



Council of Governors Meeting Papers

Thursday 28th March 2024 3:30pm – 5:30pm







Deliver right care every time

Performance

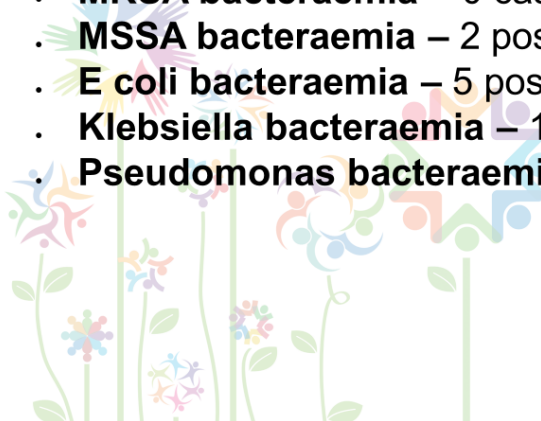
- 28 day faster diagnosis standard (Target 75%)– 82.5%
- 31 day decision to treat to treatment (Target 96%) – 81.1%
- 62 day referral to treatment (Target 70% from March 2024) – 58.6%
- We are one of the highest performers within the West Midlands for our 28 day faster diagnosis standard.



Deliver right care every time

Infection prevention & control for December

- **Clostridium difficile** – 1 post 48 hours (hospital onset).
- **MRSA bacteraemia** – 0 cases post 48-hour cases.
- **MSSA bacteraemia** – 2 post 48-hour cases.
- **E coli bacteraemia** – 5 post 48-hour cases.
- **Klebsiella bacteraemia** – 1 post 48-hour cases.
- **Pseudomonas bacteraemia** – 0 post 48-hour cases.



COMMUNICATIONS UPDATE JANUARY/FEBRUARY 2024

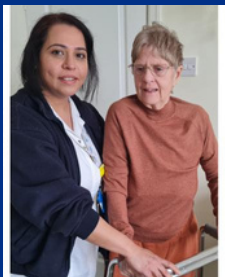
Industrial action meant colleagues, staff and members of the public needed to be kept fully informed and asked to choose appropriate services.

24 HOURS IN HEALTHCARE

Healthcare providers across the Black Country took part in another really successful 24 hours in healthcare social media campaign. The focus was on teams and services keeping people out of hospital and keeping people well in the community.



Here at the Trust, we spent the morning at Ladies Walk in Sedgley with our District Nursing team, at Stourbridge Health and Social Care Centre & Corbett Outpatient Centre highlighting many of our Community AHP services and at the Dudley Clinical Hub at the Brierley Hill Health and Social Care Centre.



CELEBRATING OUR PEOPLE

One of our priorities as a communications team is to celebrate our staff and show that Dudley is a brilliant place to work and thrive. Among the stories we have shared this month are Aqeela Hamilton who was awarded Black Country Midwife of the Year, Michelle Derry who retired after over 40 years within the NHS in Dudley and father and daughter Graham and Michelle Dimmock who shared how working with a family member makes such a positive difference.



MEASLES

The number of children and young people with measles has risen across the West Midlands. We have ensured that staff, visitors and the wider community have been receiving regular messaging about the ways to guard against the infection and we have promoted widely the MMR vaccination.



RACE EQUALITY WEEK 2024

This year the EmbRACE staff network supported Race Equality week, an annual UK-wide movement uniting thousands of organisations to address the barriers to race equality in the workplace.



To support this we featured case studies of staff telling their own stories and shared these across our digital channels.

MEDIA COVERAGE

During January and February we sent seven media releases and gained 15 pieces of positive coverage

New state-of-the-art robotic arm is helping to transform knee and hip replacement surgeries in the Black Country

A new state-of-the-art robotic arm is helping to transform knee and hip replacement surgeries in the Black Country.

By Lisa O'Brien | Published Jan 17 | Last updated Jan 17 | Comments



DUDLEY COLLEGE PARTNERSHIP

The new year saw the start of a really important partnership for the Trust Charity with Dudley College. The College staff and students held a vote, and the Trust Charity was one of three local chosen charities for the college to support until 2027.



The college chief executive and HR director visited the Trust last week to meet with Nithee Patel, head of fundraising and directors Kat Rose and Liz Abbiss to talk all things fundraising!

LITTLE VOICES

Children from a local primary school visited our children's department to give feedback on the services we offer and the environment. This was a very special day and allowed us to get an invaluable perspective on our patient care.



WE ALSO SUPPORTED
LGBT History Month
Staff Health and Wellbeing
Quarterly Pulse Survey
Cervical Cancer Prevention Week
National Apprenticeship Week

TESLA CAR DONATIONS

Young patients waiting for surgery will be happily driving along the corridors in style as the Trust charity arranged for the donation of two mini Tesla cars to help young patients alleviate their anxieties before their surgery and enhance patient experience at the hospital.



WE NEED YOUR SUPPORT IN THE COMING MONTHS



Winter vaccinations

Flu vaccine until end of March

We are aiming to increase our staff vaccination rates so please help us to spread the word.

International Women's Day

March 8th

Leadership Conference

April 26th

Day of the Midwife

May 5th

Nurses Day

May 12th

Promoting the NHS App

We are working with regional colleagues to ensure the NHS App is accessed by our local communities

Trust social media channels

Please share our key messages across Facebook, Twitter (X) and LinkedIn

The Dudley Group NHS Foundation Trust

Full Council of Governors meeting


4 of 61

Full Council of Governors meeting

28 March 2024 15:30hr

Microsoft Teams

No.	Item	Paper ref.	Purpose	Presenter	Time
1.	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Chair	15:30
2.	Council Meeting 2.1 Declaration of Interests 2.2 Quoracy 2.3 Announcements	Enclosure 1	For noting	Chair	
3.	Previous meeting 06 th December 2023 – Full Council 3.1 Minutes 3.2 Matters arising 3.3 Update on actions	Enclosure 2	For approval	Chair	
To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results					
4.	Remuneration & Appointments Committee	Enclosure 3	For approval	Gary Crowe, Deputy Chair	15:35
Governance					
5.	Chief Executive's update	Enclosure 4	For information & discussion	Karen Kelly Deputy Chief Executive	15:40
6.	Chairs update <ul style="list-style-type: none"> Board of Directors held in January and March 2024 Trust integrated Performance report on and note position in respect of Trust targets Non-executive committee chair feedback by exception 	Enclosure 5	For assurance & discussion	Gary Crowe, Deputy Chair	15:50
		Enclosure 6		Karen Kelly, Chief Operating Officer	16:00
		Verbal		Non-executive committee chairs	16:10
7.	Dudley Integrated Health and Care NHS Trust Update	Enclosure 7	For assurance	Kat Rose, Director of Strategy & Integration	16:20
8.	Trust Quarterly Strategy Report and forward planning update	Enclosure 8 / verbal	For assurance	Ian Chadwell, Deputy Director of Strategy	16:30
9.	Patient Safety Incident Response Framework (PSIRF) Update	Presentation	For information	Andy Proctor, Director of Governance	16:45
10.	Lead Governor update	Verbal		Alex Giles, Lead Governor	17:00

11.	Board Secretary update <ul style="list-style-type: none"> • Council Elections 2024 • Council of Governors Terms of Reference • Lead governor – annual endorsement • Council of Governors Committee Workplan • Council Committee Membership Review 	Enclosure 9	For approval/assurance	Helen Board, Board Secretary	17:10
 Build Innovative relationships in Dudley & beyond Increase the proportion of local people employed Increase the number of services jointly delivered across the Black Country					
12.	Experience & Engagement Committee update	Enclosure 10	For assurance	Mushtaq Hussain, Chair of Experience & Engagement Committee	17:20
13.	Any Other Business (to be notified to the Chair)	Verbal	For noting	Chair	17:30
14.	Close of meeting and forward meeting dates 2024/25: face-to-face meetings - 20 June, 26 September, 19 December and 20 March 2025			Chair	
15.	Reflections on the meeting			All	
16.	Quoracy: To consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.				
Items marked*: indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.					

Enclosure 1 - CoG Declarations of Interest

Name	Position	Date of interest	Description	Staff Group
Emily Butler	Public Governor: Halesowen	01/04/2023 - 31/03/2024	Employed by Birmingham Women's and Children's NHS Foundation Trust	Governor/Volunteer
Lewis Callary	Public Governor: Rest of England	01/04/2023 - 31/03/2024	Coventry University Students Union	Governor/Volunteer
Kerry Cope	Staff Governor: Nursing & Midwifery	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Jill Faulkner	Staff Governor: Non Clinical Staff	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Syed Gilani	Staff Governor: Allied Health Professionals, Pharmacy and Health Care Scientists	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Alex Giles	Public Governor: Stourbridge	01/04/2023 - 31/03/2024	Mother Julie Jasper is a NED for West Midlands Ambulance Service.	Governor/Volunteer
Sandra Harris	Public Governor: Central Dudley	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Michael Heaton	Public Governor: Brierley Hill	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Natalia Hill	Appointed Governor: Institute of Health University of Wolverhampton	01/04/2023 - 31/03/2024	University of Wolverhampton - Employee	Governor/Volunteer
Natalia Hill	Appointed Governor: Institute of Health University of Wolverhampton	01/04/2023 - 31/03/2024	WHG - (Registered Housing Provider) - Non-executive Director	Governor/Volunteer
Natalia Hill	Appointed Governor: Institute of Health University of Wolverhampton	01/04/2023 - 31/03/2024	Wolverhampton Wanderers - Casual Employee	Governor/Volunteer
Vicky Homer	Public Governor: South Staffs & Wyre Forest	01/04/2023 - 31/03/2024	Spouse is staff employee	Governor/Volunteer
Mushtaq Hussain	Public Governor: Central Dudley	01/04/2023 - 31/03/2024	Member of the Labour Party	Governor/Volunteer
Clare Inglis	Staff Governor: Allied Health Professionals, Pharmacy and Health Care Scientists	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Catherine Lane	Staff Governor: Nursing & Midwifery	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Maria Lodge-smith	Public Governor: Stourbridge	01/04/2023 - 31/03/2024	Chairman of Patient Participation Group for Three Villages Medical Practice	Governor/Volunteer
Mohit Mandiratta	Appointed Governor: Primary Care Representative	01/04/2023 - 31/03/2024	GP Partner at Feldon Lane Practice, which is partially integrated with Dudley Integrated Health and Care NHS Trust.	Governor/Volunteer

