



Council of Governors Meeting Papers

Wednesday 06th December 16:00 – 18:15



Full Council of Governors meeting

6 December 2023 16:00hr

Rooms 4 & 5, Clinical Education Centre, 1st Floor South Block, Russells Hall Hospital, Dudley DY1 2HQ

No.	Time	Item	Paper ref.	Purpose	Presenter
1.	16:00	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal		Gary Crowe, Deputy Chair
2.		Effective Annual Planning 2024/2025	Workshop		Kat Rose, Director of Strategy & Integration Ian Chadwell, Deputy Director of Strategy
3.	16:40	Council Meeting 3.1 Declaration of interests 3.2 Quoracy 3.3 Announcements	Enc 1	For noting	Gary Crowe, Deputy Chair
4.	16:45	Previous meeting 5 th October 2023 – Full Council 4.1 Minutes 4.2 Matters arising 4.3 Update on actions	Enc 2	For approval	Gary Crowe, Deputy Chair
5.	16:50	Chief Executives' update <ul style="list-style-type: none"> Trust Integrated Performance report Quality Priorities 2023/24 Q1 & Q2 CQC update 	Enc 3 Enc 3a Enc 3b Verbal	For information & discussion	Adam Thomas, Deputy Chief Executive Jo Wakeman, Deputy Chief Nurse Helen King
6.	17:05	Chairs' update <ul style="list-style-type: none"> Board of Directors held November 2023 Non-executive committee chair feedback 	Enc 4 / Verbal		Gary Crowe, Deputy Chair
7.	17:45	System wide updates <ul style="list-style-type: none"> Black Country Provider Collaborative Dudley Place developments 	Verbal	For information & discussion	Adam Thomas, Deputy Chief Executive Kat Rose, Director of Strategy & Integration
8.	17:55	Lead Governor update	Verbal	For assurance	Alex Giles, Lead Governor
9.	18:00	Experience & Engagement Committee update	Enc 5		Mushtaq Hussein, Committee Chair

10.	18:10	Board Secretary update - Governor elections	Enc 6	For assurance	Helen Board, Board Secretary
11.		Any Other Business (to be notified to the Chair)	Verbal	For noting	Gary Crowe, Deputy Chair
12.	18:15	Close of meeting and forward meeting dates 2024: 28 March, 20 June, 26 September, 19 December, 20 March 2025	Verbal		Gary Crowe, Deputy Chair
13.		Reflections on the meeting			All
14.		Quoracy To consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.			

Enclosure 1 - Declaration of Interests

Title	Given Name	Family Name	Position	Description	Relevant from	Relevant to
Mr	Arthur	Brown	Public Governor: Stourbridge	Nil	01/04/2023	31/03/2024
Ms	Emily	Butler	Public Governor: Halesowen	Employed by Birmingham and Solihull Mental Health NHS Foundation Trust	01/04/2023	31/03/2024
Mr	Lewis	Callary	Public Governor: Rest of England	Awaiting information	01/04/2023	31/03/2024
Mrs	Kerry	Cope	Staff Governor: Nursing & Midwifery	Nil	01/04/2023	31/03/2024
Ms	Jill	Faulkner	Staff Governor: Non Clinical Staff	Nil	01/04/2023	31/03/2024
Dr	Syed Anas	Gilani	Staff Governor: Allied Health Professionals, Pharmacy and Health Care Scientists	Nil	01/04/2023	31/03/2024
Mr	Alex	Giles	Public Governor: Stourbridge	Mother Julie Jasper is a NED for West Midlands Ambulance Service.	01/04/2023	31/03/2024
Mrs	Sandra	Harris	Public Governor: Central Dudley	Nil	01/04/2023	31/03/2024
Mr	Mike	Heaton	Public Governor: Brierley Hill	Nil	01/04/2023	31/03/2024
Mrs	Vicky	Homer	Public Governor: South Staffs & Wyre Forest	Spouse is staff employee	01/04/2023	31/03/2024
Mr	Mushtaq	Hussain	Public Governor: Central Dudley	Member of the Labour Party	01/04/2023	31/03/2024
Ms	Clare	Inglis	Staff Governor: Allied Health Professionals, Pharmacy and Health Care Scientists	Nil	01/04/2023	31/03/2024
Ms	Catherine	Lane	Staff Governor: Nursing & Midwifery	Nil	01/04/2023	31/03/2024
Mrs	Maria	Lodge-Smith	Public Governor: Stourbridge	Member of Patient Participation Group for Three Villages Medical Practice	01/04/2023	31/03/2024
Miss	Chauntelle	Madondo	Public Governor: Rest of England	Nil	01/04/2023	31/03/2024
Dr	Mohit	Mandiratta	Appointed Governor: Primary Care Representative	GP Partner at Feldon Lane Practice, which is partially integrated with Dudley Integrated Health and Care NHS Trust.	01/04/2023	31/03/2024
Dr	Mohit	Mandiratta	Appointed Governor: Primary Care Representative	Partner is employee of Sandwell and West Birmingham NHS Trust	01/04/2023	31/03/2024
Dr	Mohit	Mandiratta	Appointed Governor: Primary Care Representative	Regular GP on BBC Breakfast	01/04/2023	31/03/2024
Dr	Atef	Michael	Staff Governor: Medical and Dental	Nil	01/04/2023	31/03/2024
Mrs	Elizabeth	Naylor	Public Governor: North Dudley	Guide leader	01/04/2023	31/03/2024
Mr	Craig	Nevin	Public Governor: Tipton & Rowley Regis	Awaiting information	01/04/2023	31/03/2024
Ms	Khadeejat	Ogunwolu	Staff Governor: Nursing & Midwifery	Awaiting information	01/04/2023	31/03/2024

Title	Given Name	Family Name	Position	Description	Relevant from	Relevant to
Ms	Yvonne	Peers	Public Governor: North Dudley	Trustee and fundraising secretary of Green Park School Voluntary Committee	01/04/2023	31/03/2024
Mr	Alan	Rowbottom	Public Governor: Tipton & Rowley Regis	Secretary of the West Midlands Federation of Liberal clubs. Assistant Secretary of the national union of liberal clubs and the Liberal clubs representative on CORCA	01/04/2023	31/03/2024
Ms	Louise	Smith	Staff Governor: Nursing & Midwifery	Nil	01/04/2023	31/03/2024
Ms	Sarah-Jane	Stevens	Appointed Governor: Institute of Health University of Wolverhampton	Nil	01/04/2023	31/03/2024
Cllr.	Alan	Taylor	Appointed Governor: Dudley Metropolitan Borough Council	Nil	01/04/2023	31/03/2024
Mrs	Mary	Turner	Appointed Governor: Dudley Council for Voluntary Service	Nil	01/04/2023	31/03/2024
Ms	Joanne	Williams	Public Governor: Halesowen	Chair of Board for Stour Vale MAT	01/04/2023	31/03/2024
Ms	Joanne	Williams	Public Governor: Halesowen	Director of Halesowen College Enterprises	01/04/2023	31/03/2024
Ms	Joanne	Williams	Public Governor: Halesowen	Governor at Bartley Green School	01/04/2023	31/03/2024
Mr	Jonathan	Woolley	Staff Governor: Partner Organisations	Nil	01/04/2023	31/03/2024
Mr	Barry	Wright	Public Governor: Brierley Hill	Awaiting information	01/04/2023	31/03/2024

UNCONFIRMED Minutes of the Full Council of Governors meeting
Thursday 5th October 2023, 15:30 hrs
held on Microsoft Teams

Present:	Status	Representing
Mr Arthur Brown	Public Elected Governor	Stourbridge
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative (Former CCG appointment)
Mrs Yvonne Peers	Public Elected Governor	North Dudley
Cllr Alan Taylor	Appointed Governor	Dudley MBC
Ms Joanne Williams	Public Elected Governor	Halesowen

In Attendance:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Mrs Helen Board	Board Secretary	DG NHS FT
Ms Kim Bradley	Lead Midwife for Clinical Transformation	DG NHS FT
Ms Karen Brogan	Director of Operational HR	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mrs Joanne Hanley	Non-executive Director	DG NHS FT
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Claire MacDiarmid	Head of Midwifery	DG NHS FT
Mrs Madhuri Mascarenhas	Governance Administration Lead	DG NHS FT
Sir David Nicholson	Trust Chair – Chair of meeting	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mr Kevin Stringer	Chief Finance Officer	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Non-executive Director	DG NHS FT

Apologies:

Mr Julian Atkins	Non-executive Director	DG NHS FT
Dr Gurjit Bhogal	Non-executive Director	DG NHS FT
Mrs Emily Butler	Public Elected Governor	Halesowen
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Mr Alan Duffell	Chief People Officer	DG NHS FT
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Mr Andy Proctor	Director of Governance	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mrs Mary Sexton	Chief Nurse	DG NHS FT

Mrs Mary Turner	Appointed Governor	Dudley CVS
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Not In Attendance:

Dr Thuva Amuthalingam	Associate Non-executive Director	DG NHS FT
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery

COG 23/29.0 15.40	Welcome
COG 23/29.1	<p>Introductions & Welcome</p> <p>The Chair welcomed all to the meeting.</p> <p>He noted that a number of governors were approaching the end of their term of office. The election process would commence shortly, and the results of the elections would be declared in November with successful candidate formally welcomed at the December meeting of the Full Council.</p> <p>He mentioned the list of current governors whose terms of office were coming to an end and who had expressed an interest in standing again for the election:</p> <p>Arthur Brown – Public Governor – Stourbridge Maria Lodge-Smith – Public Governor – Brierley Hill Sandra Harris – Public Governor – Central Dudley Alan Rowbottom – Public Governor – Tipton and Rowley Regis Louise Smith – Staff Governor – Nursing and Midwifery</p>
COG 23/29.2	<p>Apologies</p> <p>Apologies have been received as above.</p>
COG 23/30.1	<p>Declarations of interest</p> <p>The Chair declared that besides being the chair of The Dudley Group NHS Foundation Trust, he was also the chair of Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton and Walsall Healthcare NHS Trusts.</p> <p>The Chair asked those present to indicate if there were any items to declare concerning the published agenda.</p> <p>Vij declared his declarations as noted in enclosure two.</p> <p>There were no further declarations.</p>
COG 23/30.2	<p>Quoracy</p> <p>The meeting was declared quorate.</p>
COG 23/30.3	<p>Announcements</p> <p>Mr Hussain advised the Chair that he would leave the meeting at 4:30 pm as he had family commitments.</p> <p>No further announcements were made.</p>

