



Council of Governors Meeting Papers

Thursday 26th September 2024 4:15pm – 6:30pm

Annual Members Meeting – Save the Date!



NHS
The Dudley Group
NHS Foundation Trust

ANNUAL MEMBERS MEETING

Come find out about our activities and achievements over the last year, as well as our future priorities.



 Lecture Theatre, 1st Floor South Block, RHH

 17th October 2024

 4pm arrival, 4.30pm start

To register, please email:
dgft.foundationmembers@nhs.net





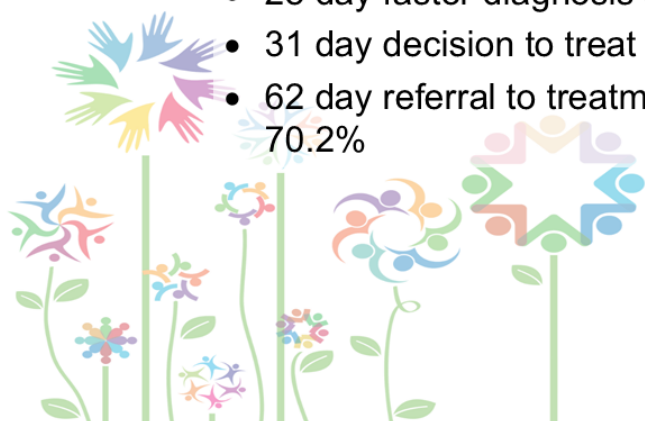
Deliver right care every time

NHS

The Dudley Group
NHS Foundation Trust

Performance

- 28 day faster diagnosis standard (Target 75%)– 83.2%
- 31 day decision to treat to treatment (Target 96%) – 90.3%
- 62 day referral to treatment (Target 70% from March 2024) – 70.2%



Deliver right care every time

NHS

The Dudley Group
NHS Foundation Trust

Infection prevention & control for August

- **Clostridium difficile** – 2 post 48 hours (hospital onset).
- **MRSA bacteraemia** – 0 cases post 48-hour cases.
- **MSSA bacteraemia** – 4 post 48-hour cases.
- **E coli bacteraemia** – 0 post 48-hour cases.
- **Klebsiella bacteraemia** – 1 post 48-hour cases.
- **Pseudomonas bacteraemia** – 1 post 48-hour cases.



COMMUNICATIONS ACTIVITY JULY 2024

In July, we launched the next People Pulse Survey and welcomed four new non-executive directors to the Trust!

NEW NEDS JOIN THE TRUST

We are pleased to announce that four new non-executive directors are joining our Trust's executive board. Dr Ita O'Donovan, Anne-Maria Newham MBE, Peter Featherstone and Dr Mohit Mandiratta have all joined the board and bring with them many years of experience in healthcare.



LUNG HEALTH CHECKS ARE COMING TO DUDLEY

We're pleased to announce the National Targeted Lung Health Check Programme is launching in Dudley.

Work is currently underway to highlight the screening programme with GPs in Kingswinford before subsequently rolling out to more GP practices across the borough.



C2 PLAYROOM LAUNCH

Colleagues from across the Trust gathered on 29 July for the launch of the Children's Ward's newly refurbished playroom.

The modernised playroom, has been funded by the Dudley Group NHS Charity through a combination of charitable funds and community grants.

The welcoming room has a bright and fun underwater theme and is equipped with activities and toys suitable for all young patients.



PEOPLE PULSE SURVEY

Our quarterly People Pulse survey ran throughout July was completed by 859 staff, an increase of 242 compared to 617 responses in April!

MEDIA COVERAGE

Our C2 Playroom launch made it into the local press!

Unfortunately our local media colleagues were unable to attend the launch in person, however, content was still picked up and published by Dudley News

EMERGENCY DEPARTMENT UPDATES

July saw the start of some important Emergency Department improvement updates. Throughout the next few months we'll be sharing some further communications about the ED Resus redesign that will provide enhanced resuscitation space that will revolutionise the care given at the Trust's emergency department.

WE ALSO SUPPORTED

- National blood shortage messaging
- Heat-health alert comms
- Industrial Action messaging
- South Asian Heritage Month

GENERAL ELECTION RESULTS

Following the general election the new MPs for our local constituencies have now been confirmed. We will be welcoming three new MPs from the Labour party, Cat Eccles, Sonia Kumar and Alex Ballinger as well as Mike Wood who retained his seat for the Conservative Party.

Welcome letters and information packs have been sent to all four MPs and our trust board members, which include key information about the Trust and an invitation to join our monthly MP briefings which will take place from September onwards.



WE NEED YOUR SUPPORT IN THE COMING MONTHS



The NHS Staff Survey

Coming soon!

Your voice matters, make it count!

World Suicide Prevention Day
September 10th

World Sepsis Day
September 13th

World Patient Safety Day
September 17th

Organ Donation Week
Sept 23rd - Sept 29th

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

FINAL Full Council of Governors Quarterly Meeting

26 September 2024 16:15hr

Rooms 7 & 8, Clinical Education Centre, 1st Floor, South Block, Russells Hall Hospital

No.	Item	Paper ref.	Purpose	Presenter	Time
1.	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Chair	16:15
2.	Council Meeting 2.1 Declaration of Interests 2.2 Quoracy 2.3 Announcements	Verbal	For noting	Chair	
3.	Previous meeting 20 th June 2024 – Full Council 3.1 Minutes 3.2 Matters arising 3.3 Update on actions	Enclosure 1	For approval	Chair	
	Shaping #OurFuture Vision – Excellent health care, improved health for all				
4.	Strategy Refresh 2024-27 Presentation by Ian Chadwell Deputy Director of Strategy				16:20
5.	Trust Quarterly Strategy and Annual Plan Report Q1 2024-25	Enclosure 2	For assurance	Ian Chadwell Deputy Director of Strategy	16:35
	Drive sustainability financial and environment Reduce cost per weighted activity Reduce carbon emissions				
6.	Green Plan Update <ul style="list-style-type: none">Green Plan Working Group – overviewGreen Plan Refresh<ul style="list-style-type: none">Make It Happen TourStaff Feedback from surveysPlans due to be refreshed in April 2025Travel Survey 2024 results	Presentation	For assurance	Ninette Harris Trust Sustainability Lead	16:40
	To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results				
7.	Remuneration & Appointments Committee Chair and Non-executive Director appraisal output 2023/24	Enclosure 3	For approval	Gary Crowe Deputy Chair	16:55

Governance					
8.	Chief Executive's update	Enclosure 4 / verbal	For information & discussion	Adam Thomas Deputy Chief Executive	17:00
9.	Chairs update <ul style="list-style-type: none"> Board of Directors held in July & September 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	Chair Deborah Pook Deputy Chief Operating Officer	17:10
		Enclosure 6			17:20
		Verbal		Non-executive committee chairs	17:30
10.	Dudley Integrated Health and Care NHS Trust Update	Verbal	For assurance	Kat Rose Director of Integration	17:45
11.	Quality Priorities 2024/25 Q1	Enclosure 7	For noting	Martina Morris Chief Nurse	17:55
12.	Lead Governor update	Verbal	For information	Alex Giles Lead Governor	18:05
13.	Board Secretary update	Enclosure 8	For approval/assurance	Helen Board Board Secretary	18:10
 Build Innovative relationships in Dudley & beyond Increase the proportion of local people employed Increase the number of services jointly delivered across the Black Country					
14.	Experience & Engagement Committee update	Enclosure 9	For assurance	Mushtaq Hussain Committee Chair	18:20
15.	Any Other Business Questions raised by governors	Verbal / Enclosure 10	For noting	Chair	18:25
16.	Reflections on the meeting			All	18:27
17.	Close of meeting and forward meeting dates 2024: 19 December meeting dates 2025: 20 March			Chair	18:30
Quoracy: To 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. Items marked*: indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.					

UNCONFIRMED Minutes of the Full Council of Governors meeting
Thursday 20th June 2024, 15:15 hrs
Microsoft Teams Meeting

Present:	Status	Representing
Mrs Emily Butler	Public Elected Governor	Halesowen
Mr Lewis Callary	Public Elected Governor	Rest of England
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Dr Syed Gilani	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Ms Natalia Hill	Appointed Governor	University of Wolverhampton
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Yunzheng Jiao	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
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
Ms Joanne Williams	Public Elected Governor	Halesowen

In Attendance:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Mrs Helen Board	Board Secretary	DG NHS FT
Ms April Burrows	Freedom to Speak Up Guardian	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr Peter Featherstone	Non-executive Director	DG NHS FT
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	DG NHS FT
Mrs Martina Morris	Chief Nurse	DG NHS FT
Sir David Nicholson	Trust Chair – Chair of meeting	DG NHS FT
Mr Andy Proctor	Director of Governance	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mrs Jo Wakeman	Deputy Chief Nurse	DG NHS FT
Mr Chris Walker	Interim Director of Finance	DG NHS FT

Apologies:

Dr Thuva Amuthalingam	Associate Non-executive Director	DG NHS FT
Ms Karen Brogan	Interim Chief People Officer	DG NHS FT
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Mrs Joanne Hanley	Non-executive Director	DG NHS FT
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Mrs Maria Lodge-Smith	Public Elected Governor	Stourbridge
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative

Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Anne-Maria Newham	Non-executive Director	DG NHS FT
Ita O'Donovan	Associate Non-executive Director	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mr Lowell Williams	Non-executive Director	DG NHS FT
Mr Jonathan Woolley	Staff Elected Governor	Partner Organisations

Not In Attendance:

Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mr Barrie Wright	Public Elected Governor	Brierley Hill

COG 24/16.0 15.15	Welcome
COG 24/16.1	<p>Introductions & Welcome</p> <p>The Chair welcomed everyone to the meeting.</p> <p>He welcomed back returning public governors Vicky Homer for South Staffordshire and Wyre Forest and Lizzy Naylor for North Dudley. He also welcomed back appointed governor Alan Taylor, who was re-appointed by Dudley Metropolitan Borough Council.</p> <p>The Chair welcomed Yunzheng Jiao (Jo), the newly appointed staff governor for Allied Health Professionals, Pharmacy, and Health Care Scientists, to his first Full Council of Governors Quarterly meeting.</p> <p>Special thanks were given to Mohit Mandiratta and Syed Gillani for their dedication and hard work in their role as governors. He informed the council that Mohit had stepped down from his role as governor as he had accepted his new role with the Trust as a Non-executive Director.</p> <p>He noted and thanked departing non-executive directors Thuva Amuthalingam, Julian Atkins and Gurjit Bhogal for their service to the Trust.</p> <p>He welcomed the newly appointed non-executive directors, Anne-Maria Newham, Peter Featherstone and Ita O'Donovan.</p>
COG 24/16.2	<p>Apologies</p> <p>Apologies had been received as noted above.</p>
COG 24/17.0	Council Meeting
COG 24/17.1	<p>Declarations of interest</p> <p>The Chair asked if anyone present had any declarations or conflicts of interest to note regarding any of the items on the agenda; there were none.</p> <p>He declared he was also the Chair of Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.</p> <p>There were no declarations made.</p>
COG 24/17.2	<p>Quoracy</p> <p>The meeting was declared quorate.</p>
COG 24/17.3	Announcements

	No announcements were made.
COG 24/18.0	Previous meeting
COG 24/18.1	<p>Previous Full Council of Governors meetings held on 28th March 2024 (Enclosure 1)</p> <p>The minutes from the previous meeting were provided as enclosure one for the full Council of Governors meeting held on 28th March 2024.</p> <p>A Thomas requested an amendment to the following sentence under item no. COG 24/6.2 – Trust Integrated Performance request:</p> <ul style="list-style-type: none"> • Original: “K Rose stated that the Trust and the NHS nationally were aware of the lack of digital services available to the teams working in the community and were working on improvising it.” • Amended: “K Rose stated that the Trust and the NHS nationally were aware of the lack of digital services available to the teams working in the community and were working on improving it.” <p>It was Resolved to</p> <ul style="list-style-type: none"> • Approve the minutes as an accurate record of the meeting, with the amendment noted above. <p>Action:</p> <ul style="list-style-type: none"> • Following this meeting, the word “improvising” would be amended to “improving” under item no. COG 24/6.2 to reflect the correct meaning.
COG 24/18.2	<p>Matters arising</p> <p>There were none.</p>
COG 24/18.3	<p>Update on actions</p> <p>COG24/3.1 – Previous Full Council of Governors Meeting held on 06th December 2023</p> <ul style="list-style-type: none"> - The sentence under item no. COG 23/42.2 from the minutes on 6th December 2023 to be amended to the following: “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.” to “He noted that the Critical Care and Coronary Care Unit in the Trust was Gold Standards Framework (GSF) accredited to provide end-of-life care to its patients.” <ul style="list-style-type: none"> ○ The above sentence was amended in the Final meeting minutes for 6th December 2023. This action is now completed <p>COG24/8 – Trust Quarterly Strategy Report and forward planning update</p> <ul style="list-style-type: none"> - A summary of the planning guidance and NHS provider briefing would be circulated to the Full Council of Governors. <ul style="list-style-type: none"> ○ Planning guidance and briefing were shared with the governors. This action is now completed. <p>COG24/9 – Patient Safety Incident Response Framework (PSIRF) Update</p> <ul style="list-style-type: none"> - The presentation on the Patient Safety Incident Response Framework and the link to the PSIRF introductory video by NHS England would be shared with the Council of Governors. <ul style="list-style-type: none"> ○ The presentation and link were shared with the governors. This action is now completed.
COG 24/19	Staff / Patient Story – Freedom to Speak Up Guardian (FTSU)

April Burrows, the Trust's Freedom to Speak Up Guardian, was introduced by K Ogunwolu, a professional development nurse for pre-registration nurses and Allied Health Professionals and staff governor for Nursing and Midwifery. K Ogunwolu highlighted that A Burrows offered unbiased and confidential assistance to staff facing challenges at work, fostering a positive culture where everyone feels empowered to speak.

A Burrows provided an overview of the Freedom to Speak Up Guardian role giving context to the national and local role.

She stated that the Freedom to Speak Up Guardian role had been in place since 2016, following the Mid Stafford NHS Trust events, Sir Robert Francis's recommendations, and the Speak Up inquiry.

The National Guardians Office provided training and support to all guardians, helping them conduct reviews and improve the speaking up culture in the healthcare sector.

The goal was to normalise speaking up across the organisation, enhancing work-life and care quality.

A Burrows was the Lead Guardian, and she was supported in her work by Phillipa Brazier, who did this role in addition to her substantive role. The team was looking forward to welcoming Mwamba Bennett, the Freedom to Speak Up Guardian, from Dudley Integrated Health and Care NHS Trust.

A network of 19 trained champions across the organisation worked to publicise the service, provide training, and ensure diverse representation among champions.

A Burrows informed the Council, in response to a question raised by C Nevin ahead of the meeting, that 324 concerns had been raised since the data collection began three years ago. Due to the sensitive nature of the information, the data was currently collected using a spreadsheet, and efforts were made to minimise the risk of breaching confidentiality.

To ensure confidentiality, any concerns raised were kept strictly with the individual who received them. For example, concerns raised with one member would not be accessible to another; only themes and general areas of concern were shared among the team.

Since the policy was updated in 2023, 98 new concerns had been raised.

A Burrows emphasised the integration of the "Freedom to Speak Up" initiative across all aspects of the organisation. Efforts were made to use clear and effective communication to publicise the service and provide comprehensive training on raising and resolving concerns. This training was extended to all levels of staff, including staff from Mitie, ensuring that everyone, including bank staff, felt empowered to speak up.

Managers and senior leaders were also trained on how to resolve concerns effectively. Positive stories about speaking up were shared to illustrate how these actions can lead to meaningful changes in practice. A Burrows acknowledged that the fear of retaliation or disadvantage remained a barrier to speaking up, which the team was actively working to address.

The team had been particularly active in engaging with international nurses and ensuring that FTSU Champions were present across all locations. Close links were maintained with inclusion networks, and the team was involved in the Disability and Women's networks. FTSU services were designed to be accessible to all staff, and drop-in sessions were provided across various locations, including night shifts, to ensure visibility and accessibility.