Mohit Mandiratta	Appointed Governor: Primary Care Representative	01/04/2023 - 31/03/2024	Partner is employee of Sandwell and West Birmingham NHS Trust	Governor/Volunteer
Mohit Mandiratta	Appointed Governor: Primary Care Representative	01/04/2023 - 31/03/2024	Regular GP on BBC Breakfast	Governor/Volunteer
Atef Michael	Staff Governor: Medical and Dental	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Elizabeth Naylor	Public Governor: North Dudley	01/04/2023 - 31/03/2024	Guide leader	Governor/Volunteer
Craig Nevin	Public Governor: Tipton & Rowley Regis	01/04/2023 - 31/03/2024	Committee Member of BHSEA (Birmingham Health Safety Environment Association) Construction Committee	Governor/Volunteer
Craig Nevin	Public Governor: Tipton & Rowley Regis	01/04/2023 - 31/03/2024	Ambassador for "Mates in Mind" - Mental Health Charity for Men in the Construction Industry	Governor/Volunteer
Khadeejat Ogunwolu	Staff Governor: Nursing & Midwifery	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Yvonne Peers	Public Governor: North Dudley	01/04/2023 - 31/03/2024	Trustee and fundraising secretary of Green Park School Voluntary Committee	Governor/Volunteer
Alan Taylor	Appointed Governor: Dudley Metropolitan Borough Council	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Mary Turner	Appointed Governor: Dudley Council for Voluntary Service	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Joanne Williams	Public Governor: Halesowen	01/04/2023 - 31/03/2024	Chair of Board for Stour Vale MAT	Governor/Volunteer
Joanne Williams	Public Governor: Halesowen	01/04/2023 - 31/03/2024	Director of Halesowen College Enterprises	Governor/Volunteer
Joanne Williams	Public Governor: Halesowen	01/04/2023 - 31/03/2024	Governor at Bartley Green School	Governor/Volunteer
Jonathan Woolley	Staff Governor: Partner Organisations	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer
Barrie Wright	Public Governor: Brierley Hill	01/04/2023 - 31/03/2024	Nil	Governor/Volunteer

UNCONFIRMED Minutes of the Full Council of Governors meeting
Wednesday 6th December 2023, 16:00 hrs
held in Rooms 4 & 5, Clinical Education Centre, South Block, Russells Hall Hospital

Present:	Status	Representing
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Mr Craig Nevin	Public Elected Governor	Tipton & Rowley Regis
Mrs Khadeejat Ogunwolu	Staff Elected Governor	Nursing & Midwifery
Mrs Yvonne Peers	Public Elected Governor	North Dudley
Cllr Alan Taylor	Appointed Governor	Dudley MBC
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Jonathan Woolley	Staff Elected Governor	Partner Organisations
Mr Barrie Wright	Public Elected Governor	Brierley Hill

In Attendance:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Mrs Helen Board	Board Secretary	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 – Chair of meeting	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Phil Latham	Compliance Manager	DG NHS FT
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Mrs Jo Wakeman	Deputy Chief Nurse	DG NHS FT

Apologies:

Dr Thuva Amuthalingam	Associate Non-executive Director	DG NHS FT
Mr Julian Atkins	Non-executive Director	DG NHS FT
Dr Gurjit Bhogal	Non-executive Director	DG NHS FT
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Mr Alan Duffell	Chief People Officer	DG NHS FT
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Joanne Hanley	Non-executive Director	DG NHS FT
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Mrs Maria Lodge-Smith	Public Elected Governor	Stourbridge
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative (Former CCG appointment)
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Sir David Nicholson	Trust Chair	DG NHS FT

Mr Andy Proctor	Director of Governance	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mr Kevin Stringer	Chief Finance Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Ms Joanne Williams	Public Elected Governor	Halesowen
Mr Lowell Williams	Non-executive Director	DG NHS FT

Not In Attendance:

Mrs Emily Butler	Public Elected Governor	Halesowen
Mr Lewis Callary	Public Elected Governor	Rest of England
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Ms Louise Smith	Staff Elected Governor	Nursing and Midwifery

COG 23/38.0 16.00	Welcome
COG 23/38.1	<p>Introductions & Welcome</p> <p>Professor Gary Crowe welcomed everyone to the meeting. He informed the Council of Governors that he was chairing today's meeting in place of Sir David Nicholson and that Adam Thomas was deputising for the chief executive, Diane Wake.</p> <p>The Chair welcomed the new and returning governors – Sandra Harris, Maria Lodge-Smith, Jonathan Woolley, Khadeejat Ogunwolu, Lewis Callary, Craig Nevin and Barrie Wright. A brief round of introductions was done by the new governors present at the meeting.</p> <p>He thanked departing governors Arthur Brown, Alan Rowbottom, Louise Smith and Chauntelle Madondo for their hard work and contributions to the Trust during their term of office.</p>
COG 23/38.2	<p>Apologies</p> <p>Apologies had been received as noted above.</p>
COG 23/39	<p>Effective - Annual Planning 2024/25 (Workshop)</p> <p>I Chadwell, deputy director of strategy, briefly introduced himself and highlighted the aims of the annual planning workshop.</p> <p>The Trust was keen for governors to be involved in the forward plan for 2024 – 25. The goals in the current strategy were valid until September 2024 and would be used as the guiding principle for the annual planning.</p> <p>The Trust would continue to focus on the following for 2024-25 :</p> <ul style="list-style-type: none"> - Improving access to urgent and emergency care - Reduce the number of patients in hospital with no criteria to reside - Reduce longest elective waits to 52 weeks by March 2025 - 95% diagnostic tests within six weeks by March 2025 - More elective activity than before the pandemic

Funding allocations were to be as per the spending review in 2021. The payment system would most probably be similar to 2023/24, with the potential to earn more income by doing more elective activities. The focus would be to improve productivity.

The high-level themes planned for 2024/25 were as follows:

- Focus on productivity
- Investing in Community Diagnostic Centre
- Transfer of primary care from Dudley Integrated Health & Care and development of Dudley Place partnership
- Investing in and transforming Dudley Clinical Hub and community services
- Discharge improvement
- Redevelopment of resuscitation area in the Emergency Department
- Managing the impact of opening Midland Metropolitan University Hospital (MMUH) (autumn 2024)
- Targeted Lung Health Check Programme
- Moving services away from Russells Hall Hospital to community locations

K Rose introduced herself to the council of governors. She informed the governors that the Dudley Group, three other regional acute hospitals, a mental health trust, and the integrated care board comprised the Black Country System. The Trust was also a part of the Black Country Provider Collaborative (BCPC), and Diane Wake was its chief executive. BCPC aims to work collaboratively to provide the best care for the Black Country.

K Rose briefly explained about place-based partnerships and highlighted the following key points:

- There were four local place-based partnerships in the Black Country covering the areas of Dudley, Sandwell, Walsall and Wolverhampton, which were working together to provide better joined-up care.
- These collaborative arrangements, called place-based partnerships, bring together a range of organisations for planning and delivering health and care services.
- These partnerships include trusts, primary care services, voluntary and community sector organisations, local residents and service users.

K Rose summarised the key objectives of the Strategic Planning framework and the points for the groups to discuss at each table.

C Nevin queried if there was a road map leading up to the Strategic Planning Framework. K Rose advised that the current strategy was used as the base for the Framework, which would be refreshed in 2024. The Dudley Group strategy was the oldest strategy within the Black Country system. C Nevin further queried how often the strategy was reviewed, to which K Rose advised that the strategies for the trusts were refreshed every three years, and the forward plan for the Integrated Care Boards was reviewed every five years with a plan to review the forward plan annually.

The attendees were divided into three groups and asked to review a couple of questions in each group and discuss some suggestions for each question.

L Abbiss presented the discussion points for Group A for the following questions:

- What factors to consider when moving services away from the hospital, and what services might we consider moving away?

The group discussed and reviewed the following key points for this question:

- o Health and equality
- o Demographic area and population.
- o How would the local people be able to access the services moved to different areas? A factor they feel the Trust should consider before moving a service. Speak with the local people to gather feedback.

	<ul style="list-style-type: none"> ○ Cost-effectiveness was the key focus point. They reviewed patient experience and the benefits of moving services to an area more accessible to the local population—E.g. the Merry Hill Blood Test Centre. <p>M Hussain highlighted to the group that various community groups in the local area did not engage with the Trust. He suggested that the Trust consider the impact on these groups of people if services were moved to other areas.</p> <ul style="list-style-type: none"> - How can we benefit from maximising Primary Care services? <ul style="list-style-type: none"> ○ Maximise the use of community venues for routine diabetes and blood pressure checks. ○ Offer training and development sessions to primary care sectors for services that can be moved out of the hospital. ○ Care navigation – ensure that people were directed in the right direction from the start of their care journey. <p>K Rose presented the discussion points for Group B.</p> <ul style="list-style-type: none"> - A need to distribute services to different locations. - Keeping services open during the weekend gives people more access. - Look at ways to get the different systems within the Black Country to communicate better with each other. - Helping governors understand the local services available in each constituency to share with their respective members. - Voluntary sectors – support by offering room space for meeting rooms on weekends or evenings when staff members weren't using them. <p>I Chadwell presented the discussion points for Group C.</p> <ul style="list-style-type: none"> - The group reviewed the following points to add to the framework: <ul style="list-style-type: none"> ○ They recognised that it would be difficult to reduce carbon emissions. ○ Suggested reviewing information from PLACE audits (Patient Led Assessments of the Care Environment) to incorporate into the strategy for a better patient experience. ○ Include hydration and nutrition in the strategy, as the patient surveys repeatedly highlighted shortcomings in that area. - Re-location of services <ul style="list-style-type: none"> ○ How to highlight the benefits to people of moving services to different areas and how it would benefit the system as a whole. ○ Review services that can be added to the Family Hub locations. <p>I Chadwell informed the council of governors that it would take approximately three to four months to develop the Trust's plans/strategy. The plans would have to be reviewed and adjusted to fit within the financial budget for the year. Further planning discussions would be held with the executives and board members.</p> <p>The Chair thanked the governors for their support and help with the annual planning discussion.</p>
<p>COG 23/40.1</p>	<p>Declarations of interest</p> <p>The Chair encouraged everyone to declare their interests to the Foundation Trust office if they hadn't still done so.</p> <p>There were no declarations made.</p>
<p>COG 23/40.2</p>	<p>Quoracy</p> <p>The meeting was declared quorate.</p>

COG 23/40.3	Announcements No announcements were made.
COG 23/41.0	Previous meeting
COG 23/41.1	Previous Full Council of Governors meetings held on 05th October 2023 (Enclosure 2) The minutes from the previous meeting were given as enclosure one for the full Council of Governors meeting held on 05 th October 2023. It was Resolved to <ul style="list-style-type: none"> • Approve the minutes as an accurate record of the meeting held as given above.
COG 23/41.2	Matters arising There were none.
COG 23/41.3	Update on actions None
COG 23/42.1	Chief Executive's update (Enclosure 3) A Thomas summarised the Chief Executive's report for November 2023, given as enclosure three, and highlighted the following: The financial situation continued to be a challenge with the Trust planning to achieve the planned deficit for 2023/24 and noted that planning was well underway for 2024/25. The Trust continued to focus on keeping people safe during the winter pressures. The Emergency Access Standard continued to be a challenge. Ambulance handover delays remained a problem for the System, and the Trust continued to work closely with the Improvement Team and System partners to improve flow. The Trust was focused on reducing the elective recovery rates beyond 65 weeks and performing well. The Trust was providing mutual aid to other providers in the System. Patient Initiated Digital Mutual Aid System (PIDMAS) was launched on 31 st October 2023. Good work was being done by the governance group set up to review the governance procedures of the Black Country Provider Collaboration, which was overseen by the executive team. Positive feedback was received at the Joint Board Development session that had been held in September 2023. C Nevin asked if the opening of the Midland Metropolitan University Hospital would impact the Trust negatively with staff retention. A Thomas stated that he did not perceive it would negatively impact the Trust. K Brogan assured the council of governors that the Trust was doing extremely well with reducing vacancy rates from 14% to 4%. The Trust was now focussed on staff retention by providing development and well-being training opportunities. The staff retention rate was currently above 90%.