COG 23/31.0	Previous meeting
COG 23/31.1	<p>Previous Full Council of Governors meetings held on 22nd June 2023 (Enclosure 1)</p> <p>The minutes from the previous meeting were given as enclosure one for the full Council of Governors meeting held on 22nd June 2023.</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.
COG 23/31.2	<p>Matters arising</p> <p>There were none.</p>
COG 23/31.3	<p>Update on actions</p> <p>All actions were complete and would be removed from the list.</p>
COG 23/32	To be a brilliant place to work and thrive
COG 23/32.1	<p>Staff / Patient Voice (presentation)</p> <p>The Chair invited Clare Ingliss, staff-elected governor for Allied Health Professionals, Pharmacy and Health Care Scientists, to introduce the staff members who would present the staff/patient voice.</p> <p>Ms Inglis briefly introduced herself as a staff-elected governor representing Allied Health Professionals, Pharmacy and Health Care Scientists. She introduced the Head of Midwifery - Claire MacDiarmid, and the Lead Midwife for Clinical Transformation - Kim Bradley, who presented on the Family Hubs, an initiative launched a few months ago.</p> <p>Mrs MacDiarmid informed the Council of Governors that the initial plan was to have staff members from the community and other streams present at the meeting. However, due to clinical commitments and staff illness, there was insufficient numbers to attend the meeting and advised that Ms Bradley and herself would be presenting on behalf of the team.</p> <p>In March 2022, the maternity team approached the Dudley Improvement Practice team to review best practices and different ways to run the service more smoothly. Following the improvement week and discussions with Dudley Council and Public Health, they identified the Family Hub Project, which ran simultaneously with other parts of the health system including health visitors and speech and language. In November 2022, the maternity team joined the Family Hub project and offered maternity services from five hub localities across the Dudley borough. The Borough was one of 75 local authorities taking part in the Family Hub and Start for Life programme, which had helped them meet the commitment of 'the best start for life first 1001 critical days', a government policy published in March 2021. This enhanced service ensured that parents and carers could access all the support they need when they need it.</p> <p>Ms Bradley briefly described the five different hubs in the Dudley borough and informed the Council that the hubs were located within existing children's centres in areas of high deprivation. The team were setting up another hub in the Halesowen area, which was due to be completed in April 2024.</p> <p>The team also worked at one of the Sandwell family hubs, where people in that area choose to deliver their babies at Russells Hall Hospital.</p>

	<p>The three main principles of the family hub are:</p> <p>Access – to be a one-stop shop for all families where they can easily avail of a range of services.</p> <p>Connection – to connect with professionals and services to better understand each other and work with the families.</p> <p>Relationships – Focus on developing relationships with the families.</p> <p>There are three different ways that the staff working in the Family Hub reach out to the families in the borough. They currently work out of the five family hub locations and are in the process of incorporating an outreach offer and reaching out to the families virtually. They tailor each area according to the needs of the local population.</p> <p>They offer advice and support to families and children from birth to 19 years old and even up to 25 years old. There was a new investment for essential services with the 'First 1001 days start for Life Project' for children with special education needs. This investment was available from conception until two years old.</p> <p>The Community Midwifery Services was reconfigured in collaboration with the Hub to ensure that the services were tailored to the needs of the population of Dudley and Sandwell. The team was working on a new venture to enable birth registrations at the Hubs. This project was initiated after it was highlighted by the families that there are only two localities in the borough where they could go to register their babies, which was a challenge for most of them.</p> <p>Another new initiative started by the team was to set up Family Hub practitioners who will be the first point of contact for the families and signpost them to any services they need. There are 15 practitioners recruited with backgrounds in midwifery, children's services and health visitors.</p> <p>The future plan for the midwifery team within the Family Hub was to provide sonography services at the hub. This would allow the midwives to conduct all trimester scanning which they hoped would increase the attendance rate for the scan. This would also help the patient to see the same midwife throughout their pregnancy journey.</p> <p>The Chair commended the team for their initiatives as they reinforced commitment to early lives and integration within the community.</p> <p>Mr Williams also commended the team for their fantastic work in support of integrating and working together with the patients, practitioners and staff members.</p> <p>Mr Giles thanked the team for their hard work bringing the services together and providing better patient care.</p> <p>Mr Randeniya noted that the team recruited a staff member who spoke Romanian to help target families within those communities. He stated that this would help reinforce integration and offer a range of interventions and options for people to deliver person-centred service rather than an aggregated service.</p> <p>There were no further comments.</p>
<p>COG 23/32.2</p>	<p>Remuneration & Appointments Committee (Enclosure 2)</p> <p>The Chair and non-executive directors present left the meeting except for Ms Holland, who gave a brief overview of the Chair's appraisal.</p> <p>She informed the Council of Governors that a 360-degree review and feedback survey based on the NHS England framework had been undertaken to reveal perceived strength and development needs. She noted that Sir David was appreciated for his</p>

significant experience within the NHS and the wider system and for his commitment to the NHS and the Black Country.

Ms Holland confirmed that the appraisal was overall positive, with three areas identified as objectives for 2023/24:

- Develop a more systematic approach to stakeholder management to strengthen relationships with partners in the system and ensure that the board as a whole can engage with those relationships.
- Increase his visibility within the Trust to all the different staff groups.
- Continue system development and integration with colleagues in the Black Country and other partners.

[Ms Holland left the meeting. The Chair re-joined the meeting]

The Chair briefly presented the non-executive appraisals' outcomes, which are given in enclosure two.

He stated to the Council of Governors that the Trust had a strong group of non-executive directors and noted on their breadth of experience and commented that the new non-executive directors who had recently joined the Trust brought new skills and expertise to the group.

He informed the Council of Governors that the Integration Committee was formed earlier in the year to ensure the community hospital, social care and the voluntary sector worked together. The board would maintain a focus on the integration of these services.

Alex highlighted a typo error in Appendix 1 where Professor Anthony Hilton and Mrs Joanne Hanley had the same last name of 'Hanley'. This was noted, and the document would be amended to reflect the correct last names.

It was resolved to **endorse** the following:

- The Chair's appraisal outcome for the period of September 2022 to August 2023 and objectives set as per the preamble to this minute
- The appraisal outcomes of the non-executive directors for the period 2022/23
- Approve the extension of the term of office for:
 - o Ms Catherine Holland – until August 2026
 - o Mr Vij Randeniya – until November 2026

No further comments or questions were raised.

COG 23/33

Governance

COG 23/33.1

Chief Executive's update (Enclosure 3/verbal)

Ms Wake summarised the September 2023 report given as enclosure three.

She highlighted operational performance and reflected on the challenges faced by the board from a performance point of view, which had been compounded by the industrial action in which both the junior doctors and consultants took part simultaneously. It was a challenging time for organisations in respect of management of emergency admissions and patient flow. She thanked the staff for their resilience, hard work and determination.

The Trust was focussed on following national requirement of reducing the waiting period for routine treatments beyond 65 weeks and continues to provide mutual aid to other trusts within the Black Country to support a system-wide reduction in the elective backlog, focussing on assisting partner trusts with treating patients at 78+ weeks wait.

She mentioned that the Chief Operating Officer, Karen Kelly was working with health and social care partners within community services, local authorities, and local commissioners to find solutions and review our processes to avoid patients being unnecessarily brought to the hospital emergency portals when not needed. These actions would be incorporated into the winter planning.

As part of the Black Country Provider Collaborative, the Trust was focussed on acute and community care and supported elective work with the 'Further Faster' outpatients initiative. Positive progress had been made with further actions to validate demand and establish 'Super clinics'. The Trust was one of only nine trusts taking part in the initiative and had received additional funding to set up 'Super clinics' for some specialities in high demand.

Following the Lucy Letby's trial verdict, the NHS had announced measures to strengthen patient safety monitoring and would do everything possible to prevent anything similar from happening again. The Trust had reviewed the letter, and actions have been taken to ensure it fully complied with its recommendations/requests.

Ms Wake confirmed that some Reinforced Autoclaved Aerated Concrete (RAAC) planks were present at the Trust and had established a project group led by Mr Thomas to assess the condition and oversee any remedial actions required. She stated that the concrete that carried the most significant risk was put into hospitals in the 1960s, noting that the concrete used in the Trust was from the 1970s and 1980s.

NHS England and the Department of Health and Social Care had announced changes to the cancer waiting times standards from 1 October 2023. There were currently ten different waiting time standards applied to NHS cancer diagnosis and treatment, which have been reduced to three core measures:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

In the last six months, the Trust has delivered on the first core measure and would maintain all effort to achieve the other two core measures.

Ms Wake informed the Council of Governors that Ms Mary Sexton had resigned from her post as Chief Nurse. Her last working day with the Trust was the 26th of October 2023, and the Trust would undertake a recruitment exercise for a replacement. She commended Ms Sexton for her contribution over the last four years in her endeavour to improve quality and safety within the organisation.

Four candidates had been shortlisted for the Chief Nurse position, and the lead governor, Alex Giles, would be on the interview and recruitment panels. Ms Helen Blanchard was appointed as the Interim Chief Nurse until the position was filled. She has 15 years of experience as a chief nurse in different organisations and recently retired after a long tenure in the Midlands.

In response to a query from Mr Hussain related to the survey being conducted on the RAAC planks, Mr Thomas advised that the current Russells Hall Hospital was a relatively new building built in the early 2000s. The old Russells Hall Hospital structure formed part of the new hospital structure where the RAAC planks had been located. Concerns had been raised about the RAAC planks from the 1950s and the 1960s, but the planks found on-site were from the 1980s. The Trust was working closely with the PFI provider (Summit), who were managing the surveys. They revealed that the RAAC planks are refined and confined to one area and do not exist anywhere else within the hospital. Samples of the planks have been taken and sent for further testing and results were awaited.