	<p>The staff survey was monitored for changes, and efforts were made to identify areas for improvement. Information was regularly gathered and analysed, with a quarterly report submitted to the National Guardian's Office.</p> <p>The common themes raised through the FTSU service include patient safety, fraud, attitudes, behaviour and culture, communication, bullying and harassment, sexual safety, racism, and discrimination.</p> <p>The Chair acknowledged the challenging balance between encouraging people to speak up and the potential concern that arises if too many did so. He expressed that while it was positive that people spoke up, it could be concerning if there were areas where no concerns were ever raised. This lack of feedback could indicate either a content workforce or underlying issues within the organisation that were not being addressed. He inquired about how this challenge was maintained.</p> <p>A Burrows responded by explaining her efforts to triangulate information from various sources, such as the Human Resources and Patient Safety teams, to gain a better understanding of the situation. She noted that a review of the quality and safety information revealed that not many people were aware of the FTSU service. In response, she had been developing and delivering training packages to raise awareness of the service and her role within the organisation. Additionally, she was actively working to recruit FTSU Champions across the Trust, including recent success in recruiting a champion from the bereavement office.</p> <p>A Burrows also mentioned that earlier in the year, a piece of work was undertaken to address areas where speaking up was less common. She was focussed on recruiting champions in those areas to ensure that employees feel empowered and supported to speak up.</p> <p>D Wake expressed her gratitude to A Burrows for the excellent presentation and for her dedication to championing the FTSU initiative within the Trust. She mentioned that before robust FTSU processes were in place, concerns were raised anonymously, with staff sending anonymous letters to express their worries. This was a common practice when employees were afraid to attach their names to their concerns. However, with the strengthened FTSU processes, staff were now comfortable approaching her directly, usually without remaining anonymous. D Wake would discuss these concerns with A Burrows and the lead non-executive director, allowing for a proactive response.</p> <p>D Wake also mentioned ongoing efforts to better understand how staff felt within the organisation, noting that recent surveys had been conducted to gather this information. The results would guide further work in the coming months to address any identified issues.</p> <p>The Chair noted that the Chief Executive's involvement as the lead executive of FTSU underscores the organisation's importance in this initiative.</p> <p>M Hussain asked about measuring the seriousness of concerns. A Burrows responded that all concerns are taken seriously, and immediate action was taken for patient safety issues.</p> <p>The Chair thanked A Burrows for her dedication and resilience in handling serious organisational issues.</p> <p>Action:</p> <ul style="list-style-type: none"> Following the meeting, A Burrows's presentation on The Freedom to Speak Up Guardians would be circulated to the Council of Governors. <p>No further comments or questions were raised.</p>
COG 24/20	Remuneration & Appointments Committee (Enclosure 2)

	<p>G Crowe presented the report given as enclosure two.</p> <p>He noted the appointment of four new non-executive directors. The interviews were held on 15th May 2024.</p> <p>These appointments enhanced expertise in performance, transformation, financial management, and integrated service agenda.</p> <p>G Crowe acknowledged the departing non-executive directors with best wishes.</p> <p>The Committee had agreed to recommend an extension for associate non-executive director Anthony Hilton's term by 12 months to support the Trust's journey towards University Hospital status and the Place-based agenda.</p> <p>The Council of Governors agreed to note and endorse the following:</p> <ul style="list-style-type: none"> - Noted the new non-executive director appointments. - Endorsed the extension of the associate non-executive director Anthony Hilton until July 2025. <p>No further comments were raised.</p>
COG 24/21	<p>Chief Executive's update (Enclosure 3)</p> <p>D Wake summarised the Chief Executive's report, given as enclosure three, and highlighted the following:</p> <p>Operational Performance</p> <ul style="list-style-type: none"> • Strong performance in elective recovery and reducing long waits. • No patients waiting over 78 weeks by the end of the month. • Focus on booking first outpatient appointments within 65 weeks by September and addressing year-long waits. <p>Cancer Care</p> <ul style="list-style-type: none"> • Strong performance, but issues with timely referrals to Wolverhampton (tertiary centre) for 62-day pathway patients. • Working on best practice pathways for various cancers. • Challenges in urology, gynaecological, and lung cancer referrals to Wolverhampton. <p>Diagnostics</p> <ul style="list-style-type: none"> • Near target of all diagnostic tests within six weeks. <p>Ambulance Offloads</p> <ul style="list-style-type: none"> • Challenges due to delayed discharges and funding issues for care packages. • Efforts to reduce the number of patients not meeting the right-to-reside criteria in the hospital. <p>Emergency Department</p> <ul style="list-style-type: none"> • Striving for 80% of patients seen or treated within four hours. • Need to improve care for patients requiring admission. <p>Collaborative Efforts</p> <ul style="list-style-type: none"> • Black Country Provider Collaborative working on clinical pathways and consolidated corporate services. • Implementation plan would be presented to the Joint Provider Committee. <p>Memory Tree</p> <ul style="list-style-type: none"> - A memory tree had been installed in Russells Hall Hospital's main reception area. This was unveiled in March 2024 and was funded by the Dudley Group NHS Charity. <p>C Nevin shared positive feedback from constituents of Tipton and Rowley Regis regarding the cancer navigators. He noted that many people he spoke with had expressed how much of a difference the navigators had made, particularly in providing</p>

	<p>support and ensuring that there was always someone available to speak with on hospital wards like the Georgina Unit. D Wake thanked C Nevin for the feedback and agreed that the cancer navigators had been a fantastic addition to the organisation. She emphasised that these navigators had greatly improved communication with patients, especially those on cancer pathways who often received a lot of complex information. The navigators could spend more time with patients, ensuring that they fully understood their care plans and provided a consistent point of contact throughout their treatment.</p> <p>D Wake explained that the youth worker was a new addition to the organisation and played a crucial role, particularly in supporting the transition of patients from paediatric to adult care in response to M Hussain's inquiry about the role. She further mentioned that the transition could be a significant change for patients, especially those moving from specialized paediatric care to adult care in a larger hospital. Additionally, she noted that the youth worker was involved in other supportive roles within the organisation.</p> <p>D Wake emphasised that the youth worker had been a valuable addition to the team, and there were plans to make this role permanent moving forward.</p> <p>L Callary inquired about the 62-day target, specifically asking whether patients were being referred to or from The Royal Wolverhampton NHS Trust.</p> <p>D Wake clarified that, for some pathways, patients were referred to The Royal Wolverhampton NHS Trust (RWT), while a significant portion of care was provided locally at The Dudley Group NHS FT (DGFT). RWT, as the tertiary centre, also referred patients to DGFT, depending on the type of pathway. RWT served as the primary provider of oncology care in the Black Country, particularly for radiotherapy.</p> <p>L Callary further enquired about the actions being taken to ensure more patients were treated within the 62-day cancer target. D Wake explained that the current target for the 62-day pathway was 70%, which the Trust was currently meeting at 71%. Before COVID-19, the target was 85%, and the aim was to gradually return to this level. Among the four trusts in the Black Country, three were meeting the 70% target, but RWT was currently at 47%.</p> <p>D Wake identified late referrals (after day 38) from DGFT, Walsall Healthcare NHS Trust (WHT), and a small number from Sandwell and West Birmingham NHS Trust (SWBH) as contributing factors to RWT's lower performance. This was especially challenging for surgical interventions. An action plan had been developed, focussing on three specialities, including urology, where capacity issues existed. For example, many men with prostate cancer preferred robotic surgery, leading to waiting lists.</p> <p>Through the Black Country Provider Collaborative, efforts had been made to increase robotic surgery capacity. Additional robots had been purchased: SWT had one, DGFT had two (for Orthopaedics and Urology), and RWT had added one as well. The urology pathway had been specifically addressed, with some patients requiring kidney surgery being treated at DGFT to free up capacity at RWT.</p> <p>D Wake also mentioned the need to improve the timeliness of diagnostics, particularly for lung cancer patients at the Trust, to avoid late referrals to RWT.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
COG 24/22.0	Chair's Update
COG 24/22.1	<p>Chair's Update - Board of Directors held in May 2024 (Enclosure 4)</p> <p>The Chair noted the contents of enclosure four, which was a summary of the Public Board of Directors meeting held in May 2024.</p> <p>He briefly highlighted some of the positive work noted in the report:</p>

	<ul style="list-style-type: none"> • Excellent presentation on the role of the Youth Worker, which highlighted the importance of sustaining and investing in this role. • Patient story: Positive feedback on knee replacements using the robot, with a patient praising the general service and recovery experience. • Financial position – a detailed discussion on delivering cost improvements. • Hospital Mortality – Significant improvements in hospital mortality rates could be attributed to years of dedicated work across the Trust. <p>No comments or questions were raised. The report was noted for assurance.</p>
COG 24/22.2	<p>Trust Integrated Performance Report on and note position in respect of Trust targets (Enclosure 5)</p> <p>D Pook was not present at the meeting.</p> <p>The Chair acknowledged that several key items in the report, including the issue around cancer care, had been covered earlier in the meeting. He emphasised the importance of improving cancer care and then opened the floor for any additional questions or comments regarding the report.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
COG 24/22.3	<p>Non-executive committee chair feedback by exception (Verbal)</p> <p>The Chair acknowledged the hard work of the chairs of the sub-committees on the issues that had been reported to the Board. He recognised the efforts being made and invited the chairs of the sub-committees to share any specific matters they wished to bring to the attention of the Council of Governors.</p> <p>Finance and Productivity Committee meeting: No comments or issues were raised by the Chair of the Finance and Productivity Committee.</p> <p>People Committee: No comments or issues were raised by the Chair of the People Committee.</p> <p>Integration Committee: No comments or issues were raised by the Chair of the Integration Committee.</p> <p>Digital Committee: No comments or issues were raised by the Chair of the Digital Committee.</p> <p>Audit Committee: No comments or issues were raised by the Chair of the Audit Committee.</p> <p>Quality Committee: L Hughes provided a brief update from the Quality Committee meeting and highlighted the following:</p> <ul style="list-style-type: none"> • Maternity services had successfully met all the standards and quality benchmarks for the Clinical Negligence Scheme for Trusts (CNST) Year Five Incentive scheme. The team was recognised as an exemplary performer at the national level. As a result of this achievement, the Trust received additional funding that could be reinvested into maternity services. • Positive assessment of the Patient Safety Incident Response Framework, which was introduced just under a year ago. The assessment indicated that the Trust was performing well in meeting the national standards and requirements. The framework promoted a more patient-and-family-centred approach to addressing patient safety issues, with patient safety partners involved, some of whom sat on the Quality Committee. Additionally, the Trust had been asked to support the

	<p>Integrated Care Board (ICB) in assisting other trusts to reach a similar level of progress.</p> <p>L Hughes emphasised that the Trust maintained a very high profile in quality and safety both within the Black Country and beyond.</p> <p>The Chair emphasised the thoroughness of the sub-committees, noting that they worked diligently to ensure that both the board and the council of governors were confident that issues were being identified and addressed in the correct order. He invited governors who attended these sub-committee meetings to share their views on what they had observed or to express what they would like to see improved.</p> <p>L Callary expressed satisfaction with the sub-committee's work.</p> <p>C Inglis shared her observations and expressed that she felt very reassured after attending and observing sub-committee discussions and listening to responses to various issues. She emphasised the importance of ensuring that this sense of reassurance was communicated throughout the entire organisation so that all staff could feel confident in how the Trust operates. She mentioned that Non-executive Directors had occasionally joined team chats and similar engagements, which she found beneficial. However, she noted the challenge of conveying the positive aspects observed in meetings across the broader organisation.</p> <p>G Crowe emphasised that while the Trust was currently focused on improving productivity and reducing costs effectively, maintaining the quality of services remained a top priority. He reassured the Council of Governors that the non-executive directors were actively ensuring that cost-saving measures did not negatively impact the quality of care provided. He noted that the reports being reviewed by the sub-committees were designed to balance the productivity challenges with the need to sustain high-quality services for patients and service users.</p> <p>The Chair acknowledged the thorough work of sub-committees in ensuring proper decision-making and identifying areas of concern. He emphasised the need to communicate reassurances and improvements across the organisation.</p> <p>No further comments were raised.</p>
COG 24/23	<p>Dudley Integrated Health and Care NHS Trust Update (Enclosure 6)</p> <p>K Rose summarised the report given as enclosure six.</p> <p>She informed the Council of Governors that the general election had caused a pause in decision-making related to the project. Although the project was on track to welcome colleagues from Dudley Integrated Health and Care NHS Trust (DIHC) on 1 July, the election had delayed these plans. Although approval from NHS England had been received, no decisions could be made until after the election.</p> <p>The project team was exploring options for rescheduling:</p> <ul style="list-style-type: none"> • Complete Delay – Postponement until around October, with the exact date to be confirmed. • Staggered Transfers – There was a possibility of transferring some services on 1st August, with the remaining services transferred in October. <p>Efforts continued with staff and colleagues to ensure no work was lost. The report included plans and assurances for Day One operations and subsequent work.</p> <p>The Chair acknowledged the significant progress made despite the delay. He emphasised the hard work of the team in preparing for the changes and expressed confidence that the project would proceed once government clearance was received. He</p>

	<p>further commented on the historical context of the project, noting its lengthy duration and the challenges faced.</p> <p>K Rose reported that staff members from DIHC had joined the team briefing that week. Staff members were beginning to collaborate with teams to assist DIHC with safeguarding issues, among other tasks. She highlighted the ongoing efforts to be as supportive as possible during this period.</p> <p>A Giles thanked Kat and the team on behalf of the governors for their hard work and dedication and acknowledged their challenges.</p> <p>The Chair thanked A Giles for his comments. He acknowledged the ongoing work and progress made and the importance of continuing to develop stakeholder relationships.</p> <p>No further comments were made. The report was noted for assurance.</p>
COG 24/24	<p>Trust Quarterly Strategy Report Q4 and Annual Plan 2024-25 (Enclosure 7)</p> <p>I Chadwell provided a brief overview of the Quarter Four 2023/24 Trust Strategy Report given as enclosure seven.</p> <p>At the last council meeting, the annual plan document was still in production, pending formal planning guidance, which was received the day before the meeting.</p> <p>The plan was finalised and submitted following an extraordinary board meeting on 2nd May. Feedback was received, and a further iteration was submitted, which was still awaiting approval.</p> <p>The planning framework had been finalised and would be the basis for future reporting.</p> <p>Strategy Refresh:</p> <ul style="list-style-type: none"> • There had been ongoing engagement with stakeholders for the strategy refresh. Feedback from staff and a recent member survey was reviewed. Although the survey response was small, it highlighted some areas of disagreement, particularly around virtual appointments and patient-initiated follow-ups. Further investigation would be conducted into these areas. • The board had a productive discussion last week regarding the strategy refresh. There was a general consensus to change the vision while maintaining the current values. There was also an intention to simplify and reduce the number of goals to make them clearer. • The draft strategy was planned to be presented to the Trust Board in September, followed by further refinement and aiming for formal acceptance at the December Board Meeting. <p>The Chair acknowledged the importance of the feedback received from the membership survey, which highlighted the increase in waiting times. He noted the significant progress on the existing strategy and annual plan and looked forward to further developments and more detailed discussions on the Trust Strategy in the future.</p> <p>Action:</p> <ul style="list-style-type: none"> - Following the meeting, I Chadwell's presentation on Annual Planning 2024-25 and Strategy Refresh 2024-27 would be circulated to the Council of Governors. <p>No further comments were made. The report was noted for assurance.</p>
COG 24/25	<p>Learning from Deaths (Enclosure 8)</p> <p>J Hobbs presented the report on Learning from Deaths given as enclosure eight.</p>

He emphasised that the report's complexity was not intended for detailed scrutiny but to highlight the significant scale and commitment of work within the Trust.

The primary goal of the hospital was to treat patients quickly and safely, reflecting the deputy chair's earlier comments.

The Trust had not received a letter from the coroner regarding concerns about any death in the organisation for the past five years, a notable achievement compared to other organisations that might receive two such letters annually.

The Trust had never received an alert related to elective care mortality, a significant point of pride.

The absolute number of deaths had decreased relatively to 2019, pre-COVID. The crude mortality rate was lower than the national and Midlands averages, and it was the lowest measured in 10 years.

The Hospital Standard Mortality Ratio (HSMR) was significantly below the national average, ranking 10th best in the country and improving.

The Summary Hospital-level Mortality Index (SHMI) was also below the national average, indicating safety post-discharge.

Consistent measurement aligned with national standards ensured a stable baseline for improvement. Improved detection of patient deterioration and timely emergency response had been key factors. The Trust's methods had been published and received a national award for their effectiveness.

Effective treatment protocols for conditions such as stroke, sepsis, pneumonia, liver disease, and COPD had led to outcomes better than the national average.

Patient Outcomes Across Life Stages:

- **Neonatal and Child Mortality:** The child mortality rate was half that of neighbouring boroughs, and neonatal mortality was below the national and Midlands averages.
- **Adult Care:** Measures for elective and unplanned care are highly favourable.
- **Palliative Care:** Award-winning services ensured patients received appropriate care, avoiding unnecessary treatments and allowing end-of-life care at home.

