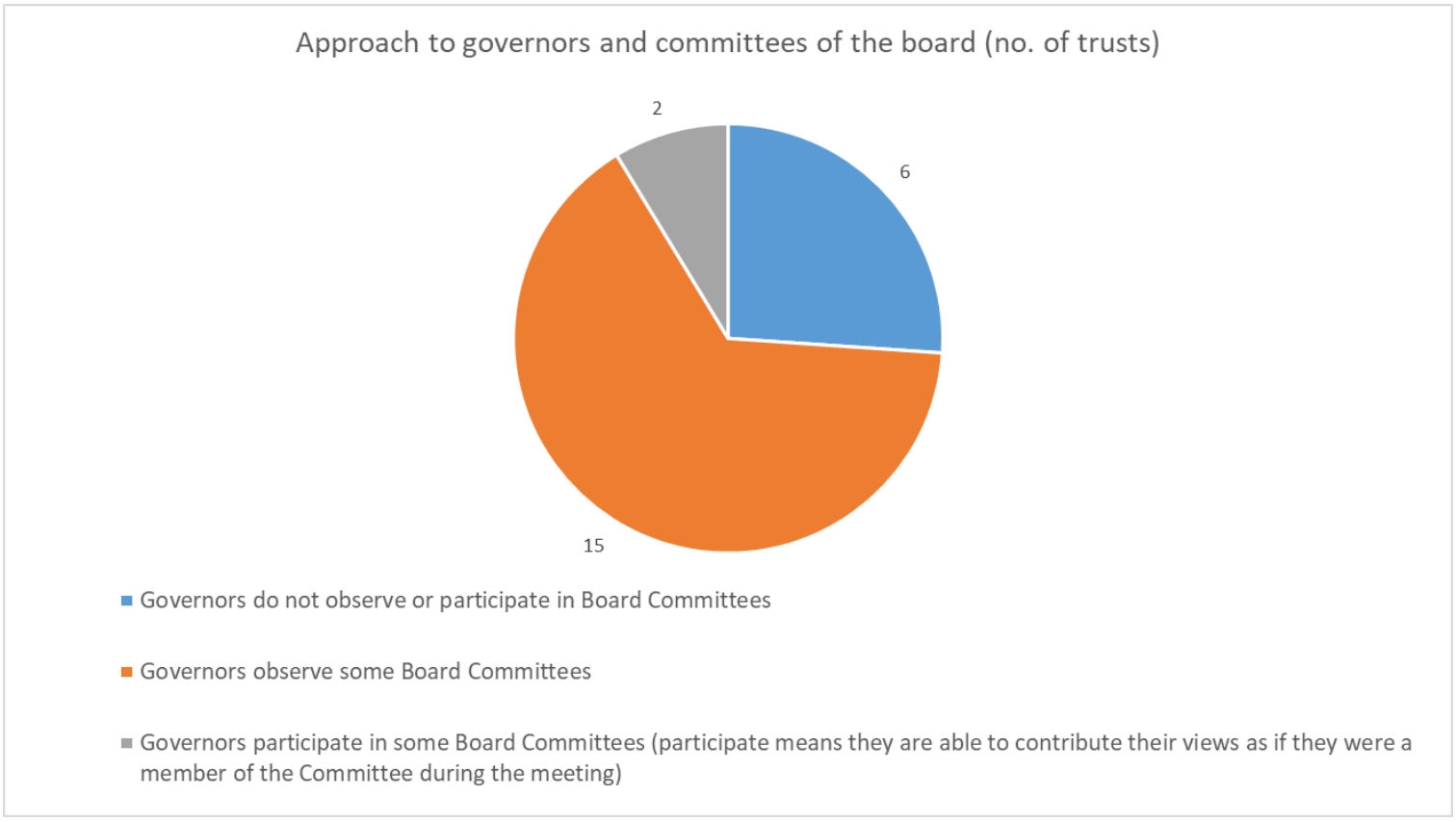
April 2022

Background

Following a discussion at NHS Providers Governor Advisory Committee, we have sought the views of our members in relation to their approach to governors either observing or participating in committees of the board.

A survey was circulated via our Company Secretary network in January, and we were grateful to receive 23 responses (that's just under a sixth of all Foundation Trusts) – huge thanks to everyone who replied. We should be appropriately cautious about the results though, since this is a relatively small, self-selecting sample of network members.

Findings



The majority of respondents (15) had a process in place to enable governors to observe at least some committees of the board. Only two trusts allowed governors to participate in board committees 'as if they were a member', while six did not allow governors to either observe or participate.

Free text comments provide further insight into why trusts have made these decisions.

For those who did not allow governors to participate/observe, we asked the follow up question 'why?'. Respondents said this tended to be because of concern that it would blur the lines between the role of a governor and that of a NED, leading to confused accountabilities and risking governors becoming overly involved in the detail, and also that governors' presence may hamper the effective operation of the committees as a safe space for challenge:

"There is too much scope for confusion around the role of governor/NED and would get complicated and potentially inappropriate."

"We changed our approach in 2021. Previously governors had been on board committees but were becoming increasing involved in discussions at the meetings which was a concern from a governance perspective."

"Having governors attend committees potentially blurs the lines of remit and role. Also, committees need to be able to have unfettered conversations about potentially thorny and challenging issues, some of which are often highly confidential and it would not be appropriate for governors to hear or be part of such conversations. Having them present would potentially prejudice the free exchange of views and opinions in a way that would be required to deal with difficult issues."

Respondents from these six trusts noted the alternative ways in which governors received the information they require, and access to non-executives, noting the importance of the council receiving information and holding the NEDs to account for the performance of the board as a body. Two respondents had 'assurance' committees of the council running alongside the board committees instead, while the others focused exclusively on ensuring the full council was able to undertake its role through council agendas.

"Governors receive full updates at Council of Governors meeting, through COG assurance meetings, and regular briefings."

"Still early days but it is definitely beneficial for the wider council to be involved in more detailed conversations regarding committee work rather than an individual feeding back."

For those trusts where governors were able to observe, there were a variety of mitigations in place to try and guard against the issues identified above. The mitigations included:

- Restricting the numbers of governors at committees to between one and three (two being the most common), though one trust had relaxed this restriction while meetings take place virtually.
- Enabling observations on a rota so that individual governors do not become 'attached' to a specific committee.
- Adopting an 'on request only' model, which results in few observations.
- Providing an 'induction' with the Company Secretary prior to attendance for any governor wishing to observe – presumably to remind them of their responsibilities (confidentiality, not contributing to debate etc.) while in attendance.
- Ensuring the observers feed back to the rest of the Council at a formal meeting (in private) to share any learning.
- Inviting governor observers to share any comments or ask questions of the Chair of the committee after the committee's formal business has concluded.

"We have had no problem with the model. We have a Governor Observer description, which clearly sets out the role and responsibilities. The Chairs of the committees are very supportive."

"It tends to work well, but clear protocols need to be set. Essentially, this is to outline how the invitation to observe a meeting is to enable Governors to understand more about the Trust and the role of the NED. We also make it clear that, as an observer, you will be able to ask questions or make comments at the end of the meeting but not during it (i.e because this is a Board committee rather than Governor meeting)."

"We have just revised our approach to formalise the appointment and feedback processes, as well as clarifying the purpose of the observations. We have also issued training and induction meetings for these observation roles. We did receive some initial pushback from a small minority of Governors who felt that they should have the right to participate."

Free text responses also identified some challenges with this approach:

"It is challenging to stop them becoming a contributor to meetings. We are reviewing whether one governor observing meetings is the most effective approach or whether other approaches, without attending meetings, might be better."

"Our governors attend as observers, but are given an opportunity to ask questions depending on the Chair. We have had instances where this has led to inappropriate governor interactions. We had a staff governor on our performance committee, which created issues as they were reporting back Exec Director views to colleagues. It created real tension within the workforce and EDs didn't feel the committee was a safe space to talk through complex operational challenges with their board colleagues."

"The success of the arrangement depends on constructive working relationships between Governors and Committee Chairs and appropriate Governor participation. Involving governors in

this way does increase the perception that the role is centred around observing Board Committees to the detriment of the community role."

"Don't ask a Governor for their views on the effectiveness of the meetings as this tends to lead to them acting like NEDs and providing views regarding the meeting content."

These trusts identified some benefits they believed were derived from allowing governors to observe:

"The Governor observer role has promoted a culture of openness and transparency. The observer reports back to the Council of Governors. We have not encountered any issues with this approach and the Governors report positively. The Trust Chairman fully supports this."

"We encourage governors to play to their strengths and over the years have realised that is the best approach - if scrutinising data is their preference, we encourage them to focus on monitoring reports, if engaging in audit and inspections or out and about talking to people, we support that too. This has supported robust triangulation activities as a council"

The implication of some responses was that the NEDs enjoyed having governors observe, with several noting that NED chairs tended to invite governor participation:

"We have devised clear guidance for governors to ensure they understand they are only observing and are not allowed to participate. At the end of the meeting the chair of the sub-committee will offer to pick up any queries or points of clarification governors have - but this is off the record and is between just the governors and the chair. We also issued guidance to our NED chairs to ensure they didn't raise the expectations of governors about participation as each has their own inclusive style which can compromise the "observer" role governors play"

Finally, the two respondents who said governors were able to participate "as if they were members" told us more about their approach:

"Governor Observers are not members of the Committees, and as such do not have a vote, but may be asked to contribute or comment at the discretion of the Chair of the Committee. Committee Chairs and key staff are asked to induct new Governor Observers."

"Our Board (and also Governors) strongly feel that it is not appropriate for Governors to routinely be a member of or in attendance at the majority of our Board standing committees but are members of two committees where their role naturally fits. 1. People Participation Committee where two Governors attend on a rotational basis and share feedback with Governors through the Council's Communications & Engagement Committee. At the Trust we put our service users and carers at the

centre of everything we do…This is part of our approach to coproduction and the voice of our Governors is both encouraged and well-received. We also see people participation as an intrinsic part of our membership strategy. 2. Charity Committee where two Governors with experience in charitable work/voluntary sector are members. This Committee includes Board members (chaired by a NED) and also service user representative. So as with the PPC, the voice of our Governors representing the members and the public is essential in this committee."

In fact, then, only one responding trust had governors at committees of the board and able to formally participate – and then, only in two specific committees which sound as if they focus less on formal assurance and more on engagement with those affected by the work of the committees.

Conclusion

It's clear that approaches to governors and committees of the board differ between foundation trusts. All respondents recognised that board committees were not a place where governors should seek to hold the NEDs to account.

It remains good governance practice to avoid any potential blurring of lines of accountability and of roles and responsibilities between governors and executives and governors and NEDs respectively. Having said that, the majority of respondents felt that, most of the time and with mitigations in place, having governors observe committees of the board was acceptable practice.

Appendix 2

The Dudley Group NHS Foundation Trust

Guiding Principles for Governor Observers at Board Sub-Committee Meetings

The role of Board sub-committees:
The Board of Directors has delegated powers to formally constituted sub-committees.

Only non-executive directors and executive directors are formal members of these committees and count towards the quoracy of the meeting.

The sub-committees are authorised by the Board to investigate and seek assurance on activities within their terms of reference.

Board sub-committee meetings provide the non-executive directors an opportunity to appropriately challenge, in detail, the executive directors for the operational performance of the Trust.

Board sub-committee meetings are held in private; they are not public meetings. The Board has chosen to invite governor observers but there is no requirement to do this.

The role of the chair in Board sub-committee meetings:
To direct the conduct of the meeting to ensure it operates in accordance with the Trust's values.

To ensure the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion.

To ensure all members of the committee have an opportunity to contribute to the discussion.

To decide when a matter requires escalation to the Board of Directors.

The chair will ensure that there is an opportunity for governors to observe the meeting.

The chair will ask individuals to leave the meeting where they feel that their behaviour and comments are disrupting the meeting or where the issues being discussed are commercially sensitive, or otherwise subject to a duty of confidence. The Trust is committed to openness and transparency with governors and this step will only be taken if it is absolutely necessary.

The role of a governor at Board sub-committee meetings:
To observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee.

To observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

To get a wider understanding of the work of the Trust and the issues that the non-executive directors are focussing on.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even though they are not formally part of the discussion).

Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the last meeting and summaries of the business to be discussed. Please note that occasionally it will be necessary to omit information that is commercially confidential or subject to a duty of confidence, but only where this deemed absolutely necessary.

Sending the pack does not constitute a request for governors to prepare for the meeting; it is for information only to assist with what governors are hearing.

When observing virtual meetings, Governors are asked to have their cameras and microphones switched off. That way the chair can see all the committee members on one screen and be able to conduct the meeting effectively.

When observing face to face meetings, Governors are asked to switch off or silence mobile phones, tablets or other electronic devices that may cause distraction or disrupt the meeting.

Governors may be offered an opportunity at the end of the meeting to raise any points of clarification.

From time to time the chair may ask a governor for their opinion on a specific matter. This should not be seen as an invitation to formally take part in the meeting but it may assist the Chair occasionally to use governors as a sounding board.

The role of a governor at Board sub-committee meetings is not to ask questions or form any part of the scrutiny of the business.

Specific instructions for governors:
We ask that governors turn off their microphone once introductions are complete.

We ask that governors have regard for and abide by the Governors Code of Conduct at all times during the meeting. **(see appendix A).**

We ask that you let a member of the Foundation Trust office know if you are unable to attend a meeting that you have previously asked to observe.

Foundation Trust Office
February 2021

Enclosure 2b

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 20th June 2022

Title:	**Consultation on the Addendum to Your statutory duties – reference guide for NHS foundation trust governors**
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Yve Buckland, Chair of Governors

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

Recommendations:

The Council is asked to note that the NHSE have launched a consultation on a number of documents aimed at supporting NHS trusts and foundation trusts to work effectively within the emerging Integrated Care Systems.

All governors are invited to participate and give their views using the links provided in the main body of the document.

The closing date is 8th July 2022.

Summary of Key Issues:

Overview
As part of the development of Integrated Care Systems, NHS England (NHSE) are committed to supporting NHS trusts and NHS foundation trusts to work effectively within systems.

NHSE have prepared a draft Addendum to Your statutory duties – reference guide for NHS foundation trust governors.

Alongside the Addendum, NHSE are also currently consulting separately on a draft Code of governance for NHS provider trusts and draft Guidance on good governance and collaboration under the NHS provider licence. Together, the Code, Addendum, and Guidance on good governance and collaboration will support trusts to work effectively within Integrated Care Systems.

The draft Addendum to the guide for governors sets out how, and will support governors to, carry out their statutory duties as Integrated Care Systems develop and trusts are expected to collaborate effectively with system partners.

The *NHS Long Term Plan* and *Integrated Care Systems: Design Framework* have set a clear expectation that NHS trusts and foundation trusts will play an active and strong leadership role within systems. This impacts what councils of governors will now need to consider when performing their statutory duties.

The draft Addendum to the guide for governors therefore aims to support NHS foundation trusts and their governors with this change, by:

1. Supplementing the existing guide for governors and explaining how the duties of NHS foundation trust councils of governors' support system-working and collaboration, along with examples of how councils of governors and boards and work together well.

2. Detailing additional considerations (on top of those in the existing guide for governors) regarding system working, that foundation trust governors may wish to discuss with their trust's board, on the specific statutory duties to:
   a. Hold the non-executive directors individually and collectively to account for the performance of the board of directors.
   b. Represent the interests of the members of the NHS foundation trust and the public.
   c. Approve "significant transactions", mergers, acquisitions, separations or dissolutions.

3. Making it clear that in carrying out their duties, foundation trust councils of governors should not be restricted to representing the interests of a narrow section of the public served by the foundation trust (ie patients and the public within the vicinity of the trust, or those who form governors' own electorates). Instead, councils of governors should form a rounded view of the interests of the 'public at large'. This would include the population of the local system of which the foundation trust is part.

The evolving role of NHS foundation trust councils of governors within Integrated Care Systems

NHSE consider the new addendum as a first step to clarifying councils of governors' roles in the context of Integrated Care Systems and the expectation that NHS foundation trusts will collaborate with their system partners.