	<p>Mr Williams informed Mr Hussain that the concerns regarding the RAAC planks were added to the risk register.</p> <p>Professor Crowe noted that the Trust was recently recognised as a Centre of Excellence for its postgraduate education on Internal Medicine training and for the Gold Standard Framework accreditation, which was about managing and supporting people at the end of life. Ms Wake commended all the wards and departments committed to achieving the Gold Standard Framework accreditation.</p> <p>On behalf of the Council of Governors, Mr Giles thanked Ms Wake and the team for their commendable work in steering the Trust through the challenging times over the last few months due to the industrial action.</p> <p>No further comments or questions were raised.</p>
<p>COG 23/33.2.1</p>	<p>Chair's Update (Enclosure 4)</p> <p>The Chair noted that the contents of enclosure four were already summarised in the Chief Executive's report. He asked Mr Stringer to provide a short update on the financial situation.</p> <p>Mr Stringer informed the Council of Governors that when setting the financial plan for 2023/24, the Trust agreed a deficit plan of £19.35 million with the Black Country Integrated Care Board. A Cost Improvement Plan of £26.2 million was agreed upon with a decision to reduce agency staff and increase substantive roles.</p> <p>The Trust agreed on a Capital Investment Plan of £17.6 million for medical equipment, estate backlog maintenance, digital investment, and the Community Diagnostic Centre (CDC) implementation.</p> <p>At the end of August, the Trust's financial position was a deficit of £11.6 million, which was £0.4 million better than planned, which also included the cost of the industrial action.</p> <p>The Black Country Integrated Care Board (including all providers) set a deficit plan of £69 million for 2023/24, which was amongst the most challenging plans submitted nationally. Due to this deficit plan, the System was closely monitored by NHS England.</p> <p>External work was commissioned to review the balance sheets of all organisations with PWC to ensure consistency. Additional external work was commissioned to PA Consultancy to identify the size of the underlying financial challenge and identify a Financial Recovery Plan (FRP) to return the System and its providers to a break-even position over the next few years.</p> <p>He highlighted the importance for governors to continue attending the various sub-committee meetings, including the Finance and Productivity sub-committee, and support the Trust on that journey.</p> <p>Mr Williams commended the hard work of the various teams and departments at the Dudley group to implement a plan to deliver on the cost improvement plan.</p> <p>The Chair recognised that the current financial situation was a System issue and that most NHS organisations struggled financially. He stated it was important for the Trust to deliver what it had promised. He commended Ms Wake and her team for the fantastic job done so far without compromising the quality of service provided to the patients. He noted that the financial situation would take another three or more years to resolve.</p> <p>Mr Hussain acknowledged that the current financial situation was challenging and enquired how the Trust would manage the growing deficit over the next few years. Mr</p>

	<p>Stringer stated that there was evidence of significant investment, which suggested that there would be some opportunity to improve the performance of the Trust to pre-Covid times either through digital robots or through different ways of working with the other trusts in the area. He felt that the challenge for the Black Country was finding efficiency above 1.1% yearly and returning to a break-even position. He stated that there were ongoing negotiations with the Department of Health and Treasury to provide a constructive plan for the whole system, enabling the organisations to reach a break-even position in the next four to five years.</p> <p>The Chair stated that the important thing for the Trust was to have deliverable plans.</p> <p>Dr Mandiratta thanked Mr Stringer for the valuable insight that he had provided about the current financial situation. He questioned where the Trust stood regarding the current financial deficit compared to the other trusts in the Black Country and surrounding areas like Birmingham.</p> <p>Mr Stringer stated that when they started with the deficit plan for the acute providers in the Black Country, they were at the same percentage pro rata to turnover. He believed that all the organisations were struggling financially, but some had a higher deficit than others.</p> <p>No further comments or questions were raised.</p>
COG 23/33.2.2	<p>Trust Integrated Performance report on and note position in respect of Trust targets (Enclosure 5)</p> <p>Mrs Kelly summarised the Integrated Performance Report for July 2023, given as enclosure five.</p> <p>The Trust focussed on the pressures around the emergency services and portals. There were ongoing talks with West Midlands Ambulance Services regarding ambulance arrivals. While the number of ambulance admissions hadn't increased, the overall attendance rate for the emergency department had increased overall due to walk-in patients.</p> <p>The Trust was doing exceptionally well with restoration and recovery and continued to provide mutual aid to system partners.</p> <p>There were no comments or questions raised.</p>
COG 23/33.2.3	<p>Non-executive committee chair feedback (Verbal)</p>
COG 23/33.2.3a	<p>People Committee update</p> <p>Mr Randeniya highlighted the following points from the People Committee meeting from July and August 2023.</p> <p>The concern highlighted in the People Committee meeting was the decrease in staff compliance with their mandatory training except for safeguarding level 2. Annual leave and rotation of medical staff had contributed to reducing mandatory training compliance. Paediatric resuscitation training continued to be below the level required of 80% compliance.</p> <p>Positive assurance was noted related to the Trusts sickness levels; target for the Trust was 5%, and in July, the sickness level was at 4.64%. This was a consistent trend.</p> <p>Vacancy rate remained stable at circa 6%.</p>

	<p>Appraisal compliance was 92.3%, and the committee received positive reports from the Well-being, and the Equality, Diversity and Inclusion steering groups. NHS England had provided a self-assessment tool to measure quality improvement practices within each Trust.</p> <p>A pay gap report was presented to the Committee, which showed that the Trust performed well overall with the ethnicity pay gap. However, the performance of the Trust was reduced when senior clinical staff were excluded from the report. A quality improvement plan had been implemented, which looked at six high-impact areas, such as improving support for international staff, improving diversity in the senior leadership positions and eliminating bullying across the Trust to help improve the staff experience.</p> <p>Further work was required to reduce the two Board Assurance Framework risks related to failure to increase workforce capacity and failure to improve staff satisfaction.</p> <p>There were no comments or questions raised.</p>
COG 23/33.2.3b	<p>Charity Committee update</p> <p>Mr Williams presented a brief overview of the outcomes of the Charity Committee meeting, which took place on the 4th of October.</p> <p>Various divisions, wards and departments were invited to present a report on their plans to use their charitable funds within their respective areas. An interesting idea that the committee approved was to use the funding to offer support services to parents who had suffered infant mortality.</p> <p>The name of the committee was changed to the Charity Committee to align it with the committees across the Black Country acute providers.</p> <p>The committee has strong forward plans, and its primary decision was to continue offering charitable support to staff and patients.</p> <p>He commended Mrs Nithee Patel, head of fundraising, for her immense enthusiasm towards her role.</p> <p>There were no comments or questions raised.</p>
COG 23/33.2.3c	<p>Quality Committee update</p> <p>Professor Hughes provided a verbal update on the Quality and Safety Committee meeting held on the 26th of September.</p> <p>Good assurance was received from the Surgery, Women's and Children's Division.</p> <p>The Trust's Critical Care Unit became the country's first Critical Care Unit to achieve the Gold Standards Framework accreditation.</p> <p>The Deteriorating Patient Pathway team was highly commended at the Health Service Journal Patient Safety Awards in September and was a runner-up for the 'Safety Improvement Through Technology award'.</p> <p>The Committee approved the Patient Safety Incident Response Plan and Policy. It noted the ongoing work to provide supporting documents to enable staff to undertake the various aspects of the framework. The committee endorsed the name change to 'Quality' committee to align with the other acute collaborative trusts.</p> <p>Ward-to-Board visits had been re-introduced. The executive directors, non-executive directors and governors would visit the wards to gather feedback from staff and patients.</p>

	<p>These visits would provide valuable insight into the care being provided to the patients and highlight to the board any issues the staff members face.</p> <p>The Committee discussed the good improvement shown with the radiology services and contemplated asking CQC to do a re-inspection to improve the Trust's overall rating. However, it was noted that there were issues with the service concerning the full delivery of a seven-day service, and the Committee requested additional work to be undertaken to understand this further.</p> <p>Mr Giles commended the Committee for the robust and honest discussions during the meetings, which helped drive the continuous performance improvement of the Trust.</p> <p>There were no further comments.</p>
<p>COG 23/33.2.3d</p>	<p>Finance and Productivity Committee Update</p> <p>Mr Lowell provided a brief update on the last Finance and Performance Committee meeting held on the 28th of September 2023.</p> <p>Positive assurance was received for meeting the Cost Improvement Plan (CIP).</p> <p>While there were ongoing pressures on emergency services, mainly due to walk-ins, the Trust continued to make good progress against recovery targets.</p> <p>There was a positive performance against VTE (Venous Thromboembolism) targets, and positive assurance was also received around theatre productivity.</p> <p>The long-term financial health of the Trust was still a concern.</p> <p>There was an ongoing concern around grip and control over bank staff expenditure. The Committee has requested that a paper be brought back around bank spending in each area to confirm whether controls are working.</p> <p>The continued industrial action, with no foreseeable end, was causing concern around the financial aspect, patient experience and staff morale.</p> <p>Mr Lowell stated that there was good governor attendance at the Finance and Productivity Committee meeting.</p> <p>There were no comments or questions raised.</p>
<p>COG 23/33.2.3e</p>	<p>Audit Committee Update</p> <p>Professor Crowe provided a brief update on the last Audit Committee meeting held on the 18th of September 2023.</p> <p>He informed the governors that the committee was responsible for governance controls and risk management.</p> <p>Positive assurance was received for data security and protection. Internal audit and Local Counter Fraud are on track against their 2023/24 plan.</p> <p>The internal auditors were satisfied that the Trust continued to take action based on the previous reports. The internal auditors are currently assessing the Trust's financial stability and reviewing the key financial controls to ensure robust procedures are in place.</p> <p>The top three risks are finance, infrastructure required for the IT and digital network and ensuring that quality of care can be sustained.</p>

	There were no comments or questions raised.
COG 23/33.2.3f	<p>Digital Committee Update</p> <p>Ms Holland provided an update on the Digital Committee meetings held on the 19th of July and the 20th of September.</p> <p>There was ongoing work related to cyber security and developments in digital and technical solutions to support clinical work and patient safety, which were progressing according to plan.</p> <p>The Committee requested teams to conduct deep dives on different issues and strove to balance the committee's work between routine monitoring and delving deeply into some key issues. One of the recent deep dives that the committee reviewed featured maternity services and the use of the electronic patient record (EPR).</p> <p>The most significant recent development was the approval of the 3-year digital plan, which would help address the risks associated with the IT infrastructure.</p> <p>Approval was received from the ICB for the front-line digitisation programme.</p> <p>As part of the Black Country Collaborative, a meeting was held to discuss aligning governance procedures for digital and technology matters across the four providers to help with greater efficiency.</p> <p>There were no comments or questions raised.</p>
COG 23/33.2.3g	<p>Integration Committee Update</p> <p>Mr Lowell provided a brief update on the recent meetings held by the Integration Committee.</p> <p>He informed the Council of Governors that this was a relatively new committee to ensure that the system working was fully integrated into the area served by the Trust.</p> <p>The Committee was focused on ensuring that the relationship between primary and secondary trusts was as effective as possible to deliver coherent care to the community.</p> <p>Some of the governors had offered their support to help with stakeholder management with respect to getting to know people and understanding their concerns.</p> <p>A Health Inequalities Group was established to support the committee in pursuit of its ambition.</p> <p>Mr Lowell thanked Ms Kat Rose and her team for their hard work in bringing the committee together quickly.</p> <p>There were no comments or questions raised.</p>
COG 23/33.3	<p>Lead Governor Update (Verbal)</p> <p>Mr Giles verbally updated the governor's activities for the last quarter.</p> <p>He welcomed Governor, Ms Joanne Willaims and Non-executive directors Mrs Joanne Hanley and Professor Anthony Hilton to their first Full Council of Governors meeting.</p>

The joint governor development session with The Black Country Healthcare NHS Foundation Trust in July was well received by governors from both trusts. The governors were looking forward to the next development session, scheduled for January 2024.