C Nevin asked if the Trust depended heavily on agency staffing. K Brogan confirmed that the Trusts agency staffing was the best in the Black Country. Agency staffing was only primarily used for the medical workforce. The Trust used Bank Staff to fill most vacancies.

A Thomas briefly spoke about the excellent charity work done by the fundraising team and highlighted the money raised by patient Margaret Tranter for the hospital's Rheumatology Department.

The Critical Care team became the first in the country to achieve Gold Standard's Framework accreditation for delivering the highest standards of end-of-life care.

Allied Health Professionals (AHPs) Day was celebrated on the 14th of October. AHPs work hard to ensure the rehabilitation of patients when they're discharged from the hospital, and they also ensure that patients avoid coming into the hospital where possible.

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

No further comments or questions were raised. The report was noted for assurance.

COG 23/42.2

Trust Integrated Performance Report (Enclosure 3a)

K Kelly noted the contents of enclosure 3a.

On average, the Trust received 9500 patients in the Emergency Department every month. Over and above that, 4000 patients were seen by the Urgent Care Centre every month, and the Trust received an additional 3500 patients by ambulance each month.

Whilst urgent and emergency care continued to be a challenging area of focus, the emergency performance showed an improvement in September's position at 74.1% vs 72.8% in August, with patients being discharged within four hours.

She highlighted that the Trust was working with the local council, care homes and family members to help discharge patients who need further care but do not need to be hospitalised.

Ambulance handover delays of over 60 minutes increased markedly during the month of September.

K Kelly commended the Emergency Department Team for their continued hard work and for implementing new procedures to triage patients within 15 minutes of arrival. 79 – 80% of patients were seen within this timeframe.

Performance against national elective recovery targets remained positive. The number of patients waiting over 65 weeks to commence routine therapy remained stable, and the Trust continued supporting neighbouring organisations by treating patients in their 78-week cohorts.

The cancer 2-week wait saw continued improvement in performance in August, with the Trust achieving the 93% standard.

The Chair noted that the upcoming doctor's strike was a massive challenge for the Trust, and a lot of planning was taking place to manage the situation in the best possible way.

	<p>J Hobbs commended the Deteriorating Patient Team for the significant improvements made with the development of the deteriorating patient pathway, as it had helped the Trust this year with reducing and early identification of deteriorating patients. He noted that the Trust is the only hospital in the country to have end-of-life care for patients in the Critical Care Unit.</p> <p>The Chair thanked J Hobbs for the update and for assuring the council of governors that the Trust had a robust tracking system of the deteriorating patient pathway.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
<p>COG 23/42.3</p>	<p>Quality Priorities 2023/24 Q1 and Q2 (Enclosure 3b)</p> <p>J Wakeman noted the contents of enclosure 3b.</p> <p>The Trust was mandated to set quality priorities they would like to focus on yearly. The Governors and Trust had agreed on three priorities and nine actions of care as part of 2023/24 Quality Accounts. It was agreed that they had not achieved the agreed target for 2022/23 and would roll it over into this year's priorities.</p> <p>J Wakeman briefed the council of governors on the progress made in Q1 and Q2 on the nine actions and highlighted the following:</p> <ul style="list-style-type: none"> - Ongoing concern with the considerable backlog with actioning complaints. The complaints team continues working hard with the divisions, highlighting any overdue responses or responses nearing their breach date at divisional governance meetings. Aim to improve complaint closure within 30 days to 50% by March 2024. - The team is focusing on improving the use of the discharge lounge. - Home for Lunch remains the primary discharge programme across the Trust and focus. Amandeep Tung-Nahal heads the Discharge Team, and steps were in place to help improve the discharge process. - The backlog with Pressure ulcers was cleared in March 2023. The Pressure Ulcer group hold weekly meetings to review category 3, 4 and unstageable cases to determine the level of harm. A strategic group then reviews the management of these cases. <p>The Chair thanked J Wakeman for being transparent in her report and highlighting the progress and the areas that still need improvement.</p> <p>J Wakeman agreed with the Chair that patient discharge was still an ongoing problem. It continued to impact patient surveys.</p> <p>J Faulkner highlighted to the council of governors that the Complaints Team was working hard to reduce the backlog. However, the completion of these cases depended on the clinical teams, and the Complaints Team was working with the divisions to resolve them.</p> <p>The Chair queried if there was an escalation process in place, which J Wakeman confirmed. Two reminders were sent to staff when a response was due within 15 working days. If no response was received, this was then escalated to senior management.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
<p>COG 23/42.4</p>	<p>CQC Update (Verbal)</p> <p>P Latham briefly introduced himself and provided a verbal update on the recent CQC (Care Quality Commission) inspections.</p>

	<p>The CQC had conducted several inspections on the Trust this year. He provided the governors with information on the CQC ratings and the improvements made. He highlighted the improvements shown in the recent two inspections of the urgent and emergency services and services for children and young people.</p> <p>Overall, good progress was made. The Trust’s overall rating remained ‘Requires Improvement’ as the CQC cannot fully inspect the Trust in one visit. For example, Good improvements had been made with Diagnostic Imaging, but this was not reflected in the rating as they were last reviewed in 2019.</p> <p>C Nevin noted that all the Trust’s notice boards showed an 'Inadequate' rating. P Latham clarified that to change the Trust's overall rating, CQC had to do a well-led review, including a review of our governance procedures.</p> <p>L Abbiss stated that the Communications Team publishes the new ratings on the Trust website and social media; however, the rating on the public notice boards cannot be amended until the CQC does a well-led review of the Trust and officially changes the rating.</p> <p>A Thomas highlighted that a lot of targeted improvement work/plans had been done with the Imaging Department since the last CQC review.</p> <p>As part of a proactive approach, the Compliance Team and a set of wider team members carry out monthly quality and safety reviews on different wards to identify areas of improvement. In early 2024, the team would also reinstate ward-to-board visits to understand and support the day-to-day business on a ward.</p> <p>P Latham encouraged governors to participate in the internal reviews.</p> <p>No further comments or questions were raised.</p>
<p>COG 23/43.1</p>	<p>Chair’s Update (Enclosure 4)</p> <p>The Chair noted the contents of enclosure four, which was a summary of the Public Board of Directors meeting held on the 9th of November 2023.</p> <p>He briefly highlighted the following from the report:</p> <ul style="list-style-type: none"> - The Board endorsed the NHSE Agency Rule Submission Report regarding agency reduction. - The Winter Plan Super Surge escalation plan was approved. - Approved the establishment of the Dudley Integrated Health Care Transaction Project Group and its Terms of Reference. <p>The financial situation remained challenging. The Trust would review the financial forecast for the rest of the year with the other trusts in the system.</p> <p>Detailed output of Financial Recovery Planning work undertaken by PA Consulting was awaited.</p> <p>Board members must complete a reflective exercise on Freedom to Speak Up (FTSU) by January 2024, supporting a planned tool focusing on the eight FTSU principles.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
<p>COG 23/43.2</p>	<p>Non-executive committee chair feedback (Verbal)</p> <p>Committee chairs not in attendance.</p>

<p>COG 23/44</p>	<p>System Wide Updates (Verbal)</p> <p>K Rose provided a brief update on the Black Country Provider Collaborative. The PowerPoint presentation would be circulated after the meeting.</p> <p>Dudley Integrated Health and Care NHS Trust (DIHC) was set up three years ago with the aim of getting primary and community services together for a procurement exercise. A decision was made last year by the Integrated Care Board (ICB) that DIHC should not remain as a standalone NHS Trust, so services that currently sit within DIHC need to transfer somewhere.</p> <p>At the last DIHC meeting, their staff were briefed on the services that would be transferred to DGFT. A proper governance process would be followed to review the risks and mitigations before transferring services to DGFT. The services provided by DIHC were slightly different from those provided by DGFT. Two GP practices would be transferred to DGFT, potentially providing further commercial opportunities to grow and support our community services.</p> <p>The Trust would also take on some Clinical Commissioning work that used to be a part of DIHC.</p> <p>Approximately 220 staff members would be transferred to DGFT along with corporate services. A due diligence of risks associated with contracts would be reviewed and presented to NHSE for assurance. A report would be presented to the Council of Governors in February/March 2024, highlighting the changes and forward plan.</p> <p>The Chair thanked K Rose for the update. He highlighted the positive impact that the new services from DIHC would have on the Trust and the services provided to our local community. He noted that there was still a lot of work to be done to ensure the safe transfer of services and staff to DGFT.</p> <p>The Chair assured the council of governors that a detailed paper on DIHC would be presented to the governors at the next Full Council of Governors meeting in March. He asked the governors to email the Foundation Trust Office if they had any questions regarding DIHC before the next update.</p> <p>C Nevin asked if the Trust would take over the assets of DIHC. K Rose stated that DIHC did not own any buildings; they were on a lease-rent basis, and DGFT already had offices in these buildings. Financial negotiations would take place regarding the assets.</p> <p>It was resolved to note</p> <ul style="list-style-type: none"> - The progress regarding the Dudley Integrated Health and Care transaction and the continued development of stakeholder relationships to the next steps. <p>Action:</p> <ul style="list-style-type: none"> - The DIHC Update and Dudley Place Development 2023 PowerPoint presentation would be circulated to the Council of Governors. - The DIHC update would be added to the Full Council of Governors meeting agenda in March 2024. <p>No further comments or questions were raised.</p>
<p>COG 23/45</p>	<p>Lead Governor Update (Verbal)</p> <p>A Giles provided a verbal update on the governor's activities for quarter two.</p> <p>He thanked the governors for their monthly attendance at the Board Committee meetings. He encouraged the governors to attend as many committee meetings as</p>

	<p>possible every month to gain assurance that the right decisions were being made by the Trust.</p> <p>The second joint governor training session with Black Country Healthcare NHS Foundation Trust (BCHFT) was planned for January 2024. This was following a successful joint training with BCHFT in July 2023. He encouraged the governors to attend the training session as it would provide them with an opportunity to meet the governors from BCHFT and strengthen system working.</p> <p>He informed the Council of Governors that he and Dr Mohit Mandiratta would join Brian Dakin on Black Country Xtra to promote our membership programme and governor role to the people of Dudley.</p> <p>A Council of Governors effectiveness survey would be carried out in quarter four, and all governors were actively encouraged to participate.</p> <p>Some governors attended the Glitter Ball in November 2023, where they saw some of the great work the staff do daily.</p> <p>He noted the positive benefits provided to the community with the setting up of the Dudley Family Hubs. He stated that these family hubs offered insight to the governors on how a different way of working would benefit the community in the future.</p> <p>There were no comments or questions raised.</p>
<p>COG 23/46</p>	<p>Experience & Engagement Committee Update (Enclosure 5)</p> <p>M Hussain provided a brief update on enclosure five.</p> <p>Current membership was just over 13,000 members. He requested governors to go out in their communities to sign up more members.</p> <p>He thanked the governors for attending the national PLACE (Patient Led Assessments of the Care Environment) audits in October and November. He encouraged governors to attend more reviews and events organised by the Trust, like Quality and Safety reviews and Ward-to-Board visits.</p> <p>The training plan for 2024-25 had been finalised and would be circulated to the Council of Governors.</p> <p>Once again, he encouraged the governors to participate in Trust-led activities and noted that more involvement was required from them.</p> <p>The Chair encouraged the governors to come forward and participate in as many activities as they could. He stated that if everyone participated in a few activities, then collectively, as a council, they would cover a wide range of activities.</p> <p>Action:</p> <ul style="list-style-type: none"> - Circulate the governor training plan to the council of governors. <p>There were no comments or questions raised.</p>
<p>COG 23/47</p>	<p>Board Secretary Update (Enclosure 6)</p> <p>H Board presented the report given as enclosure six.</p> <p>The Trust had concluded governor elections on the 23rd of November. She thanked the newly elected governors for volunteering for the role. She informed the new governors</p>