NHSE are taking the opportunity of this consultation to seek your views as part of a wider conversation about how the role of NHS foundation trust councils of governors should continue to evolve within Integrated Care Systems and what further support may be required.

Why your views matter
Feedback from the consultation on the draft Addendum will be taken on board in readiness for the publication of the final version in Summer 2022.

NHSE will use your answers to the wider questions about the evolving role of NHS foundation trust councils of governors to plan further work to be undertaken in 2022/23 to support NHS foundation trust councils of governors to continue to adapt to system working and collaboration.

Click the link given below to submit your views

Consultation on the draft Addendum to your statutory duties – A reference guide for NHS foundation trust governors - NHS England - Citizen Space

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)	Y
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 20/06/2022

Classification: Official

Publication approval reference: PAR440

Draft Addendum to *Your statutory duties – reference guide for NHS foundation trust governors*

System working and collaboration: The role of foundation trust councils of governors

May 2022

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Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

About this document

This addendum supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support system working and collaboration.

Key points

- This addendum is based on the existing statutory duties in the 2006 Act, and the principles regarding collaboration and system working in the June 2021 Integrated Care Systems: design framework.
- To support collaboration between organisations and the delivery of better, joined up care, councils of governors are required to form a rounded view of the interests of the 'public at large'.
- Updated considerations are set out in respect to the following legal duties of councils of governors: holding the non-executive directors to account, representing the interests of trust members and the public, and approving significant transactions, mergers, acquisitions, separations or dissolutions.
- This addendum only applies to a council of governors' statutory role within its own foundation trust's governance.

Action required

- NHS England expect councils of governors to act in line with the principles in this addendum.

Other guidance and resources

- Integrated Care Systems: design framework
- Integrated Care Systems: guidance
- Your statutory duties: A reference guide for NHS foundation trust governors

1. Introduction

This addendum to NHS England's *Your statutory duties - A reference guide for NHS foundation trust governors* (the guide for governors), originally published by Monitor, explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

The guide for governors lays out the statutory duties of NHS foundation trust councils of governors, as provided by the National Health Service Act 2006 (the 2006 Act) and amended by the Health and Social Care Act 2012. It is written for councils of governors (rather than trust boards). The legislation applies to councils of governors as a whole, not individual governors. Councils have no powers of delegation, so they can only take decisions in full council.

There is no change to the statutory duties for councils of governors, as outlined in the 2006 Act. For more details on any of the NHS foundation trust councils of governors' statutory duties and powers, please refer to the legislation or contact your trust secretary.

This addendum is based on the statutory duties in the 2006 Act and the principles regarding collaboration and system working in the June 2021 Integrated Care Systems: design framework and Health and Care Act 2022. NHS England expect councils of governors to act in line with the principles in this addendum.

This addendum only applies to a council of governors' role **within its own foundation trust's governance**. It does not relate to the governance of the boards of integrated care boards.

1.1 What has changed and why?

Background

A great deal has changed since the guide for governors was last updated in August 2013. With the publication of the NHS Long Term Plan (a 10-year plan outlining the future of the NHS) in January 2019, the NHS set out its ambition to develop new ways of working based on the principles of co-design and collaboration.[1]

These principles are not new to the NHS, as 'working together for patients' has been a core part of the NHS Constitution since 2012. However, the importance of different parts of the health and care system working together in the best interests of patients and the public has been starkly demonstrated during the COVID-19 pandemic. The immediate and long-term challenges facing the NHS such as an ageing population, increased demand for services, and health inequalities can only be solved by organisations working together and putting patients, service users and populations at the heart of decision-making.

A key milestone in achieving this was the establishment of integrated care systems (ICSs) across England . ICSs bring local organisations together to deliver the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.[2] They do this over an agreed geographical area, and depend on NHS organisations, local authorities and other partners that deliver health and care services working together to plan care that meets the needs of their population. This approach is often called 'system working'.

The Health and Care Act 2022 will remove legal barriers to collaboration and integrated care and put ICSs on a statutory footing by establishing for each ICS:

- An Integrated Care Partnership (ICP), a statutory joint committee of the Integrated Care Board and the upper tier local authorities in the ICS, bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. Each partnership will be established by the NHS and local government as equal partners and will develop an integrated care strategy proposing how the NHS and local government should exercise their

[1] NHS Long Term Plan, p110, 7.1
[2] Integration and Innovation: working together to improve health and social care for all p23, pt 3.11

functions to integrate health and care and address the needs of the population identified in the local Joint Strategic Needs Assessment(s).

- An Integrated Care Board (ICB), which brings the NHS together locally, to improve population health and care; its unitary board will allocate NHS budget and commission services, and – having regard to the ICP's integrated care strategy – produce a five-year joint plan for health services and annual capital plan agreed with its partner NHS trusts and foundation trusts.

The ICP and ICB, together with other key elements of the new arrangements including place-based partnerships and provider collaboratives, will bring together all partners within an ICS.

As ICSs develop, organisations are not only expected to provide high-quality care and manage their own finances, but to take on responsibility for wider objectives relating to NHS resources and population health jointly with other providers. This means that system and place-based partnerships will plan and co-ordinate services in a way that improves population health and reduces inequalities.

The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe, effective care, and effective use of resources.[3] Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.[4]

Forming a rounded view in representing 'the public'

The 2006 Act provides councils of governors with their statutory duties. Within those duties, councils of governors are legally responsible for representing the interests of the members of the NHS foundation trust and the public.[5]

While the meaning of 'the public' is not specified in legislation, councils of governors are not restricted to representing the interests of a narrow section of the public served by

[3] Integrated Care Systems: design framework, p30
[4] NHS Long Term Plan, p112, 7.9
[5] Paragraph 10A(b) of Schedule 7 to the NHS Act 2006

the NHS foundation trust – that is, patients and the public within the vicinity of the trust or those who form governors' own electorates.

To support collaboration between organisations and the delivery of better, joined up care, councils of governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the NHS foundation trust is part. No organisation can operate in isolation, and each is dependent on the efforts of others.

While staff governors and patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public. Therefore, they are required to seek and form a view of the interests of the 'public at large'.

2. Updated considerations for the statutory duties of councils of governors

The NHS's move to a new way of working does not change the role councils of governors have within their trusts, but it will affect what councils of governors need to consider when performing their statutory duties. Councils of governors will need to be assured their foundation trust board has considered the consequences of decisions on other partners within their system, and the impact on the public at large. This section provides clarity on the three statutory duties that will be most affected by the transition to system-working:

a. Holding the non-executive directors individually and collectively to account for the performance of the board of directors.
b. Representing the interests of the members of the NHS foundation trust and the public.
c. Approving 'significant transactions', mergers, acquisitions, separations or dissolutions.[6]

Chapter 3 of the guide for governors gives the complete statutory duties and powers of the council of governors.

[6] Your statutory duties – a reference guide for governors, p19

2.1 General duties of the council of governors (Chapter 4 of the guide for governors)

a. Holding the non-executive directors to account

What are the legal requirements?

The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.

General considerations

The guide for governors stipulates: “Holding the non-executive directors to account for the performance of the board does not mean the governors should question every decision or every plan. The role of governors in ‘holding to account’ is one of assurance of the performance of the board.”[7] It suggests that the council of governors should therefore assess what it believes are the key areas of enquiry and provide appropriate challenge. These could be for example:

- due process is not being followed
- the interests of the members and of the public are not being appropriately represented
- the trust is at risk of breaching the conditions of its licence.

Councils of governors may not always agree with the decisions taken by the directors, and directors do not always have to adhere to the council’s preferences. However, the board of directors, as a whole, does have to give due consideration to the views of the council of governors, especially in relation to matters which concern the interests of the members of the NHS foundation trust and the public.[8]

Chapter 4, section 4.1 of the guide for governors gives a complete description of this duty.

[7] Your statutory duties – a reference guide for governors, p28
[8] *Ibid.*

What is the role of councils of governors?

Overall responsibility for running an NHS foundation trust lies with the board of directors, and the council of governors is the collective body through which directors explain and justify their actions. Holding to account is therefore not about the performance of individual directors, nor performance management of the board. The council's role is as follows:

1. To consider the board's account of its performance against the criteria that the council has agreed with the board and based on the conditions in the provider licence.
2. To question the board on its account and feed back in a considered manner based on the evidence presented (asking for more evidence if necessary and reasonable).
3. In extreme cases, to raise difficult issues and, after listening to the account of the board, to consider contacting NHS England if it forms a reasonable belief that the trust is in danger of breaching the terms of its licence.

Updated considerations for governors to discuss with their trust's board regarding system-working

1. The success of an individual foundation trust will increasingly be judged against its contribution to the objectives of the ICS. This means the board's performance must now be seen in part as the trust's contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through provider collaboratives. In holding non-executive directors to account for the performance of the board, NHS foundation trust councils of governors should consider whether the interests of the public at large are the primary consideration in board decision-making, and whether the trust's performance has been considered as part of the system as a whole, and as part of the wider provision of health and social care. Councils of governors are permitted to demonstrate the interests of the public at large to the board if they feel that the board is not operating in the public's interests. (For further detail, please see Section 2.1b: Representing the interests of trust members and the public.)

2. Consideration should also be given to how the trust board is having regard in its decision-making to the 'triple aim' duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources, as well as the role the trust is playing in reducing health inequalities in access, experience and outcomes.

Illustrative scenario 1: A council of governors considers the role the NHS foundation trust has played within the ICS in holding the non-executive directors to account for the performance of the board

To hold the non-executive directors to account, the council of governors may already have a number of approaches in place, including:

1. observing the contributions of the non-executive directors at board meetings and during meetings with governors
2. gathering information on the performance of the board against its strategy and plans
3. receiving the trust's quality report and accounts and questioning the non-executive directors on their content.

These allow the council of governors to determine its key areas of concern and provide appropriate challenge.

The council of governors is mindful that NHS England has now set a clear expectation that NHS foundation trusts will collaborate effectively with system partners to co-design and deliver plans, and that the failure of a trust to do so may be treated as a breach of governance licence conditions.

To form a view about the trust's contribution to system performance and development, the council of governors may need to adapt its approaches.

1. Seeking to understand the arrangements for the trust's contribution to shared planning and decision-making forums – eg system and place-based

arrangements and provider collaboratives – and how the interests of patients and the public are considered.

2. Requesting information on the ICP's integrated care strategy and the ICB's five-year joint plan from the board to understand how the trust's plans relate to overarching system development.

3. Requesting information on the ICB's performance from the board to understand how the trust's performance relates to that of its system.

4. Receiving assurance from non-executive directors that the board's decisions have regard to the 'triple aim' duty – better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources – and have the opportunity to question the non-executive directors about this.

The trust is expected to ensure that the council of governors is provided with appropriate information, and that the governors are given opportunities to meet the board to raise questions about the trust's role within the system, or systems, of which it is part.

b. Representing the interests of trust members and the public

What are the legal requirements?

Under the 2006 Act, councils of governors have a duty to represent the interests of the members of the NHS foundation trust and the public.

General considerations

The general duty to represent the interests of members and the public includes (but is not limited to) all other statutory duties that councils of governors are expected to fulfil, and should underpin all elements of their role as outlined in the guide for governors and the NHS foundation trust's own constitution. The council of governors should therefore interact regularly with the members of the trust and the public to ensure it understands their views, and to clearly communicate information on trust and system performance

and planning in return. However, governors should take care to disclose only those matters which the trust considers non-confidential.[9]

Councils of governors must be mindful that a number of different bodies and organisations (such as Healthwatch) represent the interests of the public, and governors should therefore work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

It should be noted that while staff, patient, carer and servicer user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public at large.

Chapter 4, section 4.2 of the guide for governors gives a complete description of this duty.

Updated considerations for governors to discuss with their trust's board regarding system-working

1. Each ICB will be expected to build a range of engagement approaches into its activities at every level, and to prioritise engaging with groups affected by health inequalities in access, experience and outcomes, in a culturally competent way. This will be supported by a legal duty for ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by a continuation of existing foundation trust duties relating to patient and public involvement, including the role of foundation trust governors.

2. Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the public within the vicinity of the trust or those who form governors' own electorates. To discharge this statutory duty, councils of governors are required to take account of the interests of the 'public at large'. This includes the population of the local system of which the trust is part.

[9] Your statutory duties – a reference guide for governors, p31

3. When engaging with the public, councils of governors need not limit their engagement to the public and patients in their electorate or personal networks. They must also adhere to their trust's communications or media policies when engaging and communicating with the public.

   Councils of governors should also be assured that their trust is engaging widely.

Illustrative scenario 2: An NHS foundation trust and its council of governors work together to strengthen mechanisms by which the council of governors can consider the views of the wider public

The council of governors may already have various ways through which it engages with members and the public. These may include governor drop-in events where members and the public can meet governors, a dedicated page on the foundation trust's website to share information and surveys to gather members' and the public's views. The council of governors may also have agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To strengthen mechanisms to consider the views of the wider public, the council of governors should take additional steps:

1. Working with the trust to use technology to engage with members and the public. This could include adding to face-to-face interactions with virtual engagement via online events, which could improve accessibility for some patient cohorts and the public.

2. Considering how it can engage with other stakeholders that have a role in promoting the interests of patients and the public, eg local branches of Healthwatch and voluntary sector organisations. Governors may also work with their trust to build relationships with organisations that can help gather the views of seldom heard groups.

3. Asking for information on how the trust intends to address health inequalities in both its own plan and contributing to that for the wider system. This could be

supplemented as appropriate with the population health data (e.g. demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need. This helps the council of governors understand the impact of action taken by the trust to address health inequalities.

2.2 Taking decisions on significant transactions, mergers, acquisitions, separations and dissolutions (Chapter 10 of the guide for governors)

c. Approving significant transactions, mergers, acquisitions, separations or dissolutions

Chapter 10 of the guide for governors explains what a 'significant transaction' is.

It may also be helpful to refer to Appendix 1: Legal and regulatory requirements for transactions of the *Transactions guidance* for a more detailed and operational definition.

What are the legal requirements?

Under the 2012 Act:

- **More than half the members of the full council of governors of the trust voting** need to approve the foundation trust entering into any significant transaction, as specified in the trust's constitution. This means more than half the governors who are in attendance at the meeting and who vote at that meeting.
- **More than half the members of the full council of governors** must approve any application by the foundation trust to merge with or acquire another trust, to separate the trust into two or more new NHS foundation trusts or to dissolve the trust. This means more than half the total number of governors, not just half the number who attend the meeting at which the decision is taken. If the other party to

the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.[10]

What are councils of governors asked to take a decision on?

The 2006 Act states that the foundation trust's constitution "must provide for all the powers of the organisation to be exercisable by the board of directors on its behalf"[11]. As such it is the board of directors that must decide whether a transaction should proceed.

Councils of governors are responsible for assuring themselves that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction (that is, has undertaken due diligence), and that it has appropriately considered the interests of members and the public as part of the decision-making process. [12] As long as they are appropriately assured of this, governors should not unreasonably withhold their consent for a proposal to go ahead.[13] They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Given councils of governors have no power of delegation, they can only make decisions in full council. Hence they should attempt to reach a consensus based on the broad views of the council members. In common with boards of directors, they should not allow themselves to be unduly influenced by the views of individuals, but instead should attempt to ensure that all voices are heard and considered.

The council of governors must obtain sufficient information from the board of directors on the proposed significant transaction, merger, acquisition, separation or dissolution to make an informed decision.[14]

Chapter 10 of the guide for governors gives a more complete description of this duty.

[10] Your statutory duties – a reference guide for governors, p60
[11] Paragraph 15(2) of Schedule 7 to the NHS Act 2006
[12] Your statutory duties – a reference guide for governors, p63-64
[13] *Ibid.*
[14] *Ibid.*

Updated considerations for governors to discuss with their trust's board regarding system-working

1. Governors need to be assured that the process undertaken by the board in reaching its decision was appropriate, and that the interests of the 'public at large' were considered. A council can disagree with the merits of a particular decision of the board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the council of governors would need to establish that appropriate due diligence was either not undertaken or properly factored into decision-making.