The governors received positive assurance from the auditor's report and the annual accounts presented to them at the Annual Members Meeting in September. The governors also noted the excellent engagement from across the community at the Annual Members Meeting.

Mr Giles thanked Ms Holland and Professor Crowe for their time and participation in the Chair and non-executive directors' appraisal process.

He noted the importance of the Patient Led Assessments of the Care Environment (PLACE) audit and the Quality and Safety reviews and requested governors to participate in as many audits and reviews as possible. These audits/reviews would help the governors to highlight any concerns or feedback on any outstanding work they had observed during the review.

On behalf of the governors, he thanked Ms Sexton for all the great work that she had done during her time with the Trust and wished her all the best for the future.

Mr Giles highlighted a concern that was brought to the council's attention. A Trust governor was recently brought to the emergency department at Russells Hall Hospital via ambulance with signs of chest pain. The person was triaged on arrival. They were asked to wait in the waiting room, where they noticed that approximately 60 people were waiting to be seen. They felt concerned that if there was an emergency with one of the patients waiting, how would the nurse or doctor attending identify them and know their past medical history regarding medication and allergies. The person suggested a wristband be given to every triaged patient waiting to be seen to help the medical team identify them quickly.

The person also raised concerns about a patient waiting 18 hours to be seen by the ENT (Ear, Nose and Throat) team.

Ms Wake apologised to the governor for not receiving the care he expected when he visited Russells Hall Hospital. She stated that for the last couple of months, the emergency services had been under immense pressure, and the Trust was aware that they received a lot of walk-in patients who are neither for the emergency department nor the urgent care facility. The emergency department and the urgent care centre are equipped to manage between 50 to 80 patients, but the number of patients visiting these departments far exceeds that.

The Board had liaised with the team from the emergency department, who provided assurance that robust processes were in place to ensure patient safety. Patients are put on a chest pain pathway when they present to the emergency department with signs and symptoms of chest pain, which are not deemed serious. These patients are asked to sit in the waiting room until they receive their investigation results.

Patients are triaged and prioritised based on their clinical needs, with those arriving by ambulance triaged in the same manner. Procedures were in place to ensure appropriate action is taken should a person deteriorate. A designated staff within the waiting area oversaw the patients in that area.

Wristbands are not issued to patients brought in for an assessment but are given to patients admitted to a ward. In-patient wristbands denote allergies and medications for that person.

Ms Wake could not comment on the case of the patient waiting for 18 hours to be seen by the ENT team, as she stated that she would need more details to investigate it

	<p>further. She said it was unusual for a patient to wait that long to be seen by an ENT during the day as they had a doctor available at all times. The ENT service was a shared service with Wolverhampton Hospital, and if a patient visited out of hours with an urgent ENT issue, then the patient would be transferred to Wolverhampton to be seen by the on-call doctor.</p> <p>The Chair felt this situation was due to a lack of communication. He understood the concern felt by the governor waiting to be seen as they had presented to the hospital with signs and symptoms of chest pain and were unaware of the procedures that staff follow to assess a patient.</p> <p>Mr Giles thanked Ms Wake for the comprehensive response to the query. He also thanked the Council of Governors for their support in his role as lead governor. He encouraged the governors to attend the Integration Committee meetings to help support the integration of the different services around Dudley.</p> <p>There were no comments or questions raised.</p>
COG 23/33.4	<p>Trust Quarterly Strategy Report and forward planning update (Enclosure 6)</p> <p>Mr Chadwell summarised the Trust Strategy Report for quarter one 2023/24 given as enclosure six.</p> <p>He highlighted the achievements of the last quarter:</p> <ul style="list-style-type: none"> - Maternity services' CQC rating was upgraded to 'good' following the inspection report. Inspection reports for other services are pending. - Sustained improvement in the vacancy rate during quarter 1 (6%), thereby meeting the target of 7%. - Leadership Conference was positively received, leading to Trust TED talks being held at repeated intervals to allow other staff to hear them. <p>Areas of challenge during quarter one 2023/24</p> <ul style="list-style-type: none"> - Challenges remain in delivering a long-term sustainable financial plan, including identifying recurrent savings for the Cost Improvement Programme (CIP) in 2023/24. Divisional Challenge meetings have been scheduled at the end of August, and divisions are working toward the deadline of the end of September for the £26.2m CIP target to be fully identified with a clear understanding of what is non-recurrent and a plan to be produced to detail timetable to achieve recurrent CIP delivery by year-end. <p>The Strategic Plan 'Shaping #OurFuture' was approved by the Board of Directors in September 2021. The team would engage with staff and other stakeholders at the start of next year to refresh the strategy before the end of 2024. However, a proposal was put forward to extend the current strategy to 2027 in order to align the Trust Strategy with the other three acute and community trusts in the Black Country.</p> <p>Annual planning for 2023/24 was underway noting that the team had engaged with divisional and corporate colleagues to develop the priorities and plans for next year. The suggestions would be presented to the governors at the December Full Council of Governors meeting to review, discuss and share views on the priorities for the following year.</p> <p>There were no comments or questions.</p>
COG 23/33.5	<p>Board Secretary Update (Enclosure 7)</p> <p>Mrs Board presented the report given as enclosure seven and highlighted the following:</p>

	<p>She informed the Council of Governors that the Trust had commenced with elections, which Civica Election Services oversaw for the vacancies that had risen from governors coming to their end of term in the different constitutions. The closing date for the nominations was the 16th of October 2023, and she advised governors who wished to stand for re-election to submit their applications before the closing date.</p> <p>In August 2023, NHS England published a revised Fit and Proper Person Test (FPPT) Framework in response to the recommendations made by Tom Kark KC in his 2019 review of the FPPT. The purpose of the new Framework was to strengthen individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.</p> <p>In relation to the Council of Governors, there were no proposed changes to their responsibilities concerning the chair's FPPT assessment. However, governors had to be aware of the changes when reviewing the chair's and non-executive director's appraisals for 2023-24.</p> <p>Mrs Board assured the Council of Governors that implementation of the FPPT framework was progressing as planned and would be completed by March 2024.</p> <p>There were no questions or comments raised.</p>
COG 23/34	Build Innovative relationships in Dudley & beyond
COG 23/34.1	<p>Experience & Engagement Committee Update (Enclosure 8)</p> <p>Ms Peers summarised the Experience and Engagement Committee update given as enclosure eight.</p> <p>She thanked all the committee members for their commitment and dedication.</p> <p>She congratulated the members of the Task and Finish Group, who collectively helped develop The Governor and Membership Engagement Plan for 2023-25.</p> <p>The governors were looking at ways to encourage the public to join the membership programme. One of the proposals they are currently working on is for governors Alex Giles and Dr Mohit Mandiratta to do a special feature on Black Country Radio.</p> <p>Ms Peers and Mr Hussain would organise a membership recruitment campaign at the Merry Hill Blood Test Centre.</p> <p>She informed the Council of Governors that Mr Hussain was appointed Chair of the Experience and Engagement Committee at the last meeting.</p> <p>The Chair noted that the membership number was just over 13,000 and queried which recruitment campaigns were successful in the past. Ms Peers stated that the governors had done numerous recruitment campaigns in the past, like going out and talking to different community groups, and they are looking at reintroducing those.</p> <p>There were no further comments or questions.</p>
COG 23/35	<p>Any other Business (Verbal)</p> <p>None</p>
COG 23/36	<p>Reflections on the meeting (Verbal)</p> <p>The Chair thanked everyone for their attendance and contribution to the meeting. He appreciated the effort put into organising the meeting.</p>

	He thanked the Council of Governors for their contribution and recognised the importance of their role in developing and sustaining the healthcare system.
COG 23/37	<p>Close of meeting and forward Council of Governor meeting dates: 2023/24</p> <p>The next meeting dates are as follows: 7th of December and 28th of March 2024 <i>[post meeting note – December meeting rescheduled to 6th December]</i></p> <p>The meeting closed at 17:30 hrs.</p>

Sir David Nicholson, Chair of the meeting

Signed..... Dated

DRAFT

Outstanding
To be updated
Complete

Item to be addressed

Item to be updated

Item complete






Council of Governors meeting held 05th October 2023

Item No	Subject	Action	Responsible	Due Date	Comments

Paper for submission to the Council of Governors on 6 December 2023

Report Title	Public Chief Executive Report
Sponsoring Executive & Presenter	Adam Thomas, Deputy Chief Executive
Report Author	Alison Fisher, Executive Officer

1. Suggested discussion points
<ul style="list-style-type: none"> Operational Performance Black Country Provider Collaboration Cancer Staging Data Completeness Charity Update Healthcare Heroes Patient Feedback Awards Visits and Events

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

3. Report journey
Board of Directors – 09 November 2023
Council of Governors – 06 December 2023

4. Recommendation(s)
The Council of Governors is asked to:
a. Note and discuss the contents of the report

5. Impact							
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.					
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond					
Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register	Y	Various					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Operational Performance

- **Emergency Access Standards**

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4-hour target, however, performance showed an improvement in September's position at 74.1% vs 75% national target. Triage performance equally remains a challenge, however, September's position further improved at 84% vs 78.9% in August, reflecting the hard work the Dudley Improvement Practice and ED teams have put in during a focused 6-week period aimed at improving the triage process. September continues to build on the improvements being made in all triage areas. Ambulance handover delays increased during the month of September; a function of higher demand and a higher level of medically optimised for discharge patients within the trust.

- **Elective Restoration & Recovery**

National focus remains on reducing long waits to routine treatment. The Trust continues to provide mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog, with particular focus on assisting partner Trusts with treating patients at 78+ weeks wait. The Trust is focusing on the next national requirement of reducing waits beyond 65 weeks. The Trust has maintained a steady position over the last circa 6 weeks with the number of breaches falling week-on-week. The Trust is participating in the national, GIRFT-led 'Further Faster' project aimed at increasing the number of first new outpatient appointments delivered to reduce the risk to the 65-week and 52-week target reduction.

PIDMAS (patient-initiated requests to move provider) is due to be launched on the 31st of October. This is for patients that have been waiting longer than 18 weeks. Initially all patients waiting over 40 weeks will be contacted and asked to consider moving provider. Patients who are eligible will receive a text message on the 31st of October with the option to opt in. Many patients will be clinically inappropriate to move provider, but others will be offered choice.