The Chair praised the comprehensive and positive outcomes presented. He noted that the Trust was previously identified as problematic regarding mortality rates after the Mid Staffordshire scandal. He commended the progress made under J Hobb's leadership, emphasising that it was a remarkable achievement.

N Hill inquired about neonatal death rates, noting that they appear higher than the national average. She questioned if the differences were due to variations in how the rates were calculated.

J Hobbs clarified that the Trust's measurement criteria for neonatal deaths involved every baby born after 22 weeks who took a breath. In contrast, national reporting used 24 weeks as the threshold for viability and included stillbirths, which affected the reported figures. He highlighted that while the Trust's figures may initially appear higher, the rate, when adjusted to the national standard, showed significantly lower mortality rates.

The data for 2022-23 indicated that the Trust's mortality rate was within 5% of the national average, rated green, and that it was one of the few trusts in the Midlands to achieve this.

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

<p>COG 24/26</p>	<p>Quality Account 2023/24 (Enclosure 8)</p> <p>M Morris presented the final version of the Quality Account for 2023/24 given as enclosure eight.</p> <p>She expressed gratitude to the council of governors for their support throughout the year, their role as a critical friend, and for providing valuable feedback.</p> <p>M Morris highlighted the three priority areas for 2023/24:</p> <ul style="list-style-type: none"> - Enhancing patient experience. - Ensuring patients are treated in the right place at the right time. - Reducing avoidable harm. <p>Significant progress was noted, particularly in improving patient experience and reducing avoidable harm. However, it was acknowledged that more work was needed regarding the discharge progress, which would remain a priority for 2024/25.</p> <p>M Morris outlined the six priority areas for the upcoming year based on themes from incident reports and patient feedback:</p> <ul style="list-style-type: none"> - Management of diabetes across all services within DGFT - Improve patient outcomes admitted with a fractured neck of femur - Improve outcomes for our patients admitted with cerebral vascular accidents - Enhanced patient experience based on survey feedback - Improve care delivered to our patients who have dementia or delirium - Improve care for patients with learning disabilities <p>The Chair thanked M Morris for the update. He mentioned that the Quality Account for 2023/24 would be published on the Trust website soon. He expressed gratitude to everyone for their contributions and to the governors for their input in preparing the governor's comment for the Quality Account.</p> <p>The Council of Governors agreed to:</p> <ul style="list-style-type: none"> • Note the Quality Account for 2023/24 <p>No comments or questions were raised. The report was noted for assurance.</p>
<p>COG 24/27</p>	<p>Lead Governor Update (Verbal)</p> <p>A Giles welcomed back public governors Vicky Homer and Lizzy Naylor for a second term. He welcomed back appointed governor Alan Taylor. He introduced and welcomed the new staff governor, Yunzheng Jiao.</p> <p>He highlighted Governor C Nevin's initiative of attending patient participation panels at his local GP surgery and recruiting new members. He encouraged governors to engage with the community to raise the Trust's profile and recruit new members.</p> <p>He thanked the volunteers for their contributions and recognised the importance of their work in the Trust. He appreciated governors who attended the Volunteers Week event to support and recognise the volunteers.</p> <p>He thanked fellow governors for their scrutiny and constructive challenge of the quality account for 2023-24 and expressed confidence in the strong and robust Quality Account for 2024-25.</p> <p>He reminded governors to maintain a 75% attendance rate at Council meetings (three out of four). He acknowledged that circumstances might prevent attendance and asked for timely notification if they could not attend. He emphasised the importance of high attendance for effective representation of constituents.</p>

	<p>He thanked the Trust colleagues for their continued engagement with the governors.</p> <p>The Chair thanked A Giles for his update. He emphasised the importance of engagement and attendance and highlighted that active participation from governors made a significant difference. He noted that the board felt more accountable and connected to both staff and the public due to the governors' efforts. He pointed out that as the future becomes more community-based and outward-facing, the experiences and insights gained in their current context would be increasingly valuable.</p> <p>K Rose praised C Nevin's work in engaging with patient panels and recruiting new members. She acknowledged the valuable feedback from members, which had positively impacted board development and strategy discussions.</p> <p>No further comments or questions were raised. The update was noted for information.</p>
COG 24/28	<p>Board Secretary Update (Enclosure 10)</p> <p>H Board presented the report given as enclosure ten.</p> <p>She welcomed new governors and noted that voting reports were available in the meeting pack and published on the Trust's website as a matter of public record.</p> <p>Code of Conduct:</p> <p>She reminded that all governors were required to sign the Code of Conduct when they joined. She noted that it was best practice to periodically review the Code of Conduct and mentioned that no changes were proposed at this time.</p> <p>Effectiveness Review:</p> <p>She thanked the governors for their feedback. She informed the Council of Governors that the feedback and detailed results were considered at the Experience and Engagement Committee meeting. She emphasised the need to remain alert to the governor's suggestions for the ongoing development of a cohesive and effective council.</p> <p>NHS Self Certification declaration:</p> <p>H Board explained that this regulatory document was prepared at the end of the financial year, based on the annual reports, audit work by internal and external auditors, and compliance with conditions placed on the provider licence.</p> <p>The key items included:</p> <ul style="list-style-type: none"> - Availability of resources. - Corporate governance statements, focusing on key controls and management. - Training and support for governors to fulfil their roles effectively. <p>The document would be published on the Trust's website and was not required to be submitted to NHS England unless requested.</p> <p>The Full Council of Governors agreed to the following:</p> <ul style="list-style-type: none"> - Approve the Code of Conduct - Noted the output of the Council of Governors Effectiveness Review and the results of the governor elections - Endorsed the statements in the NHS Self Certification document, affirming that they reflected the Trust's governance framework and business conduct. <p>There were no questions or comments raised.</p>
COG 24/29	<p>Experience & Engagement Committee Update (Enclosure 11)</p>

	<p>M Hussain noted that certain parts of the report had already been discussed under other agenda items.</p> <p>The membership number had remained stable at approximately 13,000 for the past few years. M Hussain emphasised the importance of maintaining or increasing this number and urged governors to encourage their family and friends to join the Trust.</p> <p>He expressed gratitude to the governors who formed the Task and Finish group to discuss and draft the governor's comment for the quality report.</p> <p>The Chair inquired about the last membership campaign. H Board indicated that the last significant push was pre-COVID.</p> <p>The Chair suggested that with the strategy refresh, it would be an opportune time to launch a membership campaign in the next six months.</p> <p>L Abbiss agreed and mentioned that upcoming community engagement events could integrate a membership campaign.</p> <p>The Chair noted that community-based services, like DIHC, did not have membership and would benefit from this initiative.</p> <p>A Giles reminded governors about a joint training session with Black Country Healthcare NHS FT on 16th July and encouraged all the governors to attend. The Chair encouraged the governors to attend the joint training session and inquired about the session's topics. H Board explained that the session would cover system structure, progress and strategies of each trust.</p> <p>The Chair thanked M Hussain for the report and noted the contents of the meeting held on 28th May 2024.</p> <p>There were no comments or questions raised.</p>
COG 24/30	<p>Any other Business (Enclosure 12 / Verbal)</p> <p>H Board highlighted that questions raised by governors of wider interest had been included in the meeting pack, specifically referencing a comprehensive reply from Mr Jennings regarding Martha's Rule, prompted by questions from Governor Craig Nevin.</p> <p>The Chair thanked C Nevin for the questions and concluded the discussion.</p>
COG 24/31	<p>Reflections on the meeting (Verbal)</p> <p>H Board reflected on feedback received from some governors regarding the complexity of the industry in which the Trust operates. She highlighted that the Trust handles over 1.4 million patient contacts annually, making it a very busy organisation. She emphasised the importance of minimising the use of industry jargon and explaining the terms in a clear and understandable way, which had been positively received. She extended an invitation to governors, encouraging them to contact the Foundation Trust office if they required more knowledge on specific topics.</p> <p>K Rose praised the quality and relevance of the questions raised by governors, which aligned with key Trust topics.</p> <p>The Chair encouraged governors to continue raising questions and thanked everyone for their participation.</p>
COG 24/32	<p>Close of meeting and forward Council of Governor meeting dates: 2024/25</p> <p>The next meeting dates were as follows for 2024:</p>

	26 September, 19 December and 20 March 2025
	The meeting closed at 16:45 hrs.

Sir David Nicholson, 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 20th June 2024

Item No	Subject	Action	Responsible	Due Date	Comments
COG 24/18.1	Previous Full Council of Governors meetings held on 28 th March 2024	<p>The following sentence under item no. COG 24/6.2 – Trust Integrated Performance request:</p> <ul style="list-style-type: none"> “K Rose stated that the Trust and the NHS nationally were aware of the lack of digital services available to the teams working in the community and were working on improvising it.” <p>Would be amended to:</p> <ul style="list-style-type: none"> “K Rose stated that the Trust and the NHS nationally were aware of the lack of digital services available to the teams working in the community and were working on improving it.” <p>The word “improvising” would be amended to “improving” in the above sentence.</p>	Foundation Trust Office	Completed	Sentence amended in the Final meeting minutes for 28th March 2024
COG 24/19	Staff / Patient Story – Freedom to Speak Up Guardian (FTSU)	The presentation on The Freedom to Speak Up Guardians would be shared with the Council of Governors.	Foundation Trust Office	Completed	Presentation was shared with the governors
COG 24/24	Trust Quarterly Strategy Report Q4 and Annual Plan 2024-25	The presentation on Annual Planning 2024-25 and Strategy Refresh 2024-27 would be circulated to the Council of Governors.	Foundation Trust Office	Completed	Presentation was shared with the governors

Strategy & Planning

Presentation

Council of Governors
Sept-24

Presented by Ian Chadwell
Deputy Director of Strategy



The Dudley Group
NHS Foundation Trust



Aims of today



The Dudley Group
NHS Foundation Trust

- Provide an update on work to refresh the trust strategy since last report to Council in June 2024 including outcome of discussion at the September private board



Since last time

- Output from the board development session in June has been used to inform a proposed strategic framework for the new strategy and draft document discussed at private board in September
- In summary, as a result of June development session:
 - agreed that the vision statement needed to be changed
 - values should remain the same
 - agreed goals needed to be simplified although there was a preference expressed for retaining as much of the existing wording as possible.
- Engagement about priorities for developing clinical services has been taking place over the summer
- Survey on short-list of options for a new vision statement run until 3rd September. FT governors and members invited to take part

Since last time



The Dudley Group
NHS Foundation Trust

- Output from the FT members survey on virtual appointments used to inform discussion at Dudley People Panel organised by ICB on 16th September. When output has been collated, trust digital team will review and look at options to respond to issues raised by the public

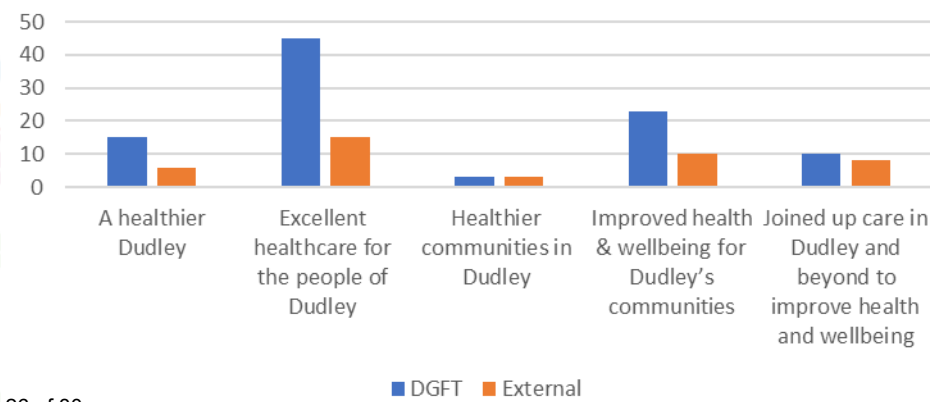


Results of the survey on new vision statement

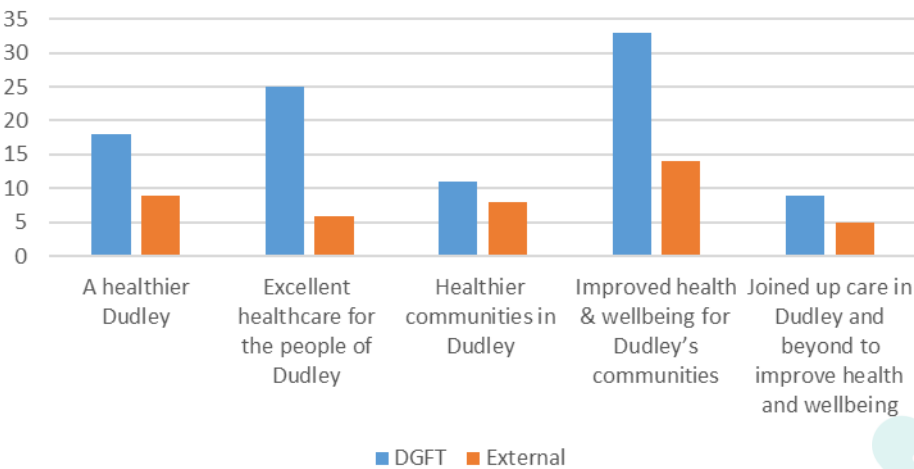
On-line survey ran for a couple of weeks until 3rd September. A total of 138 responses were received from the following organisations:

Dudley Integrated Health & Care Trust staff	12
Local government (staff or councillor)	13
Patient	1
Staff in another NHS organisation or primary care practice	5
The Dudley Group NHS Foundation Trust member	11
The Dudley Group NHS Foundation Trust staff or governor	96
Grand Total	138

First preference



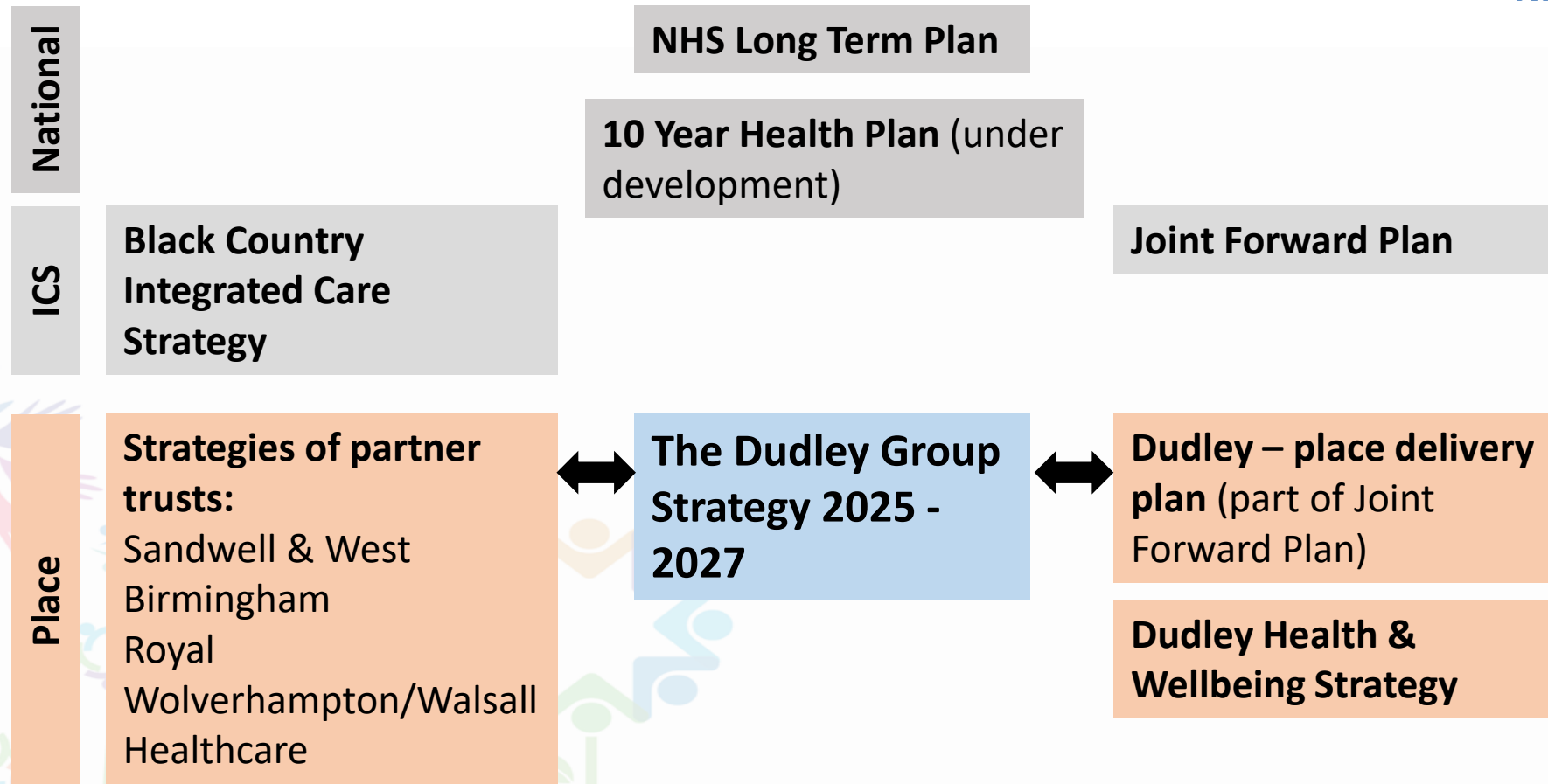
Second preference



Our strategy within the wider system context



The Dudley Group
NHS Foundation Trust



Strategic framework



The Dudley Group
NHS Foundation Trust

The strategic framework is essentially what becomes the 'plan on a page' and the infographic that will be on posters and screensavers and form part of staff job descriptions and appraisals. It needs to encapsulate the main messages that the new strategy is trying to convey since most people will only ever read this, rather than the full strategy document.