	<p>that the Trust was keen to buddy new governors with old governors to help guide them in their new role, which would be done as part of their induction process.</p> <p>There were no questions or comments raised.</p>
COG 23/48	<p>Any other Business (Verbal)</p> <p>There were none.</p>
COG 23/49	<p>Reflections on the meeting (Verbal)</p> <p>A Giles thanked K Rose and I Chadwell for their hard work putting together the information for the annual planning workshop.</p> <p>The Chair noted the good discussions at individual tables during the annual planning workshop session. He stated that new speakers were invited at today's meeting to allow the governors to listen to staff members from other work streams.</p> <p>He encouraged governors to provide feedback on today's meeting, including things that went well and any improvements they would like to see for future Council of Governors meetings.</p> <p>He thanked all the governors present for taking the time to attend the meeting. Once again, he thanked all the new governors for putting their names forward during the elections.</p>
COG 23/50	<p>Close of meeting and forward Council of Governor meeting dates: 2023/24</p> <p>The next meeting dates were as follows for 2024: 28 March, 20 June, 26 September, 19 December and 20 March 2025</p> <p>The meeting closed at 18:15 hrs.</p>

Gary Crowe, Chair of the meeting

Signed..... Dated

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

Council of Governors meeting held 06th December 2023

Item No	Subject	Action	Responsible	Due Date	Comments
COG 23/44	System Wide Updates	The DIHC Update and Dudley Place Development 2023 PowerPoint presentation would be circulated to the council of governors.	Foundation Trust Office	Completed	PowerPoint presentation shared with the governors
COG 23/44	System Wide Updates	The DIHC update would be added to the Full Council of Governors meeting agenda in March 2024.	Foundation Trust Office	Completed	DIHC update added to the Full Council of Governors meeting agenda in March
COG 23/46	Experience & Engagement Committee Update	The training plan for 2024 would be circulated to the council of governors.	Foundation Trust Office	Completed	Training plan shared with the governors

Paper for submission to the Full Council of Governors Meeting on 28 March 2024

Report title	Remuneration and Appointments Committee Update
Sponsoring executive	Gary Crowe, Deputy Chair
Report author/presenter	Helen Board, Board Secretary Gary Crowe, Deputy Chair

1. Suggested discussion points

The Remuneration and Appointments Committee of the Council of Governors met on Wednesday 20th March to consider the following matters:

- Non-executive director and chair full-year appraisal process 2023/24
- NED Recruitment process 2024 and associated changes to the committee allocations
- Reappointment – associate non-executive directors
- Non-executive committee allocations and portfolio changes
- Non-executive remuneration

The Council of Governors is asked to review the following and endorse or note as indicated below:

Non-executive director and chair full-year appraisal process 2023/24

NHS trusts are responsible for ensuring that the chair and non-executive directors (NEDs) receive regular appraisals of their performance, at least annually.

On 28th February NHS England published NHS Leadership Competency Framework for board members (LCF) See appendix 1. The LCF provides a framework for board member recruitment and appraisal and will inform future board leadership and management training and development.

A revised Chair Appraisal Framework (appendix 2) has been published for use in 2023/24 chair appraisals, and includes the competencies outlined in the LCF. A new Board Member Appraisal Framework will also be launched this autumn. In the meantime, all board members should self-assess against the LCF and discuss findings with their chair or chief executive as part of their 2023/24 annual appraisal. This conversation will help to guide board members' personal development plans for 2024/25.

The frameworks are part of a wider programme of management and leadership development being led by NHS England with education partners, staff and stakeholders, to implement the recommendations in the document Health and social care review: leadership for a collaborative future (known as the Messenger Review), as well as the recommendations from other reviews and reports on NHS leadership and management.

The proposed non-executive director appraisals process for the full year 2023/2024 is scheduled to conclude by 31st July 2023 to align with the Trusts appraisal window. The deputy chair will carry out individual appraisals for the non-executive directors, based on the framework and other objectives or development needs.

Chairs appraisal should be, as a minimum, a face-to-face annual appraisal that is informed by self-evaluation and assessments of impact and personal effectiveness from a range of internal and external stakeholders. Preparation for and conduct of the appraisal discussion should be facilitated by the senior independent director (SID). The framework (appendix 2) establishes a standard process, consisting of four key stages, to be applied to the annual

appraisal of chairs. Output from the chair's appraisal will be circulated to the Council of Governors Remuneration and Appointments Committee members prior to submission to NHS England.

The Council of Governors is asked to **note and endorse** the recommendations of the Committee:

- Note the publication by NHS England of revised guidance related to non-executive and chair appraisal.
- Endorse the proposed full-year non-executive director and chair appraisal process

NED Recruitment process 2024 and associated changes to the committee allocations

Recruitment of two non-executive directors was considered to replace Mr Atkins who will have reached his end of term of office at the end of May 2024 and Dr Bhogal who has resigned to commit more time to the international cricket arena.

A review of the skill mix has identified the need to appoint two non-executive directors:

For post one we are looking for experience gained in:

- commercial or financial background, ideally gained in a large, complex, sector setting and with additional expertise gained in delivering organisational development and transformation.

For post two we are looking for experience of a:

- clinical NHS background, gained in a large, complex, sector setting and with additional expertise gained in delivering quality improvement, organisational development and transformation.

It is highly desirable that applicants live within Dudley or the Black Country area and can demonstrate strong connections with the area. However, applicants are welcomed from those living in surrounding areas depending on their relevant experience. We positively welcome and encourage applications from people from diverse backgrounds who are currently under-represented on our board. The appointments would be for a three-year term. The process will involve the following key steps:

- 21/03/2024 Advert open
- 18/04/2024 Advert close
- 22/04/2024 Longlisting
- 25/04/2024 Shortlisting panel (deputy chair, lead governor and board secretary)
- 15th May 2024 Interview panel comprising internal and external colleagues

The outcome of the appointment process will be considered by the Remuneration and Appointments Committee and endorsement sought from the Full Council.

Reappointment – associate non-executive directors

The term of office for associate non-executive director Thuva Amuthalingam will be reached at the end of May. The term of office for associate non-executive director Anthony Hilton will be reached at the end of July. In both cases conversations are ongoing with finalisation expected in the coming weeks.

The outcome of the re-appointment process will be considered by the Remuneration and Appointments Committee and endorsement sought from the Full Council.

Non-executive committee allocations and portfolio changes

The Committee considered the proposed changes to the chairing and membership of Board Committees. Key changes are to the chairing of the People Committee and assignment as the

Freedom to Speak up Guardian to Catherine Holland. The chairing of the Chariry Committee will be by Gary Crowe.

Non-executive remuneration






The remuneration for non-executive directors is between £13,190 and £13,585 p.a. This is consistent with the guidance issued by NHSE in 2019 “A remuneration structure for NHS provider chairs and non-executive directors” and will be applied extant to the successful candidates.

The committee was advised that a review of non-executive remuneration and terms and conditions is underway in respect of non-executive at each of the acute trusts that make up the Black Country Provider Collaborative. Whilst there is an intention to align, as a foundation trust consideration is being given to align non-executive remuneration with the Very Senior Managers (VSM) uplift received in year. The outcome of the review will be considered by the Remuneration and Appointments Committee and endorsement sought from the Full Council.

The Council of Governors is asked to **note and endorse** the recommendations of the Committee:

- **Endorse** the process for the non-executive director appointments
- **Note** that extension of the associate non-executive director positions is to be finalised
- **Endorse** the Non-executive committee allocations and portfolio changes
- **Note** that non-executive remuneration is under review

2. Alignment to our Vision

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

Full Council of Governors Meeting - 28 March 2024

4. Recommendation(s)

The Council of Governors is asked to:

- Endorse** the process for the non-executive director appointments
- Note** that extension of the associate non-executive director positions is to be finalised
- Endorse** the Non-executive committee allocations and portfolio changes
- Note** that non-executive remuneration is under review
















5 Impact

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 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	

Paper for submission to the Full Council of Governors Meeting on 28 March 2024

Report Title	Public Chief Executive Report
Sponsoring Executive & Presenter	Karen Kelly, Deputy Chief Executive
Report Author	Alison Fisher, Executive Officer

1. Suggested discussion points
<ul style="list-style-type: none"> Operational Performance 76% ED standard Martha's Rule Industrial Action in March Charity Update Healthcare Heroes Patient Feedback Awards Visits and Events <p>Please note that all Board of Directors (Public session) Meeting papers are available on the Trust website - click here to access the meeting papers.</p>

2. Alignment to our Vision										
<table border="1"> <tr> <td>Deliver right care every time </td> <td>x</td> <td>Be a brilliant place to work and thrive </td> <td>x</td> <td>Drive sustainability (financial and environmental) </td> <td>x</td> <td>Build innovative partnerships in Dudley and beyond </td> <td>x</td> <td>Improve health and wellbeing </td> <td>x</td> </tr> </table>	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
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 (Public session) – 14 March 2024 Full Council of Governors Meeting – 28 March 2024

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	

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 14 MARCH 2024

Operational Performance

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 backlogs, 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, this is challenging with the impact of industrial action being felt significantly in this cohort.

The Trust is participating in the national, GIRFT-led 'Further Faster' 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 and improving clinic throughput and productivity.

Ambulance Handover Delays

Winter pressures reflect January's Emergency Medical Service (EMS) Levels. This coincides with the number of intelligent conveyancing from Sandwell since the reduction of the bed base to meet the footprint of the new facility at The Midland Met Hospital. This has been independently modelled by the Integrated Care Board and it is currently adding 9% of ambulance conveyancing and 12% increase in walk-ins, which is not evenly distributed throughout the day.

In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.

Martha's Rule

NHSE have announced that the first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

Martha's Rule will build on the evaluation of NHS England's Worry and Concern Improvement Collaborative which involves seven regional pilots and began in 2023. They have been testing and implementing methods for patients, families and carers to escalate their concerns about deterioration and to input their views about their illness into the health record.

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability.

