






Full Council of Governors meeting

05 April 2023 16:00hr

MS Teams

No.	Item	Paper ref.	Purpose	Presenter	Time
1.	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Deputy Chair	16:00
2.	Council Meeting 2.1 Declaration of interests 2.2 Quoracy 2.3 Announcements	Verbal	For noting	Deputy Chair	
3.	Previous meeting 14 th December 2022 – Full Council 3.1 Minutes 3.2 Matters arising 3.3 Update on actions	Enclosure 1	For approval	Deputy Chair	
4.	 To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results				16:05
Staff voice – an opportunity for those staff working at an operational level to talk about their role and in their own words say what it is like to work at the Trust and to share any key challenges and successes. Ruth Hopper, Continence Lead. Community Continence Service. Layla Morris, Orthoptist. Orthoptists Department. Natalie Bagley, Therapy Assistant Practitioner. Dudley Rehab Service, Community. Introduced by Clare Inglis, Staff Elected Governor, Allied Health Professionals					
Freedom to Speak Up service overview Q2 Q3, 2022/23 – the Freedom to Speak up (FTSU) service in The Dudley Group (DGFT) aims to provide all staff (including non-substantive) with a safe route to raise concerns in the workplace. Governors will learn more about the service and the recent training modules that have been released. Presented by Becky Plant, Freedom to Speak Up Guardian					
Appointments & Remuneration Committee		Enclosure 2	For approval	Catherine Holland Senior Independent NED	
Governance					16:45
5.	Chief Executive’s update	Enclosure 3 / verbal	For information & discussion	Diane Wake Chief Executive	
6.	Chairs update <ul style="list-style-type: none">Board of Directors held March 2023	Enclosure 4		Deputy Chair	
7.	Lead Governor update	Verbal		Alex Giles Lead Governor	
8.	Trust Quarterly Strategy Report and forward planning update	Enclosure 5	For assurance	Kat Rose Director of Strategy & Partnerships	

9.	Board Secretary update <ul style="list-style-type: none"> Addendum to governors' statutory duties Council of Governors Terms of Reference Trust Constitution review 2023 	Enclosure 6	For assurance / approval	Helen Board Board Secretary	
 Drive sustainability financial and environment Reduce the cost per weighted activity Reduce carbon emissions					17:20
10.	Financial & Performance Committee upward report and update on financial planning 2023-24	Enclosure 7 / verbal	For assurance	L Williams Committee Chair /	
11.	Integrated Performance report	Enclosure 8	For assurance	Karen Kelly	
12.	 Deliver right care every time CQC rating good or outstanding Improve the patient experience survey results				17:35
13.	Quality & Safety Committee upward report	Enclosure 9	For assurance	L Hughes Committee Chair	
14.	 Build Innovative relationships in Dudley & beyond Increase the proportion of local people employed Increase the number of services jointly delivered across the Black Country				17:45
15.	Experience & Engagement Committee update	Enclosure 10	For assurance	Alex Giles, Interim Committee Chair	
16.	Digital Trust Technology Committee update	Enclosure 11 / Verbal	For assurance	Catherine Holland Committee Chair	
17.	 To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results				17:55
18.	Workforce & Staff Engagement Committee update	Enclosure 12	For assurance	Julian Atkins Committee Chair	
19.	Any Other Business (to be notified to the Chair)	Verbal	For noting	Deputy Chair	18:05
20.	Close of meeting and forward meeting dates 2023/24: 22 June, 5 October, 21 December, 28 March 2024			Deputy Chair	
21.	Reflections on the meeting			All	
22.	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. Items marked*: indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.				

UNCONFIRMED Minutes of the Full Council of Governors meeting
Wednesday 14th December 2022, 17:30hr
held face to face in the Clinical Education Centre

Present:	Status	Representing
Mr Arthur Brown	Public Elected Governor	Stourbridge
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Yvonne Peers	Public Elected Governor	North Dudley
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Cllr Alan Taylor	Appointed Governor	Dudley MBC
Mrs Mary Turner	Appointed Governor	Dudley CVS

In Attendance:

Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Board Secretary	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Mr Neill Crump	Interim Chief Information Officer	DG NHS FT
Mrs Madhuri Mascarenhas	Administration Coordinator	DG NHS FT
Sir David Nicholson	Trust Chair – Chair of meeting	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT

Apologies:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Dr Thuva Amuthalingum	Associate Non-executive Director	DG NHS FT
Dr Gurjit Bhogal	Non-executive Director	DG NHS FT
Mrs Emily Butler	Public Elected Governor	Halesowen
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr Alan Duffell	Interim Chief People Officer	DG NHS FT
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative (Former CCG appointment)
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mr Andy Proctor	Director of Governance	DG NHS FT
Mrs Mary Sexton	Chief Nurse	DG NHS FT
Mrs Sarah-Jane Stevens	Appointed Governor	University of Wolverhampton
Mr Kevin Stringer	Interim Director of Finance	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT

Mr Lowell Williams	Non-executive Director	DG NHS FT
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Not In Attendance:

Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery

COG 22/98.0 17:30	Welcome
COG 22/98.1	<p>Introductions & Welcome</p> <p>The Chair welcomed all to the meeting.</p> <p>The Chair welcomed Ms Clare Inglis and Mr Mushtaq Hussain to the Council of Governors and thanked them for putting themselves forward in the spirit of public services.</p> <p>He noted to all present that the international nurses were hosting their Christmas party that evening in an adjacent room and had extended an invitation to the Board of Directors and the Council of Governors. He acknowledged and merited the international nurses for leaving their homes to join and be a part of the Dudley Group NHS Foundation Trust. He stated that this was a short-term solution and that the Trust was focussed on increasing the number of local people employed.</p>
COG 22/98.2	<p>Apologies</p> <p>Apologies had been received as above.</p>
COG 22/99	<p>Annual Planning workshop</p> <p>Mr Chadwell gave a detailed overview of the forward plan for 2023/24.</p> <p>Mr Heaton queried what security measures were put in place to prevent nurses and other staff from reviewing a patients' record. Mr Crump assured Mr Heaton that the Trust had controls in place to ensure that patient records are accessed by those staff members that need access to them and part of these controls involves carrying out regular audits. Mr Heaton further queried if the Trust had to manage a situation where someone tried to hack into patient records. Mr Crump stated that the Trust faced around 75,000 cyber-attacks on our system every year and so far, had been successful with blocking these cyber-attacks. He informed the Council of Governors that the Trust is currently reviewing an upgrade for the IT infrastructure which will take place over the next couple of years.</p> <p>Mr Hussain queried what impact cost improvement plans would have on service delivery. Ms Rose informed Mr Hussain that the Trust reviews the various schemes submitted by the divisions using a Quality Improvement Impact Assessment where they need to demonstrate what the impact would be and what actions would be put in place to limit the impact. The final sign-off for all schemes was the responsibility of the Medical Director and Chief Nurse.</p> <p>Mr Hussain asked if the Trust had carried out an audit to query patient's viewpoint about being operated on by a robot. Ms Wake clarified to Mr Hussain that the operation is done by a surgeon using a robot. She stated that</p>

Wolverhampton's New Cross Hospital was the pioneer in the Midlands to conduct surgeries using a robot and the most common surgery done using this process was prostate surgery on men. The Trust was hopeful that the innovation would increase the number of patients treated at our Trust and also at Sandwell and West Birmingham Hospitals NHS Trust.

The attendees were divided into three groups to discuss the following points:

1. Review the target and timelines outlined in the report and provide feedback on it.
2. Provide feedback on the emerging themes and priorities that have been set.
3. Which three strategies did they think were the most important for the Trust to focus on next year?

Table 1: Mrs Board thanked Mr Hussain and Cllr Taylor for their valuable contribution during the discussion. Mr Atkins summarised the discussion in table 1 as follows:

Point 1:

- CQC rating good or outstanding – The group would prefer the rating to be outstanding but appreciate that a good rating from CQC would be a more logical approach.
- Improve the patient experience survey results – The group would prefer to be in the top quartile performance in 2023-24 but agreed that the timeline of 2024-25 was a more practical approach.
- Reduce the vacancy rate – the group agreed that the 7% target was realistic and if the Trust could retain its staff, then that would reduce the number of staff employed through an agency and via the staff bank.
- Reduce carbon emissions – the group agreed with the target and timeline that had been set.
- Increase the number of services delivered jointly across the Black Country – The group agreed with the target and timeline that had been set.
- Improve rate of early detection of cancers – The group agreed that the target set was a reasonable one.
- Increase planned care and screening for the most disadvantaged groups – The group agreed with the target and timeline that had been set and felt that this should be a key strategy.

Point 2:

The group agreed that the Trust was on the right path for next year.

Point 3: The group would like the focus of the Trust to be on the following areas:

- Investing in digital infrastructure
- Investing in our community services
- Early diagnosis of cancer
- Improve surgery in terms of hybrid operating theatres
- Increase collaboration across the Black Country

Table 2: Ms Rose summarised the discussion in table 2 as follows:

Point 1:

- CQC rating good or outstanding – The group would like the Trust to aim for outstanding as they feel that it would help the Trust to achieve a good rating.
- Improve the staff survey results – The Trust should focus on staff engagement for the following year.
- Reduce the vacancy rate – The group agreed with the target and timeline set and felt that the focus must be on retaining staff.

	<p>Point 2: The key focus area should be on assessment of patients to avoid the huge number of patients being brought in by ambulances. The other key area would be to focus on supporting the discharge of patients by investing in our community services and working with our primary care partners.</p> <p>Point 3:</p> <ul style="list-style-type: none"> - Investing in digital infrastructure - Investing in our community services - Shared care collaboration within the Black Country <p>Table 3: Mr Chadwell summarised the discussion in table 3 as follows: Point 1: The group broadly agreed on the targets and timelines that have been set.</p> <p>Point 2:</p> <ul style="list-style-type: none"> - Increase the proportion of local people employed – Engaging with the young people from the local community by making sure that they are aware of all the job opportunities that are available within the NHS. - Community Diagnostic Centre and Merry Hill Centre – The group discussed the service currently available at the Merry Hill Centre and the benefit of having a Community Diagnostic Centre. A suggestion was made to increase awareness by increasing advertisement and signage of the services available at the Merry Hill Centre. <p>Point 3:</p> <ul style="list-style-type: none"> - Focus on young people and the future workforce - Strengthening our community services relationship with our primary care providers - Using facilities at Merry Hill and within the community to help ease the number of patients being seen at the hospital. <p>Ms Rose thanked everyone for their contribution and stated that their feedback would be considered as part of developing future strategy plans.</p>
COG 22/100.1	<p>Declarations of interest</p> <p>The chair asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The Chair advised that he was also chair of the Sandwell and West Birmingham Hospitals NHS Trust.</p>
COG 22/100.2	<p>Quoracy</p> <p>The meeting was declared quorate.</p>
COG 22/100.3	<p>Announcements</p> <p>There were none.</p>
COG 22/101	<p>Previous meeting</p>