Cancer (Data to August)

Cancer 2 week wait saw continued improvement in performance in August with the Trust achieving the 93% standard. There has been sustained improvement in achieving the number of patients waiting over 62 days against system plan, as well as, achieving Faster Diagnostic Standards (FDS) 80.1% (August validated) against constitutional standard of 75%. The Trust performs very well for all the cancer standards and is one of the best performing West Midland Trusts.

Cancer Staging Data Completeness

We have been notified by the National Disease Registration Service (NDRS) that the Trust has reached or exceeded 80% stage completeness in the Cancer Outcomes and Services Dataset (COSD) submissions for dates of diagnosis in Quarter 1 (January - March) 2023. This is a significant achievement and is directly attributable to the hard work of clinical and administrative staff in your cancer teams. We would like to express our sincere thanks for this work.

Early stage at diagnosis is one of the most important factors affecting cancer outcomes and promoting earlier stage at diagnosis is one of the key aims of the [NHS Long Term Plan](#). Measuring and monitoring national staging data is crucial to understand variation and deliver evidence-based decisions. To support this aim, NHS England is aiming for NHS Trusts to report cancer stage for all stageable cancers at diagnosis.

This staging data enables national cancer registration and the associated analyses of cancer care pathways at regional, national, and international levels. We are now able to use this data to further support cancer programmes for early-stage diagnosis.

Black Country Provider Collaboration – October 2023

The following are the key messages from the Black Country Provider Collaborative Executive meeting of the 9th of October and the Joint Provider Committee on the 13th October 2023.

1) Clinical Improvement Programme

Black Country Provider Collaborative Chief Medical Officer outlined a diverse range of progress being made across the Clinical Network areas, of which the following particularly notable:

- Mohs surgery is now up and running with first patient seen in late September 2023.
- There has been a positive impact in the roll-out of Tele-dermatology with up to 45% of referrals received being returned with 'advice & guidance' creating capacity for managing the Cancer two week waits and the elective backlog.
- Have recently appointed joint leads for Colorectal to continue the good work previously undertaken by Dr Andy Torrance. Dr Ben Liu (Royal Wolverhampton Trust) and Dr Shantanu Rout (Sandwell and West Birmingham Hospital) have accepted the opportunity to drive forward improvements in the Colorectal space.
- Positive plans being progressed to harness and make best use of the new surgical robots. Full-service transition of renal surgery to commence from Dudley Group Foundation Trust shortly.
- Partnership working commenced with the Primary Care Collaborative and we hope to explore opportunities for closer working at the forthcoming Clinical Summit.

2) Mandatory Training

The Collaborative Executive received an update and outline of the work being undertaken to progress the Mandatory & Statutory Training priority. A priority initiation document is being finalised, and in parallel a scoping exercise has commenced with a view to developing and establishing a business case for review by the Chief Executive in Dec 2023 /Jan 2024.

3) Digital Workstream update

Two key issues were highlighted:

- An assessment of Digital Maturity undertaken a little while ago indicates that the Black country self-reported a position as the joint second digitally mature system in the Midlands. This seems to contrast with the local experience on this issue and it will be intriguing to understand if there has been any significant change when re-assessment occurs shortly.
- Progress against the identified data, digital and technology priorities has been slow, with some noticeable exceptions, and it is hoped that some recent Integrated Care Board led review will be an impetus and motivation for greater alignment and convergence, even if over a slightly longer period of time.

4) Communications & Engagement

The Black Country Provider Collaborative Annual report has now been published and is available on the Black Country Provider Collaborative website at the following link:

<https://blackcountryprovidercollaborative.nhs.uk/about-us/publications/>

5) Governance

- **Governance Group** – A progress update was received from the Governance task group. Further discussions between the three Chief Executive Officer's will be held to clarify the proposals for establishing two further task and finish groups and better understand how they align with the Black Country Provider Collaborative work plan.
- **Chief Executive refresh** – Now that the Joint Provider Collaborative has been established a refresh of the Collaborative Executive will be progressed inviting expressions of interests

for key system leadership roles. It is anticipated that the expression of interest will commence shortly.

- **Collaboration Agreement development** – The Joint Provider Collaborative agreed to a proposal for six further identified areas which should be developed as additional schedules for consideration by the Joint Provider Collaborative at the six-month review point (March 2024). The Black Country Provider Collaborative Managing Director to manage and coordinate their development and review by the Joint Provider Collaborative.
- **Board development sessions** – There was positive feedback on the Joint Board Development session in September 2023, and agreement to pursue a programme of three Board Development sessions. Joint Provider Collaborative Governance lead to coordinate with Black Country Provider Collaborative Managing Director. Possible use (and extension) of December Joint Provider Collaborative slot for a focus on the outcome of the PA Consulting work. Black Country Provider Collaborative Chief Executive Officer to work with Black Country Provider Collaborative Managing Director to review and arrange if possible.

6) North Hub update

The Chief Executive welcomed the paper recently presented to the Elective Care & Diagnostic Board and agreed on the need for additional elective capacity within the Black Country to support elective recovery. It was thought that the 'North Hub' business case may be the more advanced at this time but recognised the need for due process to be undertaken by the Elective Care & Diagnostic Board. The Chief Executive will be engaged on the selected preferred solution and the subsequent work to determine how it is proposed to be financed.

7) Midland Metropolitan University Hospital Revenue Implications

The Chief Executive was provided an update from Sandwell and West Birmingham Hospital Chief Executive Officer on the outstanding Midland Met University Hospital Revenue implications. Plans are being pursued to address the current gap, and it was agreed that the issue should be viewed as a collaborative system issue rather than solely a Provider Trust issue. Chief Executive were supportive of the clinical model and are to be kept apprised of outcomes of plans being progressed and any subsequent required system actions.

8) Strategic Annual Planning – output and next steps

The output from the strategic planning exercise undertaken at the 4th September 'extended' Collaborative Executive was presented together with a draft framework for future use. This work will be built on at the forthcoming Clinical Summit through key workshops looking at similar issues from a different lens, whilst engaging a clinical and medical stakeholder group. Furthermore, individual partner Trusts will shortly be commencing strategic planning activities at a local level, and we hope to triangulate this range of work in developing our priorities at multiple levels across the system over the remainder of the financial year.

9) Clinical Summit

The next Clinical Summit will be held on Friday 27th October at the GTG Training & Conference Centre in Wolverhampton. The programme for the day is being finalised and will be circulated a week in advance of the Clinical Summit. It will have a range of short presentations from key system speakers, together with 'spotlight' videos on some of our key achievements, Clinical Network time, and an opportunity for clinical input into the planning for 2024/25 work plan priorities.

Patient Feedback

AEC- Good to be able to talk to staff and be listened to. Courteous and thorough approach used throughout consultation.

Community Rapid Response - It was very professionally done, very quick response and in a pleasant manner.

C4 (Georgina Unit) - Everyone was so great, made me feel comfortable relaxed and well informed, and I really needed that.

Ward B4 - The thoroughness of the staff was very good. Nothing too much trouble. Tea and refreshments served to us.

Maternity (Birth) - The staff in the labour ward were amazing, so kind and gentle, they made my whole labour experience truly wonderful.

Haematology & Oncology Assessment Unit - I was treated with dignity and respect and informed about what was going on, everyone was very friendly.

Ward C7 - Every person I came into contact with, from doctor, nurses to support staff were caring and informative.

Own Bed Instead – I have confidence in the care I have been given. My trust in your staff who showed me kindness, understanding, politeness and punctuality.

ENT (Community): A really positive experience! Understood my issue very quickly and were very reassuring. A credit to the Trust.

Neurology - I was seen on time and the doctor was excellent, he answered all my questions in plain words and was so good.

Healthcare Heroes

August's individual award went to team leader for the Patient Management Centre, Philip Woodcock. Philip was nominated by a colleague for his helpful and approachable nature and his ability to always try to solve problems quickly and effectively. The great work he has done to help the Obstetrics and Maternity departments by creating a much better referral tracker was also mentioned in his nomination, as well as his work to get bank staff for PMC to help with the high volume of appointment queries.



The August team award went to the End of Life Rapid Response team. They were nominated for the exceptional care that they recently provided to a young lady receiving end of life care, supporting her and her family by visiting multiple times a day and working through their breaks to ensure that she had the best quality care and felt safe. For a small and dedicated team that has to deal with a lot of difficult situations, they were also nominated for their positive and professional outlook and their ability to always be happy within their work.



The September Team Award went to our Non-Invasive Cardiology department. They were nominated for going the extra mile, especially when the new Cardiology Community Diagnostics Hub was being set up at Corbett Hospital. With services running across both sites, you have been committed to your roles and your patients, tackling any obstacles that arose, ensuring the new service started as planned on the opening day.



The **September individual award** went to Sam Cook from our Colorectal Department. Sam was nominated by a patient who described her as kind and helpful, during her late mother's illness. She has been praised for being a pillar of strength, always available and they told us that nothing was too much trouble for Sam.



Charity Update

Charity Quiz

For a third year running the Halesowen accountancy firm Godfrey Mansell and Co organised a speed fundraising quiz which gathered their clients, employees, and families. They managed to raise an incredible £1,200 for the Dudley Group NHS Charity's baby bereavement campaign. The charity team was joined by maternity colleagues and Holly Haden our specialist midwife managed to say a few words to those that attended about how important donations are for the charity.

Walk of Hope

The Dudley Group NHS Charity organised a Walk of Hope to mark Baby Loss Awareness Week. There was a short service of remembrance at the bandstand at Mary Stevens Park in Stourbridge, followed by a family-friendly walk around the lake tomorrow. All the donations raised from the event will support the Baby Bereavement Campaign

Hospital patient raises money for Charity to thank them for her care

Margaret Tranter aged 81 raised £1,550 for the hospital's Rheumatology Department as a way of saying thank you for the care she received after two knee replacements and a diagnosis of rheumatoid arthritis. She incredibly spent five months walking fields in her local area for thirty minutes nearly every day and, in that time, she has walked over 100 miles. The journey is a full circle moment for Margret, giving back to the organisation she used to work for before retiring in 2009. She specifically wanted to thank Dr Klocke and the whole of the rheumatoid team at Russells Hall Hospital.

Awards

Our Critical Care team became the first in the country to achieve Gold Standards Framework accreditation for delivering the highest standards of end-of-life care. They received their award in-person this month.



For Allied Health Professionals (AHPs) Day on October 14th Mary Sexton, chief nurse and Karen Lewis, chief AHP presented the Dudley Group AHP awards to our staff and congratulations to our winners and all those shortlisted. The winners of these awards also went through to the regional AHP awards to represent the Trust.