We have adopted the following design principles when developing the draft strategic framework:

- Staff are engaged with it and own it
- Public can understand it
- Leadership back it
- Demonstrates alignment across the system



Proposed new strategic framework



The Dudley Group
NHS Foundation Trust

Vision: Excellent health care for the people of Dudley

Values: Care, Respect, Responsibility

Goals

Our patients

Deliver right care, in the right place every time

Our people

Be a brilliant place to work and thrive

Our place

Building innovative partnerships to improve the health of our communities

Measures of success (TBC)

The developments that will help us to achieve our goals

Community first: investing in primary and community services

Achieving university trust status

Improving productivity and delivering the Financial Sustainability

Underpinned by strategic partnerships with other providers in the system

Lead, designed, developed and continuously improved using our quality improvement methodology.



Rationale for the goals



The Dudley Group
NHS Foundation Trust

- Deliver right care, **in the right place** every time
 - Slight change in wording with the addition of 'in the right place' underlines our commitment to 'community first' and ensuring that care is delivered in the most appropriate setting
- Be a brilliant place to work and thrive
 - Retain as it is, already well embedded
- Building (innovative) partnerships to improve the health of our communities
 - Replaces goals 'Build innovative partnerships' and 'Improve health & wellbeing' as the latter was not well understood. This emphasises our commitment to partnership at both system and place but with the explicit goal of doing it to improve health
 - Should the word 'innovative' be retained in this goal?



Next steps



The Dudley Group
NHS Foundation Trust

- Develop measures of success for each goal
- Agree which developments to highlight on the framework
- Board development session in October to focus on strategy and strategic risks
- Engagement with internal and external stakeholders through Oct - Dec
- Align with emerging themes from new 10 year health plan
- Formal sign off dependent on timetable for publication of 10 year health plan and Joint Forward Plan (March – May 2025?)
- Develop more detailed delivery plans that put the framework into action. This will cover services, estates and digital
- Event on 'Developing our clinical services' planned for 30th September
- Further discussion including workshop format with Council at December meeting



Paper for submission to the Council of Governors on 26th September 2024

Report title:	Strategy & Annual Plan progress report – Q1 2024/25
Sponsoring executive:	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
Report author:	Ian Chadwell, Deputy Director of Strategy

1. Summary of key issues using Assure, Advise and Alert

A new format has been created to report progress against the five strategic goals and the 18 in-year objectives identified in the annual plan which was approved by Board of Directors at the extraordinary meeting on 2nd May.

Assure

- Good progress against the constitutional targets (elective, diagnostic, cancer and emergency access) although not meeting the trajectory for reduction of 65+ week waiters;
- Continued strong performance on mortality;
- Delivering the financial plan with a deficit position slightly better than plan;
- High proportion of the required cost improvement programme identified with the focus now on delivery, especially the planned reduction in workforce;
- Paid work experience placements started as part of the 'ICan' programme;

Advise

- Small reduction in complaints but not meeting in-year objective;
- Productivity metrics show a mixed picture with overall improving trend and continued participation in GIRFT Further Faster programme;
- Not yet meeting the agreed system-wide targets for discharge although indicators showing improvement;
- Working with third party provider and other stakeholders to commence targeted lung health checks in the upcoming quarter.

Alert

- None

This summary report is supported by additional information available in the 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	x
Drive sustainability (financial and environmental)	x
Build innovative partnerships in Dudley and beyond	x
Improve health and wellbeing	x

3. Report journey

Executive Directors – 16th July 2024
 Relevant sections to all four committees – 24th, 25th, 30th April 2024
 Public Trust Board – 12th Sept 2024
 Council of Governors – 26th September 2024

4. Recommendation

The Council of Governors is asked to:

a) To note the strategy progress report for Q1 2024/25

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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

STRATEGY PROGRESS REPORT – Q1 2024/25

Report to Board of Directors on 12th September 2024

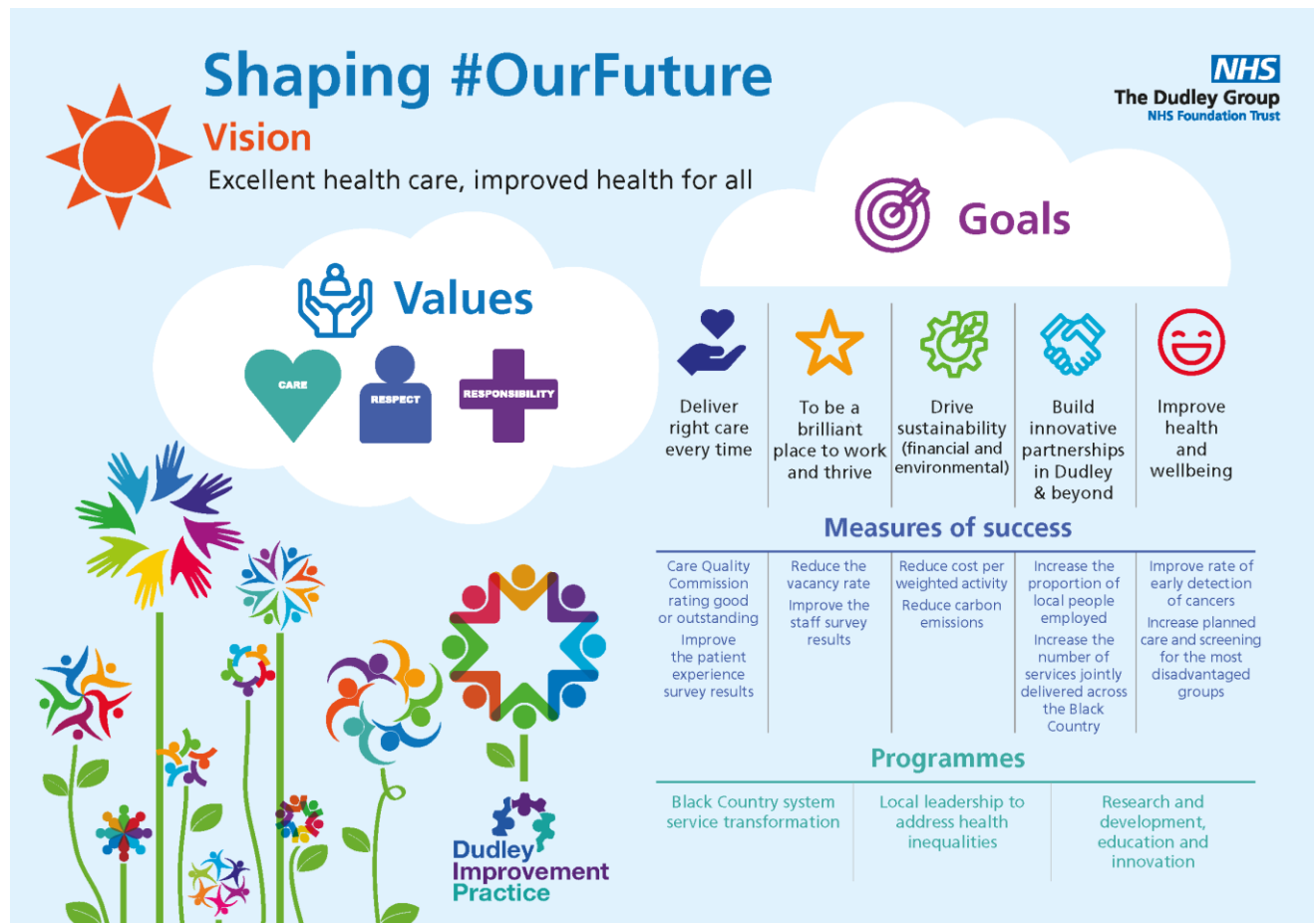
EXECUTIVE SUMMARY

This report summarises progress against the goals and measures of success in the Trust's strategic plan 'Shaping #OurFuture' and the annual plan 2024/25. Detailed progress updates were made to Executive Directors and the relevant Board sub-committees during July.

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 July as being a comprehensive reflection with no changes requested. Appendix 1 contains the summary of status against each measure of success.

Progress to highlight from quarter 1 2024/25

- Good progress against the constitutional targets (elective, diagnostic, cancer and emergency access) although not meeting the trajectory for reduction of 65+ week waiters;
- Continued strong performance on mortality;
- Delivering the financial plan with a deficit position slightly better than plan;
- High proportion of the required cost improvement programme identified with the focus now on delivery, especially the planned reduction in workforce;
- Paid work experience placements started as part of the 'ICan' programme;
- Small reduction in complaints but not meeting in-year objective;
- Productivity metrics show a mixed picture with overall improving trend and continued participation in GIRFT Further Faster programme;
- Not yet meeting the agreed system-wide targets for discharge although indicators showing improvement;
- Working with third party provider and other stakeholders to commence targeted lung health checks in the upcoming quarter.

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 Q1 2024/25.

Ian Chadwell
Deputy Director of Strategy
5th August 2024

APPENDICES:

Appendix 1 – Summary progress against strategy and objectives in the annual plan
2024/25

Appendix 2 – Strategic Planning Framework 2024/25 as agreed by Board of
Directors

Summary progress against strategy and objectives in the annual plan 2024/25

Goal, success measure and objective from annual plan	RAG rating	
	This quarter	Last quarter
Deliver right care every time		
Measures of success		
CQC good or outstanding		
Improve the patient experience results		
Achieve NHS constitution targets		
Objectives from the annual plan		
Reduce complaints by 15% compared to 23/24		
90% of complaints to be responded to in 30 days		
Increase responses to patient experience survey by 20%		
Reduction in incidents resulting in significant harm		
Standardised hospital mortality index (SHMI) better than England average		
Re-admission within 28 days better than England average		
Eliminate 65 week waits by September 2024 and reduce 52 week waits		
Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation 85%)		
Be a brilliant place to work and thrive		
Measures of success		
Improve the staff survey results to better than England average		
Reduce the vacancy rate to 7% or below		
Objectives from the annual plan		
Improve retention rates for nursing, midwifery and AHP groups		
Bullying and harassment – staff survey results better than England average		
Raising concerns – staff survey results better than England average		
Recommend trust as a place to work – staff survey results better than England average		
Drive sustainability		
Measures of success		
Reduce cost per weighted activity to better than England average		
Reduce carbon emissions (year-on-year decrease to achieve net zero by 2040)		
Objectives from the annual plan		
Deliver financial plan (deficit of £32.565m)		
Deliver recurrent cost improvement programme of £31.896m		
Reduction in use of bank by 25%		
Build innovative partnerships in Dudley and beyond		
Measures of success		
Increase proportion of local people employed to 70 by Mar-25		
Increase the number of services delivered jointly across the Black Country		
Objectives from the annual plan		
A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)		
Improve discharge processes		
Improve health and wellbeing		
Measures of success		
Improve rate of early detection of cancers (75% of cancers diagnosed at stages I,II by 2028)		
Increase planned care and screening from disadvantaged groups		
Objectives from the annual plan		
Achieve acceptable coverage for breast screening (70%) and work towards achievable level (80%)		

Strategic Planning Framework 2024/25

	DRIVE SUSTAINABILITY	RIGHT CARE EVERY TIME		INNOVATIVE PARTNERSHIPS	HEALTH & WELLBEING	BRILLIANT PLACE TO WORK
	Finance	Experience	Quality	Access	Inequalities	Workforce
Success Measures	Achieve financial sustainability	Improve our patient experience results	CQC rated good or outstanding	Achieve NHS Constitution targets (Referral to treatment, diagnostics, cancer, emergency access)	Improve rate of early detection of cancers	Staff survey results above England average
	Reduce cost per weighted activity to better than average			Increase the number of services delivered jointly across the Black Country	Increase planned care and screening from disadvantaged groups	Reduce vacancy rates
	Reduce Carbon Emissions				Increase proportion of local people employed	
In year objectives	Deliver financial plan (deficit of £32.565m)	Reduce complaints by 15% compared to 2023/24	Reduction in incidents resulting in significant harm (moderate, severe, death)	Eliminate 65 week waits by Sept 24 and reduce 52 week waits	Achieve acceptable coverage for breast screening (70%) and work towards achievable coverage (80%)	Improve retention rates for Nursing, Midwifery and AHP groups in particular retain 80% of our internationally recruited workforce
	Deliver recurrent cost improvement programme of £31.896m	90% of complaints to be responded to in 30 days	Standardised Hospital Mortality Index (SHMI) (quarterly) better than England average	Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation at 85%)	A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)	Bullying and harassment - experience of bullying from managers - staff survey results better than England average experience of bullying from colleagues: staff survey results better than England average
	Reduction in use of bank by 25%	Increase responses to patient experience survey by 20%	Re-admission within 28 days better than England average	Improve discharge processes (30 discharges per day from MOFD list, 90% of patients to be discharged within 24 hours once known to system partners, reduce number of incomplete discharges on the complex list – no more than 5% failed per day, 30% of In-patient's discharges are home for lunch for each RHH ward		Raising concerns - I feel safe to speak up staff survey results better than England average
						Recommend trust as a place to work staff survey results better than England average
Multi-year commitments	Delivery of Digital 3 year Plan					
	Work collaboratively to increase elective capacity					
	Delivery of Financial Recovery Plan					
	Productivity (outpatient transformation, theatre utilisation, discharge)					
	Delivery of People Plan and associated journeys (Recruitment and Retention, EDI, Wellbeing, OD and leadership)					
	Delivery and Implementation of Community Diagnostic Centre					
	Implement Delivery plan for maternity and neonatal services					
	Transformation and integration of community services					
Task and finish	Consolidate payroll function across provider collaborative	Redevelopment of resuscitation area in ED	Embedding of Patient Safety Incident Response Framework (PSIRF)	Transfer services from DIHC into DGFT	ICan (pre-employment programme)	Establishment and embedding of the Brilliant Place to Work group to deliver actions associated with the Culture and Learning journey
	Corporate improvement programme	Discharge, Nutrition, hydration and pain quality improvement programmes established	Provision of more services in the Family Hubs to provide better services to families	Establish structures to support DGFT becoming Lead Provider for Dudley Health and Care Partnership by March 2026	Develop policies and procedures around patient equality	An improvement project to be included in each staff appraisal as part of embedding the Dudley Improvement Practice
		Development and implementation of dementia and delirium and autism and learning disability strategies			Contribute to design of Health Innovation Dudley and the range of courses offered	Establishment and embedding of the recruitment and retention group to deliver actions associated with the journey
		Shared across Joint Provider Committee (Black Country)			Shared across Dudley Health & Care Partnership	

Paper for submission to the Full Council of Governors on 26 September 2024

Report title:	Remuneration and Appointments Committee report to full Council - Non-executive Director and Chairs appraisal output 2023/24
Sponsoring executive:	Gary Crowe, Deputy Chair Catherine Holland, Senior Independent Non-executive Director
Report author:	Helen Board, Board Secretary

1. Summary of key issues using Assure, Advise and Alert
Chair and Non-executive Director appraisal output 2023/24
Chairs appraisal 2023/2024
Assure

The Chair appraisal followed the process in the 'Framework for conducting annual appraisals of NHS chairs' published February 2024. This document built on previous appraisal frameworks creates a standard and updated framework for NHS Chair annual appraisals. The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.

Informed by multisource feedback, the framework has been updated to incorporate the NHS Leadership Competency Framework and to align to the Fit and Proper Person Test framework launched in August 2023.