2. All transaction proposals need to demonstrate a clear case for change in order to meet NHS England's assurance requirements, including how they will result in material improvements to the quality of services. Benefits arising from the transaction could be to the patients served by the trust or to the wider public, for example by impacting patients of other providers or reducing health inequalities across the population. In the context of the NHS's new way of working, this means that councils of governors may well be expected to consent to decisions that benefit the broader public interest while not being of immediate advantage to or creating some level of risk for their NHS foundation trust. Consent should not be given for decisions that benefit the NHS foundation trust without regard for the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

Illustrative scenario 3: A council of governors approves a significant transaction that may not immediately benefit the individual trust but overall does benefit the population of the wider ICS

The council of governors provides consent because the board has adequately assured it that the appropriate process has been followed.

This significant transaction may not immediately benefit the individual NHS foundation trust but overall is expected to benefit the population of the wider ICS. Some governors disagreed with the merits of the board's proposed transaction, but the full council gave consent because all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

1. The board provided the council of governors with appropriate information on the proposed transaction, including the benefits for patients and the public in the wider ICS, and the impact on quality of services, system performance and the system's financial position.

2. The board was open about any risks and opportunities for the NHS foundation trust and how these would be addressed.

3. The board provided evidence that the interests of the public were appropriately considered, and effective engagement processes were followed. The council of governors was given the opportunity to challenge the processes and to ask the non-executive directors questions around any key areas of concern.

3. Working with the board

This section contains suggested approaches to support better working between the council of governors and the board, along with examples of developmental activities already underway across trusts.

3.1 Building relationships and understanding roles

Key relationships

- Trust secretary/membership manager and governor liaison role
- Trust Chair
- Trust's Non-executive directors
- Trust Chief executive officer
- Trust Board and/executive directors
- Foundation trust Members

Practical tips

Governors will receive an induction from their organisation. They should familiarise themselves with the following documents, along with any others their trust secretary, membership manager or anyone in a governor liaison role sign-posts them to:

- Trust's constitution
- Code of Conduct
- confidentiality and data protection policies
- conflict of interest policies
- communications policy
- Nolan Principles.

These documents help governors understand the principles and processes by which their trust is governed, outline the composition and general duties of the board, and set out expectations of governor conduct.

It is important that trust boards and their governors act in line with the Nolan Principles and are open and transparent with one another. Doing so creates a better environment for challenging conversations.

For more information please refer to Chapter 2 of *Your statutory duties - A reference guide for NHS foundation trust governors* which outlines the governance structure of NHS foundation trusts. Please also see your trust's own constitution for information that is specific to your own organisation.

3.2 Supporting governors to fulfil the duties of a council of governors

Key relationships

- Trust secretaries/membership manager and governor liaison role
- Trust Chair
- Trust non-executive directors
- Trust Chief executive officer
- Trust Board /executive directors

Expectations: communications and engagement

Governors can expect to attend a variety of meetings organised by the trust, which intend to help inform their decision-making, and to support governors in fulfilling their duties. Formally, this will include council of governor meetings and annual members meetings. Governors should also be encouraged to attend public trust board meetings.The trust may also organise other meetings or forms of engagement such as:

- informal meetings such as Q&As with the chief executive or chair, and workshops with the non-executive directors or board
- regular briefings to members and governors from the chief executive or chair
- ad-hoc briefings or dissemination of information as an issue arises
- non-executive director updates at council of governor meetings.

The board should engage early with the governors about transaction plans. From the outset directors and governors should agree a process for engagement on the transaction, to include:

- the content and timing of information to be provided to governors and any training needs
- how the views of members will be sought and stakeholders kept informed
- how governors can get involved with developing the future governance model, eg by working on the constitution for the post-transaction foundation trust.[15]

3.3 Supporting governors to understand their duties in the context of ICSs and system working

Key relationships

- Trust Chair
- Trust Chief executive officer
- Trust board secretary/membership manager and governor liaison role

Expectations: communications and engagement

- The trust's chair should facilitate engagement between the ICB, the ICP and the trust's council of governors.
- The trust should also ensure governors are updated in a timely way on system plans, decisions and delivery.
- The trust should ensure governors receive information on the ICP's integrated care strategy and the ICB' five-year forward plan, as decisions and aspects of delivery that directly affect the trust and its patients.
- The council of governors should consider how it can support its board to engage with patients and the community across the geography of the ICS.

There is no agreed way that a trust should do this. Suggestions based on existing examples are:

- Attending public trust board meetings to listen to the discussion on ICS arrangements. This should also indicate whether the board is acting in the wider public interest and provides an opportunity to hear the types of questions non-executive directors are asking in this respect.

[15] Transactions guidance, Appendix 1 pp35-6

- Board members providing ICS updates at council meetings to ensure that governors are well informed and have an opportunity to ask questions.
- Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.
- The chair cascading key messages after an ICP or ICB meeting.

Practical tips

Your trust should work with governors to understand the following:

- What is the foundation trust's ICS footprint?
- Who are the key partners in the system?
- What is the membership of the ICP?
- What is the membership of the board and committees of the ICB?
- How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?
- How is the trust having regard in its decision-making to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?
- How can the council of governors support the trust in leading in or contributing to its ICS?
- How can the council of governors best communicate the ICS plans to the trust members and public?

4. Further information

For national context:

- *NHS Long Term Plan*
- *Integration and innovation: working together to improve health and social care for all*
- *Integrated Care Systems: design framework*

Relevant NHS England guidance:

- *Transactions guidance*
- *Guidance on pay for very senior managers in NHS trusts and foundation trusts*
- *System Oversight Framework 2021/22*
- *Guidance on good governance and collaboration* [Currently out for consultation]

Other resources for governors:

- *GovernWell – NHS Providers' national training programme for governors*

Contact us:
NHSI.Policyteam@nhs.net

NHS England
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication approval reference: PAR440

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 20 June 2022

Title:	Update from the Experience & Engagement Committee
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Hilary Lumsden, Public Elected Governor, Committee Chair

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

Recommendations:

The Council is asked to note the contents of the report and in particular any items referred to the Council for decision or action.

Summary of Key Issues:

Summary report from the Experience & Engagement Committee.

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	Y
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 22/06/22

The Dudley Group NHS Foundation Trust

CHAIR LOG

Upward Report from the Experience & Engagement Committee

Date Committee last met: 9 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	ACTIONS COMMISSIONED/WORK UNDERWAY
• Governors being involved in activities in their own communities has been significantly affected by the pandemic and all governors were asked to participate in at least one governor activity initiated by them or the Trust from July to September	• Committee Terms of Reference to be reviewed and brought back to the next meeting • A session dedicated to discussing the support required for Governors for their 'out there' activities to be arranged • A list of smaller value Fundraising projects to be considered that governors will select from to then adopt as a governors' fundraising campaign. • Focus group activity scheduled to support preparation of Governor comment on the Trusts Quality Account 20221/22
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Governor engagement activity within the Trust undertaking reviews and audit has seen an increase in the last quarter • The Trust is compliant with its terms of licence in respect of its public membership and is represented by constituency, age, and gender • BAME (Black, Asian, Minority Ethic) membership is circa 15% and compares favourably with Dudley borough statistics • Comprehensive governor training and development programme offered for all existing and new governors remains robust in terms of regularity of training sessions and attendance	• Richard Tasker, Public elected Governor was appointed chair of the Committee • Alex Giles was appointed deputy chair of the Committee • Agreed to recommend that the Trust's Freedom to Speak Up Guardian present on their service to a future meeting of the full Council of Governors
Chair's comments on the effectiveness of the meeting: Good attendance and positive discussions, Papers received in a timely manner with good and clear information.	

Enclosure 4

The Dudley Group NHS Foundation Trust

Paper for Submission to the Council of Governors
Monday 20th June 2022

Title:	Quality and Safety Committee 22nd March and 26th April 2022
Author:	Mary Sexton – Chief Nurse
Presenter:	Catherine Holland – Non-executive Director

Action Required of Committee / Group

Decision	Approval	Discussion Y	Other

Recommendations:

The Council is asked 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

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: Numerous	
	On Risk Register: Y	Risk Score: Numerous across the Board Assurance Framework, Corporate Risk Registers 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: 22/03/22 Q & S Committee
	Board of Directors	Y	Date: 18th May 2022
	Other	N	Date:

The Dudley Group NHS Foundation Trust

CHAIRS LOG – 22nd March 2022

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Closure of serious incident /risk actions within surgery slow to progress. Reported that when staff move or leave incidents are not reallocated. • Transient Ischemic Attack Clinics on hold pending Consultant recruitment. • Speech and Language Therapy assessments for stroke patients is limited to Monday to Friday. • Health and Safety reported 30% of incidents pertain to a needle stick injuries	• Speech and Language Therapy team to present a report providing assurance around their Stroke Service.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• SSNAP data performance improved and has achieved level B for quarter 3. • Medicine and Integrated Care improved position against closing actions against serious incidents. • Clinical Support Services assurance report demonstrating the improvements and oversight of issues. • Significant improvement in the VTE performance to 94.3%.	• Ratification of Patient safety voice volunteers and patient safety partners framework and policy. • Requested further work to be considered for the Patient Safety Strategy and to be submitted in April 2022.

CHAIRS LOG – 26th April 2022

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Speech and Language Therapy demand has increased, and the Trust is benchmarking below other trusts and model hospital. • Black Country Pathway Service turnaround times are poor. DGFT are particularly affected by the reduction in performance.	Nil to Report.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Medicine and Integrated Care Report assurance report demonstrating the improvements and oversight of issues. • Assurance received from Clinical Effectiveness audits particularly Mortality and Morbidity Reviews. • The comprehensive Trust audit programme and implementation against NICE Guidance • Improved ultrasound time by use of diagnostic hubs. •	• Ratification of the Patient Safety Strategy.

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
20th June 2022

Title:	Quality Accounts 2021/22
Author:	Sara Whitbread – Quality Review and Improvement Lead
Presenter:	Sara Whitbread – Quality Review and Improvement Lead

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

Recommendations:

- To note that the draft Quality Report 2021/22 has been circulated to the Council of governors and considered at the June meeting of the Experience & engagement Committee
- To note that the Council of Governors are developing a comment for inclusion in line with the publication timetable

Summary of Key Issues:

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Accounts and includes the requirements of the NHS (Quality Accounts) Amendments Regulations 2012. The Quality Accounts (and hence this report) aims to increase public accountability and drive quality improvement within NHS organisations. The Quality Accounts must be published externally (via NHS England/Improvement Website) by the 30th June 2022.

Due to the Covid-19 Pandemic NHSi announced for the third consecutive year that the annual Quality Report and Account of Foundation Trusts did not require external audit.

The Quality Report has been compiled and contains all the national requirements and is submitted to the June meeting of the Board of Directors for approval.

Some national and local comparative data has not been available, again due to the Covid-19 Pandemic. This will be added as a minor amendment, as it becomes available.

Impact on the Strategic Goals	
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	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y/N	Details:
	NHSE/I	Y	Details: As per Quality Account requirements
	Other	Y	Details: As per DoH Quality Report requirements

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Experience & Engagement Committee	Y	Date: 09/06/2022
	Board of Directors	Y	Date: 16th June 2022
	Other	Y/N	Date:

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 20 June 2022

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

Action Required of Committee / Group			
Decision	**Approval** Y	**Discussion** Y	**Other**
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 *(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)	Y
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	N	Details:

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

The Dudley Group NHS Foundation Trust

CHAIR LOG

Upward Report from the Finance and Performance Committee

Date Committee last met: 6 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Significant reduction in funding combined with inflationary pressures means both the Black Country system and the Dudley Group will be under considerable financial pressure this year • This Trust needs to reduce its recurring cost base by approximately £25m, or more than 5%. The plan to deliver this is not yet complete and may conflict with some strategic goals • Productivity has fallen considerably during the last two years. High nurse agency spend is a particular concern • Nurse staffing levels were not achieved in the second half of 2021/22 and sickness levels are above average • With some exceptions, performance against mandated standards is static. High numbers of medically fit patients who cannot be discharged is making flow through the hospital very difficult, contributing to overcrowding in the Emergency Department and blocking the Rainbow Unit. Ambulance handover delays are a concern • Low levels of CBRN (Chemical, Biological, Radiological and Nuclear) training in Emergency Department and Acute Medical Unit	• Business case guidance to be revised • New corporate risk around achieving pre-COVID performance whilst supporting the wider system to be drafted • Further work on annual and quarterly financial planning for 2022/23. Financial plan to be presented to Board prior to System resubmission • Overview of Trust productivity, highlighting areas of good performance, opportunities for improvement and plans to deliver • Chemical, Biological, Radiological and Nuclear (CBRN) training in Emergency Department and Acute Medical Unit • Integrated Performance Report to be expanded to include Black Country comparisons • Committee to review its terms of reference in six months in light of system developments
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Delivered a £3.8m surplus for 2021/22, in line with plan and System expectations, helped in part by Elective Recovery Fund payments totalling £10.3m	• Recommended to Board:

• Year end cash position £8.7m higher than plan at £24.6m • Delivered the capital control total set for 2021/22 • Good progress against cancer two week wait standard and remain on track to have zero patients waiting 104 days or more to start treatment • Good progress being made with recovery and restoration and ahead of plan for elective surgery • International nurse recruitment is underway with good assurance of achieving full complement by February 2023 • Vaccination workforce bureau rated second nationally in NHSIE's maturity assessment • Good assurance received from Emergency Preparedness, Resilience and Response annual report • PFI performance around estates and cleaning improving	○ Approval of the Pressure Area Care Equipment Contract extension for 12 months at a cost of £532k, a saving of £291k against budget ○ Extension to the end of October of the existing agency contracts for the Vaccination Bureau • Approved the Emergency Preparedness, Resilience and Response annual report for 2021 • Approved revisions to the Business Case policy
Chair's comments on the effectiveness of the meeting: Good discussions, open and transparent, with NEDs holding executives to account. Papers good and clear, more concise and with better use of upfront summary sections	

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 20th June 2022

Title:	Summary of Workforce and Staff Engagement Committee (WSEC) Meeting (Deep-Dive into National Staff Survey Results) on Tuesday 26th April 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**	**Other**
		Y	Y

Recommendations:

- Governors are asked to note that the WSEC meeting on 26th April 2022 was a Deep-Dive session, which adopts a different format to the standard Committee business meeting programme. On this basis, the Chair's Upward Report from the April meeting of WSEC is presented in a narrative format, as opposed to using the standard Committee reporting template, which is used for the upward reporting of the WSEC business meetings.

  The Council is asked to note the assurances provided by the Committee following the review of the national staff survey results.

- To receive a verbal summary of key issues discussed and approved by the Committee on 31 May 2022

Summary of Key Issues:

The Workforce and Staff Engagement Committee convened a Deep-Dive session, focusing on the national Staff Survey results for 2021, on 26th April.

Objectives for the session were:

- Present a summary of the Dudley Group Foundation Trust (DGFT)'s 2021 staff survey results, both comparative to the Trust's previous staff survey scores, also comparative to the Trust's peers (benchmark data).
- Provide an overview of the key areas for improvement highlighted in the 2021 Staff. Survey at a locality and People Promise level.
- Identify actions planned to address key areas – with timescales and impact anticipated.
- To identify key measurements expected in the 2022 Staff Survey in order to track improvement over time.

Overview:

- The Deep-Dive session was a well-attended session, with strong engagement and participation from all attendees.
- In addition to the Deep-Dive focused session, the Committee also received an update on the Trust Strategy and upward reports from both the Equality & Inclusion and Wellbeing sub-groups.
- Discussion on the strategy focused on the key metrics of being a brilliant place to thrive with the specific focus on increasing the percentage of staff living locally and working at the Trust – with a challenge around making sure this reflects both short term and longer-term actions to grow capacity from the local community.