<p>COG 22/101.1</p>	<p>Previous Full Council of Governors meetings held on 03rd November 2022 (Enclosure 1)</p> <p>The minutes from the previous meetings were given as enclosure 1 for the full Council of Governors meeting held on 03 November 2022.</p> <p>It was Resolved to</p> <ul style="list-style-type: none"> • Approve the minutes as an accurate record of the meeting held as given above
<p>COG 22/101.2</p>	<p>Matters arising</p> <p>There were none.</p>
<p>COG 22/101.3</p>	<p>Update on actions</p> <p>There were none.</p>
<p>COG 22/102</p>	<p>Chair and Chief Executive's update (Enclosure 2/verbal)</p> <p>Ms Wake summarised the December 2022 report given as enclosure two and highlighted the following:</p> <p>The Black Country had closely managed finances within the system but was still facing a deficit of £50 million. Various meetings had been held with the Chief Executives and Chairs of the various boards, the Integrated Care Board and the directors of the finance teams to agree on a way forward. After reviewing all the options available, a decision has been made to continue with:</p> <ul style="list-style-type: none"> - Delivering Continuous Improvement Programme (CIP) of £17.9 million - Reduce agency spending – The report from November 2022 provided assurance that our agency spending had reduced. Agreed on the following timelines to stop agency funding: <ul style="list-style-type: none"> • From the 12th of December 2022 - Tier 4 and non-framework agency • From the 22nd of December 2022 – Tier 3 • By the middle of January 2023 – Tier 2 • By the 31st of January 2023 – Complete ban on agency funding within the Trust <p>Ms Wake assured the Governors that the Trust had made a significant improvement in the number of nursing staff and has also made a concerted effort to increase the number of clinical support workers. To mitigate the risk of non-framework agency spending, in line with the other trusts in the Black Country, a standard rate has been agreed upon for nurses on the staff bank and an additional £5/hour will be paid to registered nurses to help with the oncoming pressures during the winter period.</p> <p>The Chair stated that the Trust has managed its finances in 2022-23 by moving some of the risks into the following year. However, the Trust has already initiated strategies to try and manage the finances for 2023-24 which were expected to be challenging.</p> <p>Ms Wake highlighted that the biggest challenge facing the Trust was urgent and emergency care. The Trust had increased its services for the paediatric ward as</p>

	<p>there has been an influx in the number of sick children being admitted because of the Strep A infection.</p> <p>Within the community, the GP practices had established a Virtual HUB team for paediatrics. Currently there were a limited number of slots available each and the Trust was working with GP practices to increase that number. The Trust was also exploring how the existing Paediatric Virtual ward could support queries from worried parents/carers in order to control the number of patients arriving at the hospital.</p> <p>The Trust was currently working with the ambulance service to decrease the delay with ambulance handover. However, due to the current weather conditions, the Trust is currently facing an increase in the number of sick elderly patients being brought to the hospital which had resulted in an increase in ambulance offload times.</p> <p>The number of patients delayed waiting for packages of care had seen some decrease from 150 to 103. The Trust continued its work with social care partners to ensure that those patients that did not need to be in a hospital could be discharged home safely.</p> <p>Cancer treatment remained a priority for the Trust and on target to meeting its waiting time targets for elective cancer care and was also working with the other acute providers within the system to ensure that the waiting time for a patient is not more than 18 months.</p> <p>Ms Wake gave an update on the strategies put in place to mitigate the risks of the neighbouring hospitals and ambulance services going on strike in December 2022.</p> <p>There had been some recent changes made to the Executive team as Mrs Karen Kelly, Chief Operating Officer, was unwell and expected to be away for about 12 weeks. Mr Adam Thomas, Chief Information Officer, would act up as Chief Operating Officer in her absence. Mr Neill Crump would act up as Chief Information Officer and Mr Simon Illingworth, Deputy Chief Operating Officer would be taking on additional duties to support Mr Thomas in his interim role.</p> <p>Mr Heaton queried about the status of the hospital with regard to COVID-19. Ms Wake informed him that there were currently nine inpatients with COVID-19 and none in critical care. 18 staff members were on sick leave with COVID-19 where none had long COVID.</p> <p>The Chair stated that this has been one of the most challenging years that the NHS has faced regarding the number of acutely sick patients being seen in the hospital as well as an increase in the level of fatigue being faced by the staff members. He assured everyone present that for every issue that Ms Wake had highlighted to them, there was a strategy put in place to mitigate the risks or help it get better. He praised the dedication of the Trust's staff members in taking care of the patients and for going above and beyond.</p> <p>Action: Ms Peers requested for a bouquet of flowers to be sent to Ms Kelly on behalf of the Council of Governors.</p>
COG 22/103	System Wide Developments (verbal)

	<p>The Chair praised Ms Wake for her hard work and dedication in running The Dudley Group NHS Foundation Trust and highlighted her input in getting the different systems within the Black Country to work together. He also acknowledged her work with the different clinical specialties from robotics to elective care.</p> <p>The Integrated Care Board had taken the decision to stop the procurement of community services within Dudley. This was beneficial for the Trust as community services played an important role in its daily running.</p> <p>The Integrated Care Board did not support the continuation of Dudley Integrated Health and Care NHS Trust as a standalone organisation citing it no longer a feasible option. The Integrated Care Board would meet with the three trusts, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust, and Sandwell & West Birmingham Hospitals NHS Trust to review and reallocate the services that were going to be provided by Dudley Integrated Health and Care NHS Trust and develop the Primary Care system for the Black Country as a whole.</p> <p>Mrs Homer queried if the recently appointed Chief Executive of the Dudley Integrated Health and Care NHS Trust would still retain her position. Ms Wake advised her that Ms Penny Harris, Chief Executive for Dudley Integrated Health and Care NHS Trust was on a fixed-term contract that will be ending in March 2023. An agreement has been made with the Integrated Care Board that the staff that had already been appointed in permanent positions wouldn't be made redundant and would be offered placements in other trusts.</p> <p>The Chair clarified to Mr Heaton that the Dudley Group NHS Foundation Trust would not have to pay for the care of any patients that they transferred to the Royal Wolverhampton NHS Trust or any other trust. Ms Wake stated that the Royal Wolverhampton NHS Trust specialised in cardiac care whilst the Dudley Group NHS Foundation Trust specialised in vascular surgery and because of this specialisation patients were transferred from one trust to another.</p>
	The Board members except for The Chair left the meeting.
COG 22/104	Well-Led
COG 22/104.1	<p>Governor Development – Analysis of governor survey results & next steps (Verbal)</p> <p>The Lead Governor, Mr Giles gave an update on the governor development programme.</p> <p>At the last meeting of the Experience and Engagement Committee there was a suggestion to introduce a buddy system to encourage and support governors with going out into the community to recruit new members. This system would also provide support to newly elected governors.</p> <p>The survey results showed that governors were more interested in attending certain committee meetings e.g. Workforce and Staff Engagement committee meetings as compared to others. Monthly invitations to committee meetings would be sent out however, some governors may be requested to attend the committee meeting in the following month if a lot of interest has been received for that particular month.</p>

	<p>Governors were encouraged to take part in at least one Quality and Safety review and one PLACE-Lite review each year in order to triangulate the information that they received at the Council of Governors meetings.</p> <p>Mr Giles asked the Council of Governors for feedback on the kind of support they think would be beneficial to them when they start going out in the community to promote the membership programme. Mrs Homer suggested giving the governors a few weeks to ponder on the kind of support they need and to discuss it further at an informal meeting. Mr Giles was happy to support the suggestion and the governors agreed to meet in the first week of January 2023 to discuss and plan the membership programme.</p> <p>Mr Giles informed the governors that the survey results had shown a preference for the Council of Governors meeting to be held on a Thursday between 1.00 pm to 5.00 pm. He asked the governors present if they were happy for the Council of Governors meeting to be held on a Thursday at 3.30 pm. Mr Rowbottom asked how the new timing would affect the staff governors and if it would be difficult for them to attend the meeting. Mr Giles and the Chair assured the governors that the Foundation Trust office would be as flexible as possible to meet people's requests and would ensure that the meeting invites were sent out in advance to help with diary management.</p> <p>Moving forward the Council of Governors Experience and Engagement meeting would be held on Tuesdays at around 3.30 pm as per the preference shown in the survey results.</p> <p>The survey results highlighted that the governors preferred a mix of hybrid and face-to-face meetings. Mr Giles encouraged all the governors to provide feedback on a regular basis if they thought of any changes that could be beneficial to the whole council.</p> <p>Deputy Lead Governor, Ms Peers, will lead the Task and Finish Group and review ways to promote membership amongst the 17-21 year age group and also increase the number of male members.</p> <p>Action: A Task and Finish Group to meet in January to discuss the membership programme.</p>
COG 22/105	<p>Any other Business (Verbal)</p> <p>There was none raised.</p>
COG 22/106	<p>Reflections on the meeting (Verbal)</p> <p>The Chair thanked the Council of Governors for attending the meeting and for their valuable contribution to the annual planning workshop.</p>
COG 22/107	<p>Close of meeting and forward Council of Governor meeting dates: 2023/24</p> <p>The next meeting will be held on the 16th of March at 4.15 pm.</p> <p>The meeting closed at 7.20 pm</p>

Sir David Nicholson, 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 14th December 2022

Item No	Subject	Action	Responsible	Due Date	Comments
COG 22/102	Chairs & chief execs update	bouquet of flowers to be sent to Ms Kelly on behalf of the Council of Governors	Board Secretary	Dec 2022	Complete
COG 22/104.1	Governor Development	A Task and Finish Group to meet in January to discuss the membership programme.	Board Secretary	Jan 2023	Complete

Paper for submission to the Council of Governors 5th April 2023

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

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

Summary of Key Issues:
<ul style="list-style-type: none"> • Operational Performance • CQC Unannounced Inspection Paediatrics ED • Charity Update • Healthcare Heroes • Black Country Provider Collaboration • Patient Feedback • Visits and Events

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:

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	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 9 March 2023
	Council of Governors	N	Date: 5 April 2023

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 9 MARCH 2023

Operational Performance

The Trust continues to perform strongly against key national elective restoration and recovery targets and is on course to deliver zero 78 week elective breaches by the end of March 2023. At the time of reporting, this places the Trust 6th of 20 Midland acute Trusts, with Dudley's cohort of patients still to treat constituting just 0.27% of the regional backlog. The Trust also reported the 6th best median wait times within the region. Mutual aid has also been provided to other acute Trusts within the Black Country to support a system-wide reduction in the elective backlog.

Waiting times for 2 week wait suspected cancer referrals remain broadly consistent with last month, however, unvalidated data for February shows an improving picture. A full, 2 week wait demand and capacity modelling exercise has been completed for all tumour sites, along with associated recommendations to increase baseline capacity in most specialities. Operational focus in cancer remains on reducing the number of patients waiting 104 days to commence treatment, which has seen a reduction over the last month.

Following significant pressure within Urgent and Emergency Care during December, January saw a bettering of performance, particularly with regards to ambulance handover delays. The number of handover delays over 60 minutes significantly reduced, with over 400 fewer delays in January compared to December. The number of consecutive days with zero handover delays of over 1 hour also increased in January. Emergency Department triage performance across all triage areas improved during January, partially reversing the decline seen during the highly challenged month of December. Emergency Department 4 hour performance also realised an improvement, rising by 4% to 77.6%.

CQC Unannounced Inspection Paediatrics ED

The Trust received an unannounced CQC inspection of our Paediatrics ED on the 22 February 2023.

The draft report is still awaited and once this is received the process of factual accuracy will be followed and actions that require intervention will be taken forward.