The framework is informed by the provisions of NHS England's code of governance for provider trusts, the seven principles of public life (Nolan Principles) and the Financial Reporting Council's publications (UK corporate governance code and guidance on board effectiveness). These provisions emphasise the pivotal nature of the chair's role in creating the conditions for the board's effectiveness in maintaining a focus on strategy, performance, culture and values, stakeholders and accountability.

Advise

The annual appraisal for Sir David Nicholson, chairman has been carried out by Catherine Holland, the Senior Independent Director. The framework for the appraisal follows that issued by NHSE and covers the period from September 2023 to August 2024.

The appraisal reporting template has been completed and is appended. The Council of Governors is asked to consider a recommendation of the Remuneration and Appointments Committee to endorse the document ahead of its submission to NHS England.

Alert

The Committee noted that Sir David Nicholson would reach the end of his initial appointed term in March 2025. The committee was updated on the chair's re-appointment/appointment process and considered at length the option for reappointment. Based on the Chair's performance and effectiveness in the shared chair role, the Committee concluded it would be content to recommend to the Full Council of Governors a proposal to pursue a reappointment.

Non-executive Director appraisal output 2023/24
Assure

The Chairs of NHS trusts are responsible for ensuring that non-executive directors (NEDs) receive regular appraisals of their performance, at least annually. Trusts can determine the approach to appraisal that is most relevant to their local circumstances.

The non-executive director appraisals process for the full year 2023/2024 concluded by 31st July 2024 to align with the Trusts appraisal window:

The competency domains in section 5 of the NHS Leadership Competency Framework for board members formed a core part of board member appraisals and the ongoing development of individuals and the board as a whole.

The deputy chair carried out individual appraisals for the non-executive directors, based on the framework and other objectives or development needs.

Advise

Non-executive appraisal

This report summarises the individual appraisal findings and recommendations for each non-executive director in post in an associate non-voting role and voting role. The principal corporate objectives of all non-executive directors have been fully met - see appendix 1.

Each have received an overall assessment of their performance where using the ratings set by NHS England: satisfactory or cause for concern. All non-executive directors have been assigned an overall rating of satisfactory.

Fit and Proper Person statement

The appraiser has confirmed they continue to be a 'fit and proper person' as outlined in regulation 5 and in line with the updated NHS England Fit and Proper Person Test Framework, a submission with this assertion was made to NHS England in July 2024. There are no pending proceedings or other matters which may affect their suitability for appointment.

Review of non-executive committee assignments and portfolio assignments

Following the recent appointment of four new Non-Executive Director's concurrent with the appraisal activity has also included a review of non-executive committee assignments and portfolio assignments – see appendix 2.

Alert

Non-executive succession planning

The Trust has for a long time adopted a recruitment approach that supports a staggered end of term for non-executive directors, and in line with best practice as set out in the NHS England Code of Governance, rigour is applied to any term of office that exceeds six years. In recent years, the Trust has actively appointed associate non-executive directors to act as a pipeline and support succession planning to ensure the skill mix and experience is maintained.

Non-executive remuneration

The remuneration for non-executive directors is between £13,190 and £13,585 p.a. and is consistent with the guidance issued by NHSE in 2019 "A remuneration structure for NHS provider chairs and non-executive directors" and was applied extant to the recently appointed candidates.

It is widely recognised that the current NHSE remuneration structure has achieved its stated intention of bringing NHS trusts and FT NED/chair remuneration into broad alignment, and long passed its staged implementation date. NHS Providers were invited by NHS England (NHSE) to share evidence, feedback and insight they had received from a survey of its members that has on the whole highlighted the current dissatisfaction with current remuneration guidance.

The committee was advised that long promised revised national guidance had not been issued and that whilst five years with no uplift was unacceptable the committee agreed to wait and see if anything might be published in the coming months.

In the meantime, the Committee was supportive of the opportunity to review non-executive remuneration within the boundaries of the current guidance that allowed up to £2k to be paid over and above the basic remuneration of £13k for additional responsibilities for up to four individual non-executive directors.

Currently, this additional uplift was applied to the Trust's Senior Independent Director (SID) and Audit chair. The Committee considered and agreed that the uplift should be applied to all NEDs who were chairs of Board Committees and that all four trusts that make up the Black Country Provider Collaborative should align any action to take this forward. It was agreed that any NED already in receipt of an uplift e.g. SID and audit chair would not be eligible for a further uplift.

Board Committees

Finance & Productivity Committee

Quality Committee

Integration Committee

Audit Committee – uplift already applied

People Committee – chaired by SID

The Committee noted that the approach entailed five non-executive directors and would exceed by one the boundaries of the guidance. The committee acknowledged that as a Foundation Trust a decision could be locally made but agreed that further discussion would be undertaken by Gary Crowe with colleagues across the collaborative to agree an aligned approach where possible.

2. Alignment to our Vision

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

3. Report journey

Council of Governors 26th September 2024

4. Recommendations

The Council of Governors is asked to:

- Endorse** the Chair appraisal outcomes and onward submission to NHS England (NHSE)
- Endorse** the recommendation to pursue the reappointment of the shared chair
- Endorse** the recommendation of the Committee to endorse the output of the non-executive director annual appraisals
- Support** an option to explore applying an uplift to non-executive director remuneration based on additional committee chairing responsibilities and where possible in alignment with Black Country Provider Collaborative trusts

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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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	Build 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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Paper for submission to the Full Council of Governors Meeting on 26 September 2024

Report title:	Chief Executive's Update
Sponsoring executive:	Diane Wake – Chief Executive
Presenter:	Adam Thomas – Deputy Chief Executive
Report author:	Alison Fisher – Executive Officer

1. Summary of key issues using Assure, Advise and Alert

Assure

- Transfer of Care Hub Visit
- Elective Hub Visit

Advise

- Dudley Integrated Healthcare Agreement
- Operation Performance
- Best Practice Tariff Targets
- Pay Awards
- Green Plan Launch
- Black Country Integrated Care Board Chair
- Equality and Inclusion
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

Alert

- None

2. Alignment to our Vision

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

3. Report journey

Board of Directors – Public session – 12/09/2024
Full Council of Governors Meeting – 26/09/2024

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	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 6.0	X	Build 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
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 12 SEPTEMBER 2024

Dudley Integrated Healthcare Agreement

The Trust had been working with Dudley Integrated Health and Care (DIHC) NHS Trust on mobilisation and transition plans for service to transfer to DGFT on 1st July 2024. Unfortunately the general election resulted in an extension to the original timeframes and Dudley Integrated Health and Care are now working to a phased transfer of services. Phase 1 occurred on 1 August 2024, which saw the transfer of the following services to Black Country Healthcare FT and three Primary Care Networks:

Black Country Healthcare NHS Foundation Trust	IAPT/Dudey Talking Therapies for Anxiety and Depression
	Primary Care Mental Health
	First Contact Mental Health Practitioners
	Mental Health Commissioning Function
Stourbridge, Wollescote and Lye Primary Care Network	Additional Role Reimbursement Scheme (ARRS) staff via lead practice
Sedgley, Coseley and Gornal Primary Care Network	Additional Role Reimbursement Scheme (ARRS) staff via lead practice
Kingswinford and Wordsley Primary Care Network	Additional Role Reimbursement Scheme (ARRS) staff via lead practice

The final transfer of services is anticipated to occur on 1 October 2024 which will also coincide with the proposed dissolution of Dudley Integrated Health and Care. This consists of services transferring to Dudley Group Foundation Trust as host for Dudley Health and Care Partnership and Black Country Integrated Care Board. However, this is subject to Secretary of State approval.

Services anticipated to transfer on 1 October:

The Dudley Group NHS Foundation Trust (DGFT) – host of Place Partnership	ICB Commissioned primary care services
	High Oak and Chapel Street Surgeries
	Special Allocation Scheme
	Research
	Continuing Health Care/Intermediate Care
	Integrated Medicines Management
	GP Clinical Leadership
	Ex-CCG Corporate Functions
	Additional Role Reimbursement Scheme (ARRS) staff for Brierley Hill and Amblecote Primary Care Networks
	Additional Role Reimbursement Scheme (ARRS) staff for Halesowen Primary Care Networks
	Additional Role Reimbursement Scheme (ARRS) staff for Dudley and Netherton Primary Care Networks
Black Country Integrated Care Board (BCICB)	Adult Safeguarding
	Designated Clinical Officer Function
	Staf not covered by TUPE
	Legacy issues

Operational Performance

Elective Restoration & Recovery

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks with a plan to have all cleared at the end of September. The next target for focus is the 52 week wait patients being treated by the end of March 25.

Cancer Outcomes & Service Dataset (COSD)

As a Trust we achieved above 80% stage completeness in the Cancer Outcomes and Services Dataset (COSD) submissions for the whole of 2023. Feedback received from the NHS National Disease Registration Service (NDRS) "As you are aware we have been monitoring this work and your provider has made a significant achievement and is directly attributable to the hard work of clinical and administrative staff in your cancer teams. We would like to express our sincere thanks for this work".

Best Practice Tariff Targets

The latest National Emergency Laparotomy Audit (EMLap) Best Practice Tariff report recently released, showed that the Trust had achieved our Best Practice Tariff targets for January - March 2024. This is a significant achievement, as only 20% of hospitals have managed to reach these targets nationally.

This success is particularly encouraging for our recently created EMLap Improvement Group. This accomplishment will strengthen our resolve to maintain these high standards.

Transfer of Care Hub Visit

A peer review took place on 30th July 2024, co-ordinated by the Urgent Emergency Care Midlands Regional Team. The review stems from the expectations laid out within the delivery plan for recovering urgent and emergency care (January 2023) that includes commitments such as, speeding up discharges from hospital, expanding new services in the community, accessing right care first time and reducing unwarranted variation.

The aim of the review was to assess patient pathways and identify potential areas for improvement whilst highlighting good practice. The review team consisted of health and social care providers from across the Region.

Dudley hosted an event that would enable the reviewers to access to all elements of the patient journey from community through health and social care and back to community. It included a welcome and overview from our Chief Operating Officer, Karen Kelly. The team were walked through the patient journey from Integrated Front Door Team, ward teams, therapy, Local Authority, Transfer of Care Hub and to Intermediate Care. The reviewers joined our daily integrated meetings, visited wards, spoke to staff, undertook observations, joined virtual meetings, received presentations and attended a site visit to Tiled House (one of our intermediate care facilities in the community). We further provided a recent case review example of a complex discharge to identify real barriers and issues that require national discussion on overseas visitors, homelessness, together with the real pressures faced within the system.

The peer review team identified areas of good practice and points of note, such as;

- Staff with high morale and an honest and open approach to managing quality improvement
- Acknowledgement of the disconnect/lack of visibility of how finances flow across Place

- Recognition that Dudley had invited a Black Country peer review team in earlier in the year and were able to demonstrate the learning from this within its programme of work, agreed as a partnership single plan.
- Awareness that the local implementation of the national pathways is not aligned to the national framework and the impact of this on demand and capacity modelling, national returns and cross border working.
- The team were undertaking a deep dive into understanding why people on P3 were going home i.e. had they been identified for the correct pathway first time.
- Data is being used to highlight focused work around delays and variance discharging within and out of area.
- Proactive, practical resolutions for managing delays including
 - a. daily touch points with all neighbouring local authorities
 - b. daily internal delays meeting
- An electronic transfer of care document (TOC) had been developed and 92% are completed within 24 hours of referral.
- Discharge presence at the front door (Integrated Front Door Team) with 51% of the referrals made to the Integrated Front Door Team discharged at the front door
- The hub operates 7 days a week.
- An intermediate care patient passport starts on the acute wards and follows the patient into out of hospital providers.
- Ability to flex community beds to meet P2 and P3 demand
- Pathway 1 community provision for rehabilitation (Own Bed Instead) and reablement is responsive and integrated and can support both step down and admission avoidance referrals. It is noted that demand is exceeding capacity currently.

A sample of the recommendations from the review team were;

1. Ensure that the Dudley Place partnership single plan enables a shared understanding and responsibility in using resources wisely, maintaining budgetary control, taking steps to minimise waste and shared visibility of all the performance data to ascertain what is affordable.
2. Use data to support a focus on Pathway 0, where the largest volume of discharges are managed across the Trust.
3. Support with demand and capacity modelling for pathways 1, 2, 3.
4. Reinforce the need for clear actions at ward level specifically around who needs to do what and when to facilitate a discharge today and if not today then, when?
5. Review the workforce in the Dudley Group hub and consider the opportunities to form a co-located integrated workforce with the aims to:
 - a. Enhance shared knowledge and skills across teams creating an ongoing culture of relationship building resulting in shared accountability/ responsibility for patient flow. The benefits of co-location are achieved through regular Safety Huddles, informal multi-disciplinary working, team meetings, shared vision.
 - b. Shared accountability and further trusted assessment will improve efficiency by reducing the number of forms, handovers and steps within referral pathways.
 - c. A culture of shared problem solving, and accountability will result in operational staff utilising all available capacity across the partnership e.g. reduction in cancelled or delayed discharges creating waste within Local Authority packages of care, early supported discharge and readmission avoidance via Virtual Wards, and Admission Avoidance joining the Red Amber Green (RAG) call.

6. Continue to develop the database and business intelligence to provide live data around patient tracking and visibility across the patient journey along with dashboards to show performance and outcomes.
7. Cross partnership senior leadership support for people with the longest delays and most complex presentations as per the shared case study e.g. The senior responsible officer (SRO) for intermediate care to work with the Director level leads in Integrated Care Board and Local Authority to lead multi-disciplinary meetings, inviting expert reference groups, and present a unified front to operational staff who can deliver the plan in the interests of the citizen.
8. Implement an integrated approach for reviews of all readmissions and include leads for Urgent Community Response and Virtual Wards.

Elective Hub Visit

The Trust welcomed a team from Getting it Right First Time to come and assess our surgical services on the 10th July 2024 to ascertain if we were able to be accredited as a 'Surgical Hub'. In an acute site the aim is to be an integrated hub where there is an elective surgical unit within an existing hospital site with all facilities physically segregated from acute areas. At Dudley we have dedicated elective theatres and also a dedicated elective surgical ward for Adults; in Paediatrics we have a more hybrid model where our elective spaces are housed within the standalone Paediatric Ward on the second floor.

Initial feedback was received on the day, verbally on 5th August and the formal feedback was received on 12th August. The areas of good practice identified included:

- The accreditation team unanimously highlighted the very strong focus on teamwork and a multi-professional approach as observed on the day of the visit. Staff were highly engaged, dynamic and there were several examples of joined up working across departments
- There is a strong focus on enhanced recovery and enabling patients to recover at home as soon as possible
- The hub has a strong focus on training and development
- Quality improvement approaches are embedded and the accreditation team observed many examples of teams engaged in continuous improvement projects; there is a general focus on improvement
- The trust has achieved Anaesthesia Clinical Service Accreditation
- Successful pilot of a 'super surgery day', this is an excellent initiative and more of these with dedication of day case facilities is anticipated

There were also some opportunities for improvement:

- There is a need to introduce a fully digital pre-operative assessment process to enable effective triage and virtual pre-operative assessment for all suitable patients, supported by a digital portal. We are in the procurement process to obtain this.
- Cases per list in some specialities are low, some improvement work is ongoing particularly in Ophthalmology.
- Need to physically separate the elective and emergency space within paediatrics

The feedback concluded that at present we are not in a position to be accredited as a surgical hub, but there are some steps that we can make to look to apply for a further visit in the coming months.

Pay Awards

On the 29th of July, the government has announced the 2024/25 pay award for staff under the remits of the NHS Pay Review Body (NHS PRB - AFC) and Doctors' and Dentists' Review Body (DDRB).

The details of the award are summarised below - All pay uplifts will be backdated to 1 April 2024.

NHS Pay Review Body (Agenda for Change)	With effect from 1 April 2024, a 5.5 per cent consolidated uplift for all Agenda for Change staff on NHS terms and conditions. To be paid in October 2024 with arrears back to April 2024.
Doctors and Dental Review Body (Medical and Dental)	For doctors and dentists this will mean uplifting salaries by six per cent, applying to: <ul style="list-style-type: none">• consultants• specialty and specialist (SAS) doctors• doctors and dentists in training who will also receive an uplift of £1,000• salaried dentists, including those working in community dental services and public dental services.• contractor general medical practitioners• salaried general medical practitioners pay ranges.• pay element of dental contracts• no uplifts in Local Clinical Excellence Awards (these remain frozen)

Green Plan Launch

The Green Plan was approved by the Board of Directors in December 2020 setting targets to reduce our environmental impact and carbon emissions. The Trust are working on plans to refresh the Green Plan including consulting staff, the updated plan is due to be released in April 2025.