- There were positive reports from both the EDI and Wellbeing Steering Groups.
- The format of the session and the materials prompted and facilitated a rich discussion on the Staff Survey results and the necessary areas of improvement. The data that was presented explored the comparative position against the Trust's peers (local/regional/national) both at Trust and Divisional level. The format for the Deep-Dive reflected the approach taken for previous topics. This included a review of data/metrics to provide a foundation for discussion and critical review of issues and solutions. The data was provided to enable a comparison of the Trust with a peer benchmark position, historical comparison of the organisation's data over time, and a review of divisional exceptions and areas for improvement.
- Whilst the Committee recognised the national deterioration in staff survey results, directly associated with the experience of staff through the pandemic, there was appropriate challenge from NED members of the Committee regarding the areas of improvement that are within the Trust's control, such as employees feeling valued and recognised for their work by their line managers on a day-to-day basis. Divisional improvement plans were presented, and supported by the Committee, with progress and delivery to be reviewed regularly.

Survey Results & Benchmarking:

- DGFT's 2021 Staff Survey response rate reached 59% (3185 responses), which is a 13% increase on 2020 and the highest response rate in the Trust to date.
- Only 60 of the 2021 questions could be historically compared (due to changes to the format of the 2021 survey). Of those questions, performance was not significantly different in 42 questions, better in two and worse in twelve. This compares to peers favourably, as they have seen a broader decline in performance (39 significantly worse).
- National comparisons for questions highlighted that there have been declines in performance/trends for most themes/questions, however the performance of Dudley group has been at a less significant decline than peers. Although the aspiration remains that we be amongst the best performers, in a year when declined performance was anticipated and where the national trend is a significant decline, Dudley experienced a less marked decline across most questions than peer comparators. This is particularly the case in relation to recommend as a place to work and receive care.
- There are some Trusts that continue to be higher performing and the Committee expressed a wish to learn from those organisations to better understand our activity and planned improvement work; and how this compares to others. There was also a recognition that the work undertaken over the last 12-18 months in relation to EDI, Wellbeing and Development are likely to improve future staff survey results, however the Committee recognises that this important work will take time to embed and shift some of the cultural challenges that exist within the organisation. The Committee heard that there are good examples of local change happening and evidence of this will be captured and reported back prior to the next survey launching in September 2022.
- Across all People Promises, the DGFT scores are equal to benchmarked average. There is only slight variation across all promises – and even at sub-theme level, across all promises there are areas marginally above and below benchmarked average in each sub-theme – creating the average score. This makes it difficult to identify one specific promise or theme that is an outlier in terms of improvement required. The discussion amongst members was the themes or areas that were within the direct control of the

organisation – linking to the role of line managers and how supporting improvements here are critical to changes to value and recognition, wellbeing and staff engagement.

- The Committee highlighted the need for line managers to take a prominent role in embedding a more supportive culture for staff, where our people feel valued and recognised. The Committee highlighted the need for a Trust-wide commitment to increasing line manager attainment of the Managers Essentials programme, which has been evaluated positively and comes highly recommended both within and outside of DGFT. Uptake of Managers Essentials across Divisions will be added to the Workforce KPI Report and regularly reported to WSEC for robust governance.

Improvement Areas:

- The second part of the Deep-Dive provided a focus on the areas identified for improvement earlier in the year as those directorates/departments had less than 20% of green question responses. These eleven specialties – included seven in Surgery (Outpatients, Paediatrics & Neonates, Specialist Surgery, Midwifery, Vascular Surgery, Obstetrics & Midwifery, Theatres divisions), three in Medicine (Cardiology, Specialist Nursing, Nursing Medicine divisions) and one in Corporate (Financial Services division).

- Financial Services presented a clear plan for improvement, which was well received by the Committee. Staff within the Finance Team have faced significant challenges over the last two years with additional work pressure associated with the vaccination programme impacting on the morale and workload of staff within Payroll and Estates in particular. This workload has been consumed without a significant increase in resource. This has resulted in a poor staff survey response for the first time within the division. Richard Price presented a compelling plan for stronger staff engagement, participation, with a set of focused actions during the next twelve months (including; training line managers, reviewing line manager roles and responsibilities and re-energising the appraisal process), which builds on some improvements that have already been made since the survey was undertaken, including receiving Level 1 accreditation in the Future Focused Finance regime. Delivery of this plan, and the wider Divisional plans, will be monitored through regular reporting to WSEC.

- Whilst Clinical Support Services (CSS) have no areas identified as the poorest performers; the Division has identified key areas that require continued focus to ensure they are delivering a positive experience for staff. In addition, they outlined how they will continue to raise engagement and awareness within the division around staff satisfaction and engagement. The actions identified by CSS include; work to enhance leadership and managerial capabilities by committing to ensuring all managers attend Managers essentials within the next twelve months and actively supporting the development of 'Wellbeing champions' and encourage close links with the Inclusion Networks. The OD/DIP/HR teams are also supporting CSS to address key improvement areas.

- Medicine & Integrated Care (MIC) presented a plan for sharing staff survey results and re-launching key improvement activities, including a toolkit to share results with all teams and encourage local ownership and action; re-launching the divisional newsletter and staff engagement forum, with links to Inclusion Networks, as well as continued promotion of the expectation of attendance by line managers on the Managers Essentials programme. Tailored improvement plans are being implemented for the three areas that fall within the eleven poorest performing teams. For the Emergency Department, the focused work will include the Dudley Improvement Practice (DIP) programme of pathway improvement and a separate wellbeing intervention; targeted support and

development for leaders (including Managers Essentials and 360 feedback) and implementation of bespoke work around behaviours (Living the Values) and communication skills. In Community Nursing, the focus was highlighted as team working and wellbeing. The priority actions identified included a focus on wellbeing conversations and targeted wellbeing support; bespoke work around behaviours (Living the Values) beginning with the senior leadership team; and a commitment to embedding effective team practices such as team meetings and 1-1s. For the Respiratory and Cardiology Wards, the focused work was on recognition, reward and the development journey of staff. Targeted improvement actions include; holding stay interviews with staff across both areas to identify what specific changes would help to retain them moving forwards; ensuring that the management team attend the Developing Leaders programme and the band 6 team attend the Managers Essentials courses. Living the Values and Team Building events to be held to improve team effectiveness.

- Surgery, Women & Children (SWC) reported that the response rate for the division was 58% in 2021 which was a significant improvement on last year (41%), however, SWC has scored below the Trust average in all of the People Promises. The Divisional presented an improvement plan which focused on; improving staff highlighting the key role of line managers, accelerating the roll-out of Managers Essentials, Living the Values, and Wellbeing training - with targeted focus on the seven 'areas of concern'; all managers to support individuals with an interest to become 'Wellbeing Champions' and the relaunch of SWC divisional monthly Team Brief in April. They confirmed that the divisional engagement forum had been re-launched in March 2022. The Pulse Survey app is also being rolled-out across the Division to enable real-time responses and action for areas where staff morale is dipping. Given the further deterioration in the Maternity staff survey results, a range of targeted interventions are being taken forward, these include; listening sessions with the CEO, Chief Nurse and NED (Julian Atkins), a planned Value Stream Analysis during March identified key actions, with a five day event planned for June 2022, as well as an independent review of culture which will take place in May (external facilitator) – planning to report back by end of May 2022 with recommendations for action. In addition, the team have already nominated leaders for relevant training e.g. Managers Essentials, are planning a bespoke Wellbeing campaign and are exploring other solutions including debrief training and bespoke training for shift leads.

- The Surgery, Urology and Vascular directorate has actioned further listening work including focus groups taking place in May for groups of staff to discuss specific issues – recognition, development, wellbeing, suggestion boxes rolled out in B3 and a team event to be organised by service leads in B3.

Reviewing Progress & Delivery:

- The Committee were reassured that there is a strong commitment and ambition from Clinical and Corporate Divisions to address the improvement areas that have been identified through the 2022 staff survey. The Committee are keen to ensure that wider metrics are developed to enable tracking of success in between survey periods, with a commitment to reporting back prior to the 2022 staff survey. There was recognition that Managers Essentials is a core training element for all divisions. The Committee was assured that there is sufficient capacity to meet demand. Members commented on the quality of the information presented and discussions generated and were interested in following progress as part of the regular business of WSEC, especially through case studies or local improvement successes over the course of the year.

The following document was received for information/assurance:

- Corporate & Significant Risk Report

The next Workforce and Staff Engagement Committee Deep-Dive session is planned for 31st May 2022 and will focus on Workforce Plans for the Clinical Support Services (CSS) division.

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

Implications of the Paper:			
Risk	Y	Risk Description: As described in Board Assurance Framework COR1303	
	On Risk Register: Y	Risk Score: 12	
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: 26/04/2022
	Board of Directors	Y	Date: 18/05/2022
	Council of Governors	Y	Date: 20/06/2022

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 20th June 2022

Title:	**Trust Secretary Report**
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Andy Proctor, Director of Governance and Board Secretary

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other** Information

Recommendations:

To receive this report and note its content relating to:

- Council of Governors elections and appointments June 2022
- Council of Governors annual effectiveness review

Summary of Key Issues:

Council of Governors Elections and Appointments 2022 – for information
Elections concluded on Friday 10th June in the following Constituencies with the successful candidates announced as follows:

Public Elected Governors

- Yvonne Peers, Dudley North x 1 vacancy
- Emily O'Rourke, Halesowen
- Halesowen, 1 x Vacancy remains

Staff Elected Governors

- Catherine Lane, Nursing & Midwifery
- Allied Health Professionals and Health Care Scientists, 2 x vacancy remain
- Dr Atef Michael, Medical & Dental

Appointed governors

- Sarah-Jane Stevens, University of Wolverhampton

Council of Governors Effectiveness Review 2021/22
The survey has now concluded, findings will be shared with an action plan developed as needed and a full update provided to the next meeting of the full council of governors.

Impact on the Strategic Goals	
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 20/06/22

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 20th June 2022

Title:	NHS Provider Licence Self-certification
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Helen Board, Deputy Trust Secretary

Action Required of Committee			
Decision	**Approval Y**	**Discussion**	**Other**

Recommendations:

- To note that the final draft version NHS Provider Licence Self-Certification document was considered by the Audit Committee on 23rd May 2022, the Board of Directors on 16th June 2022 and circulated on email to the Council of Governors for consultation on the draft Licence Self- Certification
- That the Council receive the document for endorsement.

Summary of Key Issues:

The Trust is required to self-certify against a number of declarations in respect of its provider licence.

The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June 2022.

The declarations are informed by the Annual Governance Statement, the Annual Accounts, and the Internal Audit opinion.

It should also be noted that NHSE/I have reviewed the Undertakings and agreed to their lifting in November 2021.

The final version will be shared with the Council with a request for endorsement at their June 2022 quarterly meeting.

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	**x**

Implications of the Paper:			
Risk	Y	Risk Description: as described in the self-certification declaration	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE/I	Y	Details: Self- Certification Guidance for NHS Foundation Trusts and NHS Trusts
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y	Date: 19/04/22
	Audit Committee	Y	Date: 31/03/22 & 23/05/22
	Board of Directors	Y	Date: Private 18/05/22 (draft) 16/06/22 (final)
	Council of Governors	Y	Date: 20/06/22

The Dudley Group NHS Foundation Trust

NHS Provider Licence Self-Certification
Report to Council of Governors on 20th June 2022

1 EXECUTIVE SUMMARY

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

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

1.3 The declarations are informed by the Annual Governance Statement, the Annual Accounts, and the Internal Audit opinion.

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

2 BACKGROUND INFORMATION

2.1 *Declaration 1:*

General Condition 6 (G6) - Systems for compliance with license conditions (FTs and NHS trusts)
The Board is required to confirm it is compliant with the following certification or explain why it can't certify itself as compliant.

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

It is recommended that a **"confirmed"** declaration is made.

The Trust was subject to enforcement undertakings that acknowledged it was in breach of its license conditions. In November 2021, NHS Improvement and the Licensee agreed that it was not appropriate to continue with paragraph 6 of the Undertakings currently in force, due to the passage of time and changes in the Licensee's circumstances and agreed to discontinue paragraph 6 of the section titled "undertaking" in the Undertakings.
In summary, the Trust received two Section 31 notices arising from the CQC inspection between January and February 2019 and a further Section 31 notice from the CQC in July 2019.

Following a CQC inspection in January and February 2019, the Trust was rated by the CQC overall as 'Requires Improvement'. Urgent and emergency care had originally been rated as 'Inadequate' in the safe domain. Following a further review of urgent and emergency care in February 2021 this improved to 'Requires Improvement'. Emergency Care had an overall 'Requires Improvement' rating. Diagnostic imaging was additionally rated as "Inadequate" at service level, and also on both the safe and well led domains. The Trust was rated "Requires Improvement" in the well led inspection.

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

As a consequence of these improvements in all of the three notices were withdrawn by the end of 2020/2021.

Continuity of service condition 7 – Availability of Resources
The Board is required to make one of the following three declarations[1]

2a. After making enquiries the Directors of the Licensee have reasonable expectations that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

2b. After making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources[2] available to it after taking account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested services

2c. In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.
[1] The period of 12 months, is the 12 months from the date of the certificate
[2] Required Resources include: management resources, financial resources and facilities, personnel, physical and relevant asset guidance.

It is recommended that **'confirmed'** declaration is made against 2b. In making this declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust's financial operational plans, CIP programme and working capital requirements are under continued review. Whilst COVID-19 has imposed additional pressures on the Trusts revenue resources throughout the financial year 2021/22, NHS Trusts were centrally resourced to deal with the crisis. Looking forward the Trust will have a continued requirement to invest resources in both the ongoing COVID-19 pandemic, the recovery of services and targeted initiatives to address the high number of patients on the Trust's waiting lists. Based on the Trust's understanding of resource allocation for 2022/23, it may be challenging to deliver all that is expected of the Trust within its allocation and priorities may need to be revisited with system partners . The shift towards System working is evolving with increased emphasis on financial parity and risk share amongst providers.

The Trust was subject to enforcement undertakings that acknowledged it was in breach of its license conditions. In November 2021, NHS Improvement and the Licensee agreed that it was not appropriate to continue with paragraph 6 of the Undertakings currently in force, due to the passage of time and changes in the Licensee's circumstances and agreed to discontinue paragraph 6 of the section titled "undertaking" in the Undertakings.

{This declaration will need to be reviewed in the light of any going concern assessment in the accounts. In addition, the implications/uncertainties of the 2022/23 financial regime will need to be reflected}

2.2 Declaration 2:

Condition FT4 - Corporate Governance Statement
The Board is required to indicate it is compliant with the following statements, or if not, state why it is non- compliant. In addition, the Board is invited to identify any risks and mitigating actions in relation to each of the statements.
1) The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

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

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

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

3) The Board is satisfied that the Trust implements:
(a) Effective board and committee structures;
(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

It is recommended that a **"confirmed"** declaration is made.

The Board has an established sub-committee system with clear responsibilities as described in the Scheme of Delegation. The work plans of each committee are reviewed during the year as part of a comprehensive Committee Effectiveness Review. The findings from the Review will be used to inform on development and improvements as required. The exception reporting introduced for each Committee up to the Board is working effectively.

Risks/Mitigations: The Board have acknowledged the need to review the "Ward to Board" reporting arrangements. The Trust commissioned an external Well-Led developmental review that concluded during quarter 4 of the year. Findings of the review have been prioritised and an action plan developed to reflect the recommendations as set out in the report. The Board will receive regular updates to maintain oversight of the plan.

4) The Board is satisfied that the Trust effectively implements systems and/or processes:
(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
(c) To ensure compliance with health care standards binding on the Licensee (including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions);
(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
(h) To ensure compliance with all applicable legal requirements.

It is recommended that a **"confirmed"** declaration is made.

The Board has both directly and through its Committee structure been assured that the Trust's designed systems of internal control have been operating effectively and as intended over the year. Where issues have arisen during the year, for example in respect of operational performance, timely actions have been implemented to improve these areas.

Assurance is routinely and regularly obtained as to the quality of the data supporting the Trust's performance reporting and decisions being taken and improvements have been introduced through the adoption of Statistical Process Control (SPC) reporting. The Board has refreshed and relaunched its longer term Strategy and Annual Plan. Key risks and associated assurance has been reported to the Audit Committee and Board during the year and the process has been subject to Internal Audit review which concluded positively over the Trust corporate risk and assurance processes.