Our deteriorating patient pathway team were highly commended at the Health and Safety Journal Patient Safety Awards in the safety improvement through technology category.



Visits and Events

4 September 23	Black Country Provider Collaborative Executive
6 September 23	Extra-ordinary Finance and Performance Committee
6 September 23	Dudley Integrated Healthcare Project Board
7 September 23	Black Country Integrated Care Board Development session
12 September 23	Black Country Provider Collaborative Development session

13 September 23	Black Country Productivity and Value Group
14 September 23	Dudley Group Board of Directors
18 September 23	Dudley Group Audit Committee
20 September 23	West Midlands Imaging Network Executive Board
20 September 23	Dudley Integrated Healthcare Project Board
21 September 23	Dudley Group Board Safeguarding Training
28 September 23	Dudley Group Finance and Performance Committee
28 September 23	Black Country Integrated Care Board
4 October 23	Dudley Group Charity Committee
4 October 23	Black Country Elective and Diagnostic Strategic Board
5 October 23	Dudley Group Council of Governors
9 October 23	Black Country Provider Collaborative Executive
10 October 23	Black Country Productivity and Value Group
10 October 23	Black Country System Chief Executives
10 October 23	Dudley Group and GP Engagement Session
11 October 23	Black Country Quarterly System Review
12 October 23	Dudley Group Board of Directors
13 October 23	Black Country Joint Provider Committee
13 October 23	Sandwell and West Birmingham NHS Trust Star Awards
16 October 23	Black Country Integrated Care System Cancer Board
16 October 23	Careers Fair: Representing Interests of Female Workforce
16 October 23	GIRFT Further Faster Monthly Group A meeting
17 October 23	Black Country Anaesthesia & Peri-operative Medicine Review
17 October 23	Dudley Group Chief Nurse and Director of Infection Prevention Control interviews
18 October 23	Regional Cancer Board
18 October 23	Dudley Group and Primary Care Network Clinical Directors
20 October 23	Dudley Group Remuneration Committee
24 October 23	Black Country System Chief Executives
25 October 23	Black Country and West Birmingham Elective Diagnostic Strategic Board
25 October 23	Dudley Integrated Healthcare Project Board
26 October 23	Dudley Group Finance and Productivity Committee
26 October 23	Dudley Group Integration Committee
26 October 23	Black Breasts Matter Project
27 October 23	Black Country Provider Collaborative Clinical Summit
31 October 23	Dudley Group/Summit/Mitie PFI Project Board to Board

Paper for submission to Council of Governors
06th December 2023

Report title	Integrated Performance Report for September 2023
Sponsoring executive	Karen Kelly, Chief Operating Officer
Presenter	Adam Thomas, Deputy Chief Executive
Report authors	Jack Richards, Director of Operations Amandeep Tung-Nahal, Director of Operations Rory McMahon, Director of Operations

1. Suggested discussion points

This report summarises the Trust's performance against national standards and local recovery plans for the month of September 2023 (August 2023 for Cancer and VTE). The Committee is asked to note performance and next steps.

Summary: Key Areas of Success

Performance against national elective recovery targets remains in a positive position. The number of patients waiting in excess of 65 weeks to commence routine treatment remains stable and the Trust continues to support neighbouring organisations through treating patients in their 78 week cohorts.

Cancer 2 week wait achieved target in August. As per NHSE guidance, 2 week wait indicator replaced with faster diagnosis standard from October 2023 onwards. Performance against 2 week wait will continue to be monitored locally. Cancer 62-day performance is below the required operational standard, however, has significantly improved, submitted trajectories are achieving and recovery plans remain on course.

Summary: Key Areas of Concern

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4 hour, however, performance showed an improvement in September's position at 74.1% vs 72.8% in August. Triage performance equally remains a challenge, however, September position further improved at 84% vs 78.9% in August, reflecting the hard work which DIP have put in during a focused 6 week stint aimed at improving the triage process. September continues to build on the improvements being made in all triage areas, although Ambulance triage remains the only metric above target, this is because triage has recently moved to a new, higher target in order to attain extra winter monies.

Ambulance handover delays of over 60 minutes increased markedly during the month of September; a function of higher demand and a higher level of Medically optimised, fit for discharge (MOFD) within the Trust.

Emergency Access Standards

Most EAS standards remained challenged last month and largely below target. Although front door pressures remain high, the average time to treatment remained static at 55.6% September compared to August. As reported in previous reports, Emergency Department attendance volumes have been sustained at high levels compared to historical volumes

with attendances in recent months eclipsing those seen during the winter of 2022/23. Acuity and NEWS score remains very high in the department.

Cancer (Data to August)

Cancer 2 week wait saw continued improvement in performance in August with the Trust achieving the 93% standard. There has been sustained improvement in achieving the number of patients waiting over 62 days against system plan as well as achieving Faster Diagnostic Standards (FDS) 80.1% (August validated) against constitutional standard of 75%.

DM01

DM01 has underdelivered by 1.66%, achieving 66.56% against a system trajectory of 68.22%. September performance has improved compared to October. This was a result of underperformance in Non-Obstetric Ultrasound (NOUS), and continued pressure in Cardiology and Endoscopy. In addition, Cardiac MRI saw an increase in patients waiting over 6 weeks, this can be attributed to industrial action.

Patients waiting over 6 weeks for NOUS has reduced during September as planned and will continue to reduce during October as staffing has improved. Mutual aid to be provided to SWBH from November. Endoscopy performance is improving, expansion works will provide additional capacity. Cardiology is the most challenged area. CDC Echo activity to commence by end of 2023. Cardiac MRI recovery plan to address backlog.

Elective Restoration & Recovery






National focus remains on reducing long waits to routine treatment. The Trust continues to provide mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog, with particular focus on assisting partner Trusts with treating patients at 78+ weeks wait. The Trust is focusing on the next national requirement of reducing waits beyond 65 weeks. The Trust has maintained a steady position over the last circa 6 weeks with the number of breaches falling week-on-week. PIDMAS is soon to be launched and this will mean that there is potential for a greater number of patients transferring between organisations, the impact of this is still being modelled.

The Trust is participating in the national, GIRFT-led 'Faster Further' project aimed at increasing the number of first new outpatient appointments delivered in order to reduce the risk to the 65 week target. Central to this is improving the number of patients on Patient Initiated Follow Up pathways, reducing the Did Not Attend (Missed Appointments) rate which has now reduced to 8.3% in August 2023 and improving clinic throughput and productivity. Through the Outpatient Improvement Group, clinic throughput has significantly improved in Gynaecology and Pain through the introduction of virtual sessions aimed at reducing long waits to first outpatient appointment. We are holding over the course of October and November a number of 'new patient super weeks' focused on the reduction of the ASI.

A Trust self-assessment has been completed and was presented to the board last month. The aim of this work is to deliver all patients who will have been waiting 65 weeks for an outpatient appointment in March 2024, an appointment by the end of October 2023. This assessment included the allocation of £80k additional funding to support the initiative of outsourcing in both Neurology and Gynaecology which is now in progress. The self-

assessment forms part of the Black Country ICS submission related to the NHSE letter 'Protecting & Expanding Elective Capacity TASK52100' covering the current KPI metrics of 65+ week cohort of patients, plus additional Outpatient KPI metrics covering the PIFU 5% target, Outpatient Follow Ups (with no procedure) Reduction by 25%, Specialist Advice and Reduction of Missed Appointments.

Note that the full data pack was circulated to all Governors as part of the 'further reading' pack associated with the November Board meeting.

2. Alignment to our Vision							
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 

2. Report journey
Finance and Productivity Committee – 26 October 2023. Board of Directors – 09 November 2023 Council of Governors – 06 December 2023

3. Recommendation(s)
The Council of Governors is asked to:
a. Note and discuss the Trust's performance against national standards and local recovery plans for the month of September 2023 (August 2023 for Cancer and VTE).

4. Impact							
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Corporate Risk Register	Y	Various linked to performance and quality					
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	n	If 'Y' date completed	

Paper for submission to the Council of Governors 6 December 2023






Report title	Quality priorities 2023/24 Q1 and Q2
Sponsoring executive	Helen Blanchard Chief Nurse
Report author	Jo Wakeman – Deputy Chief Nurse

1. Suggested discussion points

The Governors and Trust agreed to roll over those areas from 22/23 quality account priorities that did not meet the required target detailed below is the summary of the key priorities for 23/24. The report outlines our progress during Q1 and Q2 2023, with an outline of improvement across all reds and ambers to achieve compliance by Q4

Four out of the nine targets have achieved the agreed target.

2. Alignment to our Vision

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

Update to Quality Committee November 2023. Council of Governors December 2023

3. Recommendation(s)

a.	To receive the report for assurance
b.	
c.	

4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0		Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 4.0		Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0		Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0		Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Corporate Risk Register		[Give risk Nos]
Equality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed

The Governors and Trust agreed three priorities of care as part of 23/24 Quality Accounts. It was agreed that they had not achieved the agreed target for 22/23 would roll over into this years priorities. Detailed below is the areas of focus against the three priorities.

1) Delivering a great patient experience

- Discharge communication
- Improve complaints closure 30 days to 50 % by April 2023
- Reduce outstanding backlog by 70 % April 2023

2) Treating our patients at the right place at the right time

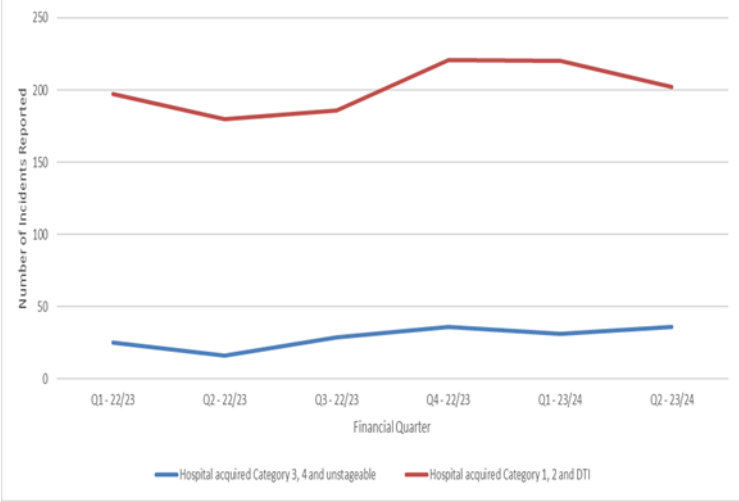
- Home for lunch 1-2 patients from all clinical areas identified and discharged before midday.
- Improve use of discharge lounge
- Discharge planning and communication commences on day 1 of admission.