Progress so far:

- expanded the green team to over 100 members
- free bus passes for staff - over 400 monthly passes claimed, 8% of staff
- sustainability category in the committed to excellence awarded to the pharmacy team for medicine returns
- theatres are using remanufactured devices which reduces wastage whilst saving close to £18,000 and 125kg CO2e.
- amongst many more

There is more work to do to reduce our emissions, in 2022/23 we reduced emissions by 1% compared to the 2019/20 baseline. To meet NHSE targets we would need to reduce emissions by a further 46% by 2032 and net-zero by 2040.

Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS. Implementing the Green Plan not only reduces emissions but can improve patient care and health and wellbeing. We all have a role to play to reduce emissions and reduce admissions.

For more information visit:

[Environmental Sustainability - The Dudley Group NHS Foundation Trust \(dgft.nhs.uk\)](https://dgft.nhs.uk)

or

the Hub at [Greener NHS - Home](#)

Black Country Integrated Care Board Chair

The Black Country Integrated Care Board have appointed Anu Singh as their new Chair. Anu took over from the current Chair Jonathan Fellows on 1 September 2024. We look forward to working with Anu.

Equality and Inclusion

The Trust has achieved a significant milestone in successfully maintaining our Gold Status and moved to the sustain level for the Employers Network for Equality and Inclusion Talent Inclusion and Diversity Evaluation (TIDE report). This is a fantastic achievement and demonstrates the passion and dedication to ensuring equality and inclusion within the Trust.

Charity Update

C2 Playroom Launch

Colleagues from across the Trust gathered on 29 July for the launch of the Children's Ward's newly refurbished playroom. The modernised playroom has been funded by the Dudley Group NHS Charity through a combination of charitable funds and community grants. The welcoming room has a bright and fun underwater theme and is equipped with activities and toys suitable for all young patients and there is now plenty of storage space for arts and crafts activities, a wet area, and a gallery where children's artwork can be proudly displayed. There is also a reading corner for those children who may need some quiet time.

The room was officially opened by Trust chief executive Diane Wake alongside Albie aged five, a young patient on the ward, Albie's mum Leah said: "It's such a beautiful room to help distract children from their hospital stay. It's both adaptable and inviting to allow children to continue learning through play".

The Dudley Group NHS Charity is still fundraising for soft furnishings and toys for the room. If anyone would like to donate and get involved, please head to charity page on the hub ([Children's Ward Playroom Appeal - JustGiving](#)).

Glitter Ball

The charity's annual flagship Glitter Ball is set to return for a fourth year!

The business gala dinner will be held at the Copthorne Hotel in Dudley on Thursday 14th November 2024 and will see local businesses come together to show support for their local Trust, and to the Dudley Group NHS charity.

This year the Glitter Ball is raising vital funds for the dementia appeal, which supports patients living with dementia at the Forget Me Not unit at Russells Hall Hospital.

The charity is appealing to local businesses that would be interested in attending what promises to be a wonderful evening. If you are able to share any connections, please email nithee.patel@nhs.net

Supporting Cancer Services

This year the charity has funded three scalp cooling machines for our cancer services. Many people undergoing chemotherapy in the UK are completely unaware that scalp coolers exist, let alone that they could help cancer patients undergoing chemotherapy to keep their hair. Losing your hair can be the final straw and can have a devastating impact not only on the patient, but also their families, particularly for children and young people.

By using these machines many people have reported that their hair loss was so minimal which enabled them to 'just feel normal' whilst undergoing treatment.

Christmas Chocolate Appeal

The Dudley Group NHS Charity is launching a Christmas chocolate appeal to provide chocolate selection boxes for all patients to enjoy over the Christmas period.

The Trust charity is appealing to local businesses, the public and staff for Christmas chocolate selection box donations to help spread joy to all our patients, who will be in hospital over the Christmas period.

Spending Christmas in hospital can be a very lonely and isolating experience. This may be a small token of appreciation, but we know our patients will appreciate the gesture throughout the Christmas period.

The deadline to receive chocolate boxes is 6th December 2024 and can be dropped off to the Charity Department, 2nd floor, South Block, Russells Hall Hospital.

If you would like to support the Christmas chocolate appeal, please contact the fundraising team on: dqft.fundraising@nhs.net.

Healthcare Heroes

Individual award



Picture – Samuel Johnston and Kat Rose

Samuel Johnston

An incredible physiotherapist in our therapy dept, Samuel is always there to help students and patients, who praise his supportiveness and outstanding holistic approach. Students boast about his welcoming and polite ways, making the working environment a delight to enter. Many patients claim Samuel augments confidence within them. Thank you so much Samuel for your amazing work!

Team award



Picture – Own Bead Instead Team and Chris Walker

Our Own Bed Instead team, who are based at Brierley Hill Health and Social Care centre, were the latest recipients of our team healthcare hero award.

The team were nominated for always being there to support patients when they really need it and for the valuable advice and insight they provide to other members of staff in the Trust.

Their vital work alongside the Therapy department based at Russells Hall Hospital was also recognised with the team saying that they are so grateful for the work Own Bed Instead do every day and that without their support the Therapy team would be lost.

Patient Feedback

Ward C5 - The lovely nurses who were very dedicated and caring. The consultant had a wonderful bedside manner.

Maternity (Antenatal) - Fantastic communication, very relaxed but efficient environment. Staff were excellent and thoughtful. Julie was amazing.

Day Case Unit, Corbett - Kind and friendly staff but also very professional and caring, wonderful people. Just a great service.

Post Coronary Care Unit/Coronary Care Unit - The whole of the staff from the consultant to the auxiliary staff were very professional, caring, and helpful.

General Community - We have had great experience of care been giving by yourself and hospital we can't fault anything. Everyone so friendly.

C2 (Children's) - All staff are amazing & very supportive. Can't asked for more. Everyone on the unit is compassionate & can't thank you all enough. Thank you one and all.

Surgical Pre-Assessment - Really caring staff, who were so kind and thoughtful to my needs when I was upset. Keep up the great work, you are all amazing.

Critical Care - Huge thank you to the amazing critical care team who supported me and my family during such a tragic time.

Clinical Research Unit - Caring professional staff, confidential practice and perfect clinical techniques. Listened to my thoughts and acted according. Very pleased with appointment.

Visits and Events

1 July	Black Country Provider Collaborative Executive
10 July	Black Country Quarterly System Review
11 July	Dudley Group Public and Private Board
16 July	Dudley Group Oversight and Assurance
16 July	Black Country System Chief Executive Officers
17 July	West Midlands Cancer Alliance Board
19 July	Black Country Joint Provider Committee
24 July	Midlands Chief Executive Update with NHS Midlands Regional Director
24 July	Black Country Financial System Oversight Group
25 July	Finance and Productivity Committee
25 July	Black Country Integrated Card Board Public and Private Board
29 July	Dudley Learning Event with Walsall Together
29 July	Get It Right First Time Senior Responsible Officer meeting
30 July	Regional Access Board
30 July	Black Country System Chief Executive Officers
1 August	Integrated Care Board Development Session
2 August	Black Country Elective and Diagnostic Strategic Board
19 August	Corporate Services Transformation Delivery Group
22 August	Black Country Financial Recovery System Oversight Group
23 August	Black Country Provider Collaborative Joint Board Workshop
27 August	Black Country System Chief Executive Officers
29 August	Dudley Group Finance and Productivity Committee

Paper for submission to the Full Council of Governors on 26 September 2024

Report title:	Chair's update Board of Directors meetings (public session) held September 2024
Sponsoring executive/presenter:	Sir David Nicholson, Chair
Report author:	Helen Board, Board Secretary

1. Summary of key issues using Assure, Advise and Alert

Summary report from the Board of Directors meeting held in May 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 recovery 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 are actively encouraged to attend the bi-monthly Board of Directors (public session) meetings. All governors receive the full meeting pack of documents which are also published on the Trust website [Board meetings - The Dudley Group NHS Foundation Trust \(dgft.nhs.uk\)](https://www.dgft.nhs.uk/Board-meetings).

2. Alignment to our Vision

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

3. Report journey

Council of Governors 26th September 2024

4. Recommendation(s)

The Council of Governors is asked to:

a) Note and discuss the matters included in this 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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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	Build 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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS**Date Board last met: 12th September 2024**

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The Board noted the Month 4 Trust financial position. After technical changes the July cumulative position was a £14.088m deficit. The position was £0.364m better than the updated phased plan submitted to NHSE in June. Noted financial challenges associated with 2024/25 and beyond. • The combined medical director and chief nurse report alerted the board to matters including an increase of reopened complaints, issues regarding the error in recording of staff assigned to the correct level of safeguarding training for adults and reduced compliance for the repeat second VTE assessment for patients within 24 hours of admission. • Bank usage had been increasing month on month since April 2024, attributed to increased pressures through patient acuity, staffing unavailability being above tolerance levels and the opening of surge areas which are unbudgeted and not part of the establishment. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Approve and note the new format of the integrated committee upward report of assurances provided by the Committees • Joint Provider Committee report noted key messages from the meetings of the 17th of May 2024 and 21st June 2024. The corporate services program was beginning to deliver early benefits
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Patient Story (Sept) - focused on the treatment pathway experienced by an elderly patient with multi co-morbidities who was assessed and diagnosed with urinary tract infection, treated via Same Day Emergency Care and utilised virtual ward for follow up and avoided admission. The Board welcomed a patient to share their experience of care. • The Trust had overachieved on the Cost Improvement Programme plan as at the end of July by £0.812m with a forecast that it would achieve its 2024/25 financial year planned deficit of £32.565m after technical adjustments. • Trust performance against national standards and local recovery plans performing well overall. Expectation to deliver all within required timeframes. Noting that Cancer service performance targets were achieved. Elective recovery was seeing progress with those waiting seeing a reduction. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Board & Committee Effectiveness review output considered with agreement there were no further steps to pursue. • Approved the updates made to the Board Assurance Framework made since the last meeting and noting the committee assurance level ratings that were predominantly positive.

- The combined medical director and chief nurse report set out the matters given as assurance and advisory notes on a range of topics including good performance with job plan sign off and the infection prevention control team had been put forward for an award.
- Assurance reported in the Perinatal Clinical Quality Surveillance Dashboard (Maternity and Neonatal Dashboard) on progress made with the three-year delivery plan and the assurance that compliance with the year six Maternity Incentive Scheme (MIS) was on track.
- Assurance received on close monitoring of workforce numbers, challenge noted on pace and removal of recurrent post was noted as a key element of financial plan delivery.
-

Chair's comments on the effectiveness of the meeting

Meeting held face to face in a Community setting at Stourbridge Health & Social Care Centre was attended by the new Black Country ICB chair, a trust governor, foundation trust members and members of the public. Good debate related to the financial recovery challenges faced by the Trust and the System for 2024/25 and the years that follow.

Paper for submission to the Board of Directors September 2024

Report title:	Integrated Performance Report for July 2024
Sponsoring executive / Presenter:	Karen Kelly, Chief Operating Officer Deborah Pook, Deputy Chief Operating Officer
Report author:	Jack Richards, Director of Operations - Surgery, Women and Childrens. Amandeep Tung-Nahal, Director of Operations - Community with Core Clinical Services. Rory McMahon, Director of Operations - Medicine and Integrated Care.

1. Summary of key issues using Assure, Advise and Alert

This report summarises the Trust's performance against the national standards and local recovery plans for the month of July 2024 (June 2024 for Cancer and VTE).

The Committee is asked to note performance and next steps against the below national standards.

Assure

Emergency Performance

In July ED 4 hour performance was at 79.9% vs the national target of 78%.

ED has gone through three weeks of floor works, which has significantly and adversely affected the ED footprint to see and treat patients affecting triage performance this month. Despite these works, we saw only a 2% drop compared to an anticipated 4% in relation to the ED 4 hour performance.

On going focus on:

- GP letter patients straight to SDEC/Surgical SDEC.
- Agree new streaming template with UCC for patients with letters to go direct to Speciality.
- Re-run of heat mapping exercise for nurses and medics in ED.
- Joint working with Surgery to ensure proactivity to take patients from ED even when full.
- Organizational agreement that specialties must take patients directly and not wait to assess them in ED.
- Extra Validation resource.

Cancer Performance

The 28 day Faster Diagnostic Standard (FDS) achieved 83.9% (June 24 validated) against the constitutional standard of 77%.

31-day combined decision to treat performance achieved 90.3% in June against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 70.2% in June which is above the national target of 70%.

DM01 Performance

July's DM01 performance achieved 88.3%. Diagnostic wait trajectories for each modality have been submitted to ICB to deliver 95% NHSE target by end of March 2025.

Clinical Hub Performance

June Urgent Community Response (UCR) performance reported was 86% against a target of 70%.

Black Country Pathology Service (BCPS)

E-requesting went live on the 07/08/2024. Based on initial response, compliance is forecasted to achieve 35% by end of August.

Cancer Outcomes & Service Dataset (COSD)

As a Trust we achieved above 80% stage completeness in the Cancer Outcomes and Services Dataset (COSD) submissions for the whole of 2023. Feedback received from the NHS National Disease Registration Service (NDRS) "As you are aware we have been monitoring this work and your provider has made a significant achievement and is directly attributable to the hard work of clinical and administrative staff in your cancer teams. We would like to express our sincere thanks for this work".

Elective Restoration & Recovery

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks with a plan to have all cleared at the end of September.

The next target for focus is the 52 week wait patients being treated by the end of March 25. We are now looking to book all 52 week first outpatient appointments that would breach in March 25 by the end of November 24. This is a challenging ask, but the teams are currently working on plans to achieve.

As in previous reports industrial action has impacted us significantly with respect to these targets, the strike at the end of June into July was particularly impactful to elective care with a number of cases rescheduled. It is hoped that the offer made in relation to this by the government will mean that future action is avoided reducing the impact moving forwards.

July RTT position 58.6% vs 92% national target, a continued improvement month on month.

Advise

ED Triage

July's Overall Triage position 80.6% vs 95% national target.

ED has gone through three weeks of floor works, which has significantly and adversely affected the ED footprint to see and treat patients affecting triage performance this month.

Following the replacement of the Front-Triage floor and in preparation for the loss of cubicle during the Resus Build, there has been the opportunity to review existing flow within the department. A reconfiguration of front triage with the colocation of minors went live 01/08/2024. The reconfiguration will support further improvements with collaborative working, increasing visibility of patients and ensuring quicker senior decision making.

Ambulance Handover

This month's activity saw 9,085 attendances. This has increased when compared to the previous month of June with 8,988 - 15 out of the 31 days saw >300 patients.

2930 patients arrived by ambulance; this shows an increase from the 2763 ambulances that attended last month. 287 of these offloads took >1hr (10%). This shows an improvement when compared with last month's performance of 18%.

Over the month, the average length of stay (LOS) in ED was 212 mins for non-admitted patients and 428 mins for those waiting for a bed following a decision to admit. This is a 30% (132 minutes) decrease in waiting time for patients to be admitted compared to last month at 560 minutes.

Cancer (Data to June)

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. NHSE have revised the new March 2025 targets for the 28-day FDS and 62-day to change to 77% and 70% respectively.

31-day combined decision to treat performance achieved 90.3% in June against the national target of 96%. This is mainly driven by surgical capacity.

31 day combined & 62 combined actions

- Increased focus on the 31-day target when escalating for treatments going forward and ensuring data validation is undertaken monthly.
- Weekly PTL meetings to incorporate 31-day decision to treat date in addition to 62-day decision to treat date.
- Unvalidated 31-day performance shows improvement at 93%
- CDC Dermoscopy in place with plans to expand. The service supports dermatology referrals for suspected cancers. Patients receive imaging in the community setting to support robust triage of referrals to ensure that we rapid access capacity utilised appropriately. Only 50% of patients currently get a rapid access appointment.
- Unvalidated 62-day performance shows improvement at 72%

There is robust monitoring of patients over 104 days, reported externally for any potential harm reviews. The total number of patients over 104 days is at 24 of these 12 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals or patient comorbidities.

DM01

July's DM01 performance has improved from the previous month and achieved 88.3%.

Both Cardiology and Endoscopy are performing well and achieved 95.43% and 98.31%, respectively. MRI saw an improvement from 89.66 last month to 91.14% in July. CT and Dexa continue to perform well having achieved 96.27% and 100% respectively.