The 3 proposed components of Martha's Rule are:

- All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, which they can contact should they have concerns about a patient.
- All patients, their families, carers and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital and more widely if they are worried about the patient's condition. This is Martha's Rule.
- The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

The introduction of Martha's Rule comes alongside other measures to improve the identification of deterioration, including the rollout last November of a new early warning system for staff treating children, built on similar systems already in place for adult, newborn and maternity services.

To ensure that Martha's Rule is as effective as it can be, it will be implemented as part of an integrated programme to improve the management of deterioration using the 'PIER' framework, which helps systems to prevent, identify, escalate and respond to physical deterioration. This work will improve how the NHS supports staff to manage deterioration and encourage greater involvement from patients, families and carers.

Industrial Action in March

During March, industrial action was taken by Junior Doctors and Mitie staff. Due to robust planning no critical services were affected. On conclusion of debriefing activity, a full report will be provided to the April meeting.

Charity Update

Charity Rebrand and New Mascot

The Dudley Group NHS Charity are utilising a £30,000 development grant from NHS Charities Together to rebrand the charity, create a new charity website and a children's mascot to be launched this year the charities internal and external stakeholders.

The charity ran a mascot competition which was open to children aged 7-11 from 27th November 2023 to 8th January 2024, it involved children designing a character which best represents the Dudley Group NHS Charity and the work it does.

Twinkl an educational resource company created resources for the charity to help inspire children and classrooms across Dudley and the Black Country. Schools, teachers, and parents were encouraged to get their children and classes involved.

The charity received over 50 entries for the competition, the entries came from children of Trust staff members and others from school children across Dudley. The charity team reviewed and shortlisted all the amazing entries down to 10 and were really impressed by the creativity of the children.

The judging panel which consisted of key individuals across the Trust reviewed all the shortlisted entries and choose a deserving winner - Laila Adams-Flash aged 11 from Q3 Academy Langley in Oldbury. Laila visited the Trust on the 5th of March to meet the charity team and Diane Wake, Trust chief executive to celebrate her success. Laila will now get a special session with an illustrator to bring the design to life!

The final mascot will be officially unveiled to Laila and the public in the upcoming months.

Tesla Cars Donation

Staff at the Theatres department were excited to receive a donation of two mini sized Tesla electric cars for their young patients, the cars are a great distraction tool to help alleviate young patients' anxieties waiting for surgery. They will be able to enjoy ample time driving around the corridors of the theatres department, with their parents/care givers in tow making sure they don't get a ticket from security!

The Dudley Group NHS charity has been working with Tesla Owners Group UK to organise the cars from their charity initiative for the department which will also enhance patient experience.

Easter Egg Appeal

Dudley Group NHS Charity is running an easter egg appeal asking local business and individuals to donate an easter egg for our patients at the Trust. The donated easter eggs will be distributed by the charity team to areas and departments across the Trust where patients don't always benefit from charitable donations.

The Trust Charity is on the lookout for sponsorship again for this year's Committed to Excellence Staff Awards in June 2024. We are still on the lookout for businesses who can sponsor the event or provide a raffle or auction prize for the night. Our sponsorship brochure will be shared with everyone via email

Superhero fun run and family fun day

The 5k Superhero fun run and family fun day is back again this year on **Sunday 9th June at Himley Hall and Park.**

The fun filled event is organised by the Trust charity alongside children's services raising funds on the day for our children's appeal, last year the event raised an incredible £5,000, this year we would like the event to be bigger and better and are asking as many people to attend as possible!

Registration is from 10.30am and the race will commence at 11am. Like last year the event is being supported by Puregym, DK running club and Black Country Radio. There will be children's activities including a fun fair, a variety of stalls and vendors all available until 3pm further details will be released closer to the time.

It is completely free to attend the family fun day. To participate in the fun run tickets are £10 for an adult and £5 for children under 12. Please visit [5K Superhero Fun Run and Fun Day! - The Dudley Group NHS Foundation Trust \(dgft.nhs.uk\)](https://www.dgft.nhs.uk) then sign up here: [Superhero 5k Fun Run and Family Fun Day | Dudley Group NHS Charity \(enthuse.com\)](https://www.enthuse.com)

Healthcare Heroes

December

George Adetunji received the individual after a colleague described him as an asset to the Dudley Group, respected by colleagues and patients. Always giving one hundred percent to everything you do. George's remarkable journey involved leaving his family in Nigeria where he held a diploma as an Orthopaedic Practitioner, to work in the UK. From then he spent 6 weeks at the Royal National Orthopaedic Hospital where he successfully passed the course and the required exams. He was praised for your outstanding knowledge of anatomy and your skills in casting.



Our team award went to the **Stourbridge District Nursing Team** and our **Coseley, Sedgley and Gornal District Nursing Team** who were nominated for working extremely hard in very challenging times and remaining positive throughout. The teams support each other through hard times by showing kindness, compassion and respect to all. Always remaining positive and amazing advocates. They were praised for ensuring medical needs are met, patients details and folders are up to date and referrals made where necessary.



January

Our **Maternity Bereavement & Rainbow Team** won the team award after the team provided palliative care to a six-week-old baby and further support to the baby's family during this tragic time. The service provided to this baby is not a service currently available in Dudley out in the community setting, so as a team they went above and beyond in not only the care you gave this family and their baby; but also highlighting the value this service could offer.



Patient Feedback

Day Surgery Unit - All staff were kind, considerate and caring with a positive manner towards attention to detail.

Community Heart Failure - Appointment was on time and staff very pleasant. Information that was given was very positive and to the point. All in all a very satisfactory meeting.

Ward B6 - I was very grateful of the nurses and care staff they were so kind and caring.

Physiotherapy - Treated with respect by all staff who dealt with me in a professional manner.

SDEC - All staff were wonderful & went above and beyond. I felt I had been thoroughly investigated.

Respiratory Assessment Unit - All the staff treated patients with kindness and dignity. Everyone gave excellent service.

Neonatal - Staff were really helpful and all very good at their jobs, really felt like staff loved their jobs.

Community Nursing IV/OPAT Team - Everyone was lovely, friendly and supportive while being very calm & professional at the same time.

Rheumatology - Excellent consultation, all my questions answered, friendly, professional and empathetic. Follow up investigation organised promptly.

Awards

- Dr Gail Parsons, nurse consultant in trauma and orthopaedics for the Trust, has been appointed Honorary Associate Professor at Aston University. The university grants honorary professorships to people of “significant renown within their own discipline”. Dr Parsons, was appointed the Trust’s first nurse consultant in 2006 and said “I believe it is important to remain up to date with current research opportunities and evidence-based practices and to publish and share our work with the overall focus of making a difference to the patient journey.”.



- Aqeela Hamilton received the Black Country Midwife of the Year award at the Black Country Local Maternity and Neonatal System Awards. Lisa Gough also received the Advanced Neonatal Nurse Practitioner of the Year award.



- Dr Ahmad Elsharkawy has been accepted onto the specialist register, having gained his Certificate of Completion of Training (CCT) in Acute Medicine. This is the culmination of many years of hard work and is a wonderful accomplishment. Dr Elsharkawy has been instrumental in leading and developing our new Acute Medicine Virtual Ward, working with colleague in the acute Trust and community to provide a consultant-led alternative to hospital admission, which has now treated over 100 patients.

Visits and Events

4 January	Integrated Care Board Development Session
11 January	Dudley Group Public and Private Board meetings
11 January	Dudley Group Board Workshop – Annual Planning 2024/25
12 January	Joint Provider Committee
15 January	Integrated Care System Cancer Board
16 January	Midlands Outpatients Board
17 January	Black Country Quarterly System Review
17 January	Dudley Integrated Healthcare Project Board
22 January	Black Country Provider Collaborate Executive

24 January	West Midlands Cancer Alliance Board
24 January	Black Country & West Birmingham Diagnostic Strategic Board
25 January	Finance and Performance Committee
25 January	Integration Committee
25 January	Integrated Care Board Public and Private Board
1 February	Integrated Care Board Development Session
8 February	Dudley Group Board of Directors
13 February	West Midlands Imaging Network Executive Board
13 February	NHSE Dudley Group Oversight and Assurance quarterly meeting
19 February	Integrated Care System Cancer Board
21 February	Staff Network Sponsors Information and Coaching Session
23 February	Joint Provider Committee
27 February	Extraordinary West Midlands Imaging Network Executive Board
28 February	Black Country & West Birmingham Elective Diagnostic Strategic Board
29 February	Finance and Performance Committee
29 February	Integration Committee

Paper for submission to the Full Council of Governors on 28th March 2024

Report title	Chairs update - Board of Directors meeting (public session) held March 2024
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 March 2024 highlighting items of assurance, concern, action or decision. Governors are invited to discuss matters further to establish any triangulation and assurance relating to:

- The Trusts financial position for the current year and planning in respect of future years
- The Trusts performance in relation to the Constitutional performance standards

All governors and members receive a direct invitation and actively encouraged to attend the bi-monthly Board of Directors (public session) 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 28/03/24

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		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: 14th March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Financial situation remained challenging with month 10 (Jan 24) position £14.2m deficit noting it was slightly better than plan submitted to NHSE. Integrated Care System forecasted a year end £101m deficit noting that 24/25 would be a difficult financial year. Cost Improvement Programme (CIP) whilst overperforming by £579k in January, work continues to convert non-recurrent CIP to recurrent.
- Draft annual plan shared noting standardised framework to be adopted by all trusts within the Black Country Provider Collaborative. Annual planning for 2024/25 challenging with c£184m system deficit plans currently indicated, Dudley Group share equates to £43.8m based on the medium risk plan put forward using the work undertaken in conjunction with PA Consulting noting there was more work to do ahead of NHSE submission dates. Workforce planning submitted aligned to current budgets for 24/25 within initial feedback calling for no growth scenario.
- The Board noted that the Trust Neonatal death rate remained above the national average. Thematic review of Neonatal deaths underway with results due in March 2024. Perinatal mortality review tool (PMRT) reviews were ongoing and learning from deaths. Stillbirth rates remained below the national rate.
- Annual CQC Maternity survey results have been published for 2023 with the Trust flagged as an outlier as 'worse than expected' however this is an improvement on last year's results and eight questions showed a statistical improvement compared to the 2022 results. An action plan has been coproduced with the Maternity and Neonatal Voices Partnership (MNVP) and will be monitored via the Quality Committee.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Winter Plan 2023/2024 was deferred to the April meeting of Board
- Board noted the general positive assurance and key points of concern in relation to Dudley Integrated Health and Care transaction that would be submitted for approval to Board
- Review of wheelchair provision to be undertaken in response to public questions raising concerns of wheelchair availability at the Russell Hall Hospital location

POSITIVE ASSURANCES TO PROVIDE

- Patient Story – Little Voices. Children from a local primary school attended to share their findings from a recent ‘15 steps challenge’ visit to ED, children’s services and theatres and provided feedback on what they thought was ‘tops’ and ‘pants’
- Trust performance against national standards and local recovery plans performing well overall with an expectation to deliver all within required timeframes noting that the 4 hour ED target of 76% was challenging
- Guardian of Safe Working had reported no fines had been issued in the reporting period and noted the range of mitigations followed in line with the Guardian of Safe Working Strategy to involve junior doctors and note that engagement with the junior doctor workforce continues to improve
- Integration work ongoing with an active programme of work within Dudley Health and Care Partnerships, delivery of the three year Community Service Plan and the work to finalise the Dudley Integrated Health and Care transaction that would see staff and services transferred to a number of receiving organisations including the Dudley Group
- Trust on track to deliver the new process in April in response to related to Martha’s rule allowing patients and relatives to raise concerns in relation to care and offer a rapid review.
- The Trust has had a relaunch of its charity including a new mascot which had been designed by a child from a local school. There is an Easter Egg Appeal for patients and any donations would be welcomed. There is a 5k Superhero Run for staff and families on 9th June at Himley Hall – all welcome to participate.