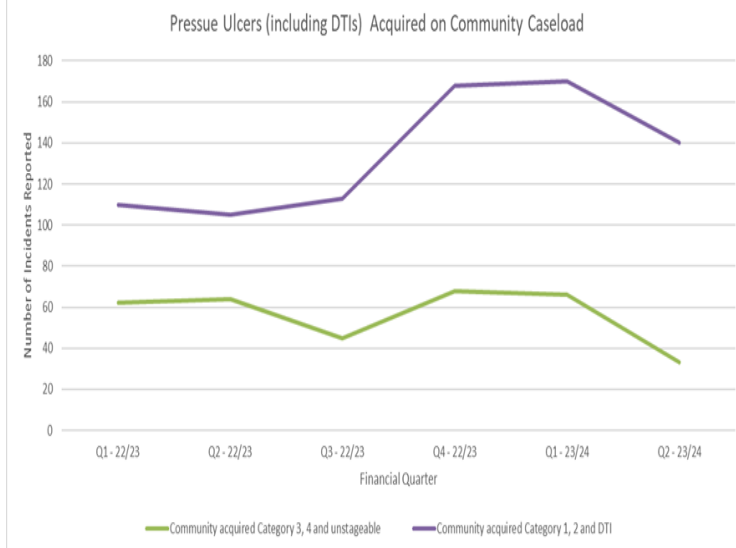
3) Reducing avoidable harm

- Clear understanding of the backlog of Category 3, 4 and unstageable pressure ulcers
- All category 3,4 and unstageable pressure ulcers will be closed within 30 days.
- A shift in reporting higher numbers of Category 1 and 2 with lower numbers of category 3,4 and unstageable by early identification.

Please see enclosed progress during Q1 and Q2. It is noted that there has been some improvement against the priorities.

	Deliver a great patient experience	WHO IS RESPONSIBLE?
<p>Leaving hospital - communication around discharge (Q34) (target = 71%.</p> <p>Q2- 42%</p>	<p>In Q1, 45 out of 115 (39%) of patients who completed the real-time inpatient survey stated they were informed of their expected date of discharge. 59% said they were spoken to about a plan to get them well enough to go home. The target was not achieved for this priority.</p> <p>During Q2, 41 out of 97 (42%) of patients stated that they were informed about their expected date of discharge and 61 (59%) of patients said they were spoken to about a plan to get them well enough to go home. We have not achieved the target for this priority.</p> <p>During Q2, the National Inpatient Survey 2022 was published. The 'Leaving Hospital' section scored 'worse than expected' when compared to other Trusts at 6.5/10 with questions on notice of discharge, advice at discharge and understanding advice scoring worse than other Trusts.</p>	Tracy Cross
<p>Improve complaint closure within 30 days to 50% by April 2023</p> <p>Q2- 44.7%</p>	<p>In Q1 there were 261 complaints closed and of those 261 complaints, 105 were closed within 30 working days. This is a slight decrease in the percentage response rate (responding to complaints within 30 working days) from Quarter 4 (2022/23) to 40.2% for Quarter 1. The target of 50% is not yet being achieved.</p> <p>Q 2 there were 286 complaints closed and of those 286 complaints, 44.7% were responded to within 30 working days showing an increase by 4.5% from Quarter 1 with the target yet to be reached.</p>	Lara Fullwood
<p>Reduce outstanding backlog by 70% by April 2023</p> <p>Q2 – 29.2 % excluding reopened and Ombudsman complaints</p> <p>Complete</p>	<p>Q1 - 173 outstanding complaints including the reopened complaint excluding the four Ombudsman cases which have entered stage 2 of the complaint process. Of those 173 complaints, 73 were open for longer than 30 working days (42.2%). This is higher than the 30% required to reach less than 70% in backlog.</p> <p>Q2 -152 outstanding complaints including the reopened complaints excluding the four Ombudsman cases. Of those 152 complaints, 64 were open for longer than 30 working days (42.1%). This is a slight decrease in the backlog but still not at 30% requirement.</p> <p>If the reopened complaints and Ombudsman matters are not included in the figures for Quarter 2 there were 123 complaints outstanding with 36 complaints in backlog (29.2%). This does put the team on target for reducing backlog if reopened and Ombudsman complaints are not considered.</p> <p>The NHS Complaints Standards came into effect from 1 April 2023 and for those complaints that fall under the remit of early resolution, there has been a good response rate from staff. Out of 50 early resolution complaints for Quarter 1 and Quarter 2, 41 were resolved within 30 working days (82%), 5 breached and 4 remain open (not yet breached).</p>	Lara Fullwood

3rd parties are initiated on admission.																							
	Reducing avoidable harm																						
Clear outstanding incident backlog for category 3 and 4 pressure ulcers up until March 2023/4 Complete	The backlog within this category of pressure ulcers has been cleared and sustained for Q1 and Q2.	Jo Wakeman/ Nicky Griffiths																					
All Category 3, 4 and unstageable pressure ulcers resulting in a serious incident will be investigated and closed within 45 working days for a yellow incident and 60 days for a SI. Complete	There are currently no breached yellow or serious incidents reports.	Jo Wakeman/ Nicky Griffiths																					
Identify and report pressure ulcers earlier in patient pathway anticipating an increase in reported category 1 and 2's correlating to reduction of reported category 3, 4 and unstageable. Complete	<p>Hospital Acquired Pressure Ulcers (including DTIs)</p>  <table border="1"> <caption>Hospital Acquired Pressure Ulcers (including DTIs) - Number of Incidents Reported</caption> <thead> <tr> <th>Financial Quarter</th> <th>Hospital acquired Category 3, 4 and unstageable</th> <th>Hospital acquired Category 1, 2 and DTI</th> </tr> </thead> <tbody> <tr> <td>Q1 - 22/23</td> <td>~25</td> <td>~200</td> </tr> <tr> <td>Q2 - 22/23</td> <td>~15</td> <td>~180</td> </tr> <tr> <td>Q3 - 22/23</td> <td>~30</td> <td>~190</td> </tr> <tr> <td>Q4 - 22/23</td> <td>~35</td> <td>~225</td> </tr> <tr> <td>Q1 - 23/24</td> <td>~30</td> <td>~225</td> </tr> <tr> <td>Q2 - 23/24</td> <td>~35</td> <td>~205</td> </tr> </tbody> </table>	Financial Quarter	Hospital acquired Category 3, 4 and unstageable	Hospital acquired Category 1, 2 and DTI	Q1 - 22/23	~25	~200	Q2 - 22/23	~15	~180	Q3 - 22/23	~30	~190	Q4 - 22/23	~35	~225	Q1 - 23/24	~30	~225	Q2 - 23/24	~35	~205	Jo Wakeman/Nicky Griffiths
Financial Quarter	Hospital acquired Category 3, 4 and unstageable	Hospital acquired Category 1, 2 and DTI																					
Q1 - 22/23	~25	~200																					
Q2 - 22/23	~15	~180																					
Q3 - 22/23	~30	~190																					
Q4 - 22/23	~35	~225																					
Q1 - 23/24	~30	~225																					
Q2 - 23/24	~35	~205																					



The data does not show there is an increase in category 1 and 2 with a reduction in category 3,4 and unstageable. The hospital data shows a consistent reporting of all categories. The community data showed an initial peak in reporting which appears to be reducing. A validation of acute reporting has been undertaken which supported the datix information. The community have required the greatest input suggesting there was an initial increase in reporting.

The number of reported category 3,4 and unstageable incidents mirrors the line of overall reported incidents. This potentially suggests that reporting across the Trust has always been accurate.

Action to be taken against all reds and ambers to achieve compliance by Q4

Deliver a great patient experience.

Leaving hospital - communication around discharge (Q34) (target = 71%. Q2- 42%

Discharge workstreams are running across five key areas:

- Discharge to Assess
- Home for Lunch
- Early discharge planning (ward predictions)
- Discharge Team
- Use of Discharge Lounge

The Discharge Improvement Group is a standing item on the Patient Experience Group Agenda. Progress will be monitored through updates on progress against the workstreams at the PEG meeting for assurance of recommendations having been completed and improvements made.

Home for Lunch remains the primary discharge programme across the Trust and focus. Clinical Discharge Facilitators (Band 6) are being brought into the Discharge Team to help with improving the management of complex discharge patients and supporting the admin teams will have more clinical input.

Discharge checklists to be completed routinely with patients as early in the patient journey as possible. Literature to be readily available at all points in the patient journey describing discharge pathways appropriate to the clinical areas. Senior staff members to be available at set times daily to answer questions and find out

the desired information. Documentation audit scores to focus on discharge checklist completion and repeat real-time survey.

Improve complaint closure within 30 days to 50% by April 2023 Q2- 44.7%

The complaints response rate has improved during Q2 and appears on trajectory to reach 50% by April 2024. In terms of working towards this for Q3, the complaints team continue to work with divisions, highlighting any overdue responses and/or responses nearing their breach date at divisional governance meetings. There are also resources available to divisions to access daily updates with the position of their complaints via the complaint's online tracker and complaint's statistical dashboard.

In addition, the complaints team follow their escalation process sending two reminders to staff when a response becomes due at 15 working days, and following that, if no response is received this is then escalated to senior management. We also have in place the early resolution process for less complex complaints which appears to be working well with a good response rate for those complaints suitable for the process.

There is also a focused piece of work led by our Interim Chief Nurse focusing on losses and compensation for early resolution reducing the number of these becoming complaints. Reviewing PALS concerns aiming again for early resolution. Monthly meetings are held with the Chief nurse to monitor progress against agreed actions and outcomes.

Treating our patients at the right place at the right time

Home for lunch - Every inpatient ward will identify 1 to 2 patients everyday (7 days per week) as part of 'Home for Lunch' initiative. Target 30%

Themes identified for focused attention and improvement.

- lack of focused nursing support for Consultants Ward rounds
- late TTOs and diagnostic requests
- late escalation of diagnostics results to senior clinician contributing to delays discharging and address treatment concerns., furthermore prevents clear treatment and discharge plan being composed by the MDT for Weekend and BH care and criteria to Discharge.
- unclear CCTD (clinical criteria to treat and discharge) to guide Jnr Clinicians and Nursing together with DISCO to commence discharge on admission, on-call care focused reviews and assessments plus Snr Clinicians to discharge out of business hours Patients that are not under their care.
- lack of Snr Medical input/ Snr Decision Maker to afternoon Board Round
- improvement required in the RHH Nursing Family knowledge of Patients Social circumstances and care requirement(s) prior to admission.
- AHPs – focused approach to discharge and patients LOS (individual and appropriate for each Specialty ward)
- DISCO – Lack of Specialism and presence on the ward clinical areas – addressed in Q3 with providing DISCO offices for C5,C7 and Trauma.