NOUS has improved from 86.9% to 89.7% in July and has seen a reduction in 6 week breaches from 553 last month to 374 in July. Reduced staffing has impacted performance, and recruitment to address staffing challenges is almost complete. ENT has the largest backlog and additional specialist capacity is required to support. A third room for NOUS opened on 18/07/2024 to provide additional capacity. System mutual aid continues to be offered to SWBH (600 slots) and will be regularly reviewed.

Cardiac MRI waiting times is challenged. System mutual aid has been requested.

Sleep studies is an area of focus with performance of 56.15%. Audiology is challenged due to reduced staffing with July performance of 78.23%. Sleep studies experiencing equipment issues and a short-term recovery plan is in place to utilise bank shifts to reduce waiting times. Audiology recruitment plan in progress with new starter commenced in July.

13-week diagnostic breaches and route to zero are monitored weekly by NHSE. Areas of focus for further reduction are NOUS and MRI with plan to clear 13 week waits by August and September respectively.

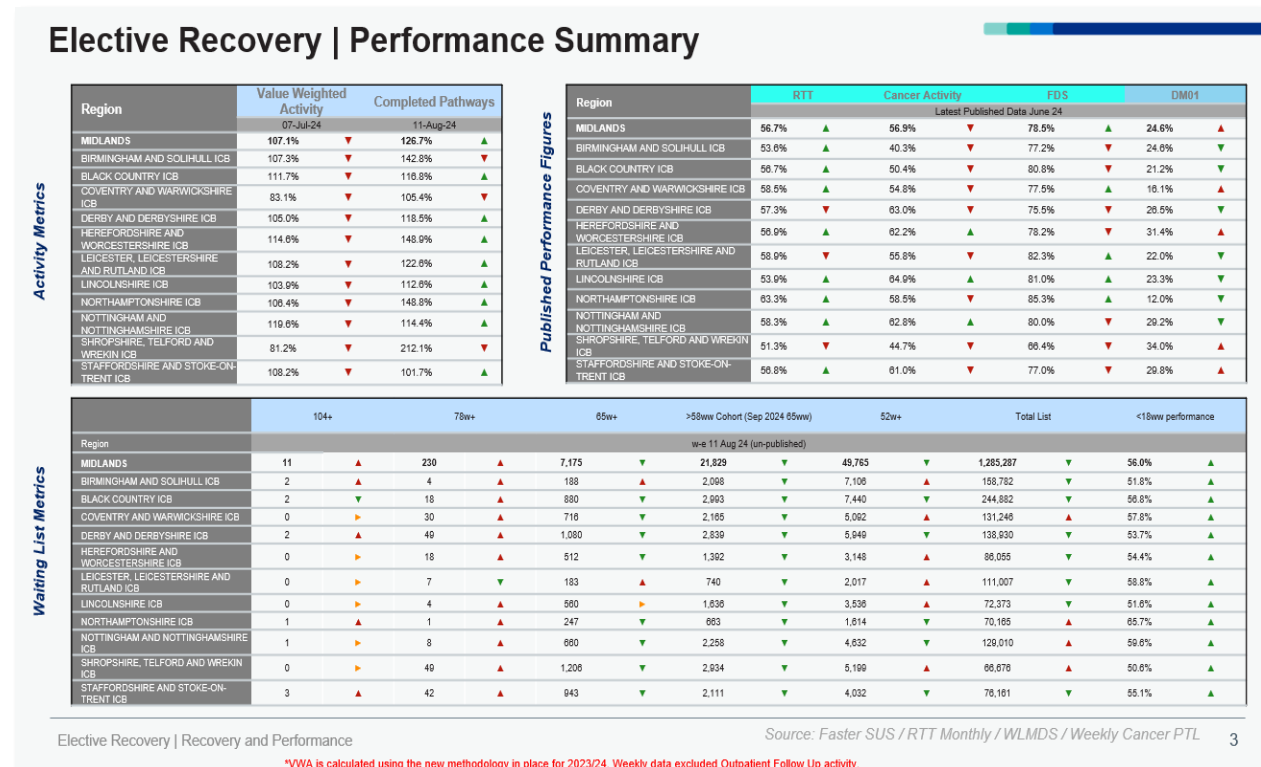
Elective Restoration & Recovery

The next target for focus is the 52 week wait patients being treated by the end of March 25. We are now looking to book all 52 week first outpatient appointments that would breach in March 25 by the end of November 24. This is a challenging ask, but the teams are currently working on plans to achieve.

As in previous reports industrial action has impacted us significantly with respect to these targets, the strike at the end of June into July was particularly impactful to elective care with a number of cases rescheduled. It is hoped that the offer made in relation to this by the government will mean that future action is avoided reducing the impact moving forwards.

Elective Recovery Programme – NHSE Midlands 16.08.24

Black Country ICB Performance Summary – Completed Pathways to 11.08.04



The trust continues to drive the GIRFT Further Faster Programme, as well as, Specialty GIRFT Meetings since July 2023, with key priorities delivering on Outpatients Pre-Appointments / Reducing and managing DNAs / Remote Appointments / Outpatient throughput / Patient Initiative Follow Ups across 17 core outpatient services. Improving Pathways through: - Diagnostics / Surgical Pathways / Theatres.

Alert
None.

2. Alignment to our Vision	
Deliver right care every time	
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
The Integrated Performance Report was submitted to the Finance and Productivity Committee on Thursday 29 August 2024 and Board of Directors in September 2024.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Receive the report as assurance of Trust performance

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 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 BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with local partners will result in an adverse outcome for the patient.
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Paper for submission to the Full Council of Governors on 26 September 2024

Report title:	Quality Priorities 2024/2025 - Q1 update
Sponsoring executive:	Martina Morris – Chief Nurse Dr Julian Hobbs – Medical Director
Presenter:	Martina Morris – Chief Nurse
Report author:	Jo Wakeman – Deputy Chief Nurse

1. Summary of key issues using Assure, Advise and Alert

Outlined in this report is the progress for quarter 1 April 2024 – June 2024. During the quarter, significant improvements can be demonstrated across the Clinical Effectiveness priorities. In terms of the Patient Safety and Experience priorities, positive progress has been made to achieve the required outcomes.

Patient safety

One out of the three priorities have been achieved during quarter 1 with good progress and early mitigation to review incidents. Digital solution still to be achieved.

Clinical effectiveness

Some excellent progress has been noted against improving outcomes for patients who have suffered a fractured neck of femur with three out of the five targets achieved. Note SHIMI is reducing and there are mitigation plans to increase theatre capacity.

Regarding improving outcomes for patients having had a stroke, note a reduction in SHIMI with two out of three targets achieved during quarter 1.

Patient experience

There has been some good progress made in progressing the patient experience actions against the three priorities. Quarterly surveys are carried out by our volunteers as part of monitoring progress this is reported through the patient experience group.

We have appointed an Admiral Nurse due to commence September 2024.

Charitable funds are supporting the purchase of calm bags for our vulnerable patients.

Oliver McGowan training compliance has improved to 48% during quarter 1.

2. Alignment to our Vision

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

3. Report journey

Quality Committee – 30/07/2024
 Full Council of Governors Meeting – 26/09/2024

4. Recommendation(s)

The Council of Governors is asked to:

a) Note progress against the Quality Priorities

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

QUALITY PRIORITIES - 2024 / 2025.

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE Progress made Q1
<p>1 Patient Safety</p> <p>Management of diabetes across all service within DGHFT</p>	<p>Where are we now?</p> <p>A monthly cross-divisional Insulin Safety Group has been established to support insulin safety across the Trust, review incidents and provide a Monthly and bi-annual thematic review.</p> <p>Noted high number of incidents but there is no single repository that shows categories of harm at a glance.</p> <p>Availability of hybrid closed loop systems for managing blood glucose levels insufficient to meet demand as recommended by NICE 2023.</p> <p>Where do we want to be?</p> <ul style="list-style-type: none"> ➤ Development of a power BI report that categorises harm with data collected from Datix. ➤ Shared learning across the organisation with a focus in areas of high numbers of incidents. ➤ Development of a dashboard that captures those patients that a digital solution to the management of their diabetes. 	<p>Dr Alex Solomon/ Dr Aftab Aziz</p> <p>Regular engagement of Insulin safety group identifies and addresses areas of concern with regular feedback to the Insulin safety group members about progress</p> <p>Referral and management arrangements and pathway are under the final review. We aim, as a first step, to switch within the next 2 years all patients managed by insulin pump and those who are pregnant or planning pregnancy and have suboptimal diabetes control to closed loop insulin delivery (assuming the patient is willing to be moved to HCL). Relevant staff education is in progress.</p> <p>Harms data is regularly collected, discussed and actions addressed in Insulin Safety Group meetings</p> <p>Extra sessions aiming to improve knowledge and confidence in management of diabetes on AMU and ED were delivered by Dr Solomon to different staff grades from nurses / PAs to junior doctors and consultants with very positive feedback.</p> <p>New NADIA Harms joint project with IT and DOT nurses on reporting and preventing severe hypoglycaemia is in progress.</p>
<p>2 Clinical Effectiveness</p> <p>Improve outcomes for our patients admitted with a</p>	<p>Where are we now?</p> <p>The current SHMI for Fractured Neck of Femur is 133. This places the trust within the top 10 trusts for poor mortality of this condition.</p> <p>Where do we want to be?</p>	<p>Dr Sohail Quraishi</p> <p>SHIMI 123 at time of report.</p>

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE Progress made Q1
fractured neck of femur.	<ul style="list-style-type: none"> ➤ The aim is that the trust will be back within the expected range of 100 within 12 months and maintaining this. ➤ Improvement Group set up to include members of MDT ➤ The group will use the KPI's set out by the National Hip Fracture Database to identify areas where improvement could be made as well as data provided by Informatics. ➤ Early priority areas are to ensure that admission to a specialised ward/unit within an appropriate time is critical as per national standards. ➤ Reducing theatre delays. 	<p>Established Fractured Neck of Femur Improvement Group. Improvement plan in place meet fortnightly to monitor progress.</p> <p>Dedicated bed agreed with increased hip capacity showing early signs that patients do not require to be admitted to other wards.</p> <p>Additional theatre capacity has been allocated. The group is exploring long day theatre sessions to further increase capacity.</p>
<p>Improve outcomes for our patients admitted with cerebral vascular accident.</p>	<p>Where are we now?</p> <p>Stroke SHMI is elevated at 135 and there is evidence of reduced SSNAP data for recent periods. We have identified lack of access to specialist Stroke beds and delays in CT head acquisition. The latest data shows that we have now achieved SSNAP level C with prioritisation of a thrombolysis bed at all times and rapid vetting of CT head requests has been facilitated. There is still an issue with swallowing assessments being done on time, which is being reviewed by the senior AHP team.</p> <p>Where do we want to be?</p> <ul style="list-style-type: none"> ➤ The key ambition is to reach a SSNAP score of 70 (Level B) by Q3. ➤ Review and implement New Stroke guidelines published April 23. Will require us to provide additional therapy input for all stroke patients. 	<p>Dr Shaid Kauser</p> <p>SHIMI 118 at time of report.</p> <p>Data shows that we achieved a SSNAP level B. Improvement to performance has been driven by implementing a B7 bed manager who liaises directly with the site team to enable stroke patients to be admitted to the unit within 4 hrs, prioritisation of a thrombolysis bed and the implementation of Rapid AI in May 2024 has enabled CT head reports to be available quicker which has enabled timelier treatment planning. Swallow assessments have shown improvement since the last update and has achieved the performance target of 100% in May 24.</p> <p>Review and implement new Stroke guidelines published April 23. Will require us to provide additional therapy input for all stroke patients. - AHP senior team are currently</p>

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE Progress made Q1
<p>3) Patient experience</p> <p>To improve our patient Survey results in four key areas as identified as main themes</p>	<p>➤ AI technology will automatically report CT head within minutes of image acquisition to enable early decision for thrombolysis. It will also enable rapid image transfer between secondary and tertiary sites, improving access to mechanical thrombectomy, as well as thrombolysis, for stroke.</p> <p>Where are we now? The results of the 2021 Adult Inpatient survey were published on the CQC website on 12 September 2023. Responses were received from 454 patients at The Dudley Group NHS Foundation Trust (38%). This compares with an average response rate of 40%.</p> <p>The Overall Patient Experience Score (OPES) ranged from the lowest score in England of 7.4 to the highest trust score in England of 9.1. The Trust score for 2022 is 7.8 in comparison to 8.0 in 2021 and is performing 'about the same' when compared to all other</p>	<p>completing a workforce strategy plan to attract potential therapy students to the trust due to challenges with recruiting into vacant therapy posts. The AHP senior team have also implemented dual roles between physio, occupational and Speech and language therapists to work towards stroke patients receiving the additional therapy input as per the new Stroke guidelines.</p> <p>AI technology will automatically report CT head within minutes of image acquisition to enable early decision for thrombolysis. It will also enable rapid image transfer between secondary and tertiary sites, improving access to mechanical thrombectomy, as well as thrombolysis, for stroke. - Rapid AI was implemented in DGFT in May 24 and the % of patients who have received thrombolysis of all strokes has improved from 5% (Mar 24) to 18% vs 20% target (May 24) . However, the Stroke team are working closely with Radiology colleagues and the Black Country ICB to enable the clinical teams at DGFT to receive training for CT perfusions via Rapid AI, which will improve access to mechanical Thrombectomy.</p> <p>DCN - Jo Wakeman</p> <p>152 audits have been carried out by our volunteers to access impact of work streams.</p> <p>57% of patients answered yes within medicine and 54% of patients answered yes within surgery, stating that staff did all they could, for helping control their pain.</p> <p>Overall, 66% of our patients stated they had enough to drink.</p>

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WANT TO BE	WHO IS RESPONSIBLE Progress made Q1
<p>from 2022 results received by the Trust October 2023.</p>	<p>trusts. The Trust is in the bottom 5 of trusts with the lowest score in comparison to other trusts within the region.</p> <p>A small number of questions within each section are performing 'somewhat worse than expected/worse than expected' in comparison to the average of Trusts surveyed and these include pain management and hydration & nutrition.</p> <p>Where do we want to be?</p> <p>The patient survey results highlight four key themes as detailed below with communication running through each of the themes. The Chief nurse has agreed RSO to support each work stream.</p> <p>To improve our patient experience results in the following areas.</p> <ul style="list-style-type: none"> ➤ Pain – Sara Davis – Divisional Chief Nurse ➤ Nutrition and hydration – Karen Lewis Chief AHP ➤ Discharge – Jenny Bree – Divisional Chief Nurse <p>Data to be captured each month through our volunteers and audits within AMaT . This will allow for triangulation of data with our RSO ensuring the voice of our patients is reflected in future developments.</p> <p>The RSOs will report through patient experience on progress.</p> <ul style="list-style-type: none"> ➤ The aim is to improve our overall scores through providing a better patient experience. 	<p>26% of our patients stated that we had meet their dietary needs.</p> <p>57% of our patients' stated food was very good /good</p> <p>55% of our patients stated that someone had spoken to them regarding their discharge.</p> <p>38% of our patients stated they had been informed of their discharge date.</p> <p>Regular meetings have been set up with each workstream and progressing monitored by the Chief Nurse through Patient Experience Group.</p>

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE Progress made Q1
Dementia and Delirium	<p>Where we are now?</p> <p>The Dementia and Delirium Team (Formerly Older People's Mental Health Team) are the first point of call for patients with complex vulnerabilities, such as Dementia, Delirium, Korsakoff's and behaviours that challenge and require restrictive interventions, to offer support and advice.</p> <p>Our Dementia data against find, refer and treat has been inconsistent and below agreed compliance. Chemical restraint needs further education improving accuracy of data within datix.</p> <p>To understand the high readmission rates for those patients with delirium</p> <p>Where we want to be:</p> <ul style="list-style-type: none"> ➤ Appoint two Admiral Nurses to support the Delirium agenda. ➤ Monitor datix for high numbers of chemical restraint being used to provide focused training and education. ➤ To review high readmission rates and understand the reason for readmission and provide learning for any readmissions for failed discharges. <ul style="list-style-type: none"> • Aim reduce readmissions. • Evidence of training and education provided to areas with high usage of chemical constraint. • Reduction of datix incidents in Q4 once Admiral nurses embedded. 	<p>DCN – Jo Wakeman</p> <p>Successful appointment of one Admiral Nurse starts 2nd September 2024.</p> <p>Reporting of chemical restraint remains poor across the Trust.</p> <p>There are now set questions around the use of restraint within Datix</p> <p>Incidents of Datix under Violence and Aggression category are monitored by the Lead for Mental Health and where chemical restraint has been used but not reported, feedback will be given to the staff and request to reflect this in the Datix</p> <p>Security staff now have Datix logon details and will be incident reporting any incidents of chemical restraint directly onto Datix.</p> <p>A suite of communications and awareness raising is planned to highlight to staff the need to report restraint</p> <p>Readmission rates reflect national patterns and are linked to effective discharge planning and understanding the complex needs of patients diagnosed with dementia. The provision of an Admiral Nursing Service should support safe and effective discharges</p>

PRIORITY	WHERE ARE WE AT NOW HOW AND WHERE DO WE WHAT TO BE	WHO IS RESPONSIBLE Progress made Q1
Learning disabilities	<p>Where are we now: The NHS learning disability standards benchmarking exercise has identified gaps in the current Trust wide provision offered to people with a learning disability.</p> <p>Where we want to be:</p> <ul style="list-style-type: none"> ➤ Compliance of 90% for Oliver McGowan training ➤ Develop champions in every area to support learning disability agenda ➤ Embedded learning disability steering group with divisional representation. ➤ Scope and establish mobile resources 'bag of calms' that can be made available for those patients that require them. <p>The Learning Disability Standards action plan will be monitored through Internal Safeguarding Board (ISB) and report into Patient Experience committee.</p>	<p>Paula Harris – Lead Nurse Learning Disabilities</p> <ul style="list-style-type: none"> ➤ Oliver McGowan training currently at 48% (tier 1) ➤ 32% of patient facing areas have champions in place, more training is planned for September. ➤ No current update regarding LD Steering Group – this will be provided in the next update. ➤ Currently awaiting approval of the Bags of Calm.