DECISIONS MADE

- Approved the 2023/24 Gender Pay Gap Report for external publication after official submission by the end of March 2024
- Approved the updates made to the Board Assurance Framework made since the last meeting and the ongoing work to review and reflect the annual audit findings and noted the ongoing work embed effective risk management with actions arising from the audit activity and review work underway ahead of 2024/25.

Chair’s comments on the effectiveness of the meeting

Meeting held face to face for the first time since the COVID-19 pandemic and was attended by trust governors, foundation trust members and members public. Good debate related to the financial challenges faced by the Trust and the System for 2024/25 and the years that follow.

**Paper for submission to the Full Council of Governors Meeting on
28 March 2024**

Report title	Integrated Performance Report for January 2024
Sponsoring executive/ presenter	Karen Kelly, Chief Operating Officer
Report authors	Jack Richards, Director of Operations Amandeep Tung-Nahal, Director of Operations Rory McMahon, Director of Operations

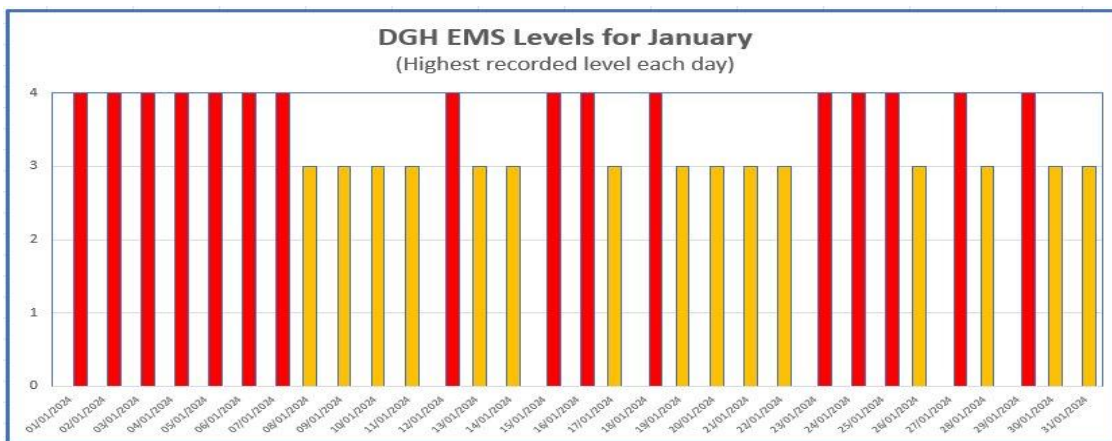
1. Suggested discussion points

Summary: Key Areas of Concern

Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4-hour performance for January was 71.9% vs 76% national target. Delays occurring with patients waiting an extended period in ED after referral and post-take by specialty waiting for bed capacity. In January 1,369 patients were delayed in ED over 12hours, 1,253 (91%) of these patients were either waiting for a bed to be made available to them on a ward or were treated and discharged from ED by their speciality team before a bed became available.

January's Overall Triage position was 80.6% vs 95% national target. High number of patient arrivals at the front door have contributed to the lower performance. January saw our highest attendance of 401 patients in a single day. The wider ICS have seen a similar drop, and we remain best in the region for our Triage performance.

Emergency Access Standards



Winter pressures reflect January EMS levels. This coincides with the number of ICs from Sandwell since the reduction of the bed base to meet the footprint of the new facility at The Midland Met Hospital. This has been independently modelled by the ICB and it is currently adding 9% of ambulance conveyancing and 12% increase in walk-ins, which is not evenly distributed throughout the day.

In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.

Cancer (Data to December)

Since October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31-day combined decision to treat, and 62 days combined referral to treatment.

The 28 day Faster Diagnostic Standards (FDS) achieved 82.4% (December validated) against the constitutional standard of 75%.

31-day combined decision to treat performance achieved 87.6% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 68% in December against a national target of 85%. NHSE have revised this target to 70% by March 2024 pending further review. However, the total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory that has been submitted earlier this year; there are total of 98 patients in the backlog currently.

There is also robust monitoring of patients over 104 days, reported externally for any potential harm reviews. The total number of patients over 104 days remain in the region of 25, of these 15 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.

DM01

January's DM01 performance showed an overachievement at 79.69% against a system trajectory of 76.34%. Non-Obstetric Ultrasound (NOUS) achieved 95.54%. Cardiology has started to show improvements however Cardiac MRI is seeing an increase in patients waiting over 6 weeks, this can be attributed to capacity constraints. Options to address challenge include mutual aid and SW allies.

The number of patients waiting over 6 weeks for NOUS has increased during January to 118. This was due to challenges with resources for ENT, paediatric and specialist consultant scans. Additional lists put in place to address backlog.

Overall Endoscopy continues to show further improvement from 73.35% in December to 76.25% in January. Cardiology performance shows improvement from 31.27% in December to 46.68% in January. This is mainly due to increased capacity from CDC ECHO activity which commenced in December and the DM01 recovery trajectory is still on track to achieve NHSE target of 85% or above by March 2024.

13-week diagnostic breaches are monitored weekly by NHSE, and recovery plans are in progress to reduce to 0 by March 2024; with the exception of Cardiac MRI, which remains challenged due to overall capacity available.

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 mainly in Urology and ENT, 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, this is challenging with the impact of industrial action being felt significantly in this cohort.

The Trust is participating in the national, GIRFT-led 'Further Faster' 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 and improving clinic throughput and productivity. Through the Outpatient Improvement Group, clinic throughput has significantly improved in Gynaecology, Pain and Gastroenterology through the introduction of virtual sessions aimed at reducing long waits to first outpatient appointment. Over the course of October and November we held a number of 'new patient super weeks' focused on the reduction of the ASI. The OPD 642 Scheduling meetings are now held weekly across all Specialty areas to support clinic utilisation and productivity.

The Paediatric and Surgical teams held a Paediatric Surgery 'Super Saturday' event on the 10th which was hugely successful. Another is now being planned with a view to holding in April.






Elective Recovery Programme Performance Report – Regional Midlands 09.02.24

Black Country ICB Performance Summary to Weekending 04.02.24: -

		Elective Recovery Performance Summary											NHS England			
Region	104+	78w+	65w+	>57ww (65w Cohort (March 2024))		52w+	Total List	<18ww performance	Cancer 620							
				w-o 4 Feb 24(un-published)												
MIDLANDS	8	▼	979	▼	13,649	▼	32,355	▼	55,791	▼	1,270,763	▼	53.0%	▲	4,255	▼
BIRMINGHAM AND SOLIHULL ICB	0	▶	8	▼	1,303	▼	3,616	▼	7,410	▼	162,376	▼	48.5%	▲	534	▼
COVENTRY AND WARWICKSHIRE ICB	0	▼	21	▼	1,201	▼	2,674	▼	4,837	▼	118,728	▼	53.1%	▲	401	▲
HEREFORDSHIRE AND WORCESTERSHIRE ICB	1	▶	141	▼	1,328	▼	2,694	▼	4,151	▼	82,358	▼	54.1%	▼	526	▼
DERBY AND DERBYSHIRE ICB	0	▼	296	▼	2,173	▼	4,676	▼	7,509	▼	137,875	▼	50.9%	▲	407	▼
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1	▲	67	▲	767	▼	2,041	▼	3,634	▼	106,733	▲	55.9%	▲	355	▲
LINCOLNSHIRE ICB	0	▼	29	▼	661	▼	1,919	▼	3,374	▼	72,560	▼	48.4%	▲	224	▼
NORTHAMPTONSHIRE ICB	0	▶	44	▲	531	▲	1,193	▼	1,938	▼	71,870	▼	62.0%	▲	231	▲
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1	▶	56	▼	960	▼	2,768	▼	4,985	▲	140,441	▼	58.0%	▲	483	▼
SHROPSHIRE, TELFORD AND WREKIN ICB	0	▶	20	▼	795	▲	2,026	▼	3,488	▲	50,470	▼	49.9%	▼	267	▼
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	3	▼	148	▼	1,308	▼	2,925	▼	5,216	▲	81,308	▲	48.7%	▲	335	▼
BLACK COUNTRY ICB	2	▲	147	▼	2,582	▼	5,623	▼	9,249	▼	246,044	▲	53.6%	▲	492	▼

3 | Elective Recovery | Performance and Delivery Source: Faster SUS / RTT Monthly / WLMDS / Weekly Cancer PTL

The full data pack for the Integrated Performance Report can be viewed in the 'further reading' pack associated with this 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 

3. Report journey
Finance and Productivity Committee - 29 February 2024 Board of Directors (Public session) – 14 March 2024 Full Council of Governors Meeting – 28 March 2024

4. 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 January 2024 (December 2023 for Cancer and VTE).

5. 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 on 28th March 2024

Report title	Dudley Integrated Health and Care NHS Trust Update
Sponsoring executive	Kat Rose Director of Strategy and Integration
Report author	Kat Rose Director of Strategy and Integration

1. Suggested discussion points

The Black Country Integrated Care Board (ICB) and Dudley Integrated Health and Care (DIHC) have made recommendations to their boards to approve and support the preferred option that will see The Dudley Group NHS Foundation Trust (DGFT) receiving services and staff from DIHC. In December 2023 DIHC Board and the ICB Board approved to move forward with the dissolution of the Trust.

NHS England Midlands Regional Team has undertaken a risk assessment and determined that the transaction should be classified as material and that NHS England will undertake only limited assurance work. All parties involved in the transaction are working towards all staff and services transferring on 1st July 2024.

Over the last few months work has been undertaken by members of the Trust’s DIHC Transaction Project Group to work through the due diligence information that has been provided about the services that the Trust will be receiving. The outputs of the due diligence review will be taken through the Trusts Executives, Quality Committee and Finance and Productivity Committee in March. In addition to these reports a number of other documents that have been produced that will go to the Trust Integration Committee so that the Board can undertake the self-certification process at the April Trust Board.

The due diligence exercise has identified a number of issues that have been categorised as medium importance that should be address prior to the completion of the transaction and these have been reviewed and a large number are built into our implementation plan any that are not covered will be incorporated.

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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3. Report journey

Full Council of Governors Meeting – 28/03/2024

4. Recommendation(s)

The Council of Governors is asked

a. Note the information within the report and

b. Confirm they are assured that the Trust has put in place a robust process to undertake due diligence that has enabled the identification and mitigation of material risks.