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

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

It is recommended that a **"confirmed"** declaration is made as there is clear leadership and accountability for the delivery of high quality and safe services within the Trust. The Board both directly, and through its Committee structures, ensures that a focus is maintained on the delivery of quality services.

The Trust's Quality Priorities continue to be set in consultation with the Council of Governors and other stakeholders with regular reporting of the delivery against these priorities provided to the Board and the Council of Governors and our Commissioners.

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

It is recommended that a **"confirmed"** declaration is made.

The Trust has undertaken performance reviews and 360 degree appraisals with all directors.

The Trust has developed a series of internal and externally facilitated board development activities over the year with a focus of key areas to support cohesive working in relation to the Trust Board and the wider healthcare system.

The Trust has an established process that ensures that all Board Members are "fit and proper" persons. The Board through its Workforce and Staff Engagement Committee has been assured over the actions being taken to mitigate the workforce risks in relation to mandatory training, recruitment and retention. Regular reporting is provided to the Board on the Trust's compliance with the nursing safer staffing levels and the revalidation of its nursing and medical workforce.

2.3 Declaration 3: Training of Governors

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

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

It is recommended that a **"confirmed"** declaration is made.

The governor training programme is constructed on a modular basis with the modules structured to support newly appointed and elected governors. These modules were run for the newly elected governors from the elections in quarters one and four as refresher for those returned for a further term of office and new governors who took up office in June and December 2021. One to one support is in place for all new governors and buddying is encouraged for those more experienced governors to support newly appointed governors. Annual training on fire safety and Infection Control is offered across two sessions in the year allowing governors to attend at least one of these sessions. The Council of Governors Experience & Engagement Committee monitors the take up of induction and "mandatory" training, along with overseeing the content of the training programme utilising feedback from those attending the individual modules. All governors are offered an opportunity to access a national programme of training facilitated by NHS Providers.

A series of engagement events supplement the training and enable Governors to attend strategy workshops with the Board, coupled with presentations from elements of the Trust on their services. Whilst members of the Council regularly participate in review and inspection activities including PLACE and Quality & Safety Review audits, owing to COVID-19 this had been paused on occasion and has resumed once operational capacity allowed. Governors are also invited to attend Trust Board and its committees and receive regular update briefings hosted by the chair and fellow NEDs. The Trust had worked with the Council of Governors to develop an engagement plan for 2020-2022 with the governors 'out there' initiative at its core supporting governors out and about in their respective constituencies. This is monitored by the Experience and Engagement Committee.

3 RISKS AND MITIGATIONS

3.1 These are contained in the body of the report

4. RECOMMENDATIONS

- ✓ That the Council receive the document for endorsement at the June 2022 meeting of the Council of Governors.

Helen Board
Deputy Trust Secretary
June 2022

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
16th of June 2022

Title:	Governor matters
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Helen Ashby, Public Elected Governor, Lead Governor

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

Recommendations:

To note the details given in response to questions raised by a governor relating to items other than the agenda.

Summary of Key Issues:

To note the questions and responses given in the following paper.

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: Well led
	NHSE/I	Y	Details: Code of Governance
	Other	N	Details:

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

Questions for the Full Council of Governors meeting

1. Can we have some explanation as to the lack of pain killers at Russells Hall hospital over the last three months. Examples include an 80 year old who could not be given morphine in A&E in January as "our pharmacy has not got any pain killers at this time" 8 hour wait for morphine to be bought in from an ambulance crew as organised by the day shift.
   Another example – whereby women on ward B1, who were having mascetomoies were told to bring in their own pain relief such as aspirin or paracetmol as the hospital had no pain killers available – with night time nursing staff then refusing to open bedside lockers to gain the patients own tablets with patients waiting for over 10 hours until day time staff came on duty.
   So two issues, no pain killers for patients after operations + staff refusing to unlock cabinets for patients own pain relief. Both scenarios leaving patients in pain.
   Third example, when a colostomy reversal patient could not be given any pain relief as the hospital did not have any pain relief.

   After researching this subject for comparison, New Cross Hospital, The QE hospital and Cannock all have pain relief, so why is Russells Hall lacking in pain relief drugs? AND if this is the case, why only Russells Hall ?
   An. The Trust has not experienced any shortage of pain relief and whilst noting the examples given, it is difficult to comment on individual cases where the full facts are not known. Should similar scenarios be brought to your attention, I would gratefully ask that you encourage the patients, families or carers to contact the Trust's Patient Advice and Liaison Service who will be able to look into the situation and if needed, instigate action as required to resolve.

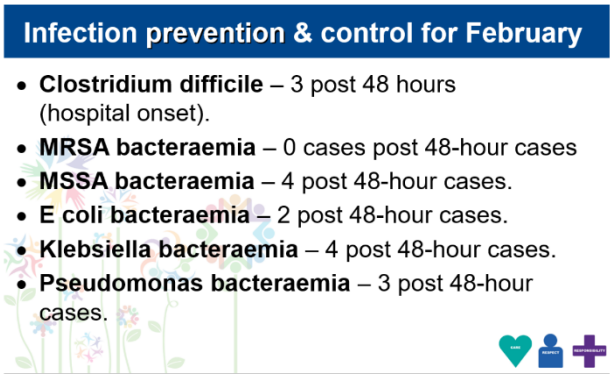
2. Persons who have broken their hip are being told that wait times for surgery are 12 – 18 months? Can the board comment please? Why such a delay – could we look to outsource to private practice?
   An. Whilst it is difficult to comment on individual cases, emergency trauma cases such as broken neck of femur (broken hip) are operated on as quickly as possible an often within days. Other forms of conservative treatment may also apply in some case where surgical intervention is not required or appropriate.

   Like all trusts across the country, The Dudley Group is working hard to reduce the number of patients waiting for elective procedures. The Trust has a consistent approach to prioritising those in greatest need with waiting lists managed in line with national guidance. The Trust continues to maximise the efficiency of its own 15 operating theatres and ensure that private sector capacity is used effectively. The Trust's programme of restoration and recovery is on trajectory where the number of 52 week waiters continues to fall and expect that all will be cleared by the summer of 2022 – this is 30 months ahead of the national requirement. The Trust performance compares well to its local and regional peers.

3. Recruitment - What is the normal lead time to put paperwork in place to start new members of staff – I am aware of one person who has been offered a position but after 2 months the hospital still has not got all paperwork together. How un-organised do we look? And are we losing good people who simply look for alternative jobs?
   An. We strive to conclude the recruitment process within 50 days from issuing the advert to the person commencing in post. There are some aspects of the process where we are dependent on external parties such as the Disclosure and Barring Service (DBS), professional registration bodies which can, in a small number of cases, increase the amount of time it can take. We are keen to be seen as the employer of choice and sorry that what you describe appears to fall short of the recruitment standards that we expect. Please ask the individual involved to contact me directly to resolve.

4. Can we ask the opinion and knowledge of the board of specialists having private patients into the hospital for private appointments during the covid lock down? With private patients booking in with NHS nurses, offices and cubicles prepared and cleaned by NHS staff – all at a time when persons were being told to keep away from the hospital – and is it ok for private patients to utilise the NHS staff/resources in this way? And do we know what revenue do they bring to RH for such services? Also consider, fairness/wellbeing of NHS staff carrying out duties for private appointments?
   An. There have been no private patients receiving treatment at the Trust.

5. Is it correct that there are so many bugs within the hospital currently that management have instructed all heating to be turned off, to get rid of the bugs? (According to RH own staff) So patient on the ward who complained of being cold was ignored for 10 hours and other patients being discharged passed on their bed clothes – which can cause cross contamination but was done with the best of intent. Related questions - why no spare blankets? Why patient ignored?
   Also an elderly patient having an outpatient scan had to have body areas exposed for the scan but was freezing due to the heating being turned off. Is this correct? And what is the plan to eradicate the bugs?
   An. The Trust prides itself on robust infection prevention and control standards and practices across the Trust.
   The latest validated figures (February) illustrate good performance across all bacteraemia.

   There are plentiful supplies of patient bedding available to all wards. To support us to resolve this instance, it will be helpful if further details could be made available.

   Our facilities partners Mitie are responsible for the heating systems within the Trust sites and we are not aware of any significant heating failures that have occurred. Without further information it is not possible to comment on any specific area where a request to reduce or turn off heating had occurred.

6. A&E/Emergency care day time during w/c 14/03/22 – no member of staff on duty to go around checking the patients in backlog. One patient waiting had a fit, but there was no staff to see or tell and so other patients had to raise the alarm with reception staff. And one elderly patient at the same time had not been checked on for 4 hours? No water, no obs? So what is the norm? And how do we get back to the norm that patients do not decline whilst sitting in our own hospital, without being noticed?
   An. The Trust takes the safety of its patients seriously and apologise if the care received falls below that we would want to provide. In response to the continued unprecedented demand on its emergency care services, the Trust has invested in the expansion of its emergency care facilities with the recent opening of the Rainbow unit and the introduction of Same Day Emergency Care pathways.

   As you will have seen widely reported, there are staffing issues across the NHS at the moment and sickness absence owing to rising cases of COVID-19 has been a contributing factor. We are pleased to have successfully recruited to a series of key posts within ED and staff are allocated to ensure quality and safety rounds are completed in all areas of the department.

   The department saw very high attendances during the week commencing 14 March 2022. In the ED waiting area, there are staff allocated to respond to waiting patients, as well as triage the new admissions. They are based inside the triage area and, not in the waiting room at all times. We recognise that at times of a surge in attendances the department can become very stretched and work is ongoing to improve our response to peaks in demand.

   We have implemented "shift expectations"; which is a communication tool provided to all nursing staff at the start of every shift and we will ensure your feedback is communicated to the team.

7. Does the board assess the wait times for blood tests? Current wait time is 14 days? Which does not seem reasonable? Is this due to lack of philes or phebonoticts?
   An. The Trust has introduced a booking system for blood tests either via our online booking system or telephone booking line. Alternatively, you can now access our walk-in services at the time of your hospital visit without an appointment. Information about the different types of referrals and how to book can be found on the Trust website Blood tests - The Dudley Group NHS Foundation Trust (dgft.nhs.uk)

   And with all of the above scenarios being shared spread by word of mouth – what is the perception of the hospital in the public domain? And how can we put right? RH Social Media shares long service awards etc but does not appear to hit the 'aspects & impacts' ie what we have found wrong and here is what we are doing to put it right – acknowledge faults, with action plans to put right – public will have more respect and can improve public perception.

An. There are several ways governors can support a positive narrative about the Trust and also help to dispel the myths that often circulate around hospitals. Much of the information is regularly reported in the papers issued for the Board of Directors and Council of Governor meetings.

Firstly, that is to direct individual concerns to PALS so they can be dealt with appropriately and then to share the positive news such as through our press releases.

The quality and safety of our services is monitored internally through reports to our board sub committees and also the board itself, and also by several external quality assurance processes such as the CQC, and other regulators. We share the progress we are making through a variety of mechanisms of which social media is one.

As with most other NHS Trusts social media is not the forum to share the challenges we have as it is very hard to share all of the information this way and to give meaningful answers. The Trust prefers to share challenges and outcomes directly with patients and their families and through open forums, patient panels and listening into action events.

Enclosure 10a

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
Monday 20th June 2022

Title:	Governor Matters Does the Trust use a sentiment tracker to gauge media coverage?
Author:	Simon Ashby, communications manager

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

Recommendations:
There was a question posed at the recent Governors training session asking if the Communications team use the media sentiment tracker which we have access to. Below you will see why this is a small add on to our media service and one that wouldn't provide accurate data at this stage.

However, we are producing a fortnightly media round-up which will identify positive and negative stories which we will be able to share with governors.

Summary of Key Issues:

At the Trust we use an external media monitoring agency who allow us to track all of our national and regional media coverage, both print and broadcast. One of the features that is available to us via this service is a 'sentiment tracker', which provides an automated summary as to whether news stories are generally negative or positive towards the Trust.

However, at the moment this isn't something we regularly access or use a gauge towards our success because within an NHS Trust this is almost impossible to guarantee as being accurate.

For example, we are mentioned regularly if a patient has been brought to the hospital following an accident. This is a positive story for the Trust as we are involved in treating a patient, but it is difficult for an automated sentiment tracker to accurately describe this as "positive" as it may talk about injuries or death.

As such when we look at the period January 1st – June 1st 2022 on the sentiment statistics we see that around 65% are classed as **neutral.** Suggesting the system isn't sure whether it's a good news story or a bad news story, so for this reason we don't monitor or report our sentiment statistics.

What we do know, is that as a Trust we can receive negative media and this can range from patient waiting times, patient experience to stories which have significant negative national coverage as we have seen for example with the CQC fine which the Trust received.

Our Communications team combat this by producing as much positive coverage for the Trust as possible across the media and social media. We talk to staff across the Trust on a daily basis and unearth incredibly moving and positive stories which allow us to showcase the incredible work our staff are doing.

For example, over the past few weeks we have seen the following stories in the local media.

Dudley frontline heroes honoured with Freedom of the Borough

By Thomas Parkes | Dudley | Published: May 18, 2022 | Last Updated: May 18, 2022

Frontline heroes in Dudley who risked their lives to save others during the coronavirus pandemic have been granted the Freedom of the Borough.

Subscribe to our daily newsletter! Email Address Sign Up

Dudley NHS carer recognised in Queen's Birthday Honours

2nd June

By Ted Hennessey, PA

Share 1

Alex Griffiths, who has been awarded a British Empire Medal in the Queen's Birthday Honours list, at Lancaster House, London. Photo: Dominic Lipinski/PA Wire

Dudley Fireaway Pizza donates pizzas to healthcare staff

3rd June

By Bev Holder
Chief Reporter
@StourbridgeNews

Share 1

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	Y/N	Risk Description: *Inc risk ref number*	
	On Risk Register: Y/N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y/N	Details:
	NHSE/I	Y/N	Details:
	Other	Y/N	Details:

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

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board on 18th May 2022

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

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other**
		x	

Recommendations:

Note the content of this report

Summary of Key Issues:

Key Areas of Success

The new SDEC facilities and modular ward have supported a reduction in the total waiting time in ED, particularly for patients who go on to be admitted. Ambulance triage continues to perform well, attaining the standard within the context of an increase in attendances during March.

There has been a significant improvement against the cancer 2 week wait standard, with notable progress in month in the higher-volume tumour sites of Breast and Skin. 104 day reduction continues to improve and remains ahead of trajectory.

RTT completes clock stops continue to perform well, with the validated February position performing ahead of plan.

VTE performance in Surgery has continued to improve month on month, increasing to 93.5% in March.

Key Areas of Concern

There remains no noticeable change in performance against the ED 4 hour standard, with a significant number of 12 hour breaches within month. Of note, this is within the context of a 16% increase in attendances during March compared to previous months.

62 day cancer performance has remained static and no tumour site achieved the 62 day standard, however, notable improvements have been seen in the larger specialities of Skin, Breast and Upper GI.

Following a month on month reduction since December 2021, the number of patients waiting over 104 weeks to commence treatments has increased during March. Validation

remains a key action to bring this metric back on track. The surgical specialities are also working towards utilising 50% of theatre capacity to treat long waiting patients.

Emergency Access Standard (EAS)

EAS standards for 4 hour and 12 hour trolley waits remained static in March. Of note, this was set against a background of a significant increase in attendances; (9,800 in March compared to 8,400 in previous months)

Ambulance triage continues to perform well and there was an improvement in ED Majors triage in month, although this remains below the target. The team continue to focus on improving all triage standards over coming months.

Cancer

There has been some notable progress with regards to 2 week wait standard with performance increasing to 78.5%. Of note, improvements have been attained in the Breast and Skin tumour sites that have seen high referral demand in recent months.

The number of patients waiting 104 days or more to commence treatment has continued to fall and recovery remains ahead of trajectory. Further reduction in line with trajectory remains a priority as a continuation of this will aid improvement in the 62 day position in the coming months.

The operational Divisions achieved a higher number of treatments against the 62 day standard in the last full reporting month, compared to the previous month (104 compared to 80). Looking ahead, further improvements in the 62 day standard are expected into April.