Paper for submission to the Council of Governors 26th September 2024

Report title:	Board Secretary update
Sponsoring executive:	Sir David Nicholson, Chair
Report author/presenter:	Helen Board, Board Secretary

1. Summary of key issues using Assure, Advise and Alert

Council of Governors elections

The nominations for the Council of Governors elections will open in September 2024 with the timetable to be finalised to return candidates in December 2024.

- Elections are being held for the following three constituencies:
 - Public – Brierley Hill – one vacancy
 - Public – Halesowen – one vacancy
 - Public – Stourbridge – one vacancy
 - Staff – Nursing & Midwifery – two vacancies
- New governors will be welcomed at the next Full Council of Governors meeting on 19th December 2024.

Lead Governor end of term/appointment process

In March 2024, the Council was advised that the term of lead governor runs conterminous with the remaining term of office. The current lead governor will reach his end of term of office in December. It is proposed that in January 2025 an election process will commence to appoint a new lead governor.

All Elected Governors (public and staff) will be given an opportunity to apply for the position of Lead Governor. The term of office will be formally announced at a meeting of the full Council of Governors. The appointments will be subject to annual review and endorsement of the full Council. See annexe 1 for details of the role, responsibilities and attributes.

The process will follow the following steps:

The Board Secretary will invite all Governors to formally apply for the position of Lead Governor and will confirm the date and format for the return of applications. All Governors will confirm to the Board Secretary, their wish to be considered for the position of Lead Governor, providing a supporting statement (no more than 200 words) explaining why. Applications received after the due date will not be considered.

The Board Secretary will prepare a schedule of Applicants incorporating the name and the supporting paragraph of all Governors who wish to be considered for the position. In the event that more than one valid application is received, voting slips will be issued to all Governors. The date for return will be specified.

All returned voting slips will be date stamped on receipt and held securely until the specified opening date and time. Voting slips will be opened by the Board Secretary (or nominated individual) in the presence of at least one further member of staff. The votes will be counted and recorded. All present will sign to confirm the accuracy of the record. The Governor receiving the most votes will be appointed to the position.

In the event of a tie the ballot process highlighted above will be repeated for those candidates with the highest number of votes only, and all Governors will be requested to vote again for these candidates.

The process will be repeated until one Governor has a majority of votes. On each subsequent occasion, voting slips will be opened and counted by the Board Secretary in the presence of at least one further member of staff.

The Board Secretary will advise the successful applicant and notify all Governors of the outcome of the vote which will be formally reported to the full Council of Governors in public session at their next meeting. The Lead Governor will be appointed for two years subject to annual review and approval by the full Council of Governors.

Foundation Trust Constitution review 2024

It is best practice to regularly review the Trust's Constitution. During quarter four 2024/25, a review will be undertaken and any proposed amendments to be reported to the December 2024 Council of Governors meeting for endorsement.

Annual Members Meeting 2024

All governors are invited to attend The Dudley Group NHS Foundation Trust Annual Members Meeting taking place at 4.30pm (arrival from 4pm) on Thursday 17th October. The meeting will be held in the Lecture Theatre, Clinical Education Centre, 1st floor South Block, Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ.

At the Annual Members Meeting the Council of Governors will receive the Trust's annual report and accounts and the final Auditors report on them. There will be an update on The Dudley Group NHS Charity outlining its activities over the year and plans for the future.

Diane Wake, chief executive, will share highlights of 2023/24 and a look forward to what's planned in 2024/25. The 'Services spotlight' will shine on 'Community First' and the work of some virtual ward teams and the Dudley Clinical Hub.

Lead governor, Alex Giles will share the highlights from the years activities of the Council of Governors.

External Auditors Appointment Process

The existing contract with the Trust's external auditor, Grant Thornton is coming to an end and will trigger a new appointment process. Following the process as in previous years, the lead governor and deputy lead governor will be part of the tender evaluation process including sitting on a presentation panel. The outcome of the award process will be submitted to the December meeting of the Full Council of Governors for endorsement.

2. Alignment to our Vision

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

3. Report journey

Council of Governors 26th September 2024

4. Recommendation(s)

The Council of Governors is asked to:

a) Note the matters included in this 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	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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	Build 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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Annexe 1 LEAD GOVERNOR ROLE, RESPONSIBILITIES AND ATTRIBUTES

Accountability To the Council of Governors collectively as a serving member of the Council.

Role The Lead Governor role has been created by NHS England (formerly Monitor) to assist the Council of Governors in situations where it is inappropriate that the Council be led by the Chairman or his nominated Deputy.

The Lead Governor is not an office holder nor an employee of the Foundation Trust. These functions are in addition to the usual responsibilities of a Governor. The Lead Governor has no greater power or responsibility than other Governors.

Key Responsibilities The key responsibilities of the lead governor are detailed below: -

1. To substitute for the Chair of the Council of Governors or nominated Deputy in matters where the Chair or nominated Deputy or the Council collectively (in a vote by simple majority of those present at the meeting) consider it appropriate.
2. To deputise for the Chair or nominated Deputy as and when required by the Chair.
3. To provide an independent link between the Council of Governors and the Board of Directors, NHS Improvement (formerly Monitor) or other relevant external body in matters where the Council of Governors, by simple majority, deems it to be appropriate or where such external parties wish to engage with the Governors.
4. To liaise with members and Governors of the Council of Governors in matters that are not appropriate for direct discussion between the member or Governor and the Board of Directors.
5. To lead the Council of Governors in ad hoc discussions when requested by a simple majority of the Council.
6. To promote to the Board of Directors through the Chair and Board Secretary the benefits of governor engagement within matters of patient safety and patient experience.
7. To support the Chair in matters of individual Council of Governor member conduct, attendance and engagement.
8. To support the Chair in conducting a review of the effectiveness of the Council of Governors and their supporting Committees.
9. To offer support to Council of Governors Committee Chairs in respect of the operation of their Committees.
10. To sit as a member of the Council of Governors' Appointments and Remuneration Committee.
11. To sit as a member of the Council of Governors' Experience & Engagement Committee.

12. To work with the Board Secretary to ensure the Council of Governors is supported to discharge its responsibilities.

Key Attributes

The key attributes for a successful lead governor are detailed below:-

1. To be able to commit sufficient time to remain engaged with Trust and NHS developments.
2. To have an ability to provide sound judgement in respect of information provided and be able to deal with sensitive and confidential information with appropriate integrity.
3. Have the ability to bring together people with different outlooks, skills and knowledge levels to focus on the successful operation of the Council of Governors in a cohesive way.
4. To display within their own conduct the Trust values and the Nolan Principles

Paper for submission to the Full Council of Governors on 26 September 2024

Report title:	Update from the Experience & Engagement Committee Meeting held 10 th September 2024
Sponsoring executive:	Helen Board – Board Secretary
Report author:	Mushtaq Hussain – Chair of Experience and Engagement Committee Madhuri Mascarenhas – Governance Administration Lead

1. Summary of key issues using Assure, Advise and Alert
Assure

- The Foundation Trust's public membership numbers remain steady at around 13,000. Governors are encouraged to engage in their own initiatives and Trust-led activities to raise awareness of the governor's role and promote membership with full support, as required, from the Foundation Trust Office.
- Natalia Hill was elected as the Deputy Chair of the Experience and Engagement Committee.

Advise

- The Committee agreed to set up a Task and Finish Group to review and plan actions based on the Council of Governors' Effectiveness Review Survey feedback.
- The committee agreed to endorse a new initiative proposed by a fellow governor to establish a Governors' Commitment Pledge. This document is aimed to assist governors in setting goals throughout their term and tracking their progress and achievements. A Task and Finish Group will be set up to create guidelines to support governors in drafting their pledges and will be approved at the next Experience and Engagement Committee meeting.
- The Committee approved the Terms of Reference with one proposed amendment, as outlined in Appendix 1.

Alert

- All governors are asked to actively participate in Trust facilitated activities and advise opportunities within their constituencies.

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	

3. Report journey

Full Council of Governors Meeting – 26 th September 2024

4. Recommendation(s)

The Council of Governors is asked to:
a) Note the contents of the report

b) Approve the updated Terms of Reference of the Committee

5. Impact		
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

CHAIRS LOG Upward Assurance Report from the Experience & Engagement Committee
Date Committee last met: 10 September 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE <ul style="list-style-type: none"> Governors are asked to actively participate in Trust facilitated activities and identify opportunities within their constituencies. 	ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none"> A Task and Finish Group to be set up in October 2024 to review and plan actions based on the feedback from the Council of Governors Effectiveness Review Survey. This group will also draft the Governors' Commitment Pledge guidelines and review/reinstate a buddy system to support new governors joining the Trust.
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none"> The Trust remains compliant with its terms of license in respect of its public membership and is well represented by constituency, age, and gender. The public membership figure in the first quarter for 2024-25 was 13,306, an increase of 31 members from the last quarter. Governor attendance at Committees of Board continued and provided opportunities for governors to draw assurance from the work undertaken and noted the proactive nature of committee business. A couple of governors attended The Dudley Improvement Showcase Event, and Governor Craig Nevin shared positive feedback following the event. 	DECISIONS MADE <ul style="list-style-type: none"> The committee agreed to endorse a new initiative proposed by a fellow governor to establish a Governors' Commitment Pledge. This document is aimed to assist governors in setting goals throughout their term and tracking their progress and achievements. Appointed Governor – Natalia Hill was unanimously elected as the new Deputy Chair of the Experience and Engagement Committee. The Terms of Reference were approved by the Committee and submitted to the Full Council for final approval. One proposed amendment was to remove point 7.8, which concerns the council's role in supporting Trust-initiated charity and fundraising activities. Governors had previously agreed not to proactively support these activities as a council.
Chair's comments on the effectiveness of the meeting: Good attendance and positive discussions, Papers received in a timely manner with good and clear information.	

Appendix 1

COUNCIL OF GOVERNORS EXPERIENCE AND ENGAGEMENT COMMITTEE TERMS OF REFERENCE

1. Constitution

The Council of Governors will establish appropriate Committees to assist in the discharge of its responsibilities.

- 1.1 Each Committee shall have such 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.
 - a. The Council shall approve the appointments to each of the Committees which it has formally constituted.

2. Membership

- 2.1 The Committee will comprise a minimum of eight governors.
- 2.2 The Council of Governors will be the body charged with recommending membership for each committee of the Council. The Council must approve the appointments to each of the committees which it has formally constituted.
- 2.3 The Chair will be elected by the Governors on the Committee.
- 2.4 A Vice/deputy Chair will be nominated by members of the Committee.

3. Attendance

- 3.1 At least one non-executive director linked to the Quality & Safety Committee of Board.
- 3.2 Director with Lead responsibility for governor development.
- 3.3 All other members of the Council of Governors and Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.
- 3.4 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Committee has the power to co-opt, or to request to attend, any member of Trust staff, as necessary and to commission input from external advisors as agreed by the Chair of the Committee.
- 3.5 The Board Secretary will ensure that an efficient secretariat service is provided to the Committee.
- 3.6 Non-executive directors and executive directors will be nominated to attend Council of Governors Committees by the chairman and chief executive respectively. These Board members will be present to advise upon and support the work of the Committee and to provide information about Trust Board considerations, processes and decisions. The presence of Board members will not be for the purpose of justifying decisions of the Trust Board.

4. Quorum

- 4.1 A quorum will consist of four Governor Members of the Committee.

5. Frequency of meetings

- 5.1 Committee meetings shall be held at such times and places as the Council of Governors may determine and there shall be not less than two or more than six formal meetings in any year except in exceptional circumstances.
- 5.2 It is expected that members attend at least half of the meetings in the year.

6. Role and Responsibilities of the Committee

- 6.1 To discharge any action required of it from the Council of Governors.
- 6.2 The Council may not delegate any decision-making or executive powers to any committee or sub-committee. Any recommendations received from the Committee will be considered by the Council of Governors and ratified, or not, by those present.

7. Specific duties of the Experience and Engagement Committee will be:

- 7.1 To support and guide the Council of Governors in representing the interests of Trust members and the public, identifying opportunities for engagement and involvement. Noting that 'the public' is wider than patients and the public local to the Trust or from governors' own electorates: this includes the whole population of the Integrated Care System.
- 7.2 To oversee and monitor the development and delivery of the Governor and Members Engagement Plan action plan.
- 7.3 To undertake engagement activity to assess the experience of the Trust's patients, families and their carers and members of the wider community served by the Trust.
- 7.4 To review governor membership of the Experience and Engagement and Remuneration and Appointments Committee and to make recommendations to the Council of Governors as to the composition of these committees.
- 7.5 To monitor the Foundation Trust membership level and representation and identify actions required to maintain and support this.
- 7.6 To ensure that the Council effectively share key points of the Trust strategy with the wider Council members and the members of the wider community served by the Trust.
- 7.7 To support Council members to both participate in, and provide feedback to, the committee following involvement in Trust led activities including quality audits, attendance at committees of board and other Trust led initiatives that may occur from time to time.
- ~~7.8 To develop and support governors to undertake Trust charitable/fundraising activities.~~
- 7.9 To review Governor training and development provision on an annual basis.
- 7.10 To support governor collaboration between organisations to form a rounded view of the interest of the 'public at large'. This is reflective of system wide working arrangements aimed at the delivery of better joined up care.

8. Reporting

- 8.1 The Committee will receive reports from the Trust as required to enable the members to fulfil the duties described above.
- 8.2 The Chair of the Committee will regularly submit a report on the work of the Committee to the Council of Governors.

9. Review

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

Paper for submission to the Council of Governors on 26th September 2024

Report title:	Governor Questions
Sponsoring executive:	Sir David Nicholson, Chairman
Report author:	Helen Board, Board Secretary

1. Summary of key issues using Assure, Advise and Alert

The Council is asked to note the questions raised by the Council of Governors and the public where indicated.

In the current year, the Council of Governor has moved to holding a proportion of its meetings in a face-to-face format. The agenda and meeting papers were circulated to the members of the Council of Governors and uploaded to the Trust website and information providing the location of the agenda and papers has been provided to our foundation trust members.

Questions received:

Kerry Cope, Staff Governor

Q1: Staff have approached me with concerns about the financial situation and have commented that they have noticed several administration posts that have been advertised, in particular the Programme Lead Corporate Services Transformation with a significantly high salary. Other administration positions are advertised and students have commented that there are no nursing jobs for the 3rd years that about to qualify.”

Karen Brogan, who is our Chief People Officer has provided the following response;

We have recently advertised some senior administrative and clerical posts (the Programme Lead Corporate Services Transformation post included), we are hosting this post on behalf of the Black Country Provider Collaborative which means this post will work across all 4 Trusts and will be funded by the Black Country Provider Collaborative programme.

From April 2022 we have worked hard to reduce our nursing vacancies, which were currently at 20% and 172 wte vacancies this had significantly reduced by April 24 to 3% and vacancies of 59 wte which does mean that there is inevitably more competition for our vacancies, how we do work very closely with our graduates to support them into roles where possible, including ring-fencing posts prior to external advert.

2. Alignment to our Vision

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

3. Report journey

Council of Governors Meeting – 26/09/2024

4. Recommendation(s)		
The Council of Governors is asked to:		
a) Note the questions received and response provided.		

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		