5. Impact							
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Equality Impact Assessment	Is this required?	Y	Y	N		If 'Y' date completed	This has been completed jointly through the ICB process
Quality Impact Assessment	Is this required?	Y	Y	N		If 'Y' date completed	This has been completed jointly through the ICB process

REPORTS FOR ASSURANCE

DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST (DIHC) UPDATE

Report to Council of Governors on 28th March 2024

1 EXECUTIVE SUMMARY

- 1.1 The Black Country Integrated Care Board (ICB) and Dudley Integrated Health and Care (DIHC) have made recommendations to their boards to approve and support the preferred option that will see The Dudley Group NHS Foundation Trust (DGFT) receiving services and staff from DIHC. In December 2023 DIHC Board and the ICB Board approved to move forward with the dissolution of the Trust. The Services and functions the Trust will be receiving are as follows:
- GP Practices High Oak Surgery and Chapel Street
 - Integrated Medicine Management Team
 - Enhance Care Home Team
 - Continuing and Intermediate Healthcare Team
 - Dudley & Netherton PCN, Halesowen PCN and Brierley Hill & Amblecote PCN ARRS teams
 - Primary Care Development Team
 - Commissioning Team
 - Corporate Functions – finance, contracting, quality & governance, communications & engagement, HR, safeguarding and Digital.
- 1.2 DIHC wrote to NHS England on 22 December formally requesting the commencement of the dissolution process under Schedule 4 of the National Health Service Act 2006 to be exercised by NHS England. NHS England Midlands Regional Team has undertaken a risk assessment and determined that the transaction should be classified as material and that NHS England will undertake only limited assurance work. All parties involved in the transaction are working towards all staff and services transferring on 1st July 2024.
- 1.3 Over the last few months work has been undertaken by members of the Trust's DIHC Transaction Project Group to work through the due diligence information that has been provided about the services that the Trust will be receiving so that we can fully understand any risk (financial, operational or clinical) that the Trust maybe exposed to as a result of the DIHC transaction. This forms part of the process the

Trust needs to undertake so that the Trust Board can undertake a self-certification process and provide assurance to NHSE in line with NHS transaction guidance.

- 1.4 The Trust have issued our measures letter alongside a welcome letter and response to staff questions to DIHC. The formal TUPE consultation started on 14th February and the Director of Strategy and Integration, HR colleagues and other Trust colleagues have attended the DIHC team consultation sessions and a number of 1:1 consultation meeting.
- 1.5 We are now at a point where all the information the Trust has requested and has been provided and additional information has been provided following questions and additional requests for information. DIHC have responded actively to requests for further information and clarification. The outputs of the due diligence review will be taken through the Trusts Executives, Quality Committee and Finance and Productivity Committee in March. In addition to these reports a number of other documents that have been produced (implementation plan, benefit realisation plan, risk register, staff engagement and communication plan) that will go to the Trust Integration Committee so that the Board can undertake the self-certification process at the April Trust Board. The Trust is working collectively with DIHC and NHS England on what is required to for the Board self-certification process.
- 1.6 The due diligence exercise has identified a number of issues that have been categorised as medium importance that should be address prior to the completion of the transaction and these have been reviewed and a large number are built into our implementation plan any that are not covered will be incorporated.

2 Progress

- 2.1 The 'DIHC Transaction Project Group' is meeting weekly and leads for each area have reviewed the information that has been provided as part of the due diligence. Leads are also meeting with counter parts within DIHC to work on plans to ensure the safe transfer of staff and services on the 1st July 2024.
- 2.2 DIHC established a Transaction Committee on the 24th January which has met monthly. DGFT's Director of Strategy & Integration attends on behalf of the Trust and a report has been produced following the Committee which has been shared at the Trust's Private Board. Weekly meetings are taking place between the Trust Executive lead, supported by the Transaction Project Manager with DIHC Transaction lead and their project manager.
- 2.3 The Trust has appointed Hill Dickerson to be our legal advisors to support this process and they have undertaken a legal due diligence exercise which will be discussed at the March Finance and Performance Committee. A draft Transactions Agreement has been shared by DIHC with Hill Dickerson who have provided feedback. This will be an agreement between DIHC and the statutory receiver organisations, being The Dudley Group NHS Foundation Trust (DGFT), Black Country Healthcare NHS Foundation Trust (BCH) and NHS Black Country Integrated Care Board (ICB). It is intended to supplement the statutory transfer orders by setting out the agreed basis one which the transfer will be made. The

schedules to the Statutory Transactions Agreement will include lists of property (including contracts and equipment) staff and liabilities broken down by receiver organisation. These will form the schedules to the Transfer Orders. The Statutory Transactions Agreement will also set out the legacy arrangements for DIHC, confirming that the ICB will be the legacy organisation, the role of the ICB and the commitment of the other receivers to provide assistance to the legacy organisation.

- 2.4 The Trust have issued our measures letter alongside a welcome letter and response to staff questions to DIHC. The formal TUPE consultation started on 14th February and the Director of Strategy and Integration, HR colleagues and other Trust colleagues have attended the DIHC team consultation sessions and a number of 1:1 consultation meeting. Communication and HR colleagues have developed a staff engagement and communication plan for the Trust and members of the staff transferring from DIHC.
- 2.5 The Trust has met with NHSE England to understand their requirements as part of the self-certification process and they have now shared further details around there expectations. The Trust is working jointly with DIHC on this to ensure consistency. NHSE national team have confirmed that not every submission needs to include everything, and items can be cross referenced the main thing is that across the 3 self-cert processes (DIHC, BCH and DGFT), all things are covered. We have started work on gather evidence that address some of the points that need to be covered.
- 2.6 A successful workshop was held on the 21st February with the three Primary Care Network Clinical Leads, practice managers, DIHC staff and DGFT staff to discuss issues and concerns that need to be address as the Trust takes on the sub contract for the provision of their ARRS staff from DIHC. A clear set of actions were identified that we jointly need to work on and take forward and will inform the subcontract agreement that we will put in place between the PCN's and the Trust.
- 2.7 The Trust Integration Committee and Trust Private Board have received monthly updates on the progress and this will continue.

3. Timescale

- 3.1 The critical path for the transaction is included in appendix 1. The outputs of the due diligence review will be taken through Executives, Quality Committee, Workforce Committee, Integration Committee and Finance and Productivity Committee in March so that the Board can undertake the self-certification process at the April Trust Board.

4. RISKS AND MITIGATIONS

- 4.1 A joint risk register has been produced between DIHC and the Trust. The main concerns at the time of writing are as follows:
 - Trust capacity to undertake the work required to deliver the implementation plan to ensure a safe transfer of services and staff.

- Financial position may change and be impacted by the wider national and system planning process for next year.

5. RECOMMENDATION(S)

5.1 The Council of Governors is asked to:

Note the information within the report and **confirm** they are assured that the Trust has put in place a robust process to undertake due diligence that has enabled the identification and mitigation of material risks.

Kat Rose
Director of Strategy and Integration
20.03.24

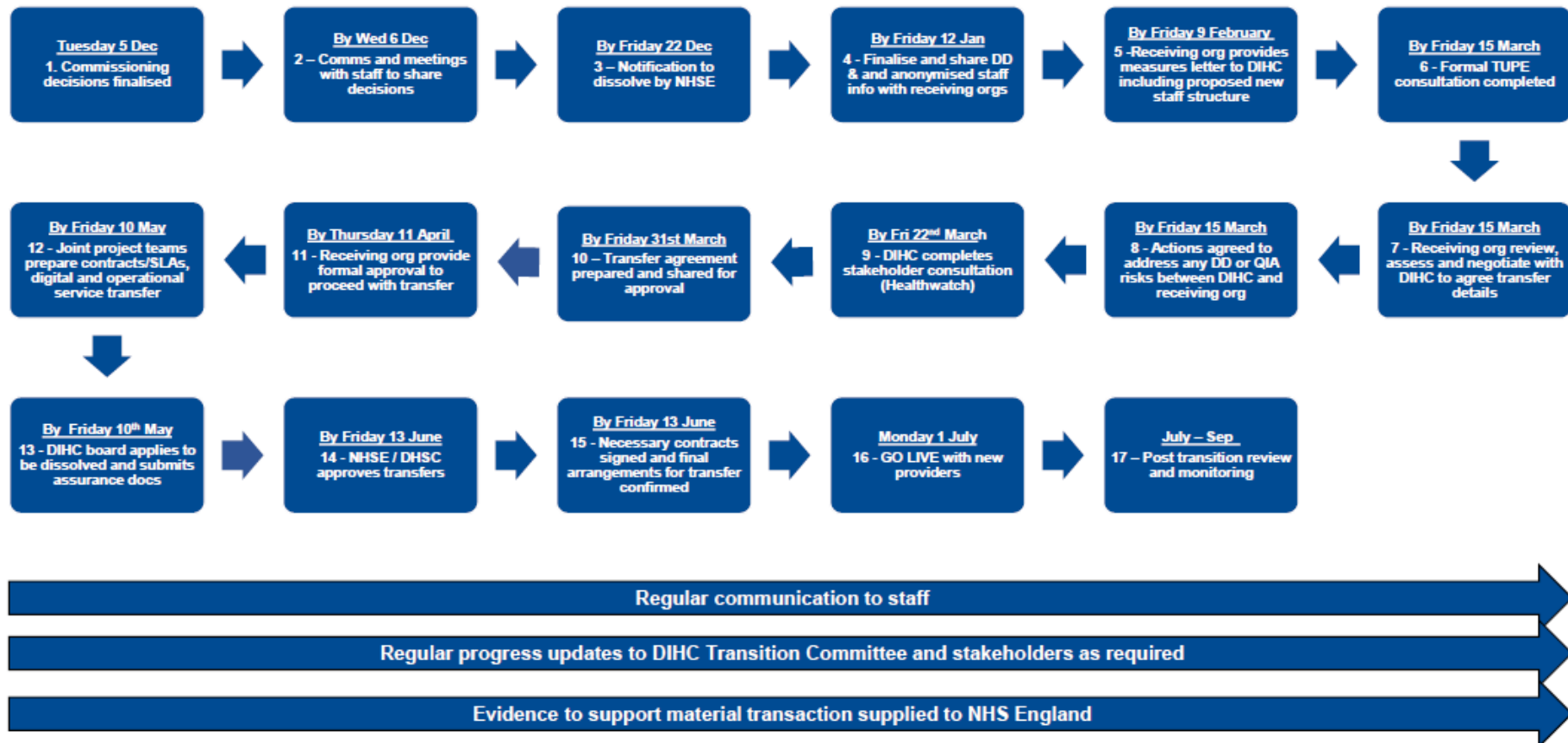
Appendices

Appendix 1 Transaction Critical Path

Appendix 1 Transaction Critical Path

Transition Pathway – Critical Path

The below details the critical path of sequenced steps required to complete service transfers for 1 July:



Paper for submission to the Full Council of Governors Meeting on 28 March 2024

Report title	Strategy progress report – Q3 2023/24
Sponsoring executive	Kat Rose, Director of Strategy & Integration
Report author / presenter	Ian Chadwell, Deputy Director of Strategy

1. Suggested discussion points






This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture'. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during January. The committees received the reports as being a comprehensive reflection.