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

RTT performance remained static in March at 73.6%. Following a month on month fall since December 2021, the number of patients waiting over 52 weeks to commence treatment increased in March. This can be partially attributed to the Trust accepting a number of 104 week+ patients from RWH as part of system-wide mutual aid agreements, along with higher number of cancellations as a result of staff sickness following Covid.

Validation continues to be a major focus to generate additional clock stops and pathway closures. Surgery also continues to aim to use 50% of list capacity for long waiting patients and is developing plans to deliver increased High Volume / Low Complexity work. Additional Minor Procedure Room capacity (x2 new rooms) are currently under construction and are planned to enter service during summer 2022, providing additional capacity.

RTT completes clock stops continued to perform ahead of plan in February.

DM01

DM01 has seen an increase in recent months and remains on track to deliver 95% within 6 weeks by March 2023, in line with national requirements. It is anticipated that a further improvement will be seen in April in line with sleep studies capacity coming online.

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 25/04/22
	Board of Directors	Y	Date: 18/05/22
	Other	N	Date:

Performance KPIs

April 2022 Report (March 2022 Data)

Karen Kelly, Chief Operating Officer

The Dudley Group
NHS Foundation Trust

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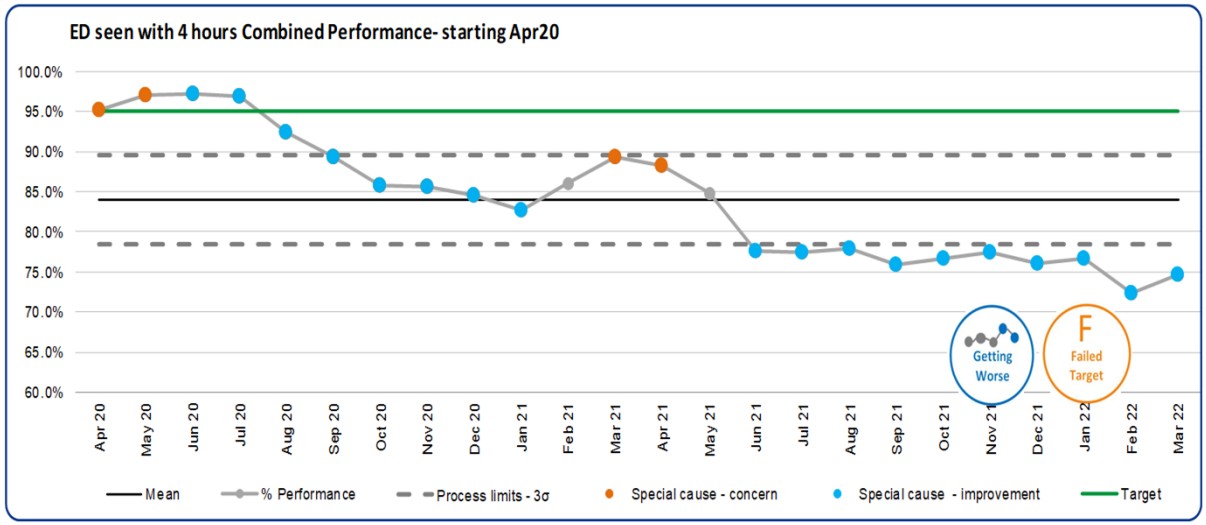
Cancer Performance	Pages 7 - 10
RTT Performance	Page 11
DM01 Performance	Page 12
VTE	Page 13
Restoration & Recovery	Pages 14 - 15

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	Feb-22	Feb-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%	72.3%	74.7%	Getting Worse	F Failed Target
Triage	Triage - All	95.0%	92.3%	89.1%	87.4%	87.8%	83.0%	80.9%	86.9%	89.2%	88.2%	86.4%	86.1%	L	F Failed Target
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	75.2%	74.6%	74.2%	77.7%	70.8%	56.2%	73.9%	69.3%	69.7%	69.7%	N/A	In normal range	F Failed Target
	Cancer 31 Day -	96.0%	94.3%	95.6%	92.9%	86.6%	87.8%	91.5%	96.8%	90.0%	89.6%	91.5%	N/A	In normal range	F Failed Target
	All Cancer 2 Week Waits	93.0%	93.9%	92.7%	93.0%	78.9%	52.3%	53.2%	63.0%	67.4%	64.6%	78.5%	N/A	L	F Failed Target
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%	72.9%	73.6%	Getting Worse	F Failed Target
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%	82.8%	82.3%	H	F Failed Target
VTE	% Assessed on Admission	95%	96.3%	96.3%	95.7%	92.1%	90.9%	89.7%	93.7%	89.5%	89.6%	94.4%	93.5%	In normal range	F Failed Target

ED Performance



Latest Month	Latest Month	5th
74.7%	48	For Feb 22
EAS 4 hour target 95% for Type 1 & 3 attendances	DTA 12 hour breaches - target zero	DGFT ranking out of 13 West Midlands area Trusts

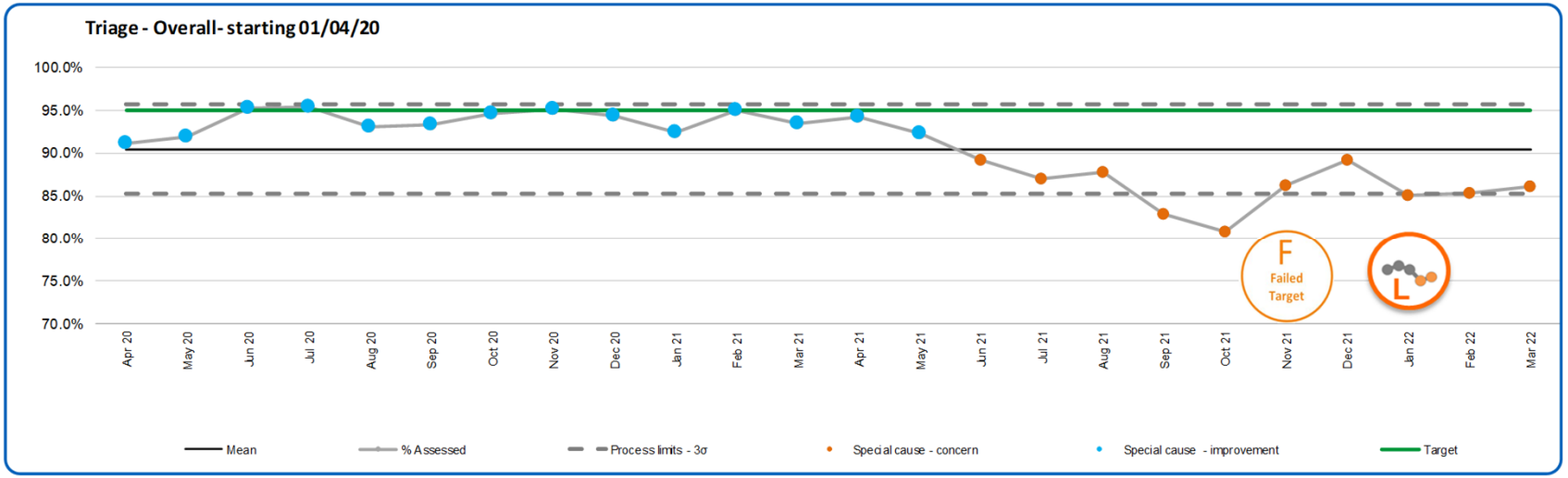
Performance

- There remains no noticeable change in performance against the ED 4 hour standard
- March 2022 saw a significant increase in attendances compared to previous months with 9800 attendances recorded in March compared to 8400 in previous months (16% increase)
- The new SDEC facilities and modular ward has meant that total time waiting in ED for admitted patients has fallen by around 2 hours (20%) in the last 5 months. Correspondingly high number of attendances were also seen in the UTC (20%)
- There were a significant number of 12 hour breaches, again this was reflective of the significant increase in attendances

Action

- Continue with Home for Lunch Discharge Project
- Focus activities around the Urgent Care Service Improvement Group
- Improve use of the Clinical Hub to stream patients to correct location

ED Triage



Latest Month

86.1%

Triage – target 95%

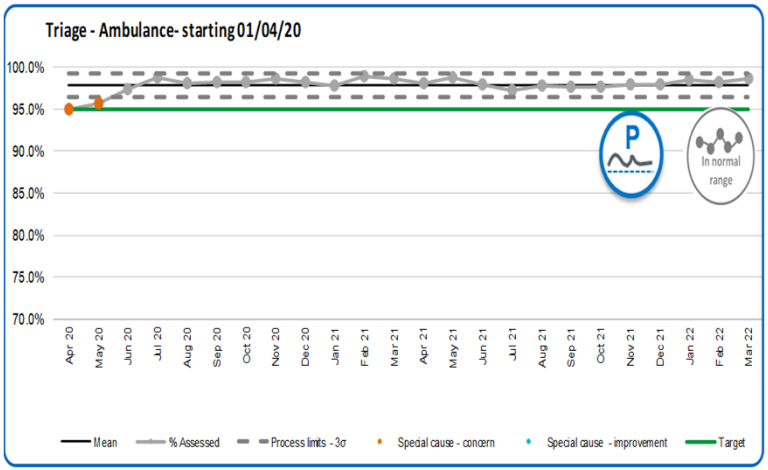
Performance

- Overall ED Triage remains static in month, although this masks significant areas of improvement seen day to day
- There was an improvement in Majors but this remains below the target
- Ambulance triage continues to perform well
- Paediatric and See and Treat remained below standard

Action

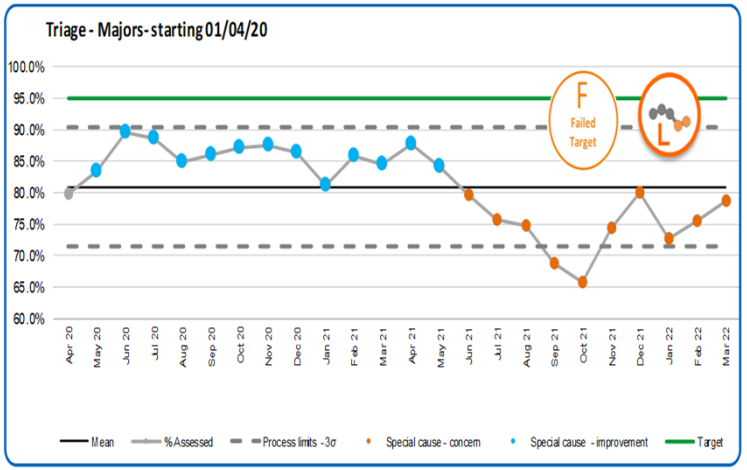
✓ Continue to deliver agreed actions especially around staffing, work allocation and management of demand and activities using live dashboard

ED Triage



Latest Month

98.6%



Latest Month

78.7%

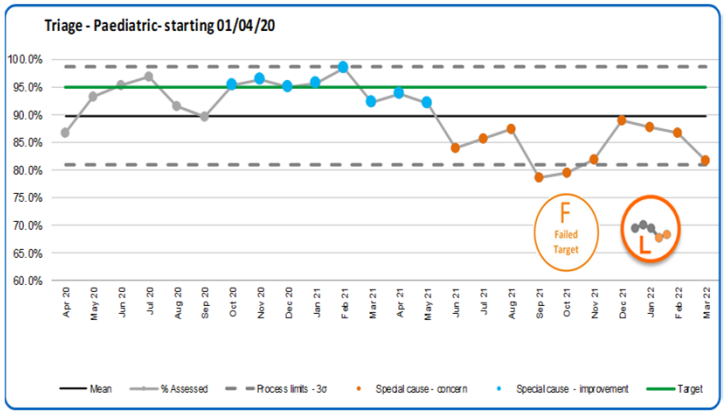
Performance

- No issues within Ambulance triage, this continues to perform well.
- There was an improvement within Majors triage into March although overall performance remains below the standard.
- The improvement was a result of the changes made to layout of the facility, implemented the live state dashboard and we maintained a dedicated 2nd ESI trained nurse (creating 3 ESI trained nurses in ED)
- Factors driving this include 20% increase in attenders, increased band 7 sickness and temporarily increased ambulance cohorts (impacting assessment area space)
- Looking ahead in April performance for Majors is improved

Action

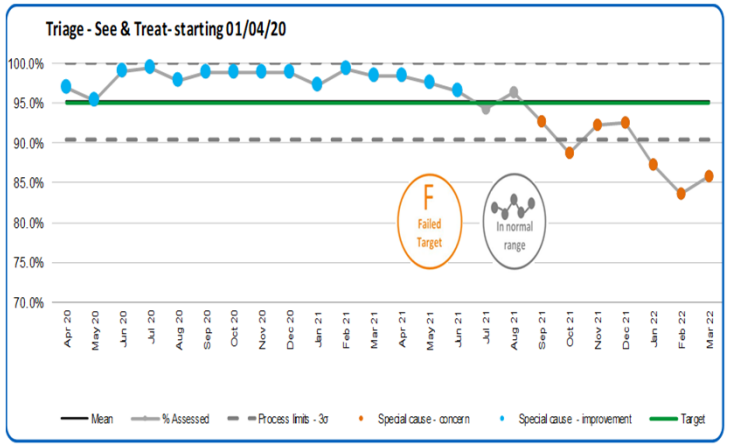
- Increased assessment space further by relocating medics and therapy
- Continue to monitor performance using the Live data dashboard
- Implement the findings from the TAKT audit and review in May

ED Triage



Latest Month

81.7%



Latest Month

85.7%

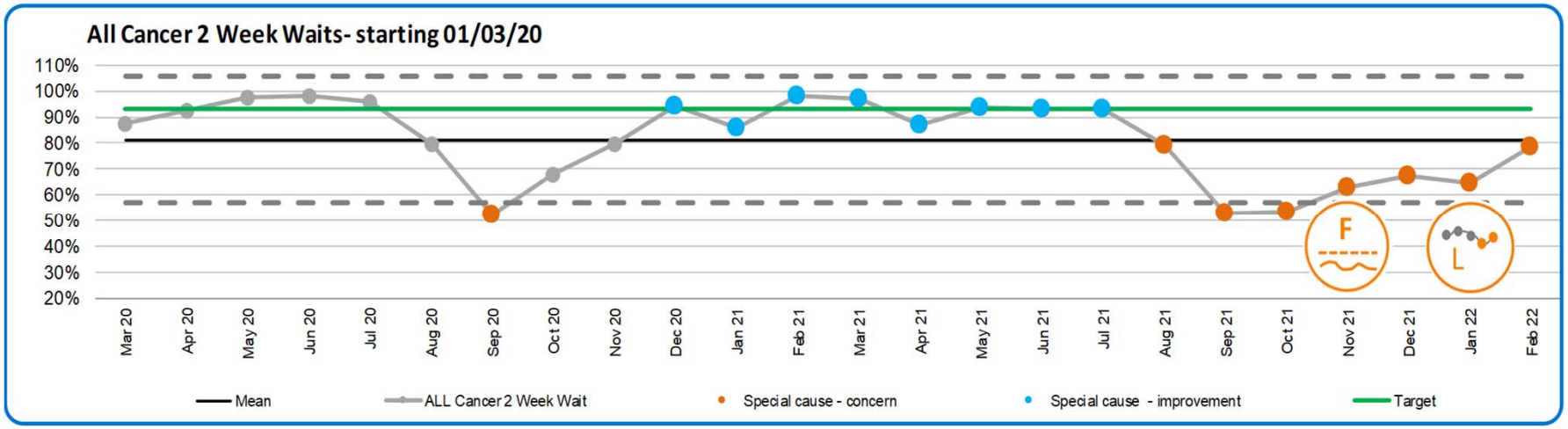
Performance

- Paediatric Triage performed poorly in March, largely as a result of gaps within ESI nurse rota due to staffing shortages in Majors , where peads nurses were redeployed.
- See and Treat Triage improved marginally in March but performance was still below the standard
- ENPs work allocation was not corrected towards triage during times of extremis
- Performance for both measures is improving into April