Improvement trajectory and work for Q3 and Q4:

1. Frailty improved LOS and number of discharges for HFL BY 11%
2. Sustained improved LOS for T&O and B4 above national average and HFL > 30%
3. Improvement work on LOS & HFL across Gastro and Respiratory work BY ACHIEVING > 30% HFL consistently.
4. Implementation of CCTD (clinical criteria to treat and discharge) across all inpatient wards by March 2024.

Improve the use of the discharge lounge Target 30 patients per day Q2 – 25 patients per day

Long term plan: The lounge is currently being utilized as an inpatient area and will continue to be utilized during winter pressures to improve patient flow. The aim is to have 30 patients discharged via the lounge when patients are no longer bedded in this area.

All discharge communication with patient, carers and families and 3rd parties are initiated on admission.

Discharge Improvement Group' relaunched 19th October includes the following workstreams to support timely hospital discharge and admission avoidance, allowing patients who are well enough to return to their place of residence or a community setting.

There are currently significant numbers of people who are in hospital who could be cared for elsewhere, but discharge is delayed due to several reasons, including a need for reviewing internal processes and greater social care support.

Our priority is to ensure people can be discharge from hospital in a safe & timely way by working with our partners across the health and care.

The group will also focus on admission avoidance at the front door by the implementation of Integrated Front Door Team (IFDT) (soft launch 19/10/23)

Workstreams:

- Discharge to Assess
- Home for lunch
- Perfect Discharge lounge - this workstream will be progressed after winter
- Discharge Planning on Admission
- Dudley System Place

KPI's and project overviews have been reviewed with monthly actions to be challenged in this group. To support the data a new 'Discharge Dashboard' is being created to show where the delays in internal discharges are, allowing any themes to be reviewed and actions taken.

**Paper for submission to the Full Council of Governors on
6th December 2023**






Report title	Chairs update - Board of Directors meeting (public session) held November 2023
Sponsoring executive / presenter	Gary Crowe, Deputy Trust chair
Report author	Helen Board, Board Secretary

1. Suggested discussion points

Summary report from the Board of Directors meeting held in November highlighting items of assurance, concern, action or decision that governors may wish to discuss further to establish any triangulation and assurance.

All governors and members receive a direct invitation to attend the Bi-monthly Board of Directors meetings and receive the full meeting pack of documents.

2. Alignment to our Vision

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

Council of Governors 06/12/2023

4. Recommendation(s)

The Council of Governors is asked to:

- a.** Note and discuss the contents of the report.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Corporate Risk Register	N	
Equality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed

CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: 9th November 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Financial situation remained challenging with month 6 position £13.2k deficit but £803k better than plan submitted to NHSE. There was a £52m System CIP to be delivered within the current financial year, which was being incrementally identified. Detailed output of Financial Recovery Planning work undertaken by PA Consulting was awaited. Integrated Care System reported an actual aggregate of £79m deficit for September which was £27m adverse to plan - 5 of the 8 organisations were off plan.
- Urgent and Emergency Care continues to be a challenged area of focus. Emergency Department 4 hour performance showed an improvement in September's position at 74.1% vs 72.8% in August against target of 75%.
- Bank costs remained high, with an element distorted by industrial action costs and operating additional areas/beds due to emergency pressures. Concern that bank spend required closer scrutiny.
- The October joint Consultant and Junior Doctor strike represented one of the most difficult strike periods to date, with the Trust experiencing significant pressure across all aspects of the patient journey and site capacity. A number of areas are highlighted for improvement ahead of any future strike action.
- Inpatient survey results from previous highlighted clear opportunities to improve the experience of our patients and families including work on pain, discharge planning, mealtimes and overall communication; work would be overseen by the Patient Experience Group
- The Trust was receiving a significant number of complaints and quality improvement work was underway to improve response times

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Trust would need to resubmit its year end forecast, including winter planning, service developments and elective recovery, by 22nd November 2023 in response to guidance received 8/11 relating to the £800m money for the NHS.
- Board members to complete a reflective exercise on Freedom to Speak Up by January 2024 supporting a planning tool that focussed on the eight FTSU principles.

POSITIVE ASSURANCES TO PROVIDE

- Patient Story – Discharge pathway. Board heard from husband of a patient who was unable to be placed in nursing home in their local area and commended the compassion and commitment of the discharge team in helping at a difficult time.
- The Trust was now just £690k short of reaching its CIP Target of £26.2m.
- Trust performance against national standards and local recovery plans was performing well overall with continued provision of mutual aid to System partners. The Patient Treatment List (PTL) had doubled in size during Covid-19 and being tackled across all specialities using Patient Initiated Digital Mutual Aid System (PIDMAS), Patient Initiated Follow Up (PIFU) and virtual wards.
- There was improved compliance with the Maternity Incentive Scheme (CNST) which would require Board sign off of the final submission at the January 2024 board meeting.
- Guardian of Safe Working had reported no fines had been issued in the reporting period and noted the National Education and Training Survey (NETS) scores that had seen significant improvement.
- Charity Committee reported positive assurance in relation to the expenditure of income and the Committee had been working on the spending plans of fund balances for some time. Fund balances currently stood at £2.6m.
- Digital Committee reported excellent work undertaken by the Portfolio team in support of the Shared Care Record (ShCR) rollout.

DECISIONS MADE

- Endorsed the NHSE Agency Rule Submission Report prepared in response to a letter from Professor Nina Morgan, Regional Chief Nurse for NH England – Midlands, regarding agency reduction which identified that urgent action was required. There were four key actions to address which required a response by 31st October 2023.
- The Winter Plan Super Surge escalation plan was approved and noted the investment associated with the additional mitigation schemes and that the plan was a live document and work would continue to further support successful delivery of the winter plan and resilience working with System partners and Place.
- Approved the recommendation of the Finance & Productivity Committee for the renewal of the contract (Picture Archive Communication System PACS).
- Approved the recommendation of the Finance & Productivity Committee for a Four-Year Managed Service Contract for Provision of MRI and CT Scanning with Staffing at Corbett.
- Approved the establishment of the Dudley Integrated Health Care Transaction Project Group and its Terms of Reference.
- Approval of the Board Assurance Framework summary report for September and October 2023.
- Endorsed the revised Terms of Reference of the Remuneration and Nominations Committee.

Chair's comments on the effectiveness of the meeting

**Paper for submission to the Full Council of Governors on
6th December 2023**






Report title	Update from the Experience & Engagement Committee
Sponsor / Presenter	Mushtaq Hussain – Chair of Experience and Engagement Committee
Report author	Madhuri Mascarenhas – Governance Administration Lead

1. Suggested discussion points

Summary report from the Experience & Engagement Committee that met on 28th November 2023 highlighting:

- The Foundation Trust public membership numbers continue to remain around 13,000. Governors are encouraged to participate in their own initiatives, and Trust led activities to create awareness of the governor's role and promote membership.
- Governor training and development continues to develop and is provided internally to new and existing governors.
- The second joint governor training and development session with Black Country Healthcare NHS Foundation Trust is planned for January 2024.

2. Alignment to our Vision

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

Full Council of Governors Meeting – 06/12/2023

3. Recommendation (s)

The Council of Governors is asked to:

- a.** Note the contents of the report.

4. Impact

Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Corporate Risk Register	N						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

CHAIRS LOG

UPWARD REPORT FROM THE EXPERIENCE AND ENGAGEMENT COMMITTEE

Date Committee last met: 28th November 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 regarding its public membership and is well represented by constituency, age, and gender, the current public membership figure of 13,234 is close to the required membership of 13,000. • Governors are asked to actively participate in Trust facilitated activities and identify opportunities within their constituencies. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The second joint governor development session with Black Country Healthcare NHS Foundation Trust is planned for the 23rd of January. Governors from both trusts are keen to attend the training to help build relationships and promote system working. • A date has been finalised for Lead Governor Alex Giles and Dr Mohit Mandiratta to do a special feature on Black Country Radio to promote membership and the governor's role to the broader community.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good attendance at Board Committee meetings. • Good participation received from governors at the annual Patient Led Assessments of the Care Environment (PLACE) audits. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • A Council of Governors Effectiveness Review Survey will be carried out in quarter four of 2023/24. • Meeting dates for the next financial year, 2024 – 25, have been finalised. • Governors have approved the training plan for 2024 – 25, and suggestions made by the governors will be incorporated into the training schedule.
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> • Good attendance. Papers received on time with good and precise information. 	

**Paper for submission to the Full Council of Governors on
6th December 2023**

Report title	Board Secretary update
Sponsoring executive	Diane Wake, Chief Executive
Report author & Presenter	Helen Board, Board Secretary

1. Suggested discussion points

Council of Governors elections November 2023

The Trust has conducted a round of elections overseen by Civica Elections Services, for vacancies arising in the following Constituencies owing to existing governors reaching their end of term of office. Elections concluded on 23rd November 2023 and returned the following successful candidates:

Public Constituency

Brierley Hill – Barrie Wright
 Central Dudley – Sandra Harris (3rd term)
 Rest of England – Lewis Callary
 Stourbridge – Maria Lodge-Smith (2nd term)
 Tipton & Rowley Regis – Craig Nevin

Staff Constituency

Nursing & Midwifery – Khadeejat Ogunwolu

Partner Organisations – Jonathan Woolley (*election process managed locally*)

There is one appointment sought in the following:

Appointed Governors

Institute of Health, University of Wolverhampton – awaiting appointee to advise

Council of Governors Effectiveness Survey 2023/24






In keeping with best practice, the Trust supports a review which considers the effectiveness of the Trust's Council of Governors. The timeline developed to support the 2023/24 process is:

Activity/month 2024	Jan	Feb	Mar	May	June	Sept
Survey circulated to CoG late January to respond by late February 2024						
Collate data from survey responses						
Review and analyse feedback						
Share findings at Governor Training & Development Session and develop actions as needed						

Written report to full Council of Governors						
Update on actions to full Council of Governors meeting						

This survey will be issued to all Council members in post and will include 46 questions across 10 categories including an option for free text comments;

- Holding to account
- Engagement and Direction
- Information
- Clarity
- Chairs Leadership
- Committee Structure
- Council dynamic
- Training and Development
- Support to the council
- Composition

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

2. Report journey
Council of Governors – 06/12/2023

3. Recommendation(s)
The Council of Governors is asked to:
a. Note that governor elections concluded on Thursday, 23rd November 2023.
b. Note that a survey of Council of Governor effectiveness will commence January 2024

4. Impact							
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment					
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Corporate Risk Register	N						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	