Only one measure of success has changed its RAG ratings this quarter:

- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) upgraded back to green from amber on the basis that the breast screening service is predicted to achieve the acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley public health team.

All other RAG ratings remain unchanged. A full copy of the quarterly report with the content that went to committees is included in the reading pack.

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

Executive Directors – 16th January
Relevant sections to all four committees – 23rd, 25th, 30th January 2024
Board of Directors (Public session) – 14 March 2024
Full Council of Governors Meeting – 28 March 2024

4. Recommendation

The Council of Governors is asked to:

- a.** To note the strategy progress report for Q3 2023/24

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		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

STRATEGY PROGRESS REPORT – Q3 2023/24

Report to Board of Directors on 14th March 2024

EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust’s strategic plan ‘Shaping #OurFuture’. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during November.

The committees received the reports as being a comprehensive reflection.

BACKGROUND INFORMATION

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



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

Goal	Committee
Deliver right care every time	Quality
Be a brilliant place to work and thrive	People
Drive sustainability	Finance & Productivity
Build innovative partnerships in Dudley and beyond	Integration Committee
Improve health & wellbeing	Integration Committee

The committees have received the detailed reports in January as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success.

Only one measure of success has changed its RAG ratings this quarter:

- Improve health & wellbeing (Increased planned care and screening for the most disadvantaged groups) upgraded back to green from amber on the basis that the breast screening service is predicted to achieve the acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley public health team.

All other RAG ratings remain unchanged.

Progress to highlight from quarter 3 2023/24

- Trust transitioned to managing incidents under Patient Safety Incident Response Framework (PSIRF) from 1st November;
- Vacancy rate remains stable as 5% thereby meeting the target;
- Identification of schemes for the current year Cost Improvement Programme with a forecast in excess of the target (£26.3m) albeit with half of this being non-recurrent;
- Trust is participating in Getting It Right First Time (GIRFT) Further, Faster initiative to transform outpatient services and improve waiting times;
- 'ICan' pilot in collaboration with Dudley Council has started for local people who would otherwise experience difficulties in accessing the jobs market;
- Another 'Behind the Scenes' event held for local schools to promote career opportunities in the health sector;
- First partnership newsletter produced by Dudley Health & Care Partnership Board produced.

Areas of challenge during quarter 3 2023/24

- Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme and delivery of the system Financial Recovery Plan;
- Trust faced pressures around urgent & emergency care;
- Trust faced pressures in achieving 31-day cancer treatment target driven by workforce capacity in breast and demand in urology and skin;
- Latest information available on carbon emissions suggests that these are stable rather than reducing in line with the required trajectory to hit net zero by 2040 (2045 for all emissions).

A copy of the full quarterly report that went to the Committees is included in the reading pack if further information is required.

Next Steps

Communications:

Communications team continue to produce a monthly staff interview that highlights how individual staff are helping the trust achieve our goals. These are published via 'In the Know' and stored on the Hub ([Strategy and Transformation - Strategy interviews](#)).

RISKS AND MITIGATIONS

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

RECOMMENDATIONS

To note the strategy progress report for Q3 2023/24.

Ian Chadwell
Deputy Director of Strategy
16th February 2024

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	The CQC undertook an unannounced full inspection of ED in May 2023. Initial feedback was positive, and the final report has been published. There was one breach/must do requirement and 4 should do actions from the inspection. The overall rating of the service remained the same (Requires Improvement) but improvement in the well-led and effective domain were seen (Good). The CQC undertook an unannounced full inspection of Children and Young People Services in June 2023. The final report has been published. There were two breaches/must do requirements and eight should do actions from the inspection. The overall rating for the service has improved to Good, with all domains rated as Good except for Safe which remains as requires improvement.		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Family and Friends Test (FFT) results are below the national average for all divisions		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 5% and has been stable since May 2023		
	Improve the staff survey results	Target: better than England average by 2024/25	Action plans from last survey being implemented. #makeithappen events took place and more planned for next quarter. Appraisal rates are above target		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical, and nursing costs by 2024/25	Schemes to cover the cost improvement target for current year identified but need more recurrent schemes		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Currently over the projected annual carbon targets. Estate emissions in 2023/23 totalled 18,991 tCO ₂ e, a 188 tCO ₂ e reduction from the baseline year (2019/20), equating to -1%. Trust emissions need to be reduced to 7,282 tCO ₂ e by 2031/32, to meet		

			NHSE targets, requiring an annual reduction of 1,322 tCO2e.		
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Currently at 67%; recruitment into the 'ICan Dudley' pre-employment programme has started and placements being designed		
	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider collaborative; implementation of integrated model of care in Dudley being progressed		
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I & II by 2028 (NHS Long Term Plan)	Latest available data for Q2 showed 26% of patients diagnosed at stages I & II; manager for lung health check programme appointed and decision to pursue procurement of service from external supplier		
	Increased planned care and screening for the most disadvantaged groups	Target: Breast screening uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%	Latest uptake 77% for Q2 (unvalidated) so meets acceptable level; proactive actions being taken by breast screening service in collaboration with Dudley public health		

**Paper for submission to the Full Council of Governors Meeting on
28 March 2024**

Report title	Board Secretary Update
Sponsoring executive/presenter	Helen Board, Board Secretary
Report author	Helen Board, Board Secretary Madhuri Mascarenhas, Governance Admin Lead

1. Suggested discussion points

Council of Governors elections June 2024

- The nominations for the Council of Governors elections opened on 18th March 2024.
- Elections are being held for the following three constituencies:
 - Public – North Dudley – one vacancy
 - Public – South Staffordshire & Wyre Forest – one vacancy
 - Staff – Allied Health Professionals, Pharmacy and Health Care Scientists – one vacancy
- Nominations will close on 17th April 2024, and the ballot stage (for the applicable constituencies) will commence on 9th May 2024. Elections will close on 5th June 2024 and the results will be published on 6th June 2024.
- New governors will be welcomed at the next Full Council of Governors meeting on 20th June 2024.

Council of Governors Terms of Reference

These are reviewed annually. No changes are proposed to the document. The enclosed Terms of Reference are submitted for approval. See Appendix 1.

Lead governor – annual endorsement

The term of lead governor runs conterminous with the remaining term of office. Alex Giles was elected as Public Governor in December 2021. Alex Giles was elected by fellow Council members as a Lead Governor. The role is subject to regular endorsement by the full Council. The Council of Governors is asked to endorse the proposal for Alex Giles to continue as Lead Governor for the remainder of his term that ends in December 2024.

Council of Governors Committee Workplan






The Council of Governors is asked to approve the attached workplan for 2024/25 given in Appendix 2.

Council Committee Membership Review

The Council of Governors has two Committees:

- Appointments & Remuneration Committee
- Experience & Engagement Committee

As a result of elections that take place each year, there is a need to review the membership of the Council Committees. With elections due to conclude in June 2024, all existing governors will have the opportunity to indicate their wish to stay as a member of their allocated Committee as per the table given on appendix 3. All new governors can indicate their interest in joining a committee where a vacancy exists/arises.

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

3. Report journey
Full Council of Governors Meeting - 28 March 2024

4. Recommendation(s)
The Council of Governors is asked to:
a. Note the elections underway that will return successful candidates in June 2024
b. Approve the Council of Governors Terms of Reference that have been subject to review with no proposed changes
c. Endorse the proposal for Alex Giles to continue as Lead Governor for the remainder of his term that ends in December 2024
d. Approve the Council of Governors workplan for 2024/25
e. Note the review of Council of Governors Committee membership scheduled post June elections



The Dudley Group
NHS Foundation Trust

5 Impact							
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	

Appendix 1

COUNCIL OF GOVERNORS

TERMS OF REFERENCE

1. Constitution

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

2. Membership

All Governors
Trust Chair

3. Attendance

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

4. Quorum

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

5. Frequency of meetings

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

6. Statutory Powers and Duties of the Council of Governors

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

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

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

In addition;

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

7. Reporting

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

8. Review

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

Appendix 2

Council of Governors Committee WORKPLAN – Financial Year 2024/25

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

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

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

Appendix 3

Remuneration & Appointments Committee Quoracy = 4 governors and Trust chairman	Experience & Engagement Committee Committee membership will comprise a minimum of eight governors. Invitation sent to All Council members to attend Quoracy = 4 governor members of the committee
<p>Governors</p> <p>Jill Faulkner, Staff Governor Dr Syed Gilani, Staff Governor – end of term (June 2024) Alex Giles, Public Governor (Lead Governor) Dr Atef Michael, Staff Governor Maria Lodge-Smith, Public Governor Yvonne Peers, Public Governor Cllr. Alan Taylor, Appointed Governor TBC</p>	<p>Governors</p> <p>Jill Faulkner, Staff Governor (non-voting as of Dec 22) Alex Giles, Public Governor (Deputy Chair) Mike Heaton, Public Governor Maria Lodge-Smith, Public Governor Dr Mohit Mandiratta, Appointed Governor Yvonne Peers, Public Governor Mushtaq Hussain (Chair) Mrs Mary Turner, Appointed Governor TBC</p>
<p>Trust members</p> <p>Trust Chairman (Committee Chair) Helen Board, Board Secretary</p> <p>Catherine Holland, Senior Independent non-executive director (to chair Committee as required)</p>	<p>Executive director Martina Morris, Chief Nurse</p> <p>Non-executive director Prof. Liz Hughes Gurjit Bhogal/Thuva Amuthalingam</p> <p>Trust staff Helen Board, Board Secretary</p>
<p>Admin support Madhuri Mascarenhas</p>	<p>Admin support Madhuri Mascarenhas</p>

**Paper for submission to the Full Council of Governors on
28th March 2024**






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 27th February 2024 highlighting:

- The Foundation Trust's 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 Council of Governors Effectiveness Survey was approved by the committee and would be circulated to the governors in March 2024, and the feedback/action plan would be reviewed at the Full Council of Governors meeting in June 2024.
- The committee approved the Quality Priorities set for 2024-25.
- The committee reviewed and approved the Membership Survey—Trust Strategy Refresh for circulation to the Foundation Trust members. This survey would aid in the creation of a new plan covering the period 2024 – 2027. The last survey was conducted in 2020, which helped shape our strategic plan for 2021 – 2024.

2. Alignment to our Vision

Deliver right care every time 	Be a brilliant place to work and thrive 	X	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 – 28/03/2024

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: 27th February 2024

<p style="text-align: center;">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 13,258 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 style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Lead Governor Alex Giles and Dr Mohit Mandiratta did a special feature on Black Country Radio in December to promote membership and the governor's role to the broader community. • The committee approved the Council of Governors Effectiveness Review Survey, which would be conducted in quarter four of 2023/24.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good attendance by governors at Board Committee meetings. • Good positive assurance was received from the Quality Committee, including an update on the different works commissioned by the Quality Committee and the decrease in the Trust's for the Summary Hospital-level Mortality Indicator (SHMI). • Governor Craig Nevin took the initiative to organise a meeting with the Patient Participation Group at his local GP surgery to promote our membership programme with new members signed up. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The committee approved the Quality Priorities for 2024-25. • The committee approved The Membership Survey – Trust Strategy Refresh, which would be circulated to the members in March 2024.
<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. 	