Action

- Allocate ENPs to triage and away from S&T in times of extremis
- Support by team leaders to allocate staff more effectively
- Manage staffing within Paeds and prevent staff from being moved to other areas

Cancer Performance – 2 Week Wait



Latest Month

78.5%

All cancer 2 week waits – target 93%

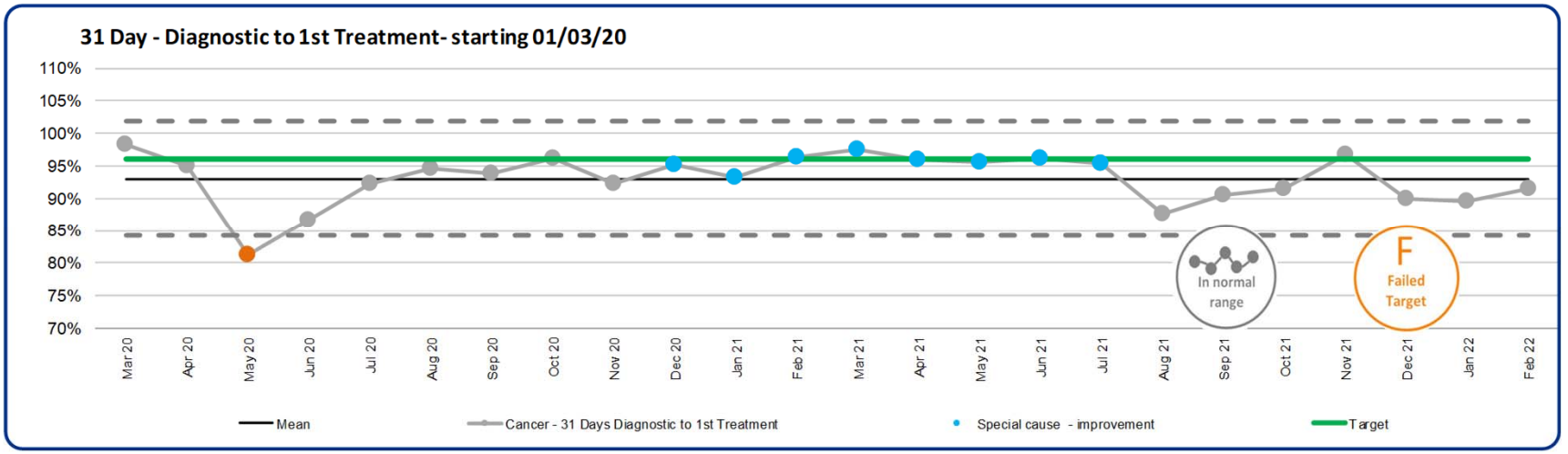
Performance

- All Cancer Data runs two months behind. Data here is for February 2022
- There was a significant improvement in performance against the 2ww standard into March
- Reductions in IPC and social distancing requirements in OPD has contributed to improved performance
- Of note there was an improvement in performance around Breast and Skin
- Performance has continued to improve into March

Action

- Continue with additional clinics to clear backlogs
- Continue utilise additional capacity benefits over the coming months from reductions in social distancing in outpatients
- Continue with weekly monitoring of performance
- Over next month undertake a comprehensive refresh of cancer demand for 22/23

Cancer Performance – 31 Day



Latest Month

91.5%

Target 96%

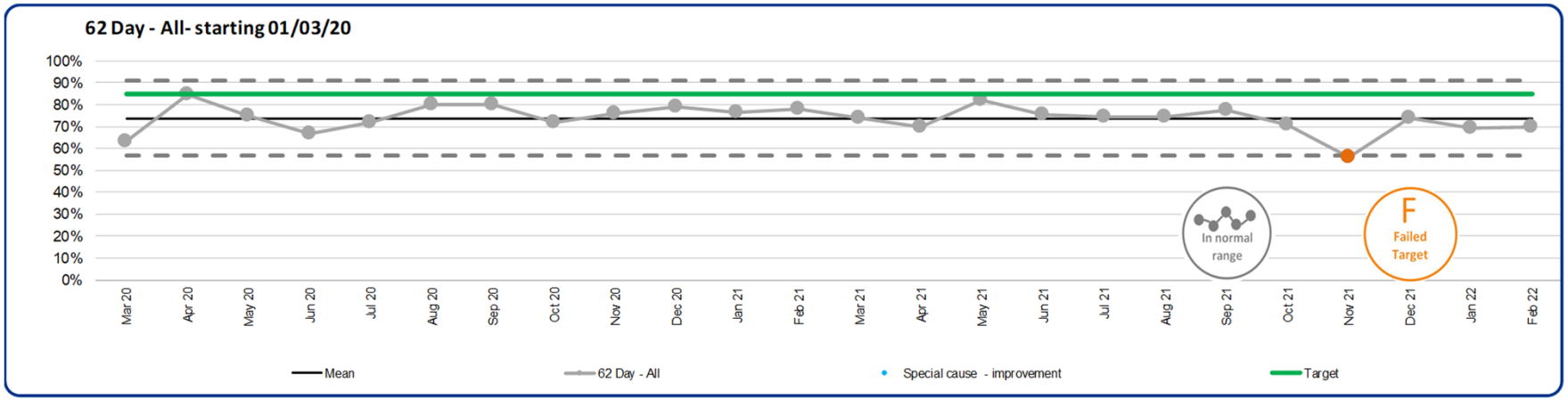
Performance

- All Cancer Data runs two months behind. Data here is for February 2022
- 5 of 9 tumour site achieved the 31 day standard (Colorectal, Haematology, H&N, Lung and Upper GI
- 4 of the 8 tumour sites failed the standard (Breast – marginally, Gynaecology, Skin and Urology)
- For context there were 176 treatments classified as 31 day and 15 patients missed the standard, 91.5%

Action

- Continue to 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 still need to improve to drive performance
- Maintain cancer PTL
- Continue to ensure patients are escalated effectively at weekly PTL Meeting

Cancer Performance – 62 Day - All



Latest Month

69.7%

Target 85%

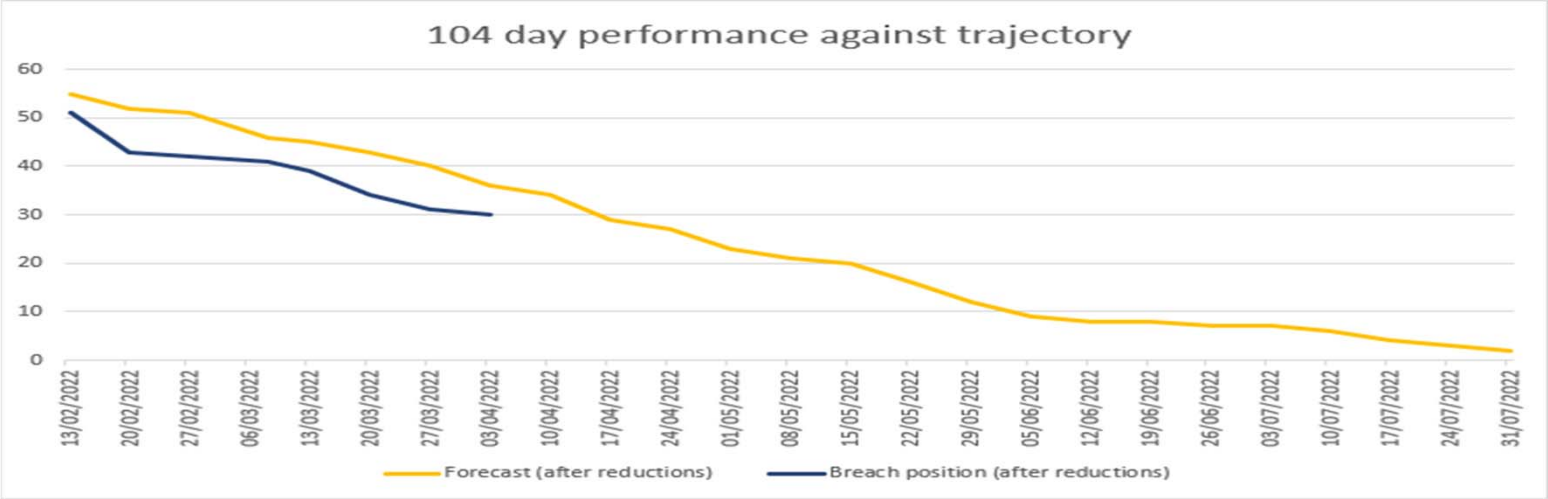
Performance

- 62 day cancer performance has remained fairly static overall and in Feb no tumour sites met the 62 day standard
- There were improvements in performance in Skin and Upper GI and Breast
- Deteriorations were seen in Urology, Colorectal and Gynaecology
- There were a high number of treatments in February (104) compared to around 80 in previous months, this has meant that there were a correspondingly higher number of breaches
- There were more long waiting patients treated in March
- Performance will not improve against this measure until all long waiting patients have been cleared. The aim is to see 62 day improvements from September onwards

Action

- Continue to prioritise cancer patients for treatments
- Maintain effective tracking of patients on a weekly basis
- Focus on delivering high volumes of treatments each month to clear long waiters
- Continue to review access to Oncology capacity (oncology is provided by RWH)
- 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 will begin delivering 62 day target for key tumour sites from September and sustainably across all sites from September

Cancer Performance – 104 Day (Dudley patients only)



Latest Week

(03/04/22)

30

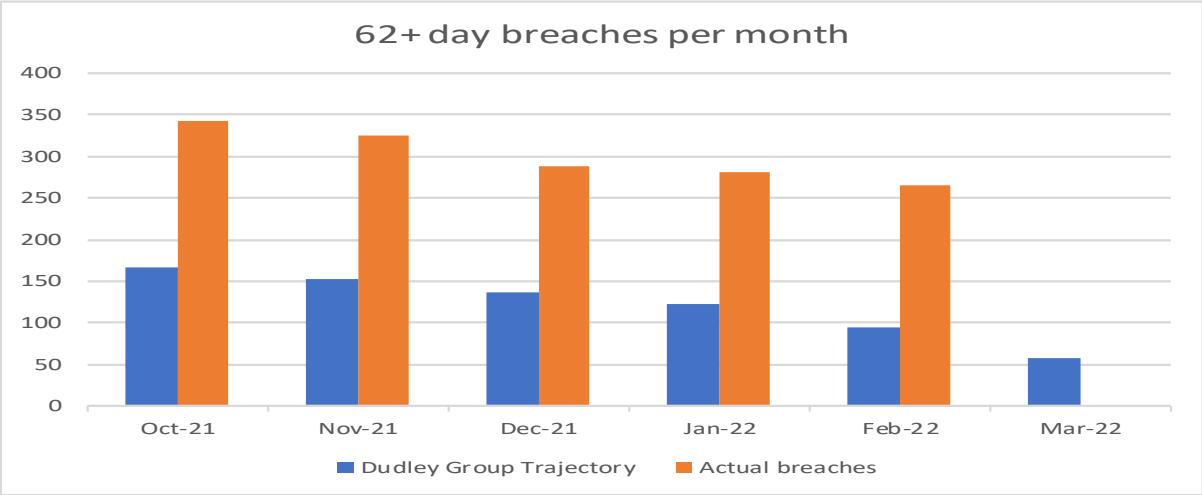
Performance

- The number of patients over 104 days waiting for treatment at Dudley has continued to improve the against the trajectory
- This only includes patients awaiting treatments at Dudley and not those on the waiting list who are being treated at the tertiary centre
- A continuation of this will eventually help improve the 62 day position

Action

- Continue to prioritise patients for surgery and treatment via the weekly PTL meeting
- Maintain validation and tracking

Recovery and Restoration – Cancer 62+ days



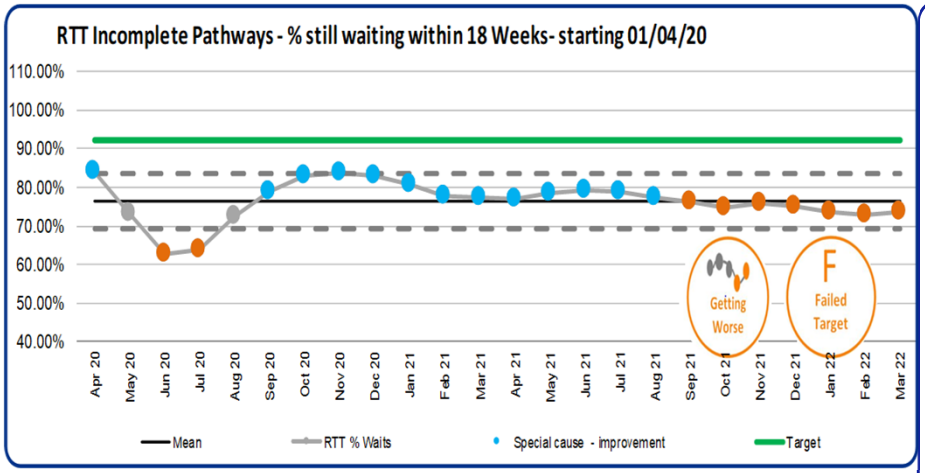
Performance

- Clearance of the over 62 day waiters remains slower than planned and this is reflective of the 104 day position
- The national priority to bring the 62 day position back to March 2020 position
- Not all these patients currently over 6 days will have cancer, many will have a negative diagnosis and will be removed
- The quality metric for this is to reduce the number steadily each month and this is happening month on month

Action

- Continue to reduce total numbers on the Cancer PTL (waiting list)
- Ensure that tracking and validation continues and a steady reduction is maintained month on month reflective of the 104 day reductions
- Assign extra capacity (surgery) to cancer patients as a priority

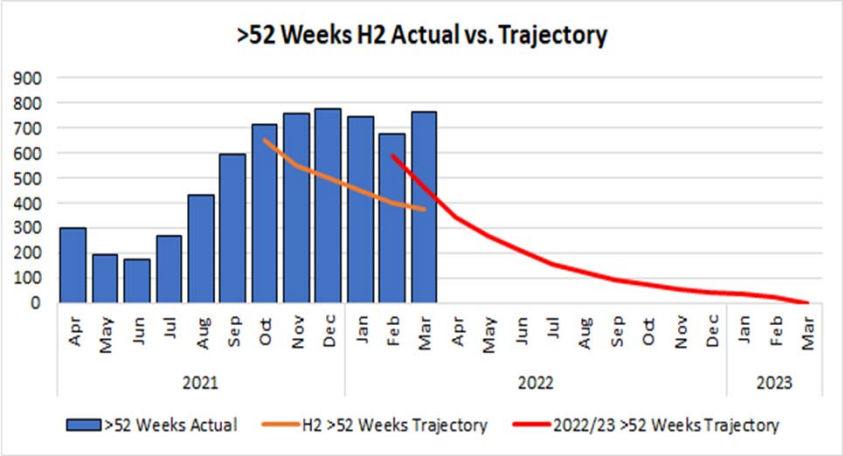
RTT Performance



Latest Month

73.6%

RTT Incomplete pathways target 92%



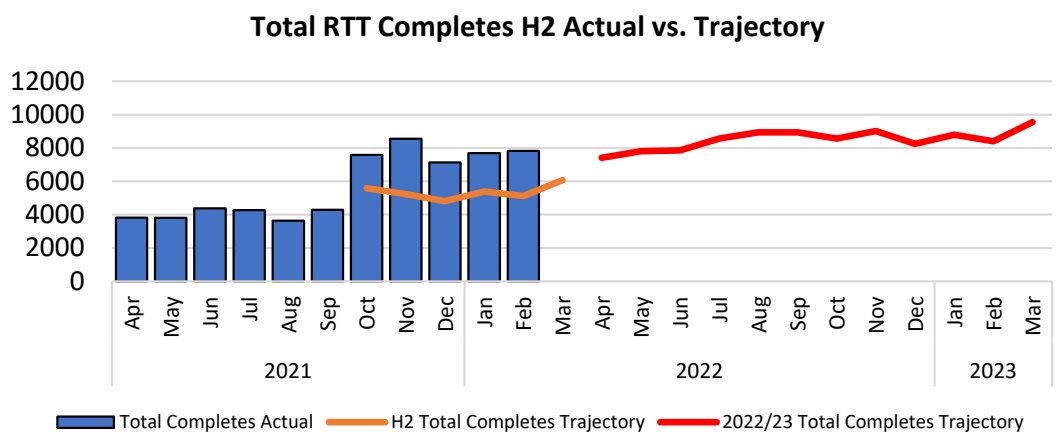
Performance

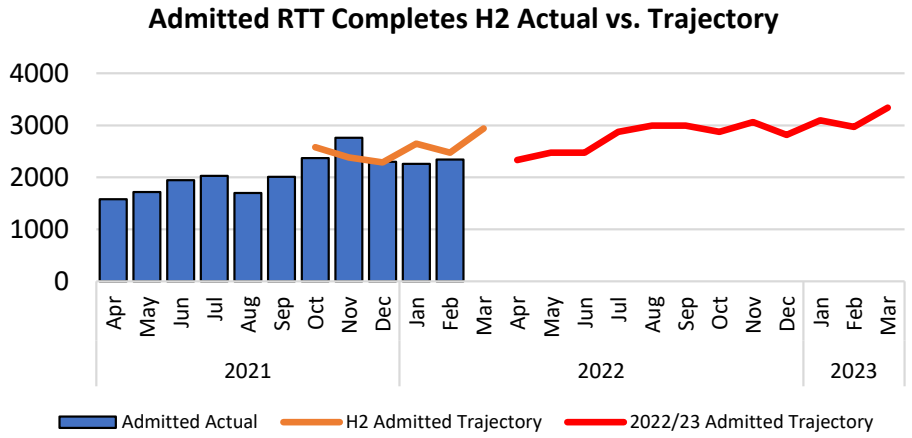
- RTT performance remains static, achieving 73.6% in March
- Following a sustained decrease since December in the number of patients waiting over 104 weeks to commence treatment, this has increased in March. This is partially attributable to Dudley supporting RWH with mutual aid for 104+ week patients and cancellations due to theatre workforce sickness (Covid-19).