Charity Update

Virtual London Marathon

The Trust Charity is offering six places to local runners interested in taking part in this year's London Marathon by joining their #TeamDudley virtual team on Sunday 23rd April 2023.

Virtual participants will have 24 hours to complete the 26.2 mile distance, which can be completed in stages or all in one go. Runners can compete alone or with friends, and those feeling brave enough can even do it in fancy dress! All registered participants will receive an official London Marathon number before the event. Runners log their race on the London Marathon app and will be awarded a coveted official finishers medal and T-shirt on completion.

Those interested should email dgft.communications@nhs.net

Reusable Travel Mugs

Purchase a Trust Charity eco travel mug available at Mitie restaurants in Russells Hall Hospital and Corbett and Guest outpatient centres. The reusable mug is made from bamboo, not plastic and is perfect for enjoying a drink on the go. The suggested donation is £3. The charity team will also be selling the mugs alongside other reusable products like water bottles and tote bags on the afternoon of Tuesday 14th March on the charity hub at Russells Hall Hospital's main reception.

Healthcare Heroes



September's individual healthcare hero – Jessica Kainth

Jessica has been a physician associate for just over year, coming straight from university and has hit the ground running, quickly adapting to the fast-paced environment of the acute medical unit. She is passionate, caring and always acting as a patient advocate. She is also friendly and very supportive toward

her peers, always checking in with them to make sure they are ok. On a particularly stressful day while working as handover clinician, Jessica made sure to speak with every individual, asking how she could assist and also offered everyone refreshments.

Black Country Provider Collaboration

An 'away afternoon' was held for the Collaborative Executive (*with an extended invite to all CMO's in light of the clinical focus of the discussions*) on 15th February 2023, at Himley Hall. The 'face to face' session was an opportunity to reflect on progress made, survey the emerging healthcare landscape, and plan for the development of priorities for pursuit and progress in 2023-24.

A healthy and sometimes passionate discussion was had by the delegates, with the following agreements reached by the Collaborative Executive:

1. Clinical Improvement Programme

- The continuation of existing priorities which will see the:
 - Rapid completion of remaining tasks and milestones, and
 - a specific focused support on the transformation projects (13-15)
- Any new priorities must follow the agreed PMO / governance process, with any rationale for pursuit to be underpinned by firm evidence base and where possible 'data driven'.
- The concept of 'Black Country Service model' approach (*e.g. Black Country Renal Service*) is supported but needs to go through the governance process.

2. Corporate Improvement Programme

- A recognition that progress has been slow and limited, with a desire to move quickly in a small number of areas.
- Preference is to focus on a few corporate areas initially, which are:
 - Procurement
 - Payroll
 - Human Resources to be progressed in a phased and differential manner.
- Options for appraisal are to be provided to Collaborative Board for decision.
- Other areas may progress under their own steam in parallel.

3. Other Discussion points

A number of additional discussion points were also touched upon throughout the afternoon, which included:

- a) **Black Country Provider Collaborative (BCPC) Scope** – It is becoming apparent that there may be a need to obtain clarity on whether the scope of the BCPC is expanding beyond the initial remit (which is focused on quality & productivity. If so, capacity and capability considerations alongside budget commitments for 23-24 will be required.
- b) **Governance** – There is a need to evolve and grow as a Provider Collaborative which is likely to require an alternative governance arrangement to enable effective and timely delivery across the system to occur. This also needs to be cognisant of the move towards the '*Single Chair, Group Model*' and any implications that this may present.
- c) **PCIS** – Given the unsuccessful application for the national Provider Collaborative Innovators Scheme, a review of priorities and commitment to the outlined ambitions will require the development of an alternative plan identifying 'needs' for their successful implementation.

It was agreed that further work would be undertaken by the BCPC leadership to add a level of granularity to these agreements and discussed at future Collaborative Executive and Board meetings.

Patient Feedback

C2 Virtual Ward - Using the paediatric virtual ward meant we could be discharged earlier and have reassurance that I could check on my little boy in the comfort of my home.

C4 (Georgina ward) - Excellent service and very caring staff at Georgina ward, cannot fault the understanding and caring service I received. Thank you so much.

CASH Clinic - The doctor and the nurse who treated me were extremely caring, empathetic, and made me feel at ease.

Clinical Research Unit – Prompt service, kept well informed and the procedure was undertaken in a friendly and professional manner.

Community Continence Team – The lady was kind, understanding and treated me with dignity. I felt very comfortable with her and not embarrassed.

Dental Surgery - The nurses were very nice and, even though I was scared, they kept me at ease - they were lovely.

Emergency Department – When I attended resus, staff were there to look after me. I was never left on my own. Every option was explored, and I was very calm in their care. Absolutely brilliant NHS workers doctors nurse etc.

FAA (Frailty Assessment Area) - Amazing staff helped my mom and myself keep calm and happy in a very stressful situation. Treated mom like their own mom.

General Outpatients - Everyone was pleasant and efficient. I appreciated the clarity which gives me confidence for the surgery and the things I need to take responsibility for.

GI Unit - All nurses/staff were pleasant and friendly. Willing to answer my questions and understanding of my worries and anxiety. Appointment was on time and procedure swift. Consultant was reassuring and knowledgeable.

Maternity (Birth) - Midwives really helpful and approachable. Care staff couldn't do enough for us in aftercare.

Neonatal - The staff are incredible and saved our daughters life. Can't thank them enough for everything they have done.

Phlebotomy – The lady was very kind and didn't make me feel embarrassed about being scared. She chatted to me throughout.

Surgical Assessment Unit - I'm scared of hospitals and I was at pre-op assessment, but the receptionists were fantastic. It took the edge of a bit with them being so very friendly - 10/10 both. They made me laugh, so thank you very much!

Visits and Events

5 January 2023	Rheumatology Get it Right First Time (GIRFT) visit
9 January 2023	Black Country Cancer Services Review
11 January 2023	Accident & Delivery Board
12 January 2023	System Development Committee
16 January 2023	Black Country Cancer Deep Dive
17 January 2023	West Midlands Cancer Alliance Board
17 January 2023	West Midlands Acute Provider Meeting

18 January 2023	Regional Cancer Board
19 January 2023	Respiratory Medicine Consultant Interviews
20 January 2023	Local MP Update
23 January 2023	Integrated Care System Cancer Board
25 January 2023	Dudley Integrated Healthcare Project Board
25 January 2023	Black Country and West Birmingham Elective Diagnostic Strategic Board
26 January 2023	Black Country Integrated Care Board
2 February 2023	Accident & Emergency Delivery Board
9 February 2023	Private Board of Directors
10 February 2023	Integrated Care System Cancer Board extraordinary meeting
14 February 2023	West Midlands Imaging Network Board
15 February 2023	Ophthalmology Away Day Welcome
15 February 2023	Regional Cancer Board
15 February 2023	Black Country Provider Collaborate Executive Away Day
22 February 2023	Dudley Integrated Healthcare Project Board
22 February 2023	Black Country & West Birmingham Diagnostic Strategic Board
27 February 2023	Integrated Care System Cancer Board

Paper for submission to the Council of Governors on 05 April 2023

Title:	Update from the March 2023 Board of Directors meeting
Author:	Helen Board, Board Secretary
Presenter:	Trust Deputy Chair

Action Required of Committee / Group			
Decision	Approval	Discussion Y	Other
Recommendations:			
The Council is asked to note the contents of the report.			

Summary of Key Issues:
Summary report from the Board of Directors meeting held March 2023 highlighting items of assurance, concern, action or decision.

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	Y
 Improve health and wellbeing	

Implications of the Paper:			
Risk		N	Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 05/04/23

CHAIR LOG

Upward Report from the Board of Directors






Date last met: 9th March 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Financial forecast for 2023/24 and beyond for both the Trust and System would be very challenging and further work was required to address deficit situation for both the System and Trust Care Quality Commission (CQC) unannounced inspection on 22nd February 2023 to the Trust's Paediatrics emergency department where some concerns had been raised. There had been three Maternity incidents referred to Healthcare Safety Investigation Branch (HSIB) and confirmed that the Trust was closely supporting the families. 	<p>ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Three year costed Digital plan to be prepared and submitted to the board to address the concerns relating to infrastructure and digital applications. Report requested to review the consequence of the ban on agency staffing and its impact on staffing.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Staff Voice - Staff from the pharmacy team attended to talk about their role and in their own words say what it is like to work at the Trust Patient story heard from a male patient who had successfully received an aorta repair following routine Abdominal Aortic Aneurysm Screen Operational performance overall remained on track with restoration and recovery targets, with pockets of challenge where the Trust was working collaboratively with other providers across the System and providing mutual aid Positive assurance was received that the first phase of the implementation of the new Patient Safety Incident Response Framework (PSIRF) was underway and further positive assurance on progress was noted at the last Committee meeting. Excellent work underway relating to transformation and Getting it Right First Time and noted the sustained progress to create a plastic surgery one stop pathway 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Board Assurance Framework summary report was approved and noted the movement of risk scores. Extraordinary meeting of the Board of Directors to be convened to consider annual planning submission ahead of the 30th March submission deadline
<p>Chair's comments on the effectiveness of the meeting: Good attendance from governors and members of the public. Robust and positive discussions, Papers received in a timely manner with good and clear information.</p>	

Paper for submission to Council of Governors on 5th April 2023

Title:	Strategy progress report – Q3 2022/23
Author:	Ian Chadwell, Deputy Director of Strategy
Presenter:	Kat Rose, Director of Strategy & Partnerships

Action Required of Committee / Group				
Decision	Approval	Discussion	Y	Other
Recommendations:				
<ul style="list-style-type: none"> To note the strategy progress report for Q3 2022/23 				

Summary of Key Issues:	
<p>This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during January. RAG ratings remain unchanged from Q2 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.</p> <p>During this Q3, discussions were held with the lead executive director for each goal to refine the target and timescales for each measure of success with the aim of incorporating this into the strategy report.</p>	
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:			
Risk		Y	Risk Description: BAF Risks, various
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: well-led
	NHSE	N	Details:
	Other	N	Details:

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 9 th March 2023
	Council of Governors	Y	Date: 5 th April 2023

STRATEGY PROGRESS REPORT – Q3 2022/23

Report to Board of Directors on 9th March 2023

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates have been to Executive Directors and the relevant Board sub committees during January. RAG ratings remain unchanged from Q2 with the only measure rated as red being 'reduce cost per weighted activity' given the challenges the trust faces to deliver its long-term financial plan and cost improvement programme.

During this Q3, discussions were held with the lead executive director for each goal to refine the target and timescales for each measure of success with the aim of incorporating this into the strategy report.

BACKGROUND INFORMATION

The Strategic Plan 'Shaping #OurFuture' was approved by Board of Directors in September 2021. Quarterly reporting on progress against the five goals and the three transformation programmes in the strategic plan has been in place since the last quarter of 2021/22.



Current status, progress in the past quarter and actions planned for the next quarter for each workstream contributing to the delivery of the goals has been compiled. This has been presented to Executive Directors and then at the respective board committees according to the following schedule of delegation for assurance.

Goal	Committee
Deliver right care every time	Quality & Safety
Be a brilliant place to work and thrive	Workforce and Staff Engagement
Drive sustainability	Finance & Performance
Build innovative partnerships in Dudley and beyond	Finance & Performance for services delivered jointly Workforce & Staff Engagement for local people employed
Improve health & wellbeing	Quality & Safety

The committees have received the detailed report in January 2023 with no changes requested. Appendix 1 contains the summary of status against each measure of success. No change to RAG rating has been proposed between Q2 and Q3.

Progress to highlight from quarter 3

- Sustained improvement in the vacancy rate with further progress during quarter 4 as international recruits take up their posts
- Implementation of the deteriorating patient pathway
- Appointment of dedicated Sustainability Lead and early signs of promise in moving this agenda forward with PFI partners
- Expansion in the number of hours given by Dudley Group Ambassadors supporting career events
- Opening of two new minor procedure rooms and delivery of elective targets for over 78 week waiters
- Successful pilot of same day skin cancer pathway
- Successful bid to use health inequalities funding to construct a 'Carers Hub' in main hospital reception

Areas of challenge during quarter 3

- Although Cost Improvement Programme for the current financial year forecasted to deliver a small shortfall, challenges remain in delivering the trust's long-term financial plan including identification and delivery of the Cost Improvement Programme in 2023/24
- Trust faced considerable pressures around urgent & emergency care and delays in ambulance handover
- Pressures in delivering 2 week wait and imbalance between demand and capacity shown to exist for majority of tumour sites

Next Steps

Metrics:

Following discussions with lead Executive Directors and the informatics team during quarter 3 to review the measures of success, there remain some areas where further work is required:

- Ensure re-admission rates are included in reporting flows on a routine basis;
- Include comparison against national averages for Family and Friends Test;
- Include retention rate within the suite of workforce indicators;
- Develop the maturity matrix of collaboration at system and place;
- Show more performance metrics including screening uptake by ethnicity and deprivation.

Communications:

Communications team will continue to produce a monthly staff interview that highlights how these are helping the trust achieve our goals. These are published via 'In the Know' and stored on the Hub ([Strategy and Transformation - Strategy interviews](#)). A schedule has been devised so that the vision and each of the goals are the area of focus twice a year.

Operational planning:

Current progress against the strategy informs local priorities for the annual business plan for 2023/24. For example, the need to improve early detection of cancers has led the Trust to put an expression of interest for becoming one of the sites for roll-out of the Targeted Lung Health Checks programme as part of phase 4.

RISKS AND MITIGATIONS

Risks and mitigations associated with delivery of the strategic plan are recorded within the Board Assurance Framework which is reported to public Board.

RECOMMENDATIONS

To note the strategy progress report for Q3 2022/23.

Ian Chadwell
Deputy Director of Strategy
27th February 2023

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 2 – Definition of measures of success

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				this quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	All actions following CQC inspection have been closed. Inspection of maternity services is expected and data request highlighted gaps in assurance		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Results of the national inpatient survey have been published and the trust is performing 'about the same' when compared to all other trusts		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 9% which is a reduction from 12% in previous quarter 2. There is continuing progress with international, graduate and local recruitment		
	Improve the staff survey results	Target: better than England average by 2024/25	Staff Survey closed with a response rate above provider average but lower than previous year. Results are embargoed until March		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical and nursing costs by 2024/25	Ongoing challenges with overspent budgets although agency expenditure reducing. Large deficit currently predicted for 23/24		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Dedicated sustainability lead started work and gaps in assurance being addressed		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Current proportion of staff who live locally 65%; plans to develop closer relationships with local schools being progressed		

	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active engagement by Trust in Black Country Provider Collaborative; implementation of integrated model of care in Dudley being progressed		
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I,II by 2028 (NHS Long Term Plan)	Ongoing work to implement straight to CT for suspected lung cancer		
	Increased planned care and screening for the most disadvantaged groups	Target: baseline to be established for breast screening	Proactive actions being taken by breast screening service to improve uptake by disadvantaged groups		

Appendix 2 – Definition of measures of success

Goal	Executive lead	Metric	Definition	Governance	Proposed Improvement target	Data source	Availability
Deliver right care every time	Medical Director / Chief Nurse	CQC rating good or outstanding	Rating from latest official CQC report	Quality & Safety Committee	Good or outstanding Track key metrics: SMHI, patient safety incidents – total and with harm, re-admission rates	CQC report	Periodic - dependent on CQC inspection All should be available via Q&S Integrated Performance Report except re-admission rates
		Improve the patient experience survey results	Recommendation rates from FFT for inpatients, outpatients, A&E, maternity and community	Quality & Safety Committee	Top quartile after 2 years	FFT results	Monthly – but no national comparison available
		Reduce the vacancy rate	Number of vacancy / total funded FTE for all, medical, nursing & AHP staff	Workforce & Staff Engagement Committee	Year on year increase to reach 7%	Provider Workforce Return/HR dashboards	Calculated and reported monthly
Be a brilliant place to work and thrive	Chief People Officer	Improve the staff survey results	Scores for themes / tracer questions	Workforce & Staff Engagement Committee	Above (England) average for all themes or tracer questions by 24/25	Staff survey	National survey taken annually Local pulse surveys quarterly Retention measure to be included going forwards
Drive sustainability	Director of Finance	Reduce the cost per weighted activity	Cost per weighted activity unit (WAU) as published by Model Hospital - overall, medical and nursing staff costs	Finance & Performance Committee	To be better than (England) average by 24/25	Model Hospital	Updated annually in arrears Include finance KLOEs (financial plan, CIP delivery and agency cap) in quarterly reports

Goal	Executive lead	Metric	Definition	Governance	Proposed Improvement target	Data source	Availability
							Replicate NHS productivity metric locally (money/activity)
		Reduce carbon emissions	Initially carbon emissions associated with energy, water, waste and business travel only but extending to cover other activities as measures develop	Finance & Performance Committee	To demonstrate a year-on-year decrease in line with the improvement trajectory	Green Plan Support Tool (when published)	Carbon emissions updated annually in arrears by national Greener NHS team Report compliance with Greener NHS Data Collection every quarter in arrears
Build innovative partnerships in Dudley and beyond	Director of Strategy & Partnerships	Increase the proportion of local people employed	Percentage of substantive staff from Dudley Borough/Rowley and Tipton	Workforce & Staff Engagement Committee	Baseline 66% (Sept-21). To demonstrate a year-on-year increase	ESR data published via local dashboard	Quarterly
		Increase the number of services jointly delivered across the Black Country	List of services where there is a formal agreement to deliver services jointly	Finance & Performance Committee	Year on year increase from baseline	Provider Collaboration Programme Board / Partnership Board papers	Maturity matrix of collaboration by service at system and place devised and reported to F&P quarterly
Improve health and wellbeing	Chief Operating Officer	Improve rate of early detection of cancers	Percentage of all cancers and major tumour site diagnosed at stages 1 and 2	Quality & Safety Committee	Above (England) average for all tumour sites (NHS Long Term Plan 75% diagnosed at stage I or II by 2028)	Cancer Outcomes and Services Dataset (COSD)	Quarterly in arrears
		Increase planned care and screening for the most disadvantaged groups	Percentage of planned care admissions and screening uptake by sex, ethnic group, Index of Multiple Deprivation	Quality & Safety Committee	Year on year increase from baseline	Local data	Some of the key performance metrics are reported by ethnicity and deprivation as part of the Integrated Performance Report but further work required

**Paper for submission to the Council of Governors
on 5th April 2023**

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

Action Required of Committee / Group			
Decision	Approval Y	Discussion	Other Y
Recommendations: <ol style="list-style-type: none"> To receive this report and note its content relating to: <ul style="list-style-type: none"> Council of Governors elections June 2023 Council of Governors Addendum to Statutory Duties To endorse the following items relating to: <ul style="list-style-type: none"> Trust Constitution Review 2022/2023 Council of Governors Terms of Reference 			

Summary of Key Issues:
<p>Council of Governors elections June 2023 The Trust will shortly commence a round of elections overseen by Civica Elections Services, for vacancies in the following Constituencies:</p> <p>Public Constituency Halesowen – one vacancy</p> <p>Staff Constituency Non-Clinical staff – one vacancy</p> <p>The results will be formally announced at the June meeting of the full Council of Governors meeting.</p> <p>Council of Governors Addendum to Statutory Duties – published October 2022 Following consultation on a draft version from May to July 2022, NHS England published the addendum in October 2022. See appendix 1</p> <p>The 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.</p>

Key points

The 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 expects councils of governors to act in line with the principles in this addendum. The document sets out the significant changes that have taken place in the NHS since 'Your statutory duties' was produced, from the long term plan through to the establishment of Integrated Care Systems (ICS) underpinned by legislation in the Health and Care Act 2022.

The addendum seeks to place the legal duties of councils of governors into the context of system working. It addresses holding the non-executive directors (NEDs) to account for the performance of the board representing the interests of trust members and the public, and approving or not, significant transactions, mergers, acquisitions, separations or dissolutions. This addendum only applies to a council of governors' role within its own foundation trust's governance.

Trust Constitution Review 2022/23

The schedule relating to the review of the Trust Constitution is due for completion in quarter four of the current financial year and will be reflective of the governance and strategic changes that are emerging subsequent to the Health and Social Care Act 2022 that received Royal assent in July 2022.

Background

The Trust Constitution is subject to regular review. The proposed amendments are minor as given in appendix 2 reflective in the main, reflective of the governance and strategic changes that are emerging subsequent to the Health and Social Care Act 2022 that received Royal assent in July 2022.


In line with the Trusts Constitution, the proposed amendments have been circulated to the Board of Directors where more than half have approved the amendments. The proposed amendments do not amend the powers or duties of the Council of Governors and would not require endorsement at an Annual Members' Meeting.

The document will be subject a full review later in the year to reflect the new code of Governance issued October 2022 that becomes effective from April 2023.

Council of Governors Terms of Reference

These are reviewed annually with minor changes proposed to reflect the Council of Governors Addendum to Statutory Duties – published October 2022. The Terms of Reference enclosed is submitted for approval. See appendix 3.

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	Y	Details: Good Governance, conditions of license
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 05/04/2023

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

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

27 October 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 expects councils of governors to act in line with the principles in this addendum.

Other guidance and resources

- [Integrated care systems: design framework](#)
- [Working together at scale: guidance on provider collaboratives](#)
- The wider suite of [Integrated care systems: guidance](#)

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 the Health and Care Act 2022. NHS England expects 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 (ICBs).

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 health and care organisations together to deliver the priorities for the health and care system, including complying with 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 the defined 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 has removed 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 ICB and the responsible local authorities in the ICS, bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. Each partnership has been established by the NHS and local government as equal partners and has a duty to develop an integrated care strategy proposing how the NHS and local government should exercise their functions to integrate health and care and address the needs of the population identified in the local joint strategic needs assessment(s).
- An ICB, which brings the NHS together locally, to improve population health and care; its unitary board allocates NHS budget and commissions services, and – having regard to the ICP’s integrated care strategy – produces a five-year joint

¹ [NHS Long Term Plan](#), p110, 7.1.

² [Integration and innovation: working together to improve health and social care for all](#) p23, 3.11.

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 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.

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](#).

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’.

This expectation also extends to appointed governors.⁶ The continued expectation of appointed governors is that they will work to further the relationship between their own organisation and the NHS foundation trust, but do so within the context of the system, of which they are part.

There is no requirement for trusts to appoint a governor from an ICB; however, they are free to do so, if they wish.

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

The statutory duties of councils of governors have not changed, and governors should not anticipate any material change to their day-to-day role.

However, the NHS’ move to a new way of working 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, setting out additional considerations for each duty, that reflect the new context trusts are operating in:

- 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.

⁶ At least one governor is required to be appointed by a qualifying local authority and at least one by a university if the hospitals include a medical or dental school provided by a university. A foundation trust can decide whether to have any further appointing organisations, specifying as such in its constitution.

- c. Approving 'significant transactions', mergers, acquisitions, separations or dissolutions.⁷

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

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."⁸ 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 that concern the interests of the members of the NHS foundation trust and the public.⁹

⁷ [Your statutory duties – a reference guide for governors](#), p19.

⁸ [Your statutory duties – a reference guide for governors](#), p28.

⁹ Ibid.

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

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 – that is, 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 feedback 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 have been factored into board decision-making, and be assured of the board's performance in the context 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's decision-making complies with 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.
3. The statutory duties of councils of governors have not changed, and the relationship of councils of governors remains with their own foundation trust board, the ICB or any other part of the system(s) their trust operates in. It remains the case that if governors are acting outside the context of a council meeting they do so solely as individuals, ie outside their statutory role as governor.

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 comply with 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 that the trust considers non-confidential.¹⁰

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 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 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 each 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

¹⁰ [Your statutory duties – a reference guide for governors](#), p31.

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.

3. **There is no expectation that the way governors undertake this duty should materially change.** However, councils of governors should be assured that their trust is engaging widely, and when engaging with the public themselves, councils of governors need not limit their engagement to the public and patients in their electorate or personal networks. They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch). Governors must also adhere to their trust's communications or media policies when engaging and communicating with the public.
4. In some cases, councils of governors will need to consider the interests of patients and the public in other parts of their system and beyond their own ICS. This can be because the trust:
 - a. is located within a large ICS or is geographically distant from other system partners
 - b. has a specialist service footprint
 - c. is near a geographical boundary and may provide services to members and patients from other ICSs

Governors should work with their board to consider how to represent the interests of the public across a wide geographical footprint or in other ICSs.

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 (eg 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.
4. If the trust's footprint is wide, or even extends beyond its ICS (because it sits in a large ICS, provides specialist services or sits on a geographical boundary), the council of governors might work with its board to consider how best to represent the interests of members and the public; for example, by:

- a. being aware of how the trust's services are used and accessed
- b. being assured that the trust has considered the impact of any changes or decisions on the public using its services, irrespective of what system they are in
- c. being assured that the trust has assessed the impact of its decisions on the care being provided to patients across the ICS.

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 10: Legal and regulatory requirements for transactions of the [Transactions guidance](#)¹¹ 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

¹¹ Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.¹²

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".¹³ 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.¹⁴ As long as they are appropriately assured of this, governors should not unreasonably withhold their consent for a proposal to go ahead.¹⁵ 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.¹⁶

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

¹² [Your statutory duties – a reference guide for governors](#), p60.

¹³ Paragraph 15(2) of Schedule 7 to the [NHS Act 2006](#).

¹⁴ [Your statutory duties – a reference guide for governors](#), p63–4.

¹⁵ Ibid.

¹⁶ 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 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 for the patients served by the trust or the wider public, eg by impacting patients of other providers or reducing health inequalities across the population. In the context of the NHS' 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 to 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 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 signposts 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.¹⁷

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.

¹⁷ Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

- 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's 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.
- 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's decision-making complying with 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:

- [Statutory transactions guidance](#)
- [Guidance on pay for very senior managers in NHS trusts and foundation trusts](#)
- [NHS Oversight Framework 2022/23](#)
- [Guidance on good governance and collaboration](#)

Other resources for governors:

- Govern Well – [NHS providers' national training programme for governors](#)

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

Trust Constitution Review February 2023

Item number	Section	Existing Text	Proposed text
General Housekeeping	various		<ul style="list-style-type: none"> Word 'Chairman' change to 'chair' NHS Improvement change to NHS England/NHSE Independent regulator update to NHS England
Equality Diversity Inclusion	various		<ul style="list-style-type: none"> he/she/his/her change to they/them/their
Annex 2 The Staff Constituency	Annex 2	Allied Health Professionals & Health Care Scientists	<ul style="list-style-type: none"> Amendment of Staff Constituency 'Allied Health Professionals & Health Care Scientists' to 'Allied Health Professionals, Pharmacy and Healthcare Scientists' to reflect the reduced number of those directly employed following Tupe of Health Care Scientists to the Black Country Pathology Service.
Staff constituency	8.6		<ul style="list-style-type: none"> Amendment to wording regarding foundation trust membership for staff removing the 'automatic' status
Composition of Governors	Annex 4	Dudley Clinical Commissioning Group	<ul style="list-style-type: none"> Amendment to Primary Care Representative reflecting changes to CCG's from July 2022. Appointing body to be confirmed.
Chair appointment process	Section 26	The chair and the voting non-executive directors are to be appointed in accordance with paragraph 27 below	<ul style="list-style-type: none"> The chair and the voting non-executive directors are to be appointed in accordance with paragraph 27 below the following wording added 'and cognisant of the requirements where the chair may be appointed chair of more than one trust.'
Tendering & Contract procedure	Annex 8	EU Directives Governing Public Procurement	<ul style="list-style-type: none"> Public Contract Regulations (2015) - Directives by the Council of the European Union promulgated by the Department of Health and Social Care (DHSC), which remain in place following the United Kingdom's exit from the European Union, prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders. <p>The Board shall ensure that normally the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists (see Annex Section 5). Where in the opinion of the officer responsible for procuring the supply, it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the chief Executive (see Annex). national framework agreements, unless advertised due to value whereby any eligible supplier will be able to bid.</p>
Annex – tendering procedure	Page 111	Tender submission instructions based on printed matter	<ul style="list-style-type: none"> Updated to reflect introduction of electronic tendering system Item 4.8 Evaluation criteria updated to cover quality and pricing, designed to deliver the best value for money solution for a tender, shall be agreed by the designated project team for each tender exercise. The tender scoring highest in the evaluation criteria shall be recommended to be awarded the contract. Section 5 – all references to 'lists of approved firms' removed

COUNCIL OF GOVERNORS TERMS OF REFERENCE

1. Constitution

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

2. Membership

All Governors
Trust Chair

3. Attendance

- 3.1 In accordance with the Trust Constitution, the chairman of the Board of Directors or, in their ~~his/her~~ absence, the deputy chairman, shall preside at meetings of the Council. All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the committee.
- 3.2 The following members of staff will usually be in attendance at meetings:
- Director with lead responsibility for Governor Development
- 3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Council has the power to co-opt for a specified task or period of time or to request attendance of any member of Trust staff as necessary and to commission input from external advisors as agreed by the Chair
- 3.4 The board secretary will ensure that an efficient secretariat service is provided to the Council.
- 3.5 Meetings of the Council of Governors shall normally be a meeting in public. Members of the public may be excluded from the whole or part of a meeting for special reasons, either by resolution of the Council of Governors or at the discretion of the chair of the meeting.

4. Quorum

- 4.1 As defined in the Trust Constitution a quorum will consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.
- 4.2 If the chair or vice chair is not present the meeting is not quorate. The meeting can proceed but not in public. Another non-executive director present will be nominated to chair by those members present.

5. Frequency of meetings

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

6. Statutory Powers and Duties of the Council of Governors

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

- 6.1 To appoint and, if appropriate, remove the chair at a general meeting.
- 6.2 To appoint and, if appropriate, remove other non-executive directors at a general meeting.
- 6.3 To decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors.
- 6.4 To approve (by a majority of members of the Council) the appointment by the non-executive directors, of the chief executive.
- 6.5 To appoint and, if appropriate, remove Trust's external auditors at a general meeting.
- 6.6 To receive the NHS Foundation Trust's annual accounts, any report of the auditors on them, and the Annual Report including the Quality Account at the Annual Members' Meeting.
- 6.7 To be consulted by the Trust's Board of Directors on forward planning and to have the Council of Governors' views taken into account.
- 6.8 To receive appropriate assurance from the Board of Directors on any systems, processes or actions that impact on the Trusts ability to meet its responsibilities within the context of the provider licence and other regulatory requirements to include the boards account of its contribution to the wider health and care system ~~Councils ability to meet its responsibilities defined above.~~
- 6.9 To approve significant transactions which exceed 25% by value of FT assets, FT income or increase/reduction to capital value.

- 6.10 To approve any structural change to the organisation worth more than 10% of the organisation's assets, revenue or capital by way of merger, acquisition, separation or dissolution.
- 6.11 To decide whether the level of Private Patient income would significantly interfere with the Trust's principal purpose of providing NHS services.
- 6.12 To approve amendments to the Trust's Constitution.

In addition;

- 6.13 The Council will establish appropriate Committees to assist in the discharge of responsibilities.
 - 6.13.1 Each Committee shall have such Terms of Reference and power and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by the Independent Regulator. Such Terms of Reference shall have effect as if incorporated into the Standing Orders.
 - 6.13.2 The Council may not delegate any decision-making or executive powers to any of its Committees or Sub-committees.
 - 6.13.3 The Council shall approve the appointments to each of the Committees which it has formally constituted.
- 6.14 Governors will also undertake duties to support membership engagement and recruitment in line with the Trusts Terms of Authorisation and as set out in the Council of Governors Addendum to Statutory Duties to include the wider public within the Black Country health system-
- 6.15 To receive appropriate assurance from the Board of Directors on any systems, processes or actions that impact on the Councils ability to meet its responsibilities defined above.

7. Reporting

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

8. Review





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

Paper for submission to the Council of Governors 5 April 2023

Title:	Exception Report from the Finance and Performance Committee Chair
Author:	Alison Fisher, Executive Officer
Presenter:	Lowell Williams, Non-executive Director

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:
Summaries from the Finance and Performance Committee meetings held on 26 January 2023, 21 February 2023 (extra-ordinary) and 23 February 2023.

Impact on the Strategic Goals	
 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:			
Risk		N	Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE/I	Y	Details: Achievement of financial and performance targets
	Other	Y	Details: Value for money
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 9 March 2023
	Council of Governors	Y	Date: 5 April 2023

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 26 January 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Risk of clawback of Maternity CNST rebate and Community Diagnostic Centre phlebotomy income • Emergency Department performance remains challenging, compounded by low discharges and ongoing ambulance handover delays • Cancer diagnostic target is challenged • Delivery of financial plan for 2023/24 will be challenging 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Integrated Performance Report to be revised
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Reducing risk scores in four areas on the Corporate Risk Report • On target to deliver activity recovery plan • Positive reduction in agency spending, particularly nursing 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • None
<p>Chair's comments on the effectiveness of the meeting: Review length of meetings as good discussion had taken place in a shortened meeting. Committee acknowledged the challenging environment all staff are currently working in and thanked them all for their hard work and commitment. Meeting was reduced due to extreme capacity pressures within the hospital, but all urgent business was discussed and approved where necessary</p>	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 21 February 2023 (extra-ordinary meeting)

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Draft financial plan for 2023/24 is currently forecasting a very challenging deficit position	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• None
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• None	DECISIONS MADE <ul style="list-style-type: none">• Approval to submit draft financial plan 2023/24
Chair's comments on the effectiveness of the meeting: Extreme financial pressure for 2023/34 is currently forecast	

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 23 February 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none">• Maternity CNST funding remained at risk• Low level of national allocation to Black Country system for 2023/24• Performance against some cancer standards below target, but indicators are showing that this is improving• Rolling cash plan highlights cash deficit with the current level of financial plan for 2023/24	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• Review if allocation to Black Country is appropriate for 2023/24
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• Effective management of medical staffing and agency spend• Strong January financial position contributing to achieving 2022/23 financial plan• Significant reduction in agency spend• Reduction in ambulance handover delays• Excellent performance against elective recovery targets• Excellent CIP performance for Surgery and Women & Children• Surgical robot delivered and will innovate practices• Hybrid theatre opened	DECISIONS MADE <ul style="list-style-type: none">• None
Chair's comments on the effectiveness of the meeting: <p>Challenging times, but lots of positive performances giving assurance. Good presentation by Surgery and Women & Children, highlighting positive performance. Good quality of papers and use of summary front sheets highlighting areas of focus.</p>	

Paper for submission to Council of Governors on 5th April 2023

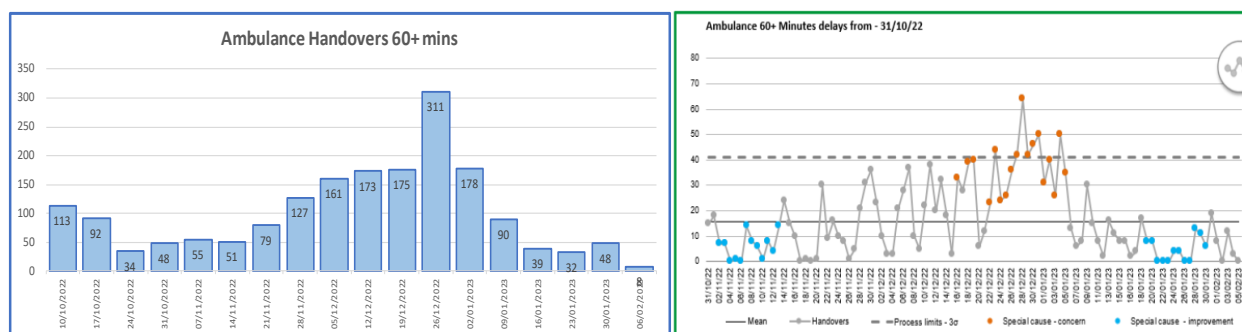
Title:	IPR Report for January 2023
Author:	Jonathan Boulter, Associate Director of Performance
Presenter:	Karen Kelly, Interim Chief Operating Officer

Action Required of Committee / Group			
Decision	Approval	Discussion x	Other
Recommendations: This report summarises the Trust's performance against national standards and local recovery plans for the month of January 2023 (December 2022 for Cancer). The Council is asked to note performance and next steps.			

Summary of Key Issues:

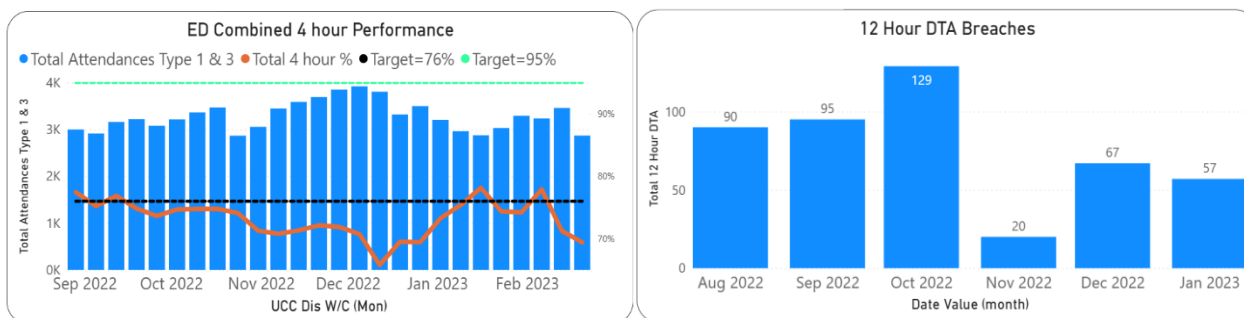
1. Urgent and Emergency Care

During the first few weeks of January 2023, the Trust continued to experience considerable pressure within Urgent and Emergency Care. This was driven by high numbers of flu, Covid-19 and Strep A cases, which impacted the wider NHS during December and early January. From mid-January, there was a rapid and noticeable reduction in cases of flu and Covid, and as a result, a corresponding reduction in ambulance handover delays was realised. In particular, ambulance handover delays of over 60 minutes reduced, with over 400 fewer delays in January than in December.



Emergency Access Standards remained challenged in January, although improvements were realised across all key areas. Performance against the 4-hour Emergency Department target increased by 4% to 77.6%, (against the 95% standard), while the number of 12 hour Decision to Admit breaches also fell compared to the previous month. While below target, the Trust's 4-hour performance placed the organisation 2nd within the West Midlands region, reflecting the wider urgent and emergency care pressures across the system. Triage saw a bettering of performance in January compared to December with

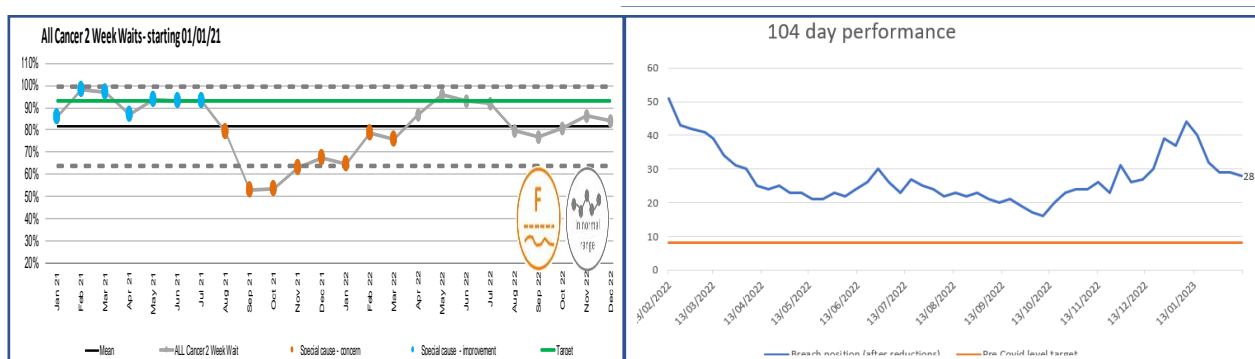
all 4 triage areas realising improved performance, partially reversing the decline seen during December. Ambulance triage remains the only triage measure above target.



2. Cancer (Data to December 2022)

Cancer 2 week wait performance in December remained below target and broadly consistent with November, although unvalidated performance for January and February shows an improving picture, with February expected to deliver the 93% standard. A full demand and capacity modelling exercise has been completed for all tumour sites. The operational Divisions are implementing the report's recommendations to provide additional baseline 2 week wait outpatient capacity, particularly in the most challenged tumour sites of Skin and Urology.

In collaboration with Primary Care, digital triaging software was introduced in early February which aims to reduce the 2 week wait demand on outpatient clinics for suspected skin cancer referrals. This revised pathway is key to the recovery and long-term delivery of all cancer targets within the skin tumour site. The 104 day wait to treatment backlog has reduced, following a spike in December but remains off target. Key areas of focus include Skin, Urology and Colorectal, with these areas being prioritised for additional theatre sessions.








3. Elective Restoration and Recovery

The national priority and focus remains on reducing long waits for routine treatment. The Trust continues to be on track to deliver zero 78 week+ breaches by the end of March; 57 patients remain to be treated (as at week commencing 13th February), with all but 5 allocated a treatment date before 31st March 2023. DGFT has provided mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog. This performance places the Trust 6th out of 20 Midlands acute organisations, with the

organisation's backlog constituting just 0.27% of total breaches for the region. Furthermore, the number of non-admitted clock stops increased above the 2022/23 trajectory in January.

The clinical Divisions have developed plans to meet the next national target of reducing 65 week + breaches. Key to achieving this will be theatre productivity improvements. Some initiatives have already started to deliver, notably with regards to an increase in number of cases per list in Plastic Surgery and Orthopaedics, as well as a reduction in late theatre start times in a number of specialities.

Impact on the Strategic Goals

	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:

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	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 23/02/2023
	Board of Directors	Y	Date: 09/03/2023
	Council of Governors	Y	Date: 05/04/2023

Performance

- **Four-hour access target (combined) – 73.4% Jan 23 (Target 95%)**
- **Cancer 62 day – 41.2% Jan 23 (Target 85%)**
- **Cancer two week wait – 83.5% Jan 22 (Target 93%)**
- **Referral to treatment – The incomplete pathway (% still waiting) was 59.9% Jan 23 (Target 92%)**
- **DM01 Diagnostic – 70.4% Jan 23 (against target of 99%)**



Infection prevention & control for December

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

Paper for Submission to the Council of Governors 5th April 2023

Title:	Quality and Safety Committee 28th February, January 2023 and 22 nd November 2022
Author:	Amanda Last – Deputy Director of Governance
Presenter:	Liz Hughes – Non Executive Director

Action Required of Committee / Group			
Decision	Approval	Discussion	Other Y






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 reports from meetings held November 2022, January and February 2023.

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: see below
	On Risk Register:	Y	Risk Score: Numerous across the Board assurance Framework (BAF), Corporate Risk Register (CRR) and divisional risk registers
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Quality and Safety Committee	Y	Date: 24/01/2023
	Board of Directors	Y	Date: 09/03/2023
	Council of Governors	Y	Date: 05/04/2023

CHAIR'S LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE: last met 28th February 2023

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Early and late neonatal death rates remain above the national average; however close monitoring of rates with appropriate oversight is in place and work continues to understand this and address accordingly. • Concerns were raised regarding the timeliness of reporting by the Black Country Pathology Service on histopathology requests and urgent blood testing. Although this was specifically highlighted to be impacting on diagnostics and treatment planning leading to delays for cancer patients, this was noted to be having a wider impact on Trust services. The Committee has requested that it gains further understanding of the issues and the trajectory for improvement at the next meeting. The need to reflect this concern on the corporate risk register was agreed. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • None
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee received positive assurance regarding compliance with the Saving Babies Lives Care Bundle version 2; the Committee was advised that independent assurance had been sought through Internal Audit and in the main evidence submitted supports the adaptation of a robust approach. The Committee awaits the final report. • The Committee also received further positive assurance on maternity services following an ICB-led peer review undertaken in February. Verbal feedback was extremely positive, highlighting robust and forward-thinking leadership provided by the Head of Midwifery and commending quality improvement work completed and underway. • An improved trajectory for vacancies was received through a review of nursing staffing, however it was acknowledged through wider agenda discussions that staffing was still a significant challenge, particularly in the Medicine Division, but controls and mitigating actions were in place • Positive assurance was received regarding the Trust's research portfolio, noting improved recruitment to trials, an increasing breadth of research and an innovative approach to raising awareness of research work undertaken at the Trust. • The Committee received good assurance levels regarding progress made with the Patient Safety Incident Response Framework (PSIRF) implementation plan in line with national requirements. Risks regarding capacity to deliver the full plan in the timeframes stipulated along with the impact of running two frameworks alongside each other were acknowledged. Delays regarding the Just Culture aspects of the plan need to be shared with the Workforce and Engagement Committee. • Good levels of assurance were received regarding quality and safety in the Medicine Division; excellent improvement in VTE assessment compliance was highlighted. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Terms of Reference for the Patient Safety Incident Response Framework (PSIRF) Implementation Group were approved.

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 24th JANUARY 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> N/A 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee held extensive discussions regarding Trust SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio) data. Verbal assurance was provided to understand the Trust position further however the Committee commissioned a Board assurance paper to detail the full explanation of the data and the issues impacting upon Trust metrics. The report will detail Respiratory Medicine as an example of the effects in practice.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received good levels of assurance regarding the quality and safety of services provided by the Surgery, Women's and Children Division and Community with Core Clinical Services Division, noting improvements in complaint performance, reduction in the number of overdue action plans and numerous examples of celebrating success. The Committee noted the recent increase in the number of patient falls, acknowledging that 23% of these involved patients that were medically optimised for discharge. Positive assurance was received regarding the awareness raising campaign planned regarding patients deconditioning in response to delays in discharge. The Committee noted that VTE Performance continues to fall below the agreed quality standard however verbal assurance was gained regarding good patient outcomes, mitigating actions and ongoing work to examine data quality issues. The Committee noted a continued increase both Trust and community acquired category 3,4 and unstageable pressure ulcers but received positive assurance regarding staff education programmes, the management of initial reviews and the improvement plans in place. The Committee was informed that across our local system, the Trust is the only organisation with a core team of Patient Safety Partners who are fully integrated and actively contributing to our workplans and Committees and Sub-Groups. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Professional Registration policy was reviewed and ratified by the Committee.

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE 22ND NOVEMBER 2022

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The Committee received high level positive assurance regarding the work completed and underway to support the first implementation phase of the Patient Safety Incident Response Framework (PSIRF). However, the Committee acknowledged the risk identified regarding the Trust's capacity to meet the national timeframes for transition to this mandatory framework in September 2023. This risk mainly pertains to the limited capacity of the Operation Divisions to engage with the various implementation objectives and training requirements particular during the winter pressure period. A wider concern was subsequently raised regarding the impact of capacity issues on compliance with the patient safety and governance agenda. Further work is planned to review a way forward ensuring robust monitoring of patient safety but utilising the lessons learnt from the streamlined work during the Covid pandemic period. The Committee raised the potential negative implications of the Health Education England visit to Acute Medicine scheduled on 29/11/22 in response to concerns raised by trainee doctors regarding workload and training. Verbal positive assurance regarding the improvement work undertaken to address these concerns was acknowledged. On reflection, the Committee commented that although the majority of the papers reviewed provided a good level of assurance, there were a number where upon challenge the assurance level was not accurately reflected. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDER</p> <ul style="list-style-type: none"> N/A
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee received positive assurance from the Medicine Division with respect to the quality and safety of services describing numerous examples of excellent practice and innovation. Of particular note, the improvement work regarding patient flow and reduced ambulance off-load delays and the significant reduction in the backlog of clinic letter typing were praised. The Committee received positive assurance regarding cancer pathway performance and compliance with the trajectory set out for improvement. However, the Committee asked that future reports include information regarding the associated harm reviews for long wait times. Verbal assurance was provided at the meeting that delays resulting in moderate or above patient harm are appropriately escalated to the Weekly Meeting of Harm and Learning however this needs to be reflected in the reports received. Positive assurance was received regarding the work of the Quality and Safety Group, Infection Prevention and Control Group and End of Life Working Group. However, the Committee noted the delays in the commencement of a Rapid Discharge Task and Finish Group by the End of Life Working Group but acknowledged the potential support requirements to facilitate this important improvement workstream. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> It was agreed that the up-dated Terms of Reference for the Community with Core Clinical Services (CCCS) Division will be circulated and agreed virtually following a verbal up-date from the Division.

Paper for submission to the Council of Governors on 05 April 2023

Title:	Update from the Experience & Engagement Committee
Author:	Madhuri Mascarenhas, Administration Coordinator Foundation Trust Office Alex Giles, Committee Deputy Chair (November 2022 and February 2023)
Presenter:	Alex Giles, Public Elected Governor, Committee Deputy Chair

Action Required of Committee / Group			
Decision	Approval Y	Discussion Y	Other
Recommendations:			
The Council is asked to note the contents of the report.			

Summary of Key Issues:
<p>Summary report from the Experience & Engagement Committee that met on 22 November 2022 and 14 February 2023 highlighting:</p> <ul style="list-style-type: none"> - Concerns in respect of Foundation Trust public membership numbers could potentially dip below the 13,000 required as per the conditions of license. - A Governor Task and Finish Group has been set up and they held their first meeting on the 6th of February 2023. - Position of Experience and Engagement Committee Chair is still vacant. - Governor training and development continues to develop and be provided internally and externally to new and existing governors and is well received. - Governor feedback is used to develop sessions e.g. holding to account, Governors 'out there'. - Joint governor session planned with Black Country Healthcare Partnership

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	Y
 Improve health and wellbeing	

Implications of the Paper:			
Risk		N	Risk Description:
	On Risk Register:	N	Risk Score:
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE	N	Details:
	Other	N	Details:
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 22/11/22 & 14/02/23
	Board of Directors	N	Date:
	Council of Governors	Y	Date: 05/04/23

CHAIR LOG

Upward Report from the Experience & Engagement Committee

Date Committee last met: 14 February 2023


<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Whilst the Trust remains compliant with its terms of licence in respect of its public membership and is represented by constituency, age, and gender, the current public membership figure of 13,214 is close to the required membership of 13,000. Governor involvement in activities within their own communities needs to be resumed as this has not taken place since the start of the pandemic. The position of Experience and Engagement Committee Chair is still vacant. 	<p>ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> A Task and Finish Group has been established to review the governor and membership engagement plan and develop a programme of engagement and recruitment activity for 2023 - 2025. Plan governor activities to promote membership within each constituency and aim to recruit between 24 – 36 members each month.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Governor attendance at Committees of Board continued and provided opportunities for governors to draw assurance from the work undertaken and noted the proactive nature of committee business. The Task and Finish Group held their first meeting on the 6th of February 2023 and reviewed the governor membership and engagement plan. Governor training and development continues to be provided internally and externally to new and existing governors and is well received. Governor feedback is used to develop sessions e.g. holding to account, Governors 'out there'. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> A meeting to be arranged in April 2023 for the Task and Finish Group to review governor activity and the suggestions received at the last Experience and Engagement Committee meeting on the different ways to reach out in the community to promote membership. The addendum to the Governor's statutory duties and responsibilities asks Governors to represent the views of their own community as well as the wider system. We agreed to help develop/train governors in a joint session with Black Country Healthcare Partnership during 2023. The Lead Governor will continue to chair the Experience and Engagement Committee meetings for another term as Deputy Chair until the next elections.
<p>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.</p>	

Paper for submission to the Council of Governors 5th April 2023

Title:	Digital Committee Report – Council of Governors
Author:	Catherine Holland (Digital Committee Chair)
Presenter:	Catherine Holland (Digital Committee Chair)

Action Required of Committee / Group			
Decision	Approval	Discussion	Other Y
Recommendations: The Council of Governors is asked to note the report of the meeting held January 2023 and receive verbal update from meeting held 22 nd March 2023.			

Summary of Key Issues:
<ul style="list-style-type: none"> Positive assurance provided by the ongoing CareCERT management process

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

Implications of the Paper:	
Risk	Y Risk Description: BAF 8: IF DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be

		<p><i>delivered or risk major disruption in the event of a cyber-attack.</i></p> <p>COR1540 - Failure of the IT Infrastructure (compute, storage & backups) would impact on patient safety and performance.</p> <p>COR1083 Risk of a Cyber Security incident causing widespread impact on Trust operational capability</p>	
	On Risk Register: BAF Y	Risk Score: COR1540 (20), COR1083 (20) COR1865 (20). BAF 8 (20) inherent risk (25)	
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE	N	Details:
	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statute 250)
Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 9 th March 2023
	Council of Governors	Y	Date: 5 th April 2023

UPWARD REPORT FROM DIGITAL COMMITTEE

Date Committee last met: 18th January 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Committee attendance has been low for a number of consecutive meetings. Whilst this will also be addressed via the Committee Effectiveness review it was agreed that this should also be highlighted via the upward report
- The Trust does not currently have a Clinical Safety Officer or Chief Clinical Nursing Officer in post as these roles have been challenging to fill. The roles and their recruitment should be owned by the clinical divisions they represent
- The Black Country ICB is currently serviced by four IT Service Providers including DGFT (TeraFirma). There is a risk that that, in future, the ICB could secure a single supplier of IT services which could result in a loss of income for the Trust of c. £1 million per annum should an alternative supplier to TeraFirma be selected.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Development of the Digital Plan is underway with good progress on the analysis and costings
- Digital Maturity Analysis (DMA), in conjunction with other Black Country providers, for submission to NHSE

POSITIVE ASSURANCES TO PROVIDE

- Positive assurance provided by the ongoing CareCERT management process
- Service improvements and positive impact noted following the Management of Change process for IT Service Delivery
- Positive feedback received from staff in terms of improved Wi-Fi connectivity across the Trust
- TeraFirma has successfully retained its ISO27001 certification for a further three years
- Successful bid for national cyber funding to procure a Privileged Access Management solution to improve the Trust's cyber posture with procurement underway

DECISIONS MADE

- Whilst progress has been made in discussions related to BAF 8 it was agreed that the assurance level remains the same – currently negative

Chair's comments on the effectiveness of the meeting:

Good discussions supported by clear, well-structured reports.

Paper for submission to the Council of Governors on 5th April 2023

Title:	Summary of Workforce & Staff Engagement Committee (WSEC) Meetings on 31 st January 2023 and 28 th February 2023
Author:	Alan Duffell - Interim Chief People Officer/ Julian Atkins - Non-executive Director
Presenter:	Julian Atkins - Non-executive Director

Action Required of Council			
Decision	Approval	Discussion Y	Other Assurance
Recommendations: The Council is asked to receive the summary report from the WSEC meetings in January and February and note: - <ul style="list-style-type: none"> • Matters of concern. • Committee decisions in relation to the Medical Education Strategy and BAF Assurance Levels. 			

Summary of Key Issues:
<p>The enclosed are upward reports from the Workforce & Staff Engagement Committee (WSEC) meetings held on 31st January 2023 and 28th February 2023. Key points for the Council to note: -</p> <p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <p>Jan 2023 - 12-month sickness increased in December to 6.39% and was consistently above the Trust target of 4%, however the rolling twelve-month absence had reduced from 6.5% in November to 6.34% in December 2022.</p> <ul style="list-style-type: none"> • Turnover (all terminations) increased to 8.90% in December but was still under the national average. Assurance was given that focus would be on retention. • Mandatory training decreased from 89.1% in November to 86.68% in December, affected by operational winter pressures. <p>Feb 2023</p> <ul style="list-style-type: none"> • Corporate Risk COR1996 "Ability to achieve 70% uptake of flu vaccinations by frontline staff with patient contact due to the ESR denominator". All actions had been completed but risk remains until cycle ends on 31st March 2023. The increase in staff due to the Trust's lead employer role in the vaccination programme, has increased the denominator used to calculate uptake. It will remain on the Risk Register until March 2023 at which point it will be reviewed and closed. • Mandatory training had decreased from 86.68% in December 2022 to 85.27% in January 2023 and remains a challenge, despite focused attention over a period of time. • Corporate Risk COR1901 "lack of optimisation of ESR" had been increased as a result of DGFT rating 38% for ESR functionality in England and DGFT experiencing "an immediate skill and knowledge gap". The Committee were assured that recruitment was commencing to fill this gap.

POSITIVE ASSURANCES TO PROVIDE

Jan 2023

- The overall vacancy rate had reduced from 9% to 8%.
- Total nursing vacancies had reduced from 17% in November to 15% in December 2022. The Committee heard that 191 WTE graduate and international nurses were in post and awaiting their Objective Structures Clinical Examination (OCSE); on completion the nursing vacancy figure would be 103.4 WTE.
- The appraisal rate had increased from 60.1% in November to 62.3% in December and the divisions gave an update on recovery plans.
- The number of starters had exceeded the number of leavers in the Trust since October 2021; staff numbers were 5481 in December 2022 compared to 5050 in April 2022.
- The success rate of the nursing transfer window initiative in March 2022 was 77%.
- The recruitment event held in January 2023 had been very successful with over 800 attendances.
- Positive updates were received from the Network Inclusion Leads.
- A timetable was provided on the national staff survey results.

Feb 2023

- In-month sickness absence had reduced from 6.39% in December 2022 to 5.43%; the rolling twelve-month figure had also reduced from 6.34% to 6%. Post COVID the Trust had started to experience some consistency in the absence rates. Assurance was provided that long-term sickness absence was well managed and that short-term absence was the current focus.
- There was an improving position in respect of the Occupational Health provision following the partnership with the Royal Wolverhampton Trust (RWT).
- The overall vacancy rate remained static at 8% in January, with total vacancies at 494 WTE. It was noted that there were 180 WTE graduate nurses and international nurses in post awaiting either their registration or completion of their OSCE and on completion, this would reduce the nursing vacancy figure to 87.01 WTE.
- The appraisal rate had slightly increased from 62.3% in December 2022 to 63.7%.
- The Committee were pleased to hear of the success of one of the Trust's Wellbeing Champions (a junior doctor).
- The three-year Workforce EDI Journey was outlined to the Committee.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

Jan 2023

- An update was given on the results of the National Training Survey (NTS) and the range of actions in progress to achieve improvements. The National Education & Training Survey results were due for publication at the end of January 2023 and an update would be brought to WSEC in March 2023.
- The Committee heard that the Dudley People Plan was being refreshed with a renewed focus on the next three years.

Feb 2023

- There was significant work underway to develop an externally available webpage for staff to access training externally.
- A review of the Dudley People Plan was presented, including its development since 2019 and progress to date. The proposed framework for the Dudley People Plan 2023-2025 was presented, which incorporated an over-arching Dudley People Plan, aligned to the Trust Strategy and included five key workforce journeys (Recruitment & Retention, Development Opportunities, Health & Wellbeing, Equality, Diversity & Inclusion and Continuous

Improvement) providing clear people priorities and objectives around the employee lifecycle.

- A working draft of the Recruitment and Retention Journey was presented for discussion. The Committee's feedback would be incorporated, and a new draft produced.
- The Committee received assurance regarding several Equality, Diversity, and Inclusion workstreams underway including Gender Pay Gap, Equality Delivery System 2022, Rainbow Badge Phase II – Accreditation, Recruitment Training – 'The Candidate Journey'.

DECISIONS MADE






Jan 2023

- The Medical Education Strategy was approved and ratified.
- The Board Assurance Framework risks relating to workforce were discussed and a conclusion reached that the position was unchanged, i.e., Risk 2 was considered Positive assurance and Risk 3, Inconclusive assurance.

Feb 2023

- The Committee approved the final draft of the Workforce Equality, Diversity, and Inclusion (EDI) Journey and subsequent actions to launch, i.e. submission to the Board and publication in April.
- The Equal Opportunity & Diversity Policy was approved by the Committee for publication.
- The Committee approved the Gender Pay Gap (GPG) report for submission to Board and publication on 31st March 2023.
- The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from January.

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

Implications of the Paper:

Risk	Y		Risk Description: BAF Risk 2 Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities BAF Risk 3 Failure to improve and sustain staff satisfaction and morale
	On Risk Register:	Y	
	CQC	N	Risk Score: Risk 2 20 (4x5) Risk 3 12 (3x4) Details:

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

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: WSEC 31/01/2023 and 28/02/2023
	Board of Directors	N	Date: 09/03/2023
	Council of Govenrors	Y	Date: 05/04/2023

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 31st January 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • In-month sickness had increased in December to 6.39% from 5.80% in November and is sitting consistently above Trust target of 4%. However, the rolling twelve-month absence shows a reduction from 6.50% in November 2022 to 6.34% in December 2022, indicating some stability. • Turnover (all terminations) had increased from 8.50% in November to 8.90% in December 2022 but was still under the national average. Assurance was provided that focus is given to retention. • Mandatory training had decreased from 89.1% in November to 86.68% in December, largely affected by operational pressures. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • An update on the results of the National Training Survey (NTS) and National Education & Training Survey (NETS) was given. The NTS results showed the Dudley Group ranked second to bottom for “overall satisfaction” by trainees across the West Midlands. A range of actions were in place to achieve improvements. The NETS results were due to be published at the end of January 2023. Dr Hobbs would bring an update to WSEC in March 2023. • The Committee heard that the Dudley People Plan is being refreshed, with a renewed focus on the next three years.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee heard that the vacancy rate had reduced from 9% in November to 8% in December. Total vacancies stood at 495.04, a reduction from 561.41 WTE in November. Assurance was given that there would be an increased focus on retention. • The total nursing vacancies had reduced from 17% in November 2022 to 15% in December 2022 and it was noted that 191 WTE graduate nurses and international nurses were in post awaiting either registration or completion of their Objective Structured Clinical Examination (OSCE); on completion this would give a nursing vacancy of 103.4 WTE. • The appraisal rate had increased from 60.1% in November to 62.3% in December and there was assurance provided from the divisions in terms of recovery plans. • Starters had exceeded leavers in the Trust since October 2021 – there had been a steady increase in staff in post since 01/04/22 from 5,050 to 5,481 in December 2022. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee approved and ratified the Medical Education Strategy. • The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from December, i.e., Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational requirements and strategic priorities) remained as positive assurance and Risk 3 (Failure to improve and sustain staff satisfaction and morale) as inconclusive assurance, pending the staff survey results.

- The 77% success rate of the March 2022 nursing transfer window was noted.
- The “New Year New Career” recruitment event held on 14/01/23 had been very successful with over 800 attendances and 100 interviews.
- The Committee was pleased to hear the positive results from the Inclusion Network leads.
- A timetable was provided on the national staff survey results, further reports to WSEC and Board were due in line with the national results publication in March.

Chair’s comments on the effectiveness of the meeting:

The meeting was positive and received good feedback from attendees. It was pleasing to hear of so many workforce initiatives and to receive excellent presentations from the Network Chairs. The meeting was effective with good participation from those attending.

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 28th February 2023

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Corporate Risk COR1996 "Ability to achieve 70% uptake of flu vaccinations by frontline staff with patient contact due to the ESR denominator" - all actions had been completed but risk remained due to the Trust's lead employer role in the vaccination programme. National recording shows uptake as 42.7%, second highest in the Black Country. It will remain on the Risk Register until March and assurance was given that it would then be closed from 1st April as next cycle begins. Mandatory training had decreased from 86.68% in December 2022 to 85.27% in January 2023 and remains a challenge, despite focused attention over a period of time. Corporate Risk COR1901 "lack of optimisation of ESR" had been increased as a result of DGFT rating 38% for ESR functionality in England and DGFT experiencing an immediate skill and knowledge gap. The Committee were assured that recruitment is commencing to fill this gap. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The Committee heard that there was significant work underway to develop an externally available webpage for staff to access training externally. A review of the Dudley People Plan was presented, including its development since 2019 and progress to date. The proposed framework for the Dudley People Plan 2023-2025 was explained, which incorporates an over-arching Dudley People Plan, aligned to the Trust Strategy and includes five key workforce journeys (Recruitment & Retention, Development Opportunities, Health & Wellbeing, Equality, Diversity & Inclusion and Continuous Improvement) providing clear people priorities and objectives around the employee lifecycle. A working draft of the Recruitment and Retention Journey was presented for discussion. The Committee's feedback would be incorporated, and a new draft produced. The Committee received assurance regarding several Equality, Diversity, and Inclusion workstreams underway including Gender Pay Gap, Equality Delivery System 2022, Rainbow Badge Phase II – Accreditation, Recruitment Training – 'The Candidate Journey'.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Committee were pleased to hear that the in-month sickness absence figure had reduced from 6.39% in December to 5.43% in January, the rolling twelve-month figure had also reduced from 6.34% in December to 6%. The Committee heard that post COVID the Trust had started to experience some consistency in the absence rates. Assurance was provided that long-term sickness absence was well managed and short-term absence was the current focus. Karen Brogan would provide an update on short-term and long-term sickness absence to Julian Atkins to complete an action from Finance & Performance Committee. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committee approved the final draft Workforce Equality, Diversity, and Inclusion (EDI) Journey and subsequent actions, i.e. submission to the Board and publication in April. The Equal Opportunity & Diversity Policy was approved by the Committee for publication. The Committee approved the Gender Pay Gap (GPG) report for submission to Board and publication on 31st March 2023. The Committee reviewed the assurance level of the two BAF risks overseen by the Committee and agreed that the levels were unchanged from January, i.e., Risk 2 (Failure to increase workforce capacity sufficiently to deliver operational

- The Committee heard that there was an improving position with the Occupational Health provision following the partnership with the Royal Wolverhampton Trust (RWT).
- Turnover had decreased from 8.90% in December 2022 to 8.04% in January (remaining under the national NHS average of 10-12%).
- The overall vacancy rate remained static at 8%; total vacancies were 494. In respect of nursing vacancies, the Committee were asked to note that there were 180 WTE graduate and international nurses in post awaiting either their registration or completion of their Objective Structured Clinical Examination (OSCE). On completion this would provide a nursing vacancy figure of 87.01 WTE.
- The appraisal rate had slightly increased from 62.3% in December 2022 to 63.7% in January 2023.
- The Committee were pleased to hear of the success of one of the Trust's Wellbeing Champions (a junior doctor). The Committee felt that more staff stories were needed at Committee/Board to give an understanding of lived experience.

requirements and strategic priorities) remained as positive assurance and Risk 3 (Failure to improve and sustain staff satisfaction and morale) as inconclusive assurance, pending the staff survey results.

Chair's comments on the effectiveness of the meeting:

The agenda was long, with the meeting duration two and a half hours. It was agreed that two hours should be the objective for future meetings and that the agenda would be carefully reviewed to ensure that there was sufficient time to discuss key topics. Feedback from this meeting was however very positive. The agenda prompted good discussion and challenge and there were significant contributions from most of those attending. The meeting was therefore effective.