Action

- Validation continues to play a significant part in this positive performance
- Surgery aims to utilise 50% of theatre list capacity for long waiting patients
- Plans continue to be developed to improve High Volume / Low Complexity pathways

Recovery and Restoration – RTT Completes (Data to February)





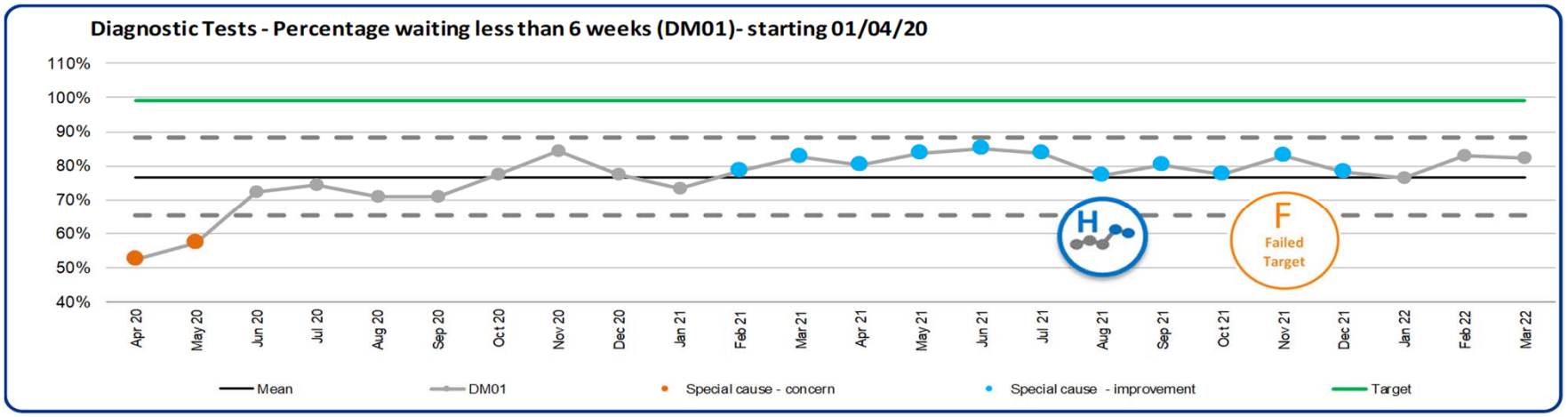
Performance

- RTT completes continues to perform ahead of plan in February
- There is a significant increase in planned closures from April onwards
- Validation continues to play a significant part in this positive performance
- There has been a small reduction in closed pathways generated through elective activity, reflective of the some challenges in theatres with staff sickness resulting from Covid in January – March

Action

- Maintain theatre lists in line with plans
- Validation to continue as major focus for generated closures
- Continue to aim to use 50% of all elective theatre capacity for long waiters
- Develop plans to deliver the High volume / low complexity (HVLC) work as set out in the national 2023 operational planning guidance

DM01 Performance



Latest Month

82.3%

DM01 combining 15 modalities - target 99%

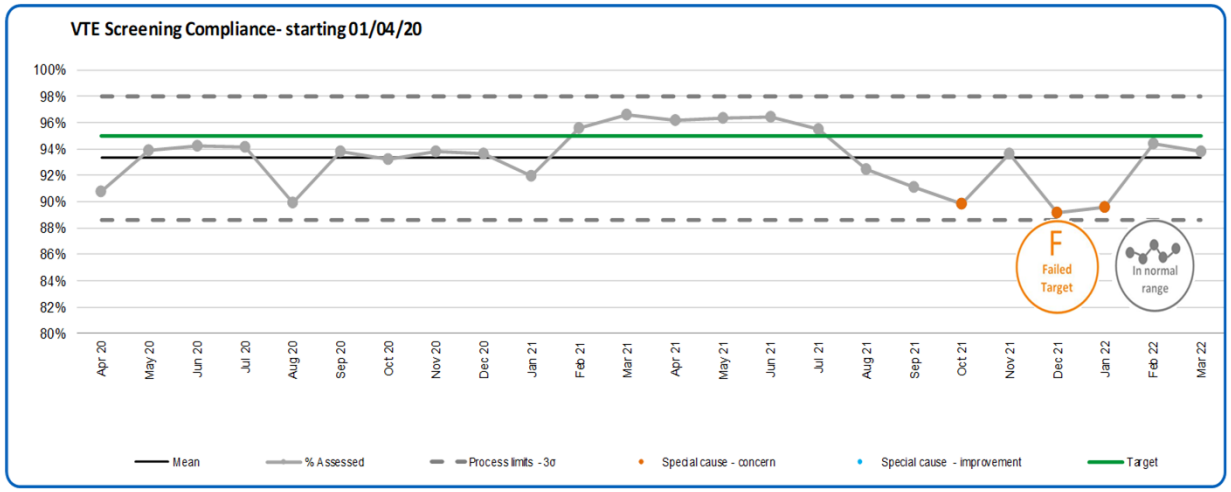
Performance

- There has been a small improvement in DM01 performance in recent months
- Ultrasound continues to experience challenges
- Sleep Studies additional capacity is now in place and will begin to deliver from April on wards
- Activity levels for Diagnostics remain high, reflective of the additional capacity

Action

- ✓ Sleep studies improvement to be seen in April on wards
- ✓ Improve performance in Ultrasound
- ✓ Focus additional capacity in support cancer patients
- ✓ DM01 remains on track to deliver 95% within 6 weeks by March 2023 as per national requirements

VTE Performance



Latest Month	Latest Month	Latest Month
93.5%	93.5%	93.6%
Trust overall Position	**Medicine & IC**	**Surgery, W & C**

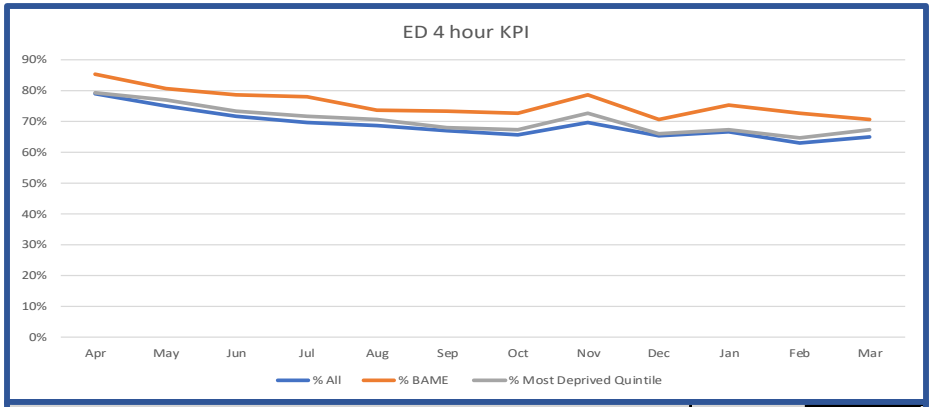
Performance

- There has been a significant improvement in compliance against the VTE standards in Surgery
- Both divisions missed the target in March but only marginally
- DQ issues have now been resolved in Surgery, with data now reflective of actual performance

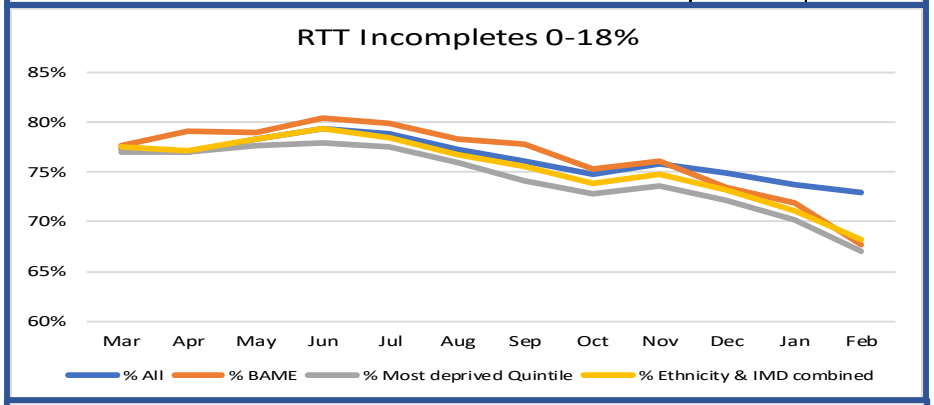
Action

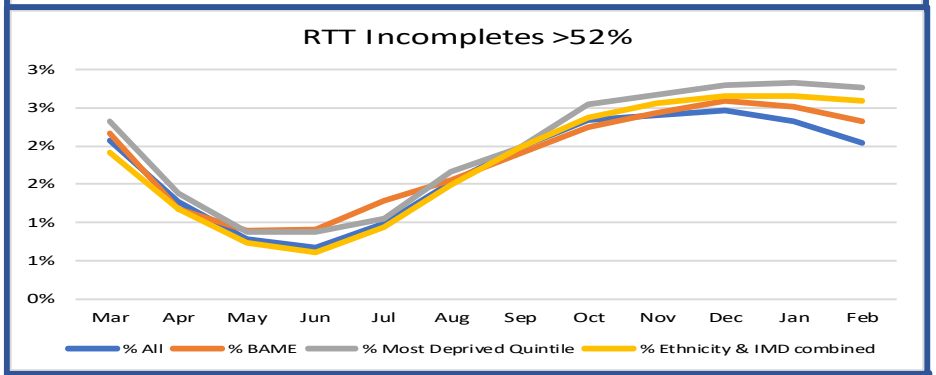
- ✓ To improve performance in Surgery the Division will
  - ✓ Develop revised admission checklist (currently being signed off by Trust clinical documentation group)
  - ✓ Ward round checklist to include VTE
  - ✓ Emergency Surgical Hub tracker to monitor patients needing assessment
  - ✓ Continued scrutiny via divisional governance meetings

Health Inequalities



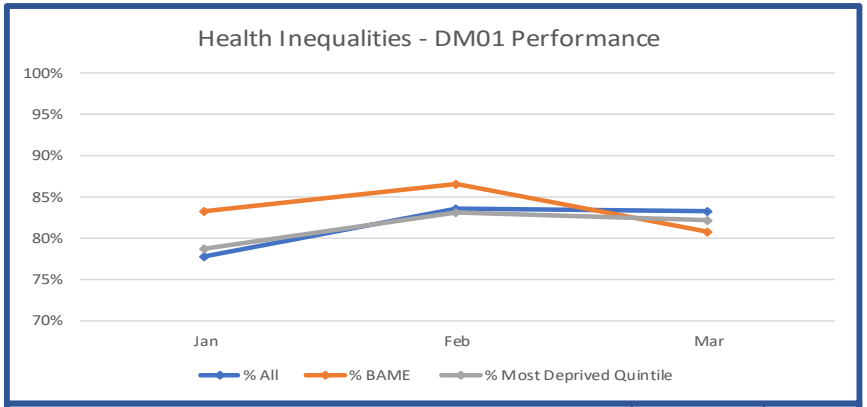
No and % ethnicity is not stated/unknown/not recorded	628	6.83%
No and % IMD postcode is invalid	48	0.49%



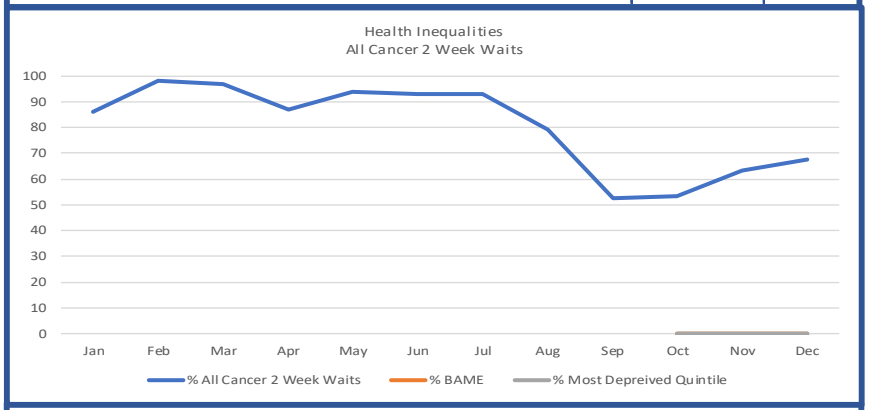


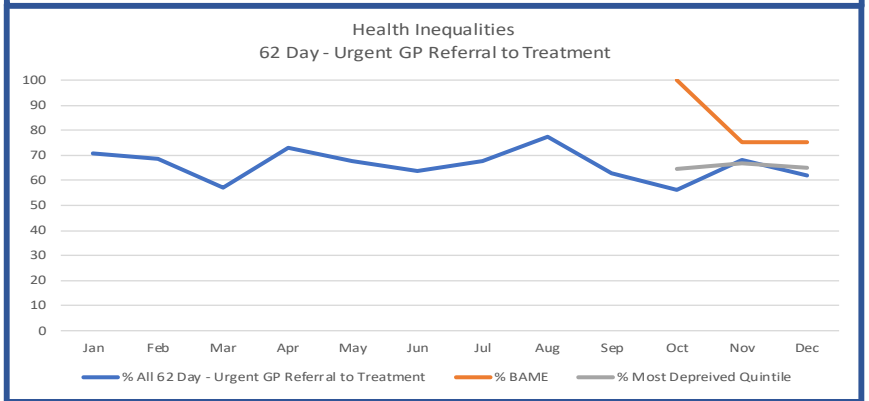
No and % ethnicity is not stated/unknown/not recorded	11905	36.0%
No and % IMD postcode is invalid/missing	7404	22.4%

Please note: As a significant number of missing ethnicity & IMD are for patients currently on ASI or RAS, these will be shorter waits excluded from the "BAME" and "IMD 1&2" figures, causing an downward skew of their performance. The yellow line shows performance for only those RTT waits with both a recorded ethnicity and IMD decile, and is therefore more comparative than the blue line of total waiting list figures.



No and % Ethnicity is not stated/unknown/not recorded	1169	14.79%
No and % IDM postcode is invalid	15	0.20%





No and % ethnicity is not recorded	#REF!	#REF!
No and % deprivation cannot be derived	#REF!	